

The information mentioned below is illustrative and not exhaustive. Information must be read in conjunction with the product brochure and policy document. In case of any conflict between the key features document and the policy document the terms and conditions mentioned in the policy document shall prevail.

TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
Product Name	Optima Vital	
What am I covered for:	<p>Optima Vital Insurance will pay the Insured Person the Sum Insured as a lump sum amount for the identified critical illness, medical event or surgical procedure listed below.</p> <ol style="list-style-type: none"> 1. Alzheimer's Disease 2. Aorta Graft Surgery 3. Apallic syndrome 4. Aplastic Anemia 5. Bacterial Meningitis 6. Benign Brain Tumour [resulting in permanent neurological symptoms] 7. Blindness 8. Brain Surgery 9. Cancer of Specified Severity 10. Cardiomyopathy 11. COMA of Specified Severity 12. Creutzfeldt-Jakob Disease (CJD) 13. Deafness 14. Encephalitis 15. End Stage Liver Disease of Specified Severity 16. End Stage Lung Disease 17. First Heart Attack of Specified Severity 18. Good Pasture's Syndrome 19. Kidney Failure requiring regular dialysis 20. Major Burns 21. Major Head Trauma 22. Major Organ/Bone Marrow Transplant 23. Motor Neuron Disease with Permanent Symptoms 24. Multiple Sclerosis with Persisting Symptoms 25. Multiple System Atrophy 26. Open Chest CABG 27. Open Heart Replacement or Repair of Heart Valve 28. Permanent Paralysis of Limbs 29. Pneumonectomy 30. Primary Parkinson's Disease 31. Primary Pulmonary Arterial Hypertension 32. Progressive Scleroderma 33. Progressive Supranuclear Palsy 34. Pulmonary Artery Graft Surgery 35. Stroke resulting in Permanent Symptoms 36. Systemic Lupus Erythematosus 37. Total Loss of Speech <p>This amount is payable on completion of survival period (30/90days as specified) from the date of confirmed diagnosis Or the date of undergoing specified surgery in respect of that Critical Illness.</p> <p>E-opinion provides you a second opinion from Our panel doctor in respect of a Critical Illness</p>	<p>Section 1</p> <p>Section 2</p>

	The policy shall terminate on the occurrence of the first critical illness and you shall receive the sum insured as per applicable guidelines and the policy shall cease with no subsequent renewals for the insured.	
What are the major exclusions in the policy:	<ul style="list-style-type: none"> • War, invasion, act of foreign enemy, war like operations (whether war be declared or not), nuclear, chemical or biological weapons, radiation of any kind. • Self inflicted injury, attempted suicide or suicide. • Participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing in a professional or semi professional nature. • Abuse of intoxicants or hallucinogenic substances. • Congenital internal or external diseases, defects or anomalies, genetic disorders. • Any critical illness in presence of HIV infections and / or AIDS. • Pregnancy, child birth; congenital internal and external diseases, defects or anomalies. • Any specific timebound or lifetime exclusion(s) applied by Us and specified in the Schedule and accepted by the insured, as per Our underwriting guidelines. 	Section 4
Waiting Period	<ul style="list-style-type: none"> • 90 days waiting period in the first year and is not applicable in subsequent renewals • Pre-existing Diseases will be covered after a waiting period 48 months. <p>Pls Note: Coverage under the policy for any past illness/condition or surgery is subject to the same being declared at the time of application and accepted by Us without any exclusion.</p>	Section 3 a)
Payout basis	Fixed amount on the occurrence of a covered event	Section 1
Cost Sharing	Not applicable	
Renewal Conditions	<ul style="list-style-type: none"> • Policy is ordinarily life-long renewable, subject to application for renewal and the renewal premium in full been received by the due dates and realisation of premium. • Grace period of 30 days for renewing the policy is provided. To avoid any confusion any claim incurred during break-in period will not be payable under this policy. 	Section 5j)
Renewal Benefits	Not applicable	
Cancellation	This policy would be cancelled on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by any Insured Person, upon giving 30 days notice without refund of premium. In other exceptional cases, premium will be refunded on pro-rata basis.	Section 5 o) i)&ii)
How to Claim	<p>You must intimate us within 14 days of diagnosis of any event that could result in a claim in this policy. You must submit a duly filled claim form along with specified documents within 45 days of completion of survival period for the Critical Illness against which the claim is made. Any additional information requested must be submitted within 15 days of Our request.</p> <p>E-opinion: Please submit duly filled claim form along with the copy of all medical reports including investigation reports and discharge summary (if any) at any of our branch office. You need to select Our panel doctor 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). On receipt of the complete set of documents, We will forward the same to the concerned doctor.</p>	Section 5d), 5e)

Note:

- Pre-policy checkup at our network may be required based upon the age and Sum Insured. We will reimburse 50% of the expenses incurred on the acceptance of the proposal. The medical reports are valid for a period of 30 days from the