SR UNIVERSITY

Outreach Programmes and Projects in the Local Community

S. No.	Year	Name of the Activity	Organising Unit/Forum/ Collaborating Agency	Date of the Activity	Number of Students Participated
1	2024-25	Anti Drug 4k run	National service scheme	18-08-2024	30
2	2024-25	Swachhta Hi seva	National service scheme	02-10-2024	21
3	2024-25	My Bharat Swachh Bharat program	National service scheme	29-10-2024	27
4	2024-25	Eye Check-Up Camp	National service scheme	08-11-2024	40
5	2024-25	Swachh Bharat	National service scheme	14-11-2024	30
6	2024-25	Anti Drug awareness rally	National service scheme	24-11-2024	50
7	2024-25	Aids Awareness Program	National service scheme	01-12-2024	42
8	2024-25	Awareness on seasonal diseases	National service scheme	04-01-2025	19
9	2024-25	Plantation	National service scheme	11-02-2025	24
10	2024-25	2k run on Anti drug awareness	National service scheme	12-02-2025	40
11	2024-25	Food Nutrition Awareness Program	National service scheme	01-03-2025	28

12	2024-25	Anti Tobacco Awareness Program	National service scheme	15-03-2025	18
13	2024-25	Plastic Awareness Campaign	National service scheme	18-03-2025	24
14	2023-24	Swachh Bharat Mission	National Service Scheme	03-07-2023	40
15	2023-24	Anti Drug Awareness Program	National Service Scheme	10-07-2023	25
16	2023-24	Anti Tobacco Awareness Program	National Service Scheme	19-09-2023	28
17	2023-24	Sustainable solutions for safe drinking water program	National Service Scheme	03-10-2023	21
18	2023-24	Women Health & Hygiene Program	National Service Scheme	21-10-2023	27
19	2023-24	Blood Donation Camp	National Service Scheme	06-11-2023	52
20	2023-24	Aids Awareness Program	National Service Scheme	01-12-2023	52
21	2023-24	Plantation Program	National Service Scheme	11-12-2023	33
22	2023-24	Awareness on Seasonal Diseases	National Service Scheme	16-12-2023	37
23	2023-24	Swatch Bharat Program	National Service Scheme	20-01-2024	24
24	2023-24	Haritha Haram Program	National Service Scheme	01-02-2024	42

25	2023-24	Cancer Awareness Program	National Service Scheme	04-02-2024	29
26	2023-24	Physical fitness and sports	National Service Scheme	03-03-2024	55
27	2023-24	Mental Health Awareness Program	National Service Scheme	23-03-2024	23
28	2023-24	Eye Check Up Camp	National Service Scheme	05-05-2024	59
29	2023-24	Yoga Awareness Program and Practice Session	National Service Scheme	21-06-2024	47
30	2024-25	International Yoga Day	NCC group Warangal	21-06-2024	8
31	2024-25	Tree Planting	SR University / 1(T) CTR NCC Bn	15-08-2024	83
32	2024-25	Say No to Drugs (4K RUN)	Warangal Police Commissionerate	18-08-2024	31
33	2024-25	Blood Donation Camp	SR University / 1(T) CTR NCC Bn	20-11-2024	96
34	2024-25	Blood Donation Camp	SR University / 1(T) CTR NCC Bn	19-03-2025	68
35	2023-24	Yoga Mahotsav	Shri Ram Chandra Mission / 1 (T) CTR NCC Bn	04,05-03-2023	25
36	2023-24	Puneet Sagar Abhiyan	NCC Group HQ-Warangal	16-03-2023	56
37	2023-24	Blood Donation Camp	1(T) CTR NCC Bn	14-06-2023	55

38	2023-24	International Day of Yoga	1(T) CTR NCC Bn	21-06-2023	22
39	2023-24	Garbage Free India	1(T) CTR NCC Bn	24-09-2023	100
40	2023-24	Ek Ghanta Ek Tarikh	1(T) CTR NCC Bn	01-10-2023	88
41	2023-24	Awareness on Communal Harmony and National Integration	1(T) CTR NCC Bn	24-11-2023	73
42	2023-24	Blood Donation Camp	NCC / 1(T) CTR Bn / SR University	11-01-2024	121
43	2023-24	Swachh Bharat Abhiyan	NCC / 1(T) CTR Bn	04-02-2024	43

This Memorandum of Understanding ("MOU") is made and entered into as of 07/06/2024, by and between:

- **Sharat Maxivision Eye Hospital** located at Kakatiya Colony, Hanamkonda, and
- **SR University**, a university located at Ananthasagar, Warangal

WHEREAS, Organization desires to provide certain eye healthcare services and support to the University community at a discounted rate; and

WHEREAS, University desires to offer its faculty, staff, and students access to discounted eye healthcare services and support.

NOW, THEREFORE, in consideration of the foregoing premises and the mutual covenants contained herein, the parties agree as follows:

1. Services Provided by Organization

Organization agrees to provide the following services and benefits to the University community at a discounted rate:

- **Consultations:** 50% discount off the standard consultation fee.
- **Investigations:** 10% discount off the standard investigation charges.
- **Optical:** 15% discount off the cost of eye glasses and contact lenses.
- **Surgeries:** 5% discount off the standard surgical fees.

2. Additional Services

Organization agrees to provide the following additional services to the University community:

- **Regular Awareness Programs:** Organization will conduct regular eye health awareness programs on topics relevant to the University community.
- **Organizing school screening camps**

3. University Responsibilities

University agrees to:

- Promote the availability of Organization's discounted services and benefits to its faculty, staff, and students.
- Facilitate communication between Organization and the University community regarding the services offered.
- Not endorse or recommend any specific services offered by Organization.

4. Term and Termination

This MOU shall be effective as of the date first written above and shall continue for a period of 5 year(s), unless earlier terminated by either party upon 30 days' written notice to the other party. This MOU may be renewed by mutual written agreement of the parties.

5. Entire Agreement

This MOU constitutes the entire agreement between the parties with respect to the subject matter hereof and supersedes all prior or contemporaneous communications, representations, or agreements, whether oral or written.

6. Governing Law

This MOU shall be governed by and construed in accordance with the laws of India.

7. Amendments

This MOU may be amended only by a written agreement signed by both parties.

8. Severability

If any provision of this MOU is held to be invalid or unenforceable, such provision shall be struck and the remaining provisions shall remain in full force and effect.

IN WITNESS WHEREOF, the parties have executed this MOU as of the date first written above.

By Dr. Sharat Maxivision Eye Hospital LLP

Satish Mogili

Name: Satish Mogili

Title: Sr. General Manager Operations, Warangal

By: **SR University**

Name: Dr. R Archana Reddy

Title: Registrar

SR UNIVERSITY (V) Ananthasagar (M) Hasanparthy Dt: Warangal - 506371, T.S.

SR UNIVERSITY

SCHOOL OF ENGINEERING DEPARTMENTOF CIVILENGINEERING

1. Details of Programme

Date of Visit	Name of the Programme	Time	Venue	Coordinator
20/11/2025	Pancreatic awareness program me	01:00 pm – 02:00 pm	2nd Block Room No.2205.	Dr.K.poongodi

1. Introduction

To promote health education and create awareness on life-threatening diseases, the Department of Civil Engineering and CCMM conducted a Pancreatic Awareness Programme on 20 November 2025, marking the occasion of World Pancreatic Cancer Day. The programme aimed to provide students with scientific and medical knowledge regarding pancreatic cancer, its early symptoms, preventive strategies, and lifestyle modifications.

2. Resource Person

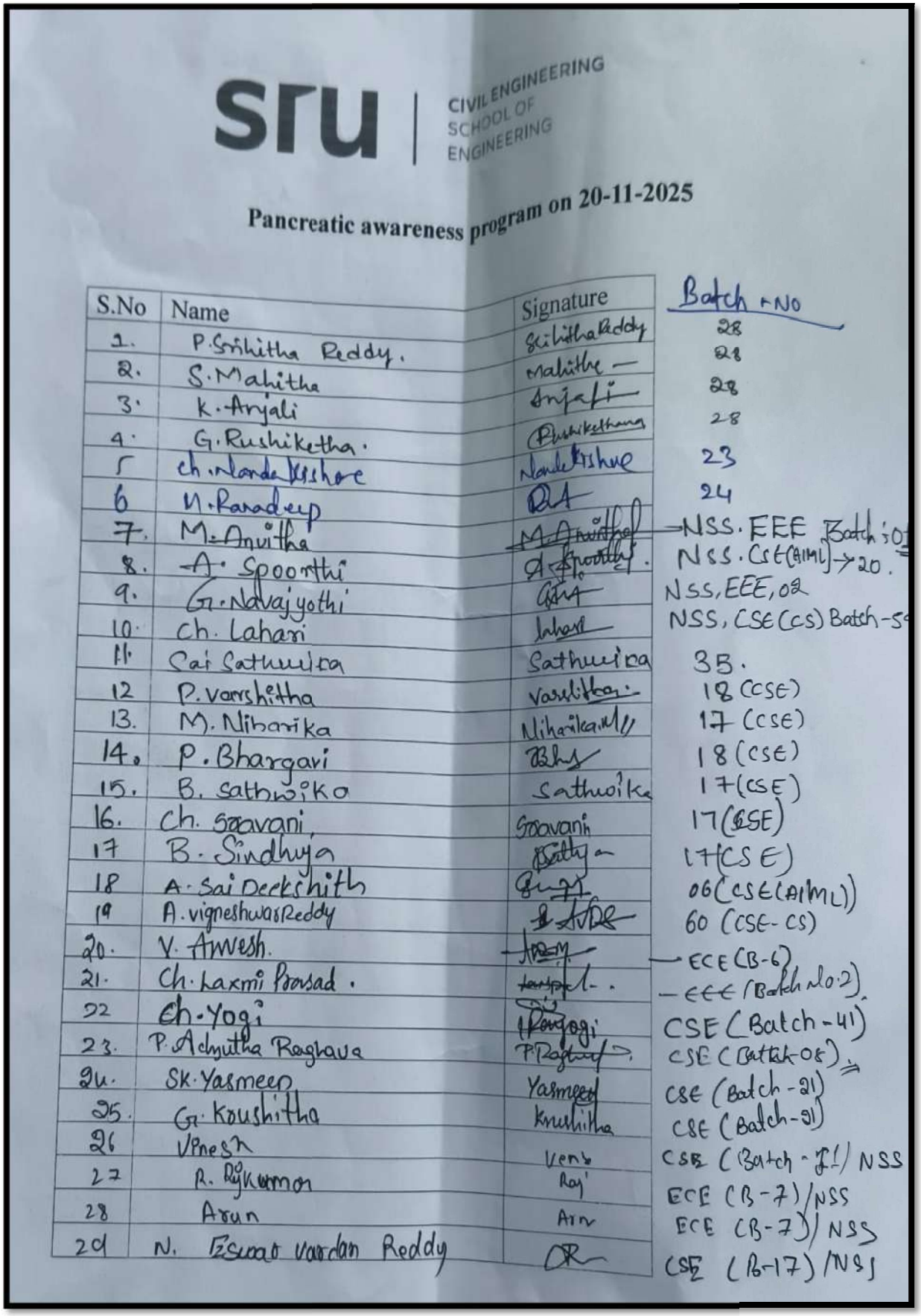
The session was delivered by
Dr. Sunil, Consultant – Medicover Hospital, Warangal.
His expertise and practical clinical experience added immense value to the programme.

3. Programme Highlights

During the session, the resource person covered the following key points:

- Anatomy and function of the pancreas
- Causes and risk factors associated with pancreatic cancer
- Major symptoms and early detection indicators
- Diagnostic procedures and available treatment options
- Importance of early screening and lifestyle practices to reduce risk
- Myths and misconceptions related to pancreatic diseases

4. List of 3rd Year students Participated with Signature:



SRU | CIVIL ENGINEERING SCHOOL OF ENGINEERING

Pancreatic awareness program on 20-11-2025

S.No	Name	Signature	Batch - No
1.	P. Srihitha Reddy.	SrihithaReddy	28
2.	S. Mahitha	Mahitha	28
3.	K. Anjali	Anjali	28
4.	G. Rushiketha.	Rushiketha	28
5	Ch. Nanda Kishore	Nanda Kishore	23
6	N. Pradeep		24
7.	M. Anvitha	M. Anvitha	→ NSS. EEE Batch :0
8.	A. Spoorthi	A. Spoorthi.	NSS. CSE(AIML) → 20.
9.	G. Nadaj yothi		NSS, EEE, 02
10.	Ch. Lahari	Lahari	NSS, CSE(CS) Batch-5
11.	Sai Sathwika	Sathwika	35.
12	P. Varshitha	Varshitha.	18 (CSE)
13.	M. Niharika	Niharika.M	17 (CSE)
14.	P. Bhargavi	Bhargavi	18 (CSE)
15.	B. Sathwika	Sathwika	17 (CSE)
16.	Ch. Saavani	Saavani	17 (CSE)
17	B. Sindhuja	Sindhuja	17 (CSE)
18	A. Sai Deekshith		06 (CSE (AIML))
19	A. vigneshwarReddy		60 (CSE - CS)
20.	V. Anvesh.		→ ECE (B-6)
21.	Ch. Laxmi Prasad.		- EEE (Batch no-2).
22	Ch. Yogi	Yogi	CSE (Batch - 41)
23.	P. Achyutha Raghava	P Raghava	CSE (Batch-05)
24.	Sk. Yasmeen	Yasmeen	CSE (Batch - 21)
25.	G. Koushitha	Koushitha	CSE (Batch - 21)
26	Vinesh	Vinesh Roy	CSE (Batch - 71) / NSS
27	R. Rajkumar		ECE (B-7) / NSS
28	Arun	Arun	ECE (B-7) / NSS
29	N. Eswara vardan Reddy		CSE (B-17) / NSS

Gallery


CARCINOMA PANCREAS
GPS Map Camera
Hanumakonda, Telangana, India
1286, Bunty Ananthasagar, Telangana 506371, India,
Hanumakonda, Telangana 506371, India
Lat 18.088653° Long 79.469089°
Thursday, 20/11/2025 01:49 PM GMT +05:30
Google


hello pancreas
early detection matters
WORLD
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1286, Bunty Ananthasagar, Telangana 506371, India,
Hanumakonda, Telangana 506371, India
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sru
SR UNIVERSITY
AWARNESS ON GOVERNMENT
Schemes
NATIONAL SERVICE SCHEME
Motto: "Not Me But You"
BenQ
GPS Map Camera
Hanumakonda, Telangana, India
1286, Bunty Ananthasagar, Telangana 506371, India,
Hanumakonda, Telangana 506371, India
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SR UNIVERSITY

EYE CAMP

EVENT	Organized By	Date	TIME	VENU
Eye Camp	Centre For Construction Methods and Materials (CCMM)	11/10/2025	10:00 AM	CCMM



1. **Introduction**

   The Department of Civil Engineering, SR University, in association with Sharat Maxi vision Super Speciality Hospital, organized a free Eye Camp on 11th October 2025 at the Centre for Construction Methods and Materials (CCMM). The event was coordinated by Dr. K. Poongodi, Director of CCMM, with the primary objective of promoting eye health awareness and providing free vision screening to students, faculty, staff, and nearby community members.

2. **Objectives of the Programme**

- To create awareness about the importance of regular eye check-ups.
- To provide free eye screening and consultation to the university fraternity.
- To identify individuals with vision problems and recommend further treatment.
- To promote community welfare through preventive healthcare initiatives.

3. Details of the Event

The eye camp commenced at 10:00 AM with the active participation of medical professionals from Sharat Maxi vision Super Speciality Hospital, Warangal. The expert team conducted a series of tests including vision screening, refraction analysis, and preliminary diagnosis for eye disorders such as myopia, hypermetropia, and cataract. Participants received personalized advice on maintaining good eye health and were guided for follow-up treatments when required.

4. Participation and Response

The camp witnessed enthusiastic participation from faculty members, students, non-teaching staff, and residents from nearby areas. The beneficiaries appreciated the initiative, expressing gratitude for the opportunity to access professional eye care services free of cost. The collaboration between SR University and Sharat Maxivision contributed significantly to promoting health consciousness among the community.

List of Participants

EYE CAMP-OCT 2025

Department of Civil Engineering

Jointly

Sharth Maxivision Super Speciality Hospital

Venue:CCMM		Date: 11-10-2025	
S.No	**Name of the Participants**	**Conduct Number**	**Signature**
1	K. Raju	9949800890	[signature]
2	Dr. L. Poongodi	9443328857	[signature]
3	Khetan. U	7032662372	[signature]
4	Vijay G	9701087594	[signature]
5	Dr. Prakhash N	9942814419	[signature]
6	Mr. Gowtham	9676703361	D. Gowtham
7	S. Vijay Murugan	9842668701	[signature]
8	V. Koteswara Rao	9133620339	[signature]
9	K. Devender	8309599143	[signature]
10	Ch. Ramesh	9908037310	[signature]
11	K. Sravan Kumar	9908414181	[signature]
12	P. Sujatha	9398924655	[signature]
13	P. Vinay Kumar	7842480482	[signature]

S.No	Name of the Participants	Conduct Number	Signature
14	M. Yedukondalu	9573577118	
15	V. Ramesh	9000499367	
16	D. Sreedhar	9000966994	
17	K. Prasanthi	9848710311	
18	P. Harikrishna Reddy	8897884611	
19	D. Naga Raju	9959823625	
20	G. Anil Kumar	9030166266	
21	P. R. Bhanu Teja	8247893200	
22	S. Kranthi Kumar	9959369377	
23	E. Srinivas	7675894725	
24	E. Bhadra Yadav	7702337474	
25	Dr. Shitanshu Soni	8697513802	
26	Dr. Rohit Singh	8360609712	Rohit
27	Dr. Prasun Dutta	9046888398	
28	G. Raju	8686867351	
29	N. Shruthi	9966989985	

S.No	Name of the Participants	Conduct Number	Signature
30	D. Padma	9392127784	D. Padma
31	A. Chandramouli.	[illegible]	
32	P. Vijaykumar –	9177052495	
33	P. Srikanth.	8125657981	
34	G. Shyamala.	9912181994	
35	L. Ramesh	9959711464	
36	B Suresh	9963317995	
37	M. Rajender	9885549965	
38	Dr. Sandeep Reddy	6301156441	
39	Dr. Ketan Kumar Nandi	8763077733	
40	Dr. Jnyanendra K. Purohit	7086867793	
41	Dr. Padala Raja Shekar	9160802755	
42	B Pavani	6300390764	
43	A. Ramkishan Rao	9989392090	
44	B. Sudhakar	9393255761	
45	G. Sandeep	9652291954	

S.No	Name of the Participants	Conduct Number	Signature
46	Atharv	9849862724	
47	N. Rambabu	9440360601	
48	Jayasree	7780593617	
49	Sushma Kumari	7396403171	
50	Anjali	6305208172	
51	Divyasri	7075394452	
52	Shirisha	9346119702	
53	Soumya	6300495909	
54	Gopichand. Batta	8688278716	
55	A. Saikrishna	9676692986	
56	B. mohan Baby	9701430183	
57	Dr-M. Vishnupriya	8978854444	
58	V. Aman Kumar	9949893120	
59	P. Eshwara chary	9908760460	
60	R. Abhinay	9849552827	
61	D. Mahesh	9177557602	

.No	Name of the Participants	Conduct Number	Signature
62	N. Shilpa	7893903292	
63	G. Sriteja	9019944846	
64	V. Shivathmika	8121671156	
65	Dr. D.M. Vinod Kumar	9885294521	
66	Dr AVV Sudhakar	9000708123	
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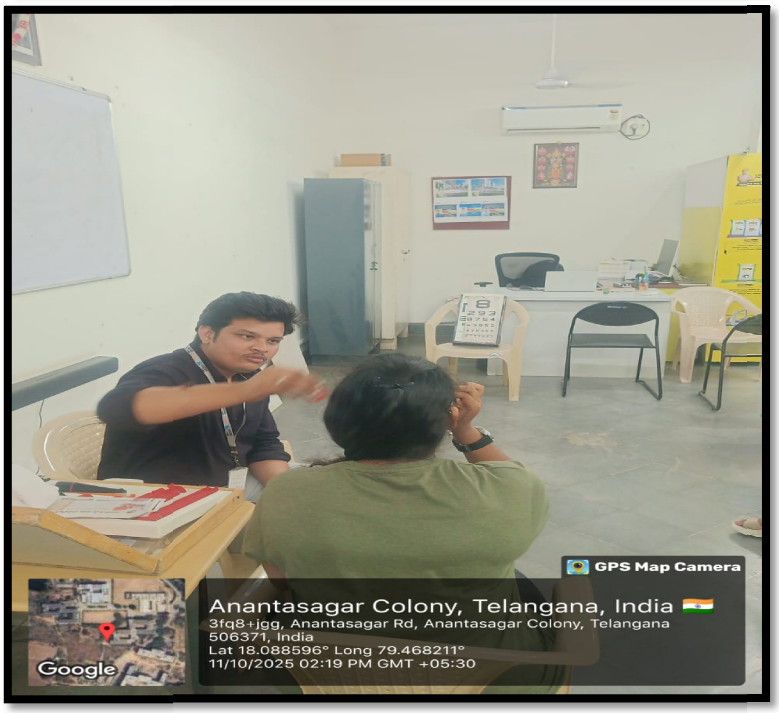

5. Outcome of the Camp

- Overwhelming participation and positive feedback from attendees.
- Early detection of several vision-related issues among participants.
- Strengthened ties between SR University and healthcare organizations.
- Reinforcement of the university's social responsibility and commitment to community health.

Eye Camp Successfully Conducted at Yellapur Government School

👁️🗨️

📅 **Date:** 04.04.2025 (10 to 4 PM)
📍 **Venue:** Government School, Yellapur
👩‍⚕️🏫 **Programme Coordinator:** Dr. K. Poongodi

We're thrilled to share the success of a **Free Eye Camp** held at Yellapur Government School, organized with the support of **Sarath Maxi Vision Eye Hospital**. A dedicated team of three specialists provided essential eye care services, screening **142 participants** and offering much-needed support to the local community.

This initiative wouldn't have been possible without the unwavering support of **SRU** and the **NSS Coordinator**, Dr.K.Ravindhar whose efforts in granting permission and facilitating this outreach are deeply appreciated.

👓 Better vision, brighter future — thank you to everyone who made this event a success!

#EyeCamp #CommunityService #NSS #SRU #VisionForAll #HealthCamp #Yellapur #SarathMaxiVision #SocialImpact





HDFC ERGO General Insurance Company Limited

TAX INVOICE

TAX INVOICE

Details of Insurerd			Details of Insurer		
Insured Name	:	**SRI RAJESHWARA EDUCATIONAL SOCIETY**	**Insurer Name**	:	**HDFC ERGO General Insurance Company Limited**
Correspondance Address	:	6-2-34 KAKAJI NAGAR HANAMKONDA WARANGAL WARANGAL URBAN WARANGALPINCODE - 506001 WARANGAL,TELANGANA-506001 -506001	**Branch Address**	:	3RD FLOOR, S V S LEGEND, 15-1-422/A&B, SVP MAIN ROAD WARANGAL, 506002.
			GSTIN	:	36AABCL5045N1Z9
Billing Address	:	6-2-34 KAKAJI NAGAR HANAMKONDA WARANGAL WARANGAL URBAN WARANGAL HANAMKONDA WARANGAL TELANGANA-506001			
Place of Supply	:	TELANGANA	**Policy No.**	:	2999205651043001
State Code	:	36	**Certificate No.**	:	2999205651043001000
PAN	:	ABBFS2597L	**Invoice No.**	:	205651043001000
GSTIN	:		**Policy issue date / Invoice date**	:	18/09/2024

Premium Details (₹)

S.No.	Description of Services	HSN Code	Premium Amount	CGST		SGST		IGST		Total Tax	Stamp Duty	Premium Value with Tax
				Tax %	Amount	Tax %	Amount	Tax %	Amount			
1	HDFC ERGO Group Health Insurance	997133	5649948	9%	508495.5	9%	508495.5	18%	0	1016991	1	6666939
											Total Invoice Value	**6666939**
Total Invoice Value (In Words)		RUPEES SIXTY-SIX LAKHS SIXTY-SIX THOUSAND NINE HUNDRED THIRTY-NINE AND ZERO PAISE ONLY										

Whether Tax is payable on Reverse charge basis : No

"I/ We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule"

For HDFC ERGO General Insurance Company Ltd

Authorised

HDFC ERGO General Insurance Company Limited

September 18, 2024

SRI RAJESHWARA EDUCATIONAL SOCIETY

6-2-34 KAKAJI NAGAR HANAMKONDA WARANGAL WARANGAL URBAN
WARANGAL HANAMKONDA WARANGAL 506001 TELANGANA

Dear Customer,

Sub: HDFC ERGO Group Health Insurance Policy No: 2999205651043001000

We thank you for having preferred us for your *Insurance*requirements. We at HDFC ERGO believe "***Insurance***" not only to be an assurance to indemnify in the event of unfortunate circumstances, but one that signifies protection and support you can count on when you need it most.

The Insurance Policy enclosed is a written agreement providing confirmation of our responsibility towards you that puts insurance coverage into effect against stipulated perils.

The Policy has been designed so as to augment the key facets and aims to provide information in a clear cut manner.

Please note that the policy has been issued based on the information contained in the proposal form and / or documents received from you or your representative / broker**.** Where the proposal form is not received, information obtained from you or your representative /broker, whether orally or otherwise, is captured in the policy document.

If you wish to contact us in reference to your existing policy and /or other general insurance solutions been offered by us, you may write to our correspondence address as mentioned below. Alternatively, you may visit our website www.hdfcergo.com . To enable us to serve you better, you are requested to quote your Policy Number in all correspondences.

Thanking you once again for choosing HDFC ERGO General Insurance Company Limited and looking forward to many more years of association.

Yours sincerely,



Authorized Signatory

Insurance is the subject matter of solicitation

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146. CIN: U66030MH2007PLC177117. Registered & Corporate Office: 1st Floor, HDFC House, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400 020. Customer Experience Management, Customer Happiness Center: D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai - 400078. For Claim/Policy related queries call us at +91 22 6234 6234/+91 120 6234 6234 or Visit Help Section on www.hdfcergo.com for policy copy/tax certificate/make changes/register & track claim. Trade Logo displayed above belongs to HDFC Bank Ltd and ERGO International AG and used by the Company under license. UIN: HDFC ERGO Group Health Insurance-HDFHLGP24095V022324.

HDFC ERGO GROUP HEALTH INSURANCE POLICY

S C H E D U L E

Policy No: 2999205651043001000 Issued at Mumbai

Item 1.	**Name of the Policyholder**	:	**SRI RAJESHWARA EDUCATIONAL SOCIETY**
Item 2.	**Intermediary Name**	:	**KANDE RAO SWETHA**
Item 3.	**Date of Proposal Form**	:	**September 10, 2024**
Item 4.	**Mailing address of the Policyholder**	:	6-2-34 KAKAJI NAGAR HANAMKONDA WARANGAL WARANGAL URBAN HANAMKONDA WARANGAL TELANGANA-506001
Item 5.	**GSTIN State**	:	TELANGANA
Item 6.	**State Code**	:	36
Item 7.	**GSTIN**	:	**NA**
Item 8.	**Policy Period**	:	From 00:01 hours :**September 10, 2024** To (Midnight) :**September 09, 2025**
Item 9.	**Operative Time**	:	24 Hours
Item 10.	**Territory of Insurance**	:	India
Item 11.	**Annual Premium**	:	**Rs.6,666,939.00**
Item 12.	**Premium & Coverage Statement**	:	Refer to Page 5

12.1 Premium Details
12.2 Details of Insured Persons Covered
12.3 Details of Third Party Administrator

Item 13. Extensions Opted

13.1 Basis of Sum Insured – Individual
13.2 Maximum of 6 members per family (Self+Spouse+4 Children)
13.3 For coverage details refer enclosed memorandum

Item 14. Special Conditions

14.1 AYUSH (Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines) treatments requiring more than 24 hours of hospitalization shall be covered under the Policy by default provided that such treatments are undertaken in an AYUSH Hospital. The above shall apply only to coverages (in force) that trigger upon at least 24 hours of hospitalization. Insured Person(s) shall be covered upto Sum Insured of such coverages.
14.2 The aforementioned is renewal for Policy No. 2999205651043000000

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146. CIN: U66030MH2007PLC177117. Registered & Corporate Office: 1st Floor, HDFC House, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400 020. Customer Experience Management, Customer Happiness Center: D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai - 400078. For Claim/Policy related queries call us at +91 22 6234 6234/+91 120 6234 6234 or Visit Help Section on www.hdfcergo.com for policy copy/tax certificate/make changes/register & track claim. Trade Logo displayed above belongs to HDFC Bank Ltd and ERGO International AG and used by the Company under license. UIN: HDFC ERGO Group Health Insurance-HDFHLGP24095V022324.

Subject otherwise to terms, conditions & exclusions HDFC ERGO Group Health Insurance Policy.

Signed for and on behalf of HDFC ERGO General Insurance Company Limited, on **September 18, 2024**



Authorized Signatory

Goods and Service Tax Registration No – 36AABCL5045N1Z9
The contract will be cancelled ab intio in case; the consideration under the policy is not realized.

The stamp duty of Rs. 1.00 (Rupee One Only) paid by Demand Draft, vide Receipt/Challan no ***Order Certificate NO. LOA/ENF-1/CSD/34/2023/ (Validity Period Dt. 28/12/2023 to Dt. 31/12/2026) /6045 Date 27/Dec/2023 as prescribed in (Government of Maharashtra)***

Branch: 3RD FLOOR, S V S LEGEND, 15-1-422/A&B, SVP MAIN ROAD WARANGAL, 506002

Intermediary Code: 200329654191
Intermediary Name: KANDE RAO SWETHA

Premium & Coverage Statement

(Item. 12 of Schedule, Attached to and forming part of Policy No: **2999205651043001000**)

12.1 Premium Details

8. Premium Payable:		
		Annual
Net Premium	Rs.	5,649,948.00
Add: IGST 18%	Rs.	1,016,991.00
Total Amount Payable	**Rs.**	**6,666,939.00**

Invoice Number: 205651043001000

SAC Code: 9971

Note: "Goods and Services Tax for this invoice is not payable under reverse charge basis"

" I/ We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule"

“This is with reference to the KYC norms prescribed by the Authority, whereby this policy is being issued relying on the undertaking / power of attorney / letter of authorisation / Board resolution provided by the authorized signatory of your Entity. Should the signatory be not authorized to provide such a declaration, please inform the Company within 15 days from the date of receipt of this policy”

12.2 Details of Insured Persons Covered

Summary of Lives Covered

Sum	0-35	36-45	46-55	56-65	66-70	71-75	>76	Total No.

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Insured								of Lives
500,000	696	316	114	13	0	0	0	**1139**
Grand Total	**696**	**316**	**114**	**13**	**0**	**0**	**0**	**1139**

12.3 Details of Claims Administrator

Name and Address of Claims Administrator

HDFC ERGO General Insurance Company Limited

5Th Floor, Tower-1, Stellar IT Park, C-25,
Sector-62, Noida, Uttar Pradesh 201301, India

24 * 7 * 365 In- House Contact Centre
Customer Service: 022-62346234/ 0120-62346234

Authorization related issues (request, extension, enhancement, etc)
Pre-auth: preauth@hdfcergo.com

Network Service Provider related issues
NSP: nsp@hdfcergo.com

Claim related issues (intimation, status, query, payments, dispatch, etc)
Claims: healthclaims@hdfcergo.com "

Extensions Opted

(Item. 13 of Schedule, attached to and forming part of Policy No**: 2999205651043001000**)

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HDFC ERGO GROUP HEALTH INSURANCE POLICY

Operating Clause

We will provide Insurance coverage to the **Insured Person**(s) under this **Policy** up to **Sum Insured** including Restore/Double Restore,**Cumulative Bonus** as applicable and subject to waiting periods, limits, Sub-limits, **Co-payment**, **Deductible**, **Aggregate Deductible** as specified in Schedule of Coverage on the **Policy Schedule**/Certificate of Insurance.The **Policy** is based on statements, disclosures, declarations made in the Proposal form/Enrollment form and Medical reports.

Certain words used in the Coverage description have specific meanings which are mentioned in Definitions and which impacts the Coverage. All such words are mentioned in **Bold** to enable **You** to identify that the particular word has a specific meaning for which **You** need to refer Section – D, Definitions.

A. Coverages

I . Hospitalization Expenses

We will pay under below listed Covers on **Medically Necessary Hospitalization** of an **Insured Person** due to **Illness** or **Injury** sustained or contracted during the **Period of Insurance** subject to terms and conditions as listed below.

a. Medical Expenses

i. **Room Rent** and boarding charges
ii. **Intensive Care Unit** charges
iii. Consultation fees & Nursing charges
iv. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances charges
v. Medicines, drugs, and consumables
vi. Diagnostic procedures related to admissible hospitalization claim
vii. The Cost of prosthetic and other Medical devices or equipment if implanted internally during a Surgical Procedure.

b. Pre-Hospitalization Medical Expenses Cover

We will pay for the **Pre-HospitalizationMedical Expenses** incurred during the 30 days immediately before **Hospitalization** of an **Insured Person.**

c. Post-Hospitalization Medical Expenses Cover

We will pay for the **Post-Hospitalization Medical Expenses** incurred upto 60 days from the date **Insured Person** is discharged from **Hospital.**

d. Domiciliary Hospitalization

We will pay the **Medical Expenses** incurred on **Domiciliary Hospitalization** of the **Insured Person** prescribed by treating **Medical Practitioner.**

e. Organ Donor Expenses

We will pay **Medical Expenses** covered under Section A.I.a towards organ donor's **Hospitalization** for harvesting of the donated organ where an **Insured Person** is the recipient subject to condition that;

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i. The organ donor is any person whose organ has been made available in accordance and in compliance with The Transplantation of Human Organ (amendment) Act, 2011, Transplantation of Human Organs and Tissues Rules, 2014 and other applicable Laws and/or Regulations.
ii. **Hospitalization** Claim under Section A.1 is admissible under the coverage for the **Insured Person**
iii. The Organ Donor's **Pre-Hospitalization** and **Post-Hospitalization Medical Expenses** are excluded under the **Policy**.
iv. Any other **Medical Expenses** or **Hospitalization** consequent to the harvesting is excluded under the Coverage.

f. Day Care Procedures

We will pay for the **Medical Expenses** under Section A.I.a on **Hospitalization** of **Insured Person** in **Hospital** or **Day Care Centre** for **Day Care Treatment.**

g. Road Ambulance Cover

For each admissible Claim under Section A.I.a and A.I.f, **we** will pay for expenses incurred on Road Ambulance Services if **Insured Person** is required;

i. to be transferred to the nearest **Hospital** following an emergency (namely a sudden, urgent, unexpected occurrence or event, bodily alteration or occasion requiring immediate medical attention)
ii. or from one **Hospital** to another **Hospital**
iii. or from **Hospital** to Home (within same City) following **Hospitalization**

II . Optional Covers

Insuring Clause

In consideration of payment of additional Premium or reduction in the Premium as applicable, it is hereby declared and agreed that **We** will pay/restrict the Medical Expenses under below listed Covers subject to waiting periods and limits as specified in the Schedule of Coverage on the **Policy Schedule**/Certificate of Insurance.
Subject to otherwise all other terms, conditions, exclusions and waiting periods applicable to the **Policy**.
These Covers are optional and applicable only if opted for and up to the **Sum Insured** or limits mentioned on the Schedule of Coverage in the **Policy Schedule**/Certificate of Insurance.

1. Pre-Existing Disease Waiting Period Modification Option

On availing this option, **Waiting Periods** listed under Section B.I.i shall stand modified as mentioned in Schedule of Coverage on the **Policy Schedule**/Certificate of Insurance.
All other terms and Conditions of the **Policy** shall remain unaltered.

2. Specific Illness Waiting Period Modification Option

On availing this option, **Waiting Periods** listed under Section B.I.ii shall stand modified as mentioned in Schedule of Coverage on the **Policy Schedule**/Certificate of Insurance.
All other terms and Conditions of the **Policy** shall remain unaltered.

3. Modification of General Waiting Period

On availing this option, **Waiting Periods** listed under Section B.I.iii shall stand modified as mentioned in Schedule of Coverage on the **Policy Schedule**/Certificate of Insurance.
All other terms and Conditions of the **Policy** shall remain unaltered.

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4. Modification of Pre and Post Hospitalization Medical Expenses

On availing this option, **Pre** and **Post Hospitalization Medical Expenses** limit specified under Section A.I.b and A.I.c respectively shall stand modified as mentioned in Schedule of Coverage on the **Policy Schedule**/Certificate of Insurance.
All other terms and Conditions of the **Policy** shall remain unaltered.

5. Room Rent and ICU Modification Option

On availing this option, **Room Rent** and **ICU** limitsunder Section A.I.ashall stand modified as mentioned in Schedule of Coverage on the **Policy Schedule**/Certificate of Insurance.
Proportionate Deduction
In case **Room Rent** during **Hospitalization** of **InsuredPerson** exceeds the aforesaid limits, the reimbursement/payment of **Room Rent** charges including all **Associated Medical Expenses** incurred at **Hospital** shall be affected in the same proportion as the admissible rate per day bears to the actual rate per day of **Room Rent** charges. This condition is not applicable in respect of **Hospitals** where differential billing for **Associated Medical Expenses** is not followed based on Room Rent.

6. Road Ambulance Modification Option

On availing this option, Road Ambulance limit specified under Section A.I.gshall stand modified as mentioned in Schedule of Coverage on the **Policy Schedule**/Certificate of Insurance.

7. Hospital Cash

i. Hospital Cash

If**Insured Person**Contracts**Illness** or sustains **Injury** during**Period of Insurance,** which results in **Medically Necessary**.

i. **Hospitalization**
ii. Domiciliary **Hospitalization**
iii. **Hospitalization** for **Alternative Treatments**

of an **Insured Person** within India,**we**will pay per day **Sum Insured** as specified in the Schedule of Coverage on the **Policy Schedule**/Certificate of Insurance subject to maximum number of benefit days for each continuous and completed period of 24 hours of such **Hospitalization**.

The payment is subject to**TimeDeductible** specified in the Schedule of Coverage on the **Policy Schedule/**Certificate of Insurance.

ii. Specific Conditions applicable to Hospital Cash

For the purpose of application of **Time Deductible**, successive**Hospital** stays with less than sixty days between each one for a same cause, shall be deemed as one **Hospitalization** event.

8. Preventive Health Check Up

We will indemnify the **Insured Person** towards the cost of **Preventive Health Check - Up,** up to the limit mentioned on the Schedule of Coverage in the **Policy Schedule**/Certificate of Insurance.
.
Other terms and Conditions applicable to this Coverage

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- The Coverage will be applicable as per the eligibility as mentioned on the Schedule of Coverage in the **Policy Schedule**/Certificate of Insurance.
- In case of Annual Eligibility, the percentage and limit will be calculated on expiring Coverage **SumInsured** and will be only applicable to **Insured Person** covered under expiring Coverage, subject to no claim under Base Coverage.
- In case of Eligibility at the end of each block of continuous three years, the percentage and limit will be calculated on Average **Sum Insured** during block of three years and will be only applicable to **Insured Person** covered for all previous 3 years.
- Claim under this Cover does not impact the **Sum Insured** or the eligibility for **Cumulative Bonus.**
- The test reports received under this Coverage will not be utilized for re-underwriting the expiring coverage of I**nsured Person**

9. Co-Payment

On availing this option, **Co-Payment** as mentioned in the Schedule of Coverage on the **PolicySchedule**/Certificate of Insurance will be applied on each and every admissible claim.

10. AlternativeTreatment

We will pay **Medical Expenses** covered under Section A.I, on **Medically Necessary Hospitalization** of **Insured Person** in **Ayush Hospital** upto the limit mentioned in the Schedule of Coverage on the **Policy Schedule**/Certificate of Insurance for following **Alternative Treatments** prescribed by **Medical Practitioner**:

- Ayurvedic
- Unani
- Siddha
- Homeopathy

11. Deletion of Domiciliary Hospitalization

On availing this option, Domiciliary Hospitalization under Section A.I.dshall stand deleted under the **Policy**.

12. Second Medical Opinion for Major Illness

We will pay expenses incurred towards **Second Medical Opinion** availed from **Medical Practitioner** in respect of **Major Illness** listed below through our **Network Provider**.
The Coverage under this benefit shall cease to exist upon availing Second Opinion for any one **Major Illness** as listed below.

Major Illness Covered			
1	Cancer of specified severity	5	Major Organ/Bone Marrow Transplant
2	Open Chest CABG	6	Multiple Sclerosis with Persisting Symptoms
3	Myocardial Infarction (First Heart Attack of specific severity)	7	Permanent Paralysis of Limbs
4	Kidney Failure requiring regular dialysis	8	Stroke resulting in Permanent Symptoms

Disclaimer -*Second Medical Opinion Services are being offered by Network providers through its portal/mail/App or what so ever electronic form to Policyholders/Insured of HDFC ERGO HEALTH INSURANCE LIMITED. In no event shall HDFC ERGO be liable for any direct, indirect, punitive, incidental, special*

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consequential damages or any other damages whatsoever caused to the Policyholders/Insured of HDFC ERGO while receiving the services from Network providers.

13. Restore Benefit

Instant addition of 100% Base **Sum Insured** on complete or partial utilization of **Your** existing **Sum Insured** and **Cumulative Bonus** (if applicable) during the **Policy Year**. The Total amount (Base **Sum Insured**, **Cumulative Bonus** and Restore **Sum Insured**) will be available to all Insured Persons for all claims under the Coverage during the current **Policy Year** and subject to the condition that single claim in a **Policy Year** cannot exceed the sum of Base **Sum Insured.** and the **Cumulative Bonus** (if applicable).
Conditions for Restore benefit:

a. The **Sum Insured** will be restored only once in a **Policy Year**.
b. If the Restored **Sum Insured** is not utilized in a **Policy Year**, it will expire.

In case of a Family Floater Policy, Restore **Sum Insured** will be available on floater basis for all Insured Persons in the **Policy**.

14. Double Restore Benefit

i. Instant addition of 100% Base**Sum Insured** on complete or partial utilization of **Your** existing **Policy Sum Insured** and **Cumulative Bonus** (if applicable) during the **Policy Year**. The Total amount (Base **Sum Insured**, **Cumulative Bonus** and Restore **Sum Insured** when added) will be available to all Insured Persons for all claims under the Coverage during the current **Policy Year** and subject to the condition that single claim in a **Policy Year** cannot exceed the sum of Base**Sum Insured** and the **Cumulative Bonus** (if applicable).
ii. Post complete utilization of **Your** Base**Sum Insured** and **Cumulative Bonus** (if applicable), if **You** partially or completely utilize your Restore **Sum Insured** (as given ini above), another 100% of Base **Sum Insured** would be added to **Your** Restored **Sum Insured** available to all Insured Persons for claims under the Coverage during the current **Policy Year** and subject to the condition that single claim in a **Policy Year** cannot exceed the Base**Sum Insured**.

Conditions for Double Restore benefit:

a. The Restore or Double Restore **Sum Insured** will be applied only once for the **InsuredPerson** during a **Policy Year**
b. If the Restore or Double Restore **Sum Insured** is not utilized in a **Policy Year**, it shall not be carried forward to any subsequent **Policy Year**.
c. In case of a Family Floater Policy, Restore or Double Restore **Sum Insured** will be available on floater basis for all Insured Persons in the **Policy**.
d. The Restore or Double Restore **Sum Insured** can be used for claims made by the Insured Person in respect of the benefits stated in Section A.1

15. Cumulative Bonus

On each continuous **Renewal** of the Coverage with **Us**, **We** will apply percentage of Base **Sum Insured** as specified in the Schedule of Coverage in the **Policy Schedule**/Certificate of Insurance under expiring Cover as**Cumulative Bonus** in the Coverage provided that;

i. There has been no claim under the Coverage in expiring year.
ii. **Cumulative Bonus** will be reduced at the same rate as accrued in the event of admissible Claim under the Coverage.
iii. **Cumulative Bonus** can be accumulated uptothe limit mentioned in the Schedule of Coverage on the **Policy Schedule**/Certificate of Insurance.
iv. **Cumulative Bonus** applied will be applicable only to **Insured Person(s)** covered under the expiring Coverage and who continue to remain insured on **Renewal**.

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16. Maternity Cover

We will pay**Maternity Expenses** to the **Insured Person**under Section A.I.a,incurred during the **Policy Period**.The Coverage is subject to the waiting periods and limits as mentioned in Schedule of Coverage on the **Policy Schedule**/Certificate of Insurance.

On opting this cover, General Exclusion xv) under Section B.II. What is not Covered stands deleted.
We will not make payment for any claim in respect of any **Insured Person** caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the **Policy**

i. **Pre-Hospitalization** and **Post-Hospitalization Medical Expenses** are not payable under this cover.
ii. We will not pay any expenses related to ectopic pregnancy under this cover. Ectopic pregnancy will be covered as a part of expenses under Section A.I only.
iii. Treatment for impotency, treatment to effect infertility, surrogate or vicarious pregnancy, voluntary termination of pregnancy, procedures to assist birth control, contraceptive supplies.

17. Pre and Post Natal Expenses

On availing this option, **We** will pay **Medical Expenses** incurred during**Pre** and **Post Natal** period upto the limits mentioned in the Schedule of Coverage on the **Policy Schedule**/Certificate of Insurance.

18. Baby Cover from Day 1

We will pay **Medical Expenses** incurred towards **Medically Necessary Treatment** of a **Newborn Baby,** as advised by the treating **Medical Practitioner,** up to the limit mentioned in Schedule of Coverage on the **Policy Schedule**/Certificate of Insurance.

19. Infertility Cover

We will pay **Medical Expenses** under Section A.I.a incurred for infertility treatment, assisted reproductive treatments undertaken by Insured Person on advice of a **Medical Practitioner**, up to the limit mentioned in Schedule of Coverage on the **Policy Schedule**/Certificate of Insurance. This cover is applicable for both Male and Female **Insured Person**.
On opting this cover, General Exclusion xiv) under Section B.II - What is not Covered stands deleted.

20. Personal Accident Cover

i. Accidental Death

We will pay the **Sum Insured**, as specified in the Schedule of Coverage on **Policy Schedule/**Certificate of Insurance, if **Insured Person** sustains **Injury** during the **Period of Insurance**, which shall within twelve months of its occurrence be the sole and direct cause of Death of **Insured Person.**

a. Disappearance

We will pay the **Sum Insured** in the event if Insured Person's body cannot be located within 365 Days;

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a. after the forced landing, stranding, sinking or wrecking of a conveyance in which **Insured Person** was known to be a passenger during **Period of Insurance** or;
b. after and as a result of any **Catastrophic Event** during **Period of Insurance**

it shall be deemed, subject to all other terms and provisions of the Policy, that **Insured Person** shall have suffered Death due to **Accident** under the Coverage.
If at any time, after the payment of the **Accidental** death benefit, it is discovered that the **Insured Person** is still alive, claims settled in respect of Disappearance benefit shall be reimbursed in full to the **Company**.

Specific Conditions applicable to Accidental Death

The Coverage under this Section terminates on admissibility of Claim equal to the **Sum Insured**

ii. Permanent Disablement

If **Insured Person** sustains **Injury** during **Period of Insurance**, which shall within twelve (12) months of its occurrence be the sole and direct cause of Permanent Disablement, we will pay in accordance to the Benefit table below upto maximum of **Sum Insured**as mentioned in the **Schedule of Coverage** on the **Policy Schedule/**Certificate of Insurance provided such disablement is certified by the **Medical Practitioner**

i. Benefit Table A

S.No	The Disablement	*% of Base Sum Insured Payable*
1	***Permanent Total Disablement***	100%
2	Permanent and incurable insanity	100%
3	Permanent Total Loss of two ***Limbs*** *(*physical severance of Limbs)	100%
4	Permanent Total ***Loss of Sight*** in both eyes	100%
5	Permanent Total ***Loss of Sight*** of one eye and one ***Limb*** *(*physical severance of Limbs)	100%
6	Permanent Total ***Loss of Speech***	100%
7	Complete removal of the lower jaw	100%
8	Permanent Total ***Loss of Mastication***	100%
9	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out ***Daily Activities*** essential to life without full time assistance	100%
10	Permanent Total ***Loss of Hearing*** in both ears	75%
11	Permanent Total Loss of one ***Limb*** *(*physical severance of Limbs)	50%
12	Permanent Total ***Loss of Sight*** of one eye	50%

ii. Benefit Table B

S.No	The Disablement	*% of Base Sum Insured Payable*
1	***Permanent Total Disablement***	100%
2	Permanent and incurable insanity	100%

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3	Permanent Total Loss of two ***Limbs*** *(*physical severance or the total and permanent loss of use of such ***Limb****)*	100%
4	Permanent Total ***Loss of Sight*** in both eyes	100%
5	Permanent Total ***Loss of Sight*** of one eye and one ***Limb*** *(*physical severance or the total and permanent loss of use of such ***Limb****)*	100%
6	Permanent Total ***Loss of Speech***	100%
7	Complete removal of the lower jaw	100%
8	Permanent Total ***Loss of Mastication***	100%
9	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out ***Daily Activities*** essential to life without full time assistance	100%
10	Permanent Total ***Loss of Hearing*** in both ears	75%
11	Permanent Total Loss of one ***Limb*** *(*physical severance or the total and permanent loss of use of such ***Limb****)*	50%
12	Permanent Total ***Loss of Sight*** of one eye	50%

iii. Benefit Table C

S.No	The Disablement	*% of Base Sum Insured Payable*
1	***Permanent Total Disablement***	100%
2	Permanent and incurable insanity	100%
3	Permanent Total Loss of two ***Limbs*** *(*physical severance or the total and permanent loss of use)	100%
4	Permanent Total ***Loss of Sight*** in both eyes	100%
5	Permanent Total ***Loss of Sight*** of one eye and one ***Limb*** *(*physical severance or the total and permanent loss of use)	100%
6	Permanent Total ***Loss of Speech***	100%
7	Complete removal of the lower jaw	100%
8	Permanent Total ***Loss of Mastication***	100%
9	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out ***Daily Activities*** essential to life without full time assistance	100%
10	Permanent Total ***Loss of Hearing*** in both ears	75%
11	Permanent Total Loss of one ***Limb*** *(*physical severance or the total and permanent loss of use)	50%
12	Permanent Total ***Loss of Sight*** of one eye	50%
13	**Permanent Total *Loss of Hearing*** in one ear	*15%*
14	***Permanent Total Loss of the lens in one eye***	25%
15	Permanent Total Loss of use of four fingers and thumb of either hand	40%
16	Permanent Total Loss of use of four fingers of either hand	20%
17	Permanent Total Loss of use of one thumb of either hand:	
a)	Both joints	20%
b)	One joint	10%
18	Permanent Total Loss of one finger of either hand:	

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a)	Three joints	5%
b)	Two joints	4%
c)	One joint	2%
19	Permanent Total Loss of use of toes:	
a)	All – one foot	15%
b)	Big – both joints	*5%*
c)	*Big – one joint*	2%
d)	Other than Big – each toe	2%
20	Established non-union of fractured leg or kneecap	10%
21	Shortening of leg by at least 5 cms.	8%
22	Ankylosis of the elbow, hip or knee	20%

iv. Benefit Table D

S.No	The Disablement	*% of Base Sum Insured Payable*
1	***Permanent Total Disablement***	100%
2	Permanent and incurable insanity	100%
3	Permanent Total Loss of two ***Limbs*** *(*physical severance or the total and permanent loss of use)	100%
4	Permanent Total ***Loss of Sight*** in both eyes	100%
5	Permanent Total ***Loss of Sight*** of one eye and one ***Limb***	100%
6	Permanent Total ***Loss of Speech***	100%
7	Complete removal of the lower jaw	100%
8	Permanent Total ***Loss of Mastication***	100%
9	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out ***Daily Activities*** essential to life without full time assistance	100%
10	Permanent Total ***Loss of Hearing*** in both ears	75%
11	Permanent Total Loss of one ***Limb*** *(*physical severance or the total and permanent loss of use)	50%
12	Permanent Total ***Loss of Sight*** of one eye	50%
13	**Permanent Total *Loss of Hearing*** in one ear	15%
14	***Permanent Total Loss of the lens in one eye***	25%
15	Permanent Total Loss of use of four fingers and thumb of either hand	40%
16	Permanent Total Loss of use of four fingers of either hand	20%
17	Permanent Total Loss of use of one thumb of either hand:	
a)	Both joints	20%
b)	One joint	10%
18	Permanent Total Loss of one finger of either hand:	
a)	Three joints	5%
b)	Two joints	4%
c)	One joint	2%
19	Permanent Total Loss of use of toes:	
a)	All – one foot	15%
b)	Big – both joints	5%
c)	*Big – one joint*	2%

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d)	Other than Big – each toe	2%
20	Established non-union of fractured leg or kneecap	10%
21	Shortening of leg by at least 5 cms.	8%
22	Ankylosis of the elbow, hip or knee	20%
23	**Permanent disablement not otherwise provided for under Items 2-22 inclusive up to a maximum of**	75%

Terms and Conditions applicable to Permanent Disablement

i. Ankylosis of the fingers (other than thumb and forefinger) and of the toes (other than the big toe) shall be limited to fifty percent (50%) of the **BaseSum Insured** subject to maximum of **Sum Insured**payable for the loss of the said members.
ii. Benefit under item 23 of Table D shall be determined by the independent **Medical Practitioner**who will certify the percentage of **BaseSum Insured** payable taking into consideration the nature of the ***Injury***and disability in conjunction with the stated percentages **BaseSum Insured**for more specific injuries shown in the Table of Benefits.
iii. Any claim amount admissible/paid during the year will reduce the **Sum Insured** payable for the Cover in respect of subsequent claims.
iv. The Coverage under this Section terminates on admissibility of Claim(s) equal to the **Sum Insured**. The Company's liability during the lifetime of the Policy will not exceed the **Base Sum Insured** in respect of the Cover.
v. The total amount payable in respect of more than one disablement due to the same **Injury** is arrived at by adding together the various percentages of **Base Sum Insured** shown in the Table of Benefits subject to maximum of **Sum Insured**.

21. Corporate Buffer

On availing this option, **We** will provide for a Corporate Buffer up to the limitsand terms as specified in the **Policy Schedule**/Certificate of Insurance provided that;

1. All other terms and conditions of the Policy shall remain unaltered

2. The coverage under this benefit will be applicable for **Insured Persons** who have exhausted their Sum Insured limits

22. OPD Cover

We will pay the**Medical Expenses**incurred by the Insured Personduring **Period of Insurance** for a **Medically necessary OPD treatment** up to the limits and in accordance with terms as specified in the Schedule of Coverage on the **Policy Schedule**/Certificate of Insurance.

On opting this cover, General Exclusion xxx) under Section B.II – What is not Covered, stands deleted.

23. Aggregate Deductible

On availing this option, the **Insured Person** shall bear an amount equal to the **Aggregate Deductible** specified in the **Schedule of Coverage** on **Policy Schedule/**Certificate of Insurance for all admissible claim amounts assessed by **Us** in respect of all claims made by **Insured Person** in a **Policy Year**. The liability of the Company to pay the admissible Claim under that **Policy Year** will commence only once **Aggregate Deductible** has been exhausted.

24. Disease Capping

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On availing this option, claimsunder Section A.I.a, for specified **Illnesses** will be admissible up to maximum of Sub-limits as mentioned in the Schedule of Coverage on the Policy Schedule.

25. Double Sum Insured for Critical Illness

We will increase the **Sum Insured** for an **Insured Person** by 100% if he is diagnosed as suffering from below listed **Critical Illness** under this Coverage, provided that:

i) The **Insured Person** is first diagnosed as suffering from a **Critical Illness** during the **Period of Insurance**, and
ii) The benefit is utilised only by the **Insured Person** diagnosed with the **Critical Illness**, and
iii) We have accepted an inpatient hospitalisation claim under in-patient treatment benefit

Critical Illness Covered			
1	Cancer of specified severity	3	Major Organ/Bone Marrow Transplant
2	Myocardial Infarction (First Heart Attack of specific severity)	4	Stroke resulting in Permanent Symptoms

26. Critical Illness (Benefit Based)

We will pay **Sum Insured**as specified on the Schedule of Coverage in the **Policy Schedule**/Certificate of Insurance under this Cover, if **Insured Person** suffers from **Critical Illnesses** listed below, whose diagnosis first commence/occurs after the applicable waiting period from commencement of first **Policy** with **Us**, subject to the following:

i. Waiting Period – The coverage is subject to a waiting period of 90 days from the date of inception of the first **Policy** with us.
ii. **Survival Period** - The **Insured Person** survives at least 30 days following such diagnosis.
iii. The coverage under this benefit shall cease to exist upon occurrence of any one **Critical Illness** covered for which claim is admitted by**Us**. However, **Insured Person** continues to remain insured under rest of the covers in the **Policy**. The other **Insured Persons** (if any) will continue to be covered under this cover if opted.
iv. This cover is offered only on Individual **Sum Insured** basis.

Critical Illness Covered			
1	Cancer of specified severity	7	Major Organ/Bone Marrow Transplant
2	Open Chest CABG	8	Stroke resulting in permanent symptoms
3	Myocardial Infarction ((First Heart Attack of specific severity)	9	Multiple Sclerosis with Persisting Symptoms
4	Open Heart Replacement or Repair of Heart Valves	10	Permanent Paralysis of Limbs
5	Kidney Failure requiring regular dialysis	11	Motor Neuron Disease with Permanent Symptoms
6	Coma of Specified Severity	12	Major Head Trauma

B What is Not Covered

We will not make payment for any claim in respect of any **Insured Person** caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the **Policy**

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I. Waiting Periods

Claims under the Policy are covered subject to Waiting Period as specified below:

i) **Pre-existing Diseases – Code – Excl01**

a) 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.
b) In case of enhancement of **Sum Insured** the exclusion shall apply afresh to the extent of sum of **Sum Insured** increase.
c) 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.
d) 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.

ii) **Specified Disease/Procedure waiting period- Code - Excl02**

a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 12 months of continuous coverage after the date of inception of the first **Policy** with us. This exclusion shall not be applicable for claims arising due to an **Accident**.
b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of **Sum Insured** increase.
c) If any of the specified disease/procedure falls under the waiting period specified for **Pre-existing diseases**, then the longer of the two waiting periods shall apply.
d) The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.
e) If the **Insured Person** is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

Illnesses

Internal Congenital diseases	Non infective Arthritis	Pilonidal sinus
Diseases of gall bladder including cholecystitis	calculus diseases of Urogenital system e.g.Kidneystone,Urinary Bladder Stone	Benign tumors, cysts, nodules, polyps including breast lumps
Pancreatitis	Ulcer and erosion of stomach and duodenum	Polycystic ovarian diseases
All forms of Cirrhosis	Gastro Esophageal Reflux Disorder (GERD)	Sinusitis, Rhinitis
Perineal Abscesses	Perianal Abscesses	Skin tumors
Cataract	Fissure/fistula in anus, Haemorrhoids including Gout and rheumatism	Tonsillitis
Osteoarthritis and osteoporosis	Fibroids (fibromyoma)	Benign Hyperplasia of Prostate

Surgical Procedures

Adenoidectomy, tonsillectomy	Tympanoplasty, Mastoidectomy	Hernia
Dilatation and curettage (D&C)	Nasal concha resection	Surgery for prolapsed inter vertebral disc

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Myomectomy for fibroids	Surgery of Genito urinary system	Surgery for varicose veins and varicose ulcers
Surgery on prostate	Cholecystectomy	Surgery for Perianal Abscesses
Hydrocele/Rectocele	Joint replacement surgeries	Surgery for Nasal septum deviation
Ligament, Tendon and Meniscal tear	Prolapsed Uterus	Rectal Prolapse
Endometriosis	Retinal detachment	Glaucoma
Varicocele	Hysterectomy	Fissurectomy, Haemorrhoidectomy, Fistulectomy, ENT surgeries
Nasal polypectomy		

iii) **30-day waiting period – Code – Excl03**

a) Expenses related to the treatment of any illness within 30 days from the first **Policy** commencement date shall be excluded except claims arising due to an **Accident**, provided the same are covered.
b) This exclusion shall not, however, apply if the **Insured Person** has continuous coverage for more than twelve months.
c) The within referred waiting period is made applicable to the enhanced **Sum Insured** in the event of granting higher **Sum Insured** subsequently.

iv) A waiting period of 48 months shall apply for all Claims under Maternity Cover (Section A.II.16)

v) A waiting period of 48 months shall apply for all Claims under OPD Cover (Section A.II.22)

II. Permanent Exclusions

We will not make any payment for any claim in respect of any **Insured Person** caused by, arising from or attributable to any of the following unless expressly stated to the contrary in this **Policy:**

i. **Investigation & Evaluation:** Code Excl04
   a. Expenses related to any admission primarily for diagnostic 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.

ii. **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:
   a. 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.
   b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

iii. **Obesity/Weight control:** Code – Excl06: Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
   a. Surgery to be conducted is upon the advice of the doctor
   b. The surgery/procedure conducted should be supported by clinical protocols
   c. The member has to be 18 years of age or older and
   d. Body Mass Index (BMI)
      a. Greater than or equal to 40 or,

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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:
    1. Obesity related cardiomyopathy
    2. coronary heart disease
    3. severe sleep apnoea
    4. uncontrolled type2 diabetes

iv. **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.

v. **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.**

vi. **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.

vii. **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.

viii. **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.

ix. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code – Excl12

x. 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 – Excl13

xi. 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 – Excl14

xii. Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.Code – Excl15

xiii. **Unproven Treatments–** 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.Code – Excl16

xiv. **Sterility and Infertility –**Code – Excl17 -Expenses related to sterility and infertility. This includes:
    a. Any type of contraception, sterilization
    b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
    c. Gestational Surrogacy
    d. Reversal of sterilization

xv. **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.

xvi. War or any act of war, invasion, act of foreign enemy, (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution,

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insurrection, military or usurped acts, **Nuclear**, **Chemical** or **Biological** attack or weapons, radiation of any kind.

xvii. Aggregate Deductible - We are not liable for Claims/Claim amount falling within **Aggregate Deductible** limit if opted and as mentioned on the Schedule of Coverage in the **PolicySchedule**/Certificate of Insurance.

xviii. Any **Insured Person** committing or attempting to commit intentional self-injury or attempted suicide or suicide while mentally sound or unsound.

xix. Any **Insured Person**'s participation or involvement in naval, military or air force operation.

xx. Investigative treatment for Sleep-apnoea, General debility or exhaustion ("run-down condition").

xxi. Congenital external diseases, defects or anomalies,

xxii. Stem cell harvesting.

xxiii. Investigative treatments for analysis and adjustments of spinal sub luxation, diagnosis and treatment by manipulation of the skeletal structure or for muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities).

xxiv. Circumcisions (unless necessitated by **Illness** or **Injury** and forming part of treatment).

xxv. Any Convalescence, sanatorium treatment, private duty nursing or long-term nursing care.

xxvi. Preventive care, and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.

xxvii. Vaccination including inoculation and immunisations (Except post Animal bite treatment),

xxviii. **Non-Medical expenses** such as Food charges (other than patient's diet provided by hospital), laundry charges, attendant charges, ambulance collar, ambulance equipment, baby food, baby utility charges and other such items. Full list of Non-Medical expenses is attached and also available at www.hdfcergo.com

xxix. OPD treatment

xxx. The provision or fitting of hearing aids, spectacles or contact lenses.

xxxi. Any treatment and associated expenses for alopecia, baldness including corticosteroids and topical immunotherapy wigs, toupees, hair pieces,any non-surgical hair replacement methods, Optometric therapy.

xxxii. Any treatment or part of a treatment that is not of a Reasonable and Customary charge, not Medically Necessary; treatments or drugs not supported by a prescription.

xxxiii. Expenses for Artificial limbs and/or device used for diagnosis or treatment (except when used intra-operatively).prosthesis, corrective devices external durable medical equipment of any kind, wheelchairs, crutches, and oxygen concentrator for bronchial asthma/ COPD conditions, cost of cochlear implant(s) unless necessitated by an Accident. Exhaustive list of Non-Medical expenses is attached and also available on www.hdfcergo.com

xxxiv. Any Claim arising due to Non-disclosure of **Pre-existing Illness** or Material fact as sought to be declared on the Proposal form.

C Claims Procedure

1. Notification of a Claim

Procedure	Cashless Hospitalization	Reimbursement Claims

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	Emergencies	Planned	
Claim Intimation **You** shall intimate the Claims to us through any available mode of communication as specified in the **Policy**, Health Card or our Website			
Claim Intimation Timelines	Within 24 hours of the Emergency Hospitalization	At least 72 hours prior to the planned Hospitalization	Within 48 hours of admission or before discharge from the Hospital, whichever is earlier
Claim Intimation Timelines for Critical Illness related claims	Within 15 days of the diagnosis of Critical Illness or Hospitalization		
Particulars to be provided to us for claim notification	1. The health card issued by Us 2. KYC documents 3. The Policy Number 4. Name of the Policyholder 5. Name and address of Insured Person in respect of whom the request is being made 6. Nature of the Illness/Injury and the treatment/Surgeryrequired 7. Name and address of the attending Medical Practitioner 8. Hospital where treatment/Surgery is proposed to be taken or /Hospital where the Insured person is admitted 9. Proposed /Actual Date of admission 10. NEFT details & cancelled cheque of Claimant or Nominee (in case claimant expired), Provide legal heir certificate in case nominee is minor.		
Claims documents to be submitted for Hospital Cash	1. Copy of Discharge Summary / Discharge Certificate along with time of admission and discharge for **Hospital** cash benefit 2. First consultation letter from treating **Medical Practitioner** 3. Certificate from treating Medical Practitioner, specifying the duration and aetiology 4. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable		
Claims Documents to be submitted for Critical Illness related claims	1. Copy of Discharge Summary / Discharge Certificate / Death Certificate (in case insured expired); 2. First consultation letter from treating Medical Practitioner 3. Medical certificate confirming diagnosis, and the treatment from Medical Practitioner 4. certificate from treating Medical Practitioner, specifying the duration and etiology 5. OT Notes in case of Surgery 6. Medical certificate from treating Medical Practitioner specifying the diagnosis and need for the surgery 7. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable 8. All pathological/Histopathological and radiological Investigation Reports 9. NEFT details & cancelled cheque of Claimant or Nominee (in case claimant expired), Provide legal heir certificate in case nominee is minor.		

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	Provide KYC (Know your customer) form along with photocopy of any one of following KYC documents for all claims amounting to Rs 1 lakh and above (Aadhaar Card, Passport, Driving License Voter ID, etc) We may require the Insured Person to undergo medical examination by Medical Practitioner authorized by Us to obtain an independent medical opinion for the processing of the claim. Any cost towards such medical examination will be borne by Us.	
Claims documents and procedure for Second Medical Opinion	1. Duly filled claim form along with the copy of all medical reports including investigation reports and discharge summary (if any) 2. Select **Our** network **Medical Practitioner** from whom you would prefer to take the second opinion. (Please refer our Website or call at 24X 7 toll free line to obtain the list of **Our** panel doctors). 3. On receipt of the complete set of documents, We will forward the same to the concerned doctor. 4. The Second Opinion shall be forwarded to the member within 15 working days of receipt of the complete set of documents.	
Claims documents to be submitted for Accidental Death	1. Medical Practitioner's Report 2. Medico Legal Certificate 3. Death certificate 4. Postmortem if conducted/FSL (Forensic science laboratory) report – To check for drug abuse/intoxication 5. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable	
Claims documents to be submitted for Permanent Disablement	1. Medical Practitioner's Report 2. Medico Legal Certificate 3. Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the **Injury**; 4. Disability certificate from a government certified **Medical Practitioner** or government **Hospital** confirming the extent and nature of disability. 5. Discharge summary from the **Hospital** Medical reports, case histories, investigation reports,treatmentpapers as applicable. 6. Letter from treating**Medical Practitioner** mentioning the reason and date for disablement and confirming the disablement. 7. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable	
Particulars to be provided for pre-authorization	i. Policy Number ii. Name of the **Insured person**(s) iii. Nature of disease/**Illness/Injury** iv. Name and address of the attending**Medical Practitioner/Hospital** v. Date of admission & probable date of discharge vi. Approximate Claim Expenses	Not Applicable
	Any other relevant information as required	

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Process for pre-authorization	On receipt of duly filled pre authorization form and other details, We may; • Issue the authorization letter specifying the sanctioned amount, limitation, and non-payable items, if applicable Or • Reject the request for pre-authorization specifying reasons for the rejection.	Not Applicable
List of Claim documents	Not Applicable	As enlisted below
Condonation of Delay	If the claim is not notified/ or submitted to **Us** within the specified time limits, then **We** shall be provided the reasons for the delay in writing. **We**will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control	

2. **List of documents for Reimbursement Claims**
   i. Completely filled claim form, duly signed (by claimant/proposer) and stamped (by **Hospital**).
   ii. Government approved Photo ID & Age Proof
   iii. Copy of claim intimation letter / reference of Claim Intimation Number in the absence of main claim documents
   iv. Copy of the Hospital's Registration Certificate/Hospital Registration number in case of **Hospitalization** in any non-network hospital of HDFC ERGO Health Insurance Limited or certificate from **Hospital** authorities providing facilities available including number of beds.
   v. Discharge Card / Day Care Summary / Transfer Summary
   vi. Final hospital bill with all deposit and final payment receipt and refund receipt(s), if advance amount refunded
   vii. Invoice with payment receipt and implant stickers for all implants used during surgeries e.g. lens sticker and invoice in cataract Surgery, stent invoice and sticker in Angioplasty Surgery.
   viii. All previous consultation papers indicating history and treatment details for current **Illness** and advice for current hospitalization.
   ix. All diagnostic reports (including imaging and laboratory) along with prescription by **Medical Practitioner** and invoice / bill with receipt from diagnostic centre
   x. All medicine / pharmacy bills along with prescription by **Medical Practitioner**
   xi. MLC / FIR Copy – in **Accidental** cases only
   xii. History of alcohol consumption or any intoxication certified by first treating doctor in case of accidental cases.
   xiii. Copy of Death Summary and copy of Death Certificate (in death claims only)
   xiv. Pre and Post-Operative Imaging reports
   xv. Copy of indoor case papers with nursing sheet detailing medical history of the patient, treatment details, and patient's progress (to be submitted wherever required by the insurer).
   xvi. Invoice for Vaccination and payment receipt
   xvii. KYC documents (in all claims above Rs 1 lakh) - (Ration Card/ Driving License/ Aadhar Card/ Passport /any other Government authorized identity proof of the Claimant carrying name, photograph & address) and duly filled KYC form with 1 signed across passport size coloured photograph of the Claimant ***
   xviii. Duly filled NEFT form with cancelled blank cheque (with IFSC code, A/C number, and name mentioned on cheque leaf)
   xix. Settlement letter(s), copy (-ies) of payment receipts, and entire certified copy of paid claims in case of partial claim settlement from other insurer.

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*** In case of death of Insured Person, the same document requirement would be for nominee/legal heir of Insured Person(NOC in favour of 1 or more than 1 undisputedly selected legal heir(s) by remaining legal heir(s).

3. **Conditions for obtaining Cashless facility**

i. **Cashless facility** can be availed only at **Our Network Provider**. The complete list of **Network Providers** and empanelled Service Providers is available on **Our** website and can be obtained by contacting **Us**.
ii. We reserve the right to modify, add or restrict any **Network Provider** for Cashless Facilities at **Our** sole discretion. The same shall be duly updated on **Our** website. **You** shall check the updated list of **Network Providers** before applying for Cashless Claim.
iii. Pre-authorization is valid for 15 days from date of issuance and if all the details of the **Hospitalization**/treatment, including dates**, Hospital** and locations match with the details as per Cashless authorized.
iv. **We** will make payment for the Cashless authorized amount directly to the **Network Provider**.
v. If the claim is not notified to **Us** within the specified time limits, then **We** shall be provided the reasons for the delay in writing. **We** will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control

4. **Payment of a Claim**

i. If there are any deficiencies in the necessary claim documents which are not met or are partially met, **We** will send a maximum of 3 (three) reminders following which **We** will send a closure letter or make a part-payment if **We** have not received the deficiency documents after 45 days from the date of the initial request for such documents
ii. 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.
iii. In the case of delay in the payment of a claim, the **Company** shall be liable to pay interest to the **Policyholder/Insured Person** from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the **Bank Rate**.
iv. However, where the circumstances of a claim warrant an investigation in the opinion of the **Company**, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the **Company** shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
v. In case of delay beyond stipulated 45 days, the **Company** shall be liable to pay interest to the **Policyholder/Insured Person** at a rate 2% above the **Bank Rate** from the date of receipt of last necessary document to the date of payment of claim.
vi. If **We**, for any reason decide to reject the claim, the reasons regarding the rejection shall be communicated to **You** in writing within 30 days of the receipt of documents.
vii. If requested by **Us,** at **Our** cost, the **Insured Person** must submit to medical examination by **Our Medical Practitioner** as often as **We** consider reasonable and necessary and **We/Our** representatives must be permitted to inspect the medical and Hospitalization records pertaining to the **Insured Person's** treatment and to investigate the circumstances pertaining to the claim.
viii. **We** and **Our** representatives must be given all reasonable co-operation in investigating the claim in order to assess **Our** liability and quantum in respect of the claim

D Definitions

1. Definitions applicable to the Policy

Def. 1. **Accident** or **Accidental** means a sudden, unforeseen, and involuntary event caused by external, visible and violent means.

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Def. 2. **Adventurous/Hazardous Sports means** any sport or activity involving physical exertion and skill in which an **Insured Person** participates or competes for entertainment or as part of his Profession whether he / she is trained or not.

Def. 3. **Age** or **Aged** means completed years as at the Policy Commencement Date.

Def. 4. **Any one illness** means continuous period of **Illness** and includes relapse within 45 days from the date of last consultation with the **Hospital**/Nursing Home where treatment was taken

Def. 5. **Alternative treatment** means forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Siddha and Homeopathy in the Indian context.

Def. 6. **Aggregate Deductible:** Aggregate deductible is a cost-sharing requirement under a health insurance policy that provides that the Company will not be liable for a specified rupee amount of the covered expenses, which will apply before any benefits are payable by the Company. An Aggregate deductible does not reduce the Sum Insured. The deductible is applicable in aggregate towards hospitalization expenses incurred which are admissible under this Policy (and not excluded) during the policy year by insured person (individual Sum Insured policy) or insured family (in case of floater sum insured policy).

Def. 7. **Associated Medical Expenses** means cconsultation fees, charges on Operation theatre, surgical appliances & nursing, and expenses on Anaesthesia, blood, oxygen incurred during Hospitalization of the Insured Person

Def. 8. **AYUSH HOSPITAL** means 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 within-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.

Def. 9. **AYUSH Day Care Centre** means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health center 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.

Def. 10. **Bank rate** means the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.

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Def. 11. **Base Sum Insured** means the sum shown in the Policy Schedule which represents **Our** maximum liability for respective Cover during the life time of the Policy.

Def. 12. **Break in Policy** means the period of gap that occurs at the end of the existing policy term, when the premium due for renewal on a given policy is not paid on or before the premium renewal date or within 30 days thereof

Def. 13. **Biological attack** or **weapons** 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.

Def. 14. **Cashless Facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the **Network Provider** by the insurer to the extent pre-authorization is approved.

Def. 15. **Catastrophic Event** means and includes Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Tsunami, Flood, Inundation and Earthquake

Def. 16. **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.

Def. 17. **Commencement Date** means the commencement date of the Policy as specified in the **Policy Schedule**/Certificate of Insurance

Def. 18. **Coma/Comatose State** means a state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:

i. no response to external stimuli continuously for at least 96 hours;
ii. life support measures are necessary to sustain life; and
iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
iv. The condition has to be confirmed by a specialist medical practitioner.
v. Coma resulting directly from alcohol or drug abuse is excluded.

Def. 19. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon

Def. 20. **Congenital Anomaly** means a condition(s) which is present since birth, and which is abnormal with reference to form, structure, or position.

a) Internal **Congenital Anomaly**: **Congenital Anomaly** which is not in the visible and accessible parts of the body.

b) External **Congenital Anomaly**: **Congenital Anomaly** which is in the visible and accessible parts of the body

Def. 21. **Co-Payment** means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A **Co-Payment** does not reduce the Sum Insured

Def. 22. **Coverage Period** means the Period between the Coverage effective date and the expiry date applicable to Insured Person specified in the **Policy Schedule**/Certificate of Insurance.

Def. 23. **Cumulative Bonus** means any increase or addition in the Sum Insured granted by the Insurer without an associated increase in premium.

Def. 24. **Day care Centre** means any institution established for **Day Care Treatment** of **Illness** and / or injuries or a medical set -up with 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:-

i. has qualified nursing staff under its employment;
ii. has qualified medical practitioner/s in charge;
iii. has fully equipped operation theatre of its own where surgical procedures are carried out;

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iv. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel

Def. 25. **Day Care Treatment/ Procedures**means those medicaltreatment, and/or surgical procedure which isundertaken under General or Local Anesthesia in a **Hospital/Day Care Centre** in less than 24 hours because of technological advancement, and which would have otherwise required **Hospitalization** of more than 24 hours, Treatment normally taken on an Out-patient basis is not included in the scope of this definition

Def. 26. **Deductible** means a cost sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of **Hospital** cash policies, which will apply before any benefits are payable by the insurer. A **Deductible** does not reduce the sum insured.

Def. 27. **Dependent Child/Children** means living dependent child or children of **Insured Person** up to age of 25 years as on date of **Injury**, including legally adopted and step- children.

Def. 28. **Dependents** means only the family members listed below:

a) **Your** legally married spouse as long as she continues to be married to You
b) **Your** children Aged between 91 days and 25 years if they are unmarried, still financially dependent on You and have not established their own independent households;
c) **Your** natural parents or parents that have legally adopted You, and **Your** parent in laws

Def. 29. **Dependent Parents** means **Your** natural parents, parents that have legally adopted you or **Your** parents in law.

Def. 30. **Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery

Def. 31. **Disclosure of information norm** means the policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

Def. 32. **Domiciliary Hospitalization** 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:

i. the condition of the patient is such that he/she is not in a condition to be removed to a **Hospital**, or
ii. the patient takes treatment at home on account of non-availability of room in a **Hospital**

Def. 33. **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.

Def. 34. **Family Floater** means a Policy described as such in the Policy Schedule where under **You** and **Your** Dependents (Spouse, dependent children, dependent parents/parents in laws) named in the Policy Schedule are insured under this Policy as at the Commencement Date on floater Sum Insured basis.

Def. 35. **Grace Period m**eans the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre –existing diseases. Coverage is not available for the period for which no premium is received.

Def. 36. **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 the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

has at least 10 in-patient beds, in towns having a population of less than 10,00,000 and 15 in-patient beds in all other places,

has qualified nursing staff under its employment round the clock,

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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 will make these accessible to the insurance company's authorized personnel.

Def. 37. **Hospitalization** means admission in a **Hospital** for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.

Def. 38. **Illness/Illnesses**means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment

(a) Acute condition - Acute condition is a disease, **Illness** or **Injury** that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/**Illness**/**Injury** which leads to full recovery

(b) Chronic condition - A chronic condition is defined as a disease, **Illness**, or **Injury** that has one or more of the following characteristics:

- it needs on-going or long-term monitoring through consultations, examinations, check-ups, and /or tests
- it needs on-going 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

Def. 39. **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.

Def. 40. **Immediate Family**mean an **Insured Person**'s Spouse; children; children-in-law, siblings; siblings-in-law; parents; parents-in-law; grandparents; grandchildren; legal guardian, ward, step or adopted children; stepparents; aunts, uncles; nieces, and nephews.

Def. 41. **In-patient Care** means treatment for which the Insured Person has to stay in a **Hospital** for more than 24 hours for a covered event.

Def. 42. **Insured Person** means **You** and the persons named in the Policy Schedule who are insured under the Policy.

Def. 43. **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.

Def. 44. **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 intensive charges

Def. 45. **Life threatening situation** shall mean a serious medical condition or symptom resulting from **Injury** or **Illness** which is not **pre-existing disease**, which arises suddenly and unexpectedly, and requires immediate care and treatment by a **Medical Practitioner**, generally received within 24 hours of onset to avoid jeopardy to life or serious long-term impairment of the Insured Person's health, until stabilisation at which time this medical condition or symptom is not considered an Emergency anymore.

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Def. 46. **Material Facts** means 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.

Def. 47. **Maternity Expenses** means

Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean section incurred during **Hospitalization**).

Expenses towards lawful medical termination of pregnancy during the policy Period.

Def. 48. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow up prescription.

Def. 49. **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 Medical practitioners in the same locality would have charged for the same medical treatment.

Def. 50. **Medically Necessary treatment** means any treatment, test, medication, or stay in **Hospital** or part of stay in **Hospital**which

Is required for the medical management of the **Illness** or **Injury** suffered by the Insured Person;

Must not exceed the level of care necessary to provide safe, adequate, and appropriate medical care in scope, duration or intensity.

Must have been prescribed by a Medical Practitioner.

Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

Def. 51. **Medical Consultation** is a procedure where a **Medical Practitioner** reviews an Insured Person's medical history, medically examines the Insured Person and makes recommendations as to care and treatment.

Def. 52. **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.Medical Practitioner who is sharing the same residence with the Insured person`s and is a member of Insured Person's family are not considered as Medical Practitioner under the scope of this Policy.

Def. 53. **Mental Illness** means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs, but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterised by sub normality of intelligence.

Def. 54. **Mental Health Establishment** means any health establishment, including Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy establishment, by whatever name called, either wholly or partly, meant for the care of persons with mental **Illness**, established, owned, controlled or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person, where persons with mental **Illness** are admitted and reside at, or kept in, for care, treatment, convalescence and rehabilitation, either temporarily or otherwise; and includes any general **Hospital** or general nursing home established or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co-operative society, organisation

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or any other entity or person; but does not include a family residential place where a person with mental **Illness** resides with his relatives or friends;

Def. 55. **Mental Health Nurse** means a person with a diploma or degree in general nursing or diploma or degree in psychiatric nursing recognised by the Nursing Council of India established under the Nursing Council of India Act, 1947 and registered as such with the relevant nursing council in the State

Def. 56. **Migration** means, the right accorded to the health insurance policyholders (including all members under family cover and members of group health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.

Def. 57. **new-born Baby** means baby born during the Policy Period and is Aged up to 90 days

Def. 58. **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**.

Def. 59. **Non-Network** means any **Hospital**, **Day Care Centre** or other provider that is not part of the Network

Def. 60. **Non-Medical Expenses** - Are expenses other than those defined as Medical Expenses and which are listed on our website www.hdfcergo.com

Def. 61. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication

Def. 62. **Nuclear attack** 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.

Def. 63. **OPD Treatment** -OPD treatment means the one 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**.**

Def. 64. **Period of Insurance** means the period between the Coverage Commencement Date and the Expiry Date specified in the **Policy Schedule**/Certificate of Insurance under the **Policy** with the **Company** under which **Insured Person** is covered.

Def. 65. **Portability** means, the right accorded to individual health insurance policyholders (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer.

Def. 66. **Pre-existing disease** means any condition, ailment, injury or disease:

i. 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

ii. 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 or its reinstatement.

Def. 67. **Preventive Health Check-up** -Preventive Health Check-up means a package of medical test(s) undertaken for general assessment of health status, it does not include any diagnostic or investigative medical tests for evaluation of illness or a disease.

Def. 68. **Policy** means **Your** statements in the proposal form (which are the basis of this Policy), this policy wording (including endorsements, if any), and the Policy Schedule (as the same may be amended from time to time).

Def. 69. **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Policy Schedule. For**Insured Person** it means **Period of Insurance** as specified in the Certificate of Insurance or Endorsement

Def. 70. **Policy Holder** means Person who has proposed the Policy and in whose name the Policy is issued

Def. 71. **Policy Schedule** means Schedule attached to and forming part of this Policy mentioning the details of the Insured Persons, the Sum Insured, the period and the limits to which benefits

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under the Policy are subject to (Schedule of coverage), including any Annexure and/or endorsements, made to or on it from time to time, and if more than one, then the latest in time.

Def. 72. **Policy Year** means a period of twelve months beginning from the date of commencement of the policy period and ending on the last day of such twelve-month period. For the purpose of subsequent years, policy year shall mean a period of twelve months commencing from the end of the previous policy year and lapsing on the last day of such twelve-month period, till the policy period, as mentioned in the schedule

Def. 73. **Portability**means, the right accorded to individual health insurance policyholders (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer.

Def. 74. **Pre-hospitalization Medical Expenses** means **Medical Expenses** incurred during pre-defined number of days preceding the **Hospitalization** of the Insured Person, provided that:

Such **Medical Expenses** are incurred for the same condition for which the Insured Person's **Hospitalization** was required, and

The In-patient **Hospitalization** claim for such **Hospitalization** is admissible by the Insurance Company

Def. 75. **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 **Hospitalization** was required, and

The inpatient **Hospitalization** claim for such **Hospitalization** is admissible by the insurance company**.**

Def. 76. **Qualified Nurse** is a person who holds a valid registration from the nursing council of India or the nursing council of any state in India

Def. 77. **Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of **Grace Period** for treating the **Renewal** continuous for the purpose of gaining credit for **Pre-Existing Diseases**, time-bound exclusions and for all waiting periods

Def. 78. **Room Rent** means the amount charged by a **Hospital** towards Room and Boarding expenses and shall include the **AssociatedMedical Expenses**

Def. 79. **Reasonable and Customary Charges**means the charges for services or supplies, which are the standard charges for a specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of **Illness**/ **Injury** involved.

Def. 80. **Second Medical Opinion** means a procedure where by upon request of Insured Person, an independent Medical Practitioner reviews and opines on treating Medical Practitioner's recommendation as to care and treatment of Insured Person by reviewing Insured Person's medical status and history

Def. 81. **Sum Insured** means the sum shown in the Policy Schedule which represents Our maximum liability for each Insured Person for any and all benefits claimed for during the Policy Year, and in relation to a Family Floater represents Our maximum liability for any and all claims made by You and all of **Your** Dependents during the Policy Year

Def. 82. **Sub-limit** means a cost sharing requirement under a health insurance policy in which an insurer would not be liable to pay any amount in excess of the pre-defined limit

Def. 83. **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 from suffering and prolongation of life, performed in a **Hospital** or **Day Care Centre** by a medical practitioner.

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Def. 84. **Time Deductible** means a cost sharing requirement under a health insurance **Policy** that provides that the Insurer will not be liable for a specified number of days, which will apply before any benefits are payable by the insurer. A **Time Deductible** does not reduce the **Sum Insured**

Def. 85. **Unproven/Experimental Treatment** is a treatment including drug experimental therapy, which is based on established medical practice in India, is a treatment experimental or unproven.

Def. 86. **We/Our/Us/Insurer/Company** means the HDFC ERGO Health Insurance Limited

Def. 87. **You/Your** means the Insured Person named in the Policy Schedule who is insured under the Policy

2. ***Major/Critical Illnesses – applicable to optional cover 12, 25 and 26 under Section A.II***

1. Cancer of specified severity

A malignant tumour characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukaemia, lymphoma and sarcoma.
The following are excluded:

i. All tumours which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behaviour, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
iii. Malignant melanoma that has not caused invasion beyond the epidermis;
iv. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
vi. Chronic lymphocytic leukaemia less than RAI stage 3
vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
viii. All Gastro-Intestinal Stromal Tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
ix. All tumours in the presence of HIV infection.

2. Open Chest CABG

I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.
II. The following are excluded:
a. Angioplasty and/or any other intra-arterial procedures

3. Myocardial Infarction (First Heart Attack of specified severity)

I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:
    a. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
    b. New characteristic electrocardiogram changes

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c. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

II. The following are excluded:
   a. Other acute Coronary Syndromes
   b. Any type of angina pectoris
   c. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

4. Kidney failure requiring regular dialysis

I. End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosishas to be confirmed by a specialist medical practitioner.

5. Major Organ/Bone Marrow Transplant

The actual undergoing of a transplant of:

a. One of the following human organs: lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ,
b. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:
a. Other stem-cell transplants
b. Where only islets of langerhans are transplanted

6. Multiple Sclerosis with persisting symptoms

I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
   a. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
   b. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

II. Other causes of neurological damage such as SLE and HIV are excluded.

7. Permanent Paralysis of Limbs

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

8. Stroke resulting in permanent symptoms

I. Any cerebrovascular incident producing permanent neurological sequelae.

   a. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolization from an extracranial source.
   b. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

II. The following are excluded:

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a. Transient ischemic attacks (TIA)
b. Traumatic injury of the brain
c. Vascular disease affecting only the eye or optic nerve or vestibular functions.

9. Coma of Specified Severity

I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
   i) no response to external stimuli continuously for at least 96 hours;
   ii) life support measures are necessary to sustain life; and
   iii) permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

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

10. Open Heart Replacement or Repair of Heart Valves

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

11. Motor Neuron Disease with Permanent Symptoms

Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

12. Major Head Trauma

I. Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.

II. The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word “permanent” shall mean beyond the scope of recovery with current medical knowledge and technology.

III. The Activities of Daily Living are:
   i) Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
   ii) Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
   iii) Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
   iv) Mobility: the ability to move indoors from room to room on level surfaces;
   v) Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;

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vi) Feeding: the ability to feed oneself once food has been prepared and made available.

IV. The following are excluded:

i)

pinal cord injury;

E General Conditions

1. Non - Disclosure or Misrepresentation

i. If at the time of issuance of **Policy** or during continuation of the **Policy**, the information provided to Us in the Proposal Form or otherwise, by **You** or the **Insured Person** or anyone acting on behalf of **You** or an **Insured Person**, is found to be incorrect, incomplete, suppressed or not disclosed, wilfully or otherwise, the **Policy** shall be:

a) cancelled ab initio from the inception date or the **Renewal** date (as the case may be), or the **Policy** may be modified by **Us** at **Our** sole discretion, upon 15 day notice by sending an endorsement to **Your** address shown in the **Policy Schedule**/Certificate of Insurance, and

b) the claim under such **Policy** if any, shall be prejudiced.

ii. We may also exercise any of the below listed options for the purpose of continuing the health insurance coverage in case of Non-Disclosure/Misrepresentation of **Pre-existing Diseases** subject to your prior consent;

a) Permanently exclude the disease/condition and continue with the **Policy**

b) Incorporate additional waiting period of not exceeding 4 years for the said undisclosed disease or condition from the date the non-disclosed condition was detected and continue with the **Policy**.

c) Levy underwriting loading from the first year of issuance of **Policy** or renewal, whichever is later.

The above options will not prejudice the rights of the **Company** to invoke cancellation under clause 1 i above.

2. 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**.

3. Condition Precedent to Admission of Liability

The terms and conditions of the **Policy** must be fulfilled by the **Insured Person** for the **Company** to make any payment for claim(s) arising under the **Policy**.

4. Complete Discharge

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

5. Multiple Policies

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i. In case of multiple policies taken by an **Insured Person** during a period from one or more insurers to indemnify treatment costs, the **Insured Person** shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the **Insurer** chosen by the **Insured Person** shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen **Policy**.
ii. **Insured Person** having multiple policies shall also have the right to prefer claims under this **Policy** for the amounts disallowed under any other **Policy** / policies even if the sum insured is not exhausted. Then the **Insurer** shall independently settle the claim subject to the terms and conditions of this **Policy**.
iii. If the amount to be claimed exceeds the **Sum Insured** under a single **Policy**, the **InsuredPerson**shall have the right to choose **Insurer** from whom he/she wants to claim the balance amount.
iv. Where an **Insured Person** has policies from more than one **Insurer** to cover the same risk on indemnity basis, the **Insured Person** shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen **Policy**.

6. Moratorium Period

After completion of eight continuous years under the **Policy**, no look back to be applied. This period of eight years is called as**Moratorium Period**. The moratorium would be applicable for the Sums Insured of the first **Policy** and subsequently completion of 8 continuous years would be applicable from date of enhancement of Sums Insured only on the enhanced limits. After the expiry of **Moratorium Period** no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the **Policy** contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the **Policy** contract.

7. Fraud

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

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

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the **Insured Person** or by his agent or the **Hospital**/doctor/any other party acting on behalf of the **Insured Person**, with intent to deceive the **Insurer** or to induce the **Insurer** to issue an insurance **Policy**:

a) the suggestion, as a fact of that which is not true and which the **Insured Person** does not believe to be true;

b) the active concealment of a fact by the **Insured Person** having knowledge or belief of the fact;

c) any other act fitted to deceive; and

d) any such act or omission as the law specially declares to be fraudulent

The **Company** shall not repudiate the claim and / or forfeit the **Policy** benefits on the ground of fraud, if the **Insured Person** / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of **Material fact** are within the knowledge of the **Insurer**.

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8. Geography

This **Policy** only covers Medical Treatment taken within India.

9. Loadings

i. **We** may apply loading on the premium, based on the declarations made in the proposal form and the health status, habits and lifestyle, past medical records, and the results of the Pre-Policy medical examination of the persons proposed for insurance.
ii. The maximum Medical Underwriting loading shall not exceed 100% for each condition and a total of 150% for each **Insured Person**
iii. Loadings will be applied from Commencement date of the **Policy** including subsequent **Renewal**(s) with **Us** or on increased **Sum Insured**. We will not apply any additional loading on **Your Policy** premium at **Renewal** based on claim experience in **Your Policy**.
iv. **We** will inform **You** about the proposed loading with time bound exclusion (if any) through a counter offer letter and will issue the **Policy** only on **Your** acceptance within 15 days of the receipt of such counter offer letter. In case, **You** neither accept the counter offer nor revert to **Us** within 15 days, **We** shall cancel **Your** application and refund the premium paid within next 7 days.

10. Renewal of Policy:

The **Company** shall be under no obligation to renew the **Policy**/Coverage on expiry of the period for which premium has been paid. The **Company** reserves the right to offer revised rates, terms and conditions at renewal based on claim experience and a fresh assessment of the risk. This **Policy** may be renewed only by mutual consent and subject to payment in advance of the total premium at the rate in force at the time of renewal. The **Company**, however, shall not be bound to give notice that the **Policy** is due for **Renewal** or to accept any **Renewal** premium. Unless renewed as herein provided, this **Policy** shall automatically terminate at the expiry of the **Policy Period/ Coverage Period.**

11. Grace Period

i. A **Grace Period** of 30 days is available for Renewal of the Coverage. Any **Illness**, disease or condition contracted during **Grace Period**will not be covered and will be treated as **Pre-existing diseases**.
ii. For **Renewal** received after completion of **Grace Period**, the Coverage would be considered as fresh without any **Renewal**benefits
iii. For Policies on instalment basis, Grace Period is available as given below.

Instalment Premium Option	Grace Period applicable
Half Yearly	30 days
Quarterly	30 days
Monthly	15 days

12. Free look period

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the **Policy**.
The **Insured Person** shall be allowed Free Look period of fifteen days from date of receipt of the **Policy** document 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

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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.

13. 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 IRDAI guidelines on **Migration**. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the **Company**, the **Insured Person** will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on **Migration**.
For Detailed Guidelines on Migration, kindly refer the link

https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

14. 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 benefits in waiting periods as per IRDAI guidelines on **Portability**.
For Detailed Guidelines on Portability, kindly refer the link
https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

15. Endorsements

The following endorsements are permissible during the **Policy Period**:
Non-Financial Endorsements - which do not affect the premium

i. Minor rectification/correction in name of the Proposer / **Insured Person** (and not the complete name change)
ii. Rectification in gender of the **Insured Person**
iii. Rectification in relationship of the **Insured Person** with the Proposer
iv. Rectification of date of birth of the **Insured Person** (if this does not impact the premium)
v. Change in the correspondence address of the **Insured Person**/Proposer(if this does not impact the premium)
vi. Change in Nominee Details
vii. Change in Height, weight, marital status (if this does not impact the premium)
viii. Change in bank details
ix. Any other non-financial endorsement

Financial Endorsements - which result in alteration in premium

i. Change in Age/date of birth
ii. Change in Height, weight
iii. Addition of **Insured Person** (New Born Baby or newly wedded spouse)
iv. Deletion of **Insured Person** on death or Marital separation
v. Any other financial endorsement

The **Policyholder**/**Insured Person**shallapply in a proposal form along with birthCertificate / marriage certificate as the case may be for addition of **Insured person**.

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16.Cancellation

i. The **Policyholder** may cancel this **Policy** by giving 15days' written notice and in such an event, the **Company** shall refund premium for the unexpired **Policy Period** as detailed below.

For Policies where instalment option is not availed, We will refund premium in accordance with the table below:

Month	% Refund
Up to 1 month	85.0%
Up to 3 month	70.0%
Up to 6 month	45.0%
Up to 12 month	0.0%

For Policies where Premium is paid by instalment, 50% of current instalment premium will be refunded when the current period is less than 6 months in to the **PolicyYear**. For instalment after 6 months, no refund will be payable.

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**.

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 **MaterialFacts** or **Fraud**.

17.Premium Payment in Instalments

If the **Insured Person** has opted for Payment of Premium on an instalment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in the **Policy Schedule**/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the **Policy**)

i. **Grace Period** as mentioned in the table below would be given to pay the instalment premium due for the **Policy.**

Options	Installment Premium Option	Grace Period applicable
Option 1	Half Yearly	30 days
Option 2	Quarterly	30 days
Option 3	Monthly	15 days

ii. During such **Grace Period**, coverage will not be available from the due date of instalment premium till the date of receipt of premium by **Company**.

iii. The **Insured Person** will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated **Grace Period**.

iv. No interest will be charged If the instalment premium is not paid on due date.

v. In case of instalment premium due not received within the **Grace Period**, the **Policy** will get cancelled.

vi. In the event of a claim, all subsequent premium installments shall immediately become due and payable.

vii. The **Company** has the right to recover and deduct all the pending installments from the claim amount due under the **Policy**.

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146. CIN: U66030MH2007PLC177117. Registered & Corporate Office: 1st Floor, HDFC House, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400 020. Customer Experience Management, Customer Happiness Center: D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai - 400078. For Claim/Policy related queries call us at +91 22 6234 6234/+91 120 6234 6234 or Visit Help Section on www.hdfcergo.com for policy copy/tax certificate/make changes/register & track claim. Trade Logo displayed above belongs to HDFC Bank Ltd and ERGO International AG and used by the Company under license. UIN: HDFC ERGO Group Health Insurance-HDFHLGP24095V022324.

18. 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.

19. Withdrawal of Policy

i. 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**.
ii. **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.

20. Nomination

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

21. Claim Settlement (provision for Penal Interest)

i. 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.
ii. In the case of delay in the payment of a claim, the **Company** shall be liable to pay interest to the **Policyholder** from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the **Bank Rate**.
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 or reject 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 to the **Policyholder** at a rate 2% above the **Bank Rate** from the date of receipt of last necessary document to the date of payment of claim.

22. Communication & Notice

Policy and any communication related to the **Policy** shall be sent to through electronic modes or to the address of the Insured as recorded in the **Policy**.

F Customer Service & Grievance Redressal Procedure

If you have a grievance that you wish us to redress, you may contact us with the details of your grievance through:

- Call Centre : 022-62346234/ 0120-62346234
- Emails – care@hdfcergo.com

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146. CIN: U66030MH2007PLC177117. Registered & Corporate Office: 1st Floor, HDFC House, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400 020. Customer Experience Management, Customer Happiness Center: D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai - 400078. For Claim/Policy related queries call us at +91 22 6234 6234/+91 120 6234 6234 or Visit Help Section on www.hdfcergo.com for policy copy/tax certificate/make changes/register & track claim. Trade Logo displayed above belongs to HDFC Bank Ltd and ERGO International AG and used by the Company under license. UIN: HDFC ERGO Group Health Insurance-HDFHLGP24095V022324.

- Designated Grievance Officer in each branch.
- Company Website – www.hdfcergo.com
- Courier : Any of our Branch office or corporate office

You may also approach the Complaint & Grievance (C&G) Cell at any of our branches with the details of your grievance during our working hours from Monday to Friday.

If you are not satisfied with our Redressal of your grievance through one of the above methods, you may contact our Head of Customer Service at

The Complaint & Grievance Cell ,
HDFC ERGO General Insurance Company Ltd.
Customer Happiness Center,
D-301, 3rd Floor, Eastern Business District (Magnet Mall),
LBS Marg, Bhandup (West). MUMBAI - 400078
State : Maharashtra, City : Mumbai
Pincode : 400078
Email: grievance@hdfcergo.com

In case you are not satisfied with the response / resolution given / offered by the C&G cell, then you can write to the Chief Grievance Officer of the Company at the following address

The Chief Grievance Officer
HDFC ERGO General Insurance Company Limited
Customer Happiness Center,
D-301, 3rd Floor, Eastern Business District (Magnet Mall),
LBS Marg, Bhandup (West). MUMBAI - 400078
State : Maharashtra, City : Mumbai
Pincode : 400078
E Mail: cgo@hdfcergo.com

You may also approach the nearest Insurance Ombudsman for resolution of your grievance. The contact details of Ombudsman offices are mentioned below if your grievance pertains to:

- Insurance claim that has been rejected or dispute of a claim on legal construction of the policy
- Delay in settlement of claim
- Dispute with regard to premium
- Non-receipt of your insurance document

Ombudsman Details

Office Details	Jurisdiction of Office Union Territory,District)
AHMEDABAD - The Ombudsman Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06	Gujarat, Dadra & Nagar Haveli, Daman and Diu.

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146. CIN: U66030MH2007PLC177117. Registered & Corporate Office: 1st Floor, HDFC House, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400 020. Customer Experience Management, Customer Happiness Center: D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai - 400078. For Claim/Policy related queries call us at +91 22 6234 6234/+91 120 6234 6234 or Visit Help Section on www.hdfcergo.com for policy copy/tax certificate/make changes/register & track claim. Trade Logo displayed above belongs to HDFC Bank Ltd and ERGO International AG and used by the Company under license. UIN: HDFC ERGO Group Health Insurance-HDFHLGP24095V022324.

Office Details	Jurisdiction of Office Union Territory,District)
Email: bimalokpal.ahmedabad@ecoi.co.in	
BENGALURU - The Ombudsman Office of the Insurance Ombudsman, Jeevan SoudhaBuilding,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@ecoi.co.in	Karnataka.
BHOPAL - The Ombudsman 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@ecoi.co.in	Madhya Pradesh Chattisgarh.
BHUBANESHWAR - The Ombudsman Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa.
CHANDIGARH - The Ombudsman 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@ecoi.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.
CHENNAI - The Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).

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Office Details	Jurisdiction of Office Union Territory,District)
Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in	
DELHI - The Ombudsman 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@ecoi.co.in	Delhi.
GUWAHATI - The Ombudsman 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@ecoi.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD - The Ombudsman 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 - 67504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.
JAIPUR - The Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in	Rajasthan.
ERNAKULAM - The Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338	Kerala, Lakshadweep, Mahe-a part of Pondicherry.

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146. CIN: U66030MH2007PLC177117. Registered & Corporate Office: 1st Floor, HDFC House, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400 020. Customer Experience Management, Customer Happiness Center: D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai - 400078. For Claim/Policy related queries call us at +91 22 6234 6234/+91 120 6234 6234 or Visit Help Section on www.hdfcergo.com for policy copy/tax certificate/make changes/register & track claim. Trade Logo displayed above belongs to HDFC Bank Ltd and ERGO International AG and used by the Company under license. UIN: HDFC ERGO Group Health Insurance-HDFHLGP24095V022324.

Office Details	Jurisdiction of Office Union Territory,District)
Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in	
KOLKATA - The Ombudsman 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@ecoi.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW -The Ombudsman 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@ecoi.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, 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.
MUMBAI - The Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA - The Ombudsman Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.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, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA - The Ombudsman Office of the Insurance Ombudsman, 1st Floor,Kalpana Arcade Building,,	Bihar, Jharkhand.

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146. CIN: U66030MH2007PLC177117. Registered & Corporate Office: 1st Floor, HDFC House, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400 020. Customer Experience Management, Customer Happiness Center: D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai - 400078. For Claim/Policy related queries call us at +91 22 6234 6234/+91 120 6234 6234 or Visit Help Section on www.hdfcergo.com for policy copy/tax certificate/make changes/register & track claim. Trade Logo displayed above belongs to HDFC Bank Ltd and ERGO International AG and used by the Company under license. UIN: HDFC ERGO Group Health Insurance-HDFHLGP24095V022324.

Office Details	Jurisdiction of Office Union Territory,District)
Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	
PUNE - The Ombudsman 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@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

Annexure I – List of Non-Medical Expenses

S. No.	Item	S. No.	Item
1	BABY FOOD	35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
2	BABY UTILITIES CHARGES	36	SPACER
3	BEAUTY SERVICES	37	SPIROMETRE
4	BELTS/ BRACES	38	NEBULIZER KIT
5	BUDS	39	STEAM INHALER
6	COLD PACK/HOT PACK	40	ARMSLING
7	CARRY BAGS	41	THERMOMETER
8	EMAIL / INTERNET CHARGES	42	CERVICAL COLLAR
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	43	SPLINT
10	LEGGINGS	44	DIABETIC FOOT WEAR
11	LAUNDRY CHARGES	45	KNEE BRACES (LONG/ SHORT/ HINGED)
12	MINERAL WATER	46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
13	SANITARY PAD	47	LUMBO SACRAL BELT
14	TELEPHONE CHARGES	48	NIMBUS BED OR WATER OR AIR BED CHARGES
15	GUEST SERVICES	49	AMBULANCE COLLAR
16	CREPE BANDAGE	50	AMBULANCE EQUIPMENT
17	DIAPER OF ANY TYPE	51	ABDOMINAL BINDER
18	EYELET COLLAR	52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
19	SLINGS	53	SUGAR FREE TABLETS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	54	CREAMS POWDERS LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	55	ECG ELECTRODES

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22	TELEVISION CHARGES	56	GLOVES
23	SURCHARGES	57	NEBULISATION KIT
24	ATTENDANT CHARGES	58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	59	KIDNEY TRAY
26	BIRTH CERTIFICATE	60	MASK
27	CERTIFICATE CHARGES	61	OUNCE GLASS
28	COURIER CHARGES	62	OXYGEN MASK
29	CONVEYANCE CHARGES	63	PELVIC TRACTION BELT
30	MEDICAL CERTIFICATE	64	PAN CAN
31	MEDICAL RECORDS	65	TROLLY COVER
32	PHOTOCOPIES CHARGES	66	UROMETER, URINE JUG
33	MORTUARY CHARGES	67	AMBULANCE
34	WALKING AIDS CHARGES	68	VASOFIX SAFETY

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HDFC ERGO General Insurance Company Limited

Memorandum

HDFC ERGO Group Health Insurance

Memorandum Plan – 3

MEMORANDUM ATTACHED TO AND FORMING PART OF THE POLICY No 2999205651043001000

Notwithstanding anything contrary to the terms & conditions of the Policy the following changes have been made:

1. Road Ambulance Cover

Section A I (g) under Hospitalisation Benefits of the Policy wordings, Road Ambulance Cover has been modified and Our maximum liability shall be as below per hospitalisation.

Sum Insured (₹)	2000

2. Pre-Hospitalisation Medical Expenses

As per Section A I (b) under Hospitalisation Benefits of the Policy wordings, Pre-Hospitalisation Medical Expenses shall be provided upto 30 days.

3. Post-Hospitalisation Medical Expenses

As per Section A I (c) under Hospitalisation Benefits of the Policy wordings, Post-Hospitalization Medical Expenses shall be provided upto 60 days

4. Room Rent

As per Section A I (a1) under Room Rent Category of the Policy Wording Room Rent & ICU shall be modified as mentioned below.

Normal Room	ICU
Actual Basis	Actual Basis

5. Age

Section D 1) under General Conditions of the Prospectus age has been modified as below:

Primary Insured (Employee) should be between the age of 18 years to 65 at the Commencement Date. Maximum Cover ceasing age under this Policy would be 70 Years.

Adult Dependent should between the age of 18 to 65 years at Policy Commencement Date and children who are between the age of 91 Days and 25 years to can be covered under the plan (subject to their coverage)

6. Addition / deletion of Primary Insured (Employee) and his/her Dependents

A. New Joiners – Employee Addition

i. The respective employees are enrolled from the DOJ, but in case where the information or request for addition comes beyond 45 days from the Date of Joining then the enrollment will be effective from the request received date.

ii. In absence of CD (Cash deposit), employee will be enrolled from the payment receive date.

iii. It is advisable to maintain CD Balance at all times to cater to urgent addition requests. Please use the Base rater for Premium computation. The additional premium will be maintained in CD Balance which could be used for future addition or can be refunded on client request.

B. Dependent Enrollment (subject to their coverage)

i. The request for dependent enrollment should be extended along with the employee enrollment request.

ii. In case any dependent is not enrolled with the employee, then later on receipt of his enrollment request, it will be considered as midterm dependent enrollment request. Midterm Dependent enrollment is not feasible.

iii. New Born Baby and Spouse of newly Married Employee are enrolled from the date of event subject to Intimation come within 45 days of the event and sufficient APD (advance Premium Deposit) is maintained.

iv. If the intimation comes after 45 days from the date of event, then the New Born Baby and Spouse of newly Married Employee are enrolled from intimation date.

v. In absence of CD (Cash deposit) member will be enrolled from the premium receive date. Please use the Base rater for Premium computation. The additional premium will be maintained in CD balance which could be used for future addition or can be refunded on client request.

C. Deletion Request

i. An employee with his dependents are deleted from last working day subjected to receipt of request within 45 days from the date of last working date. In case where the information or request for deletion comes after 45 days, then the deletion will be effective from intimation date.

ii. Only Dependent deletion is not feasible.

iii. In event of deletion, only for claim free cases premium will be refunded on pro-rata basis.

iv. In case of claim there will be no refund.

7. Inclusion of Primary Insured (Employee) Dependents (subject to their coverage)

This Policy covers only those Dependents of the Primary Insured (Employee) named the Schedule, and each Dependent so named shall be an Insured Person.

In this Memorandum:

Dependent means the persons named in the Schedule who are the Insured Person's:

a) Spouse - The Primary Insured's legally married spouse as long as she continues to be married to the Primary Insured (Employee).

b) Children - The Primary Insured (Employee) children Aged between 91 day and 25 years as long as they are unmarried, still financially dependent on him and have not established their own independent households.

8. Pre-existing Diseases Waiting Period – Code – Excl 01

Section B I (i) of the Policy wordings, Pre-existing Conditions shall stand modified as below for all Insured Persons covered under the policy. All other terms and Conditions of the Policy shall remain unaltered.

Pre-Existing Disease Waiting period	36 Months

9. Specific Illness Waiting Period – Code – Excl 02

Section B I (ii) of the Policy wordings, Specific Illness Waiting Period stands modified to 12 months for all Insured Persons covered under the policy

10. 30 days Waiting Period – Code Excl 03

Section B I iii) of the Policy wordings, 30 days Waiting Period stands modified as mentioned below for all Insured Persons covered under this Policy.

General Waiting period	Waived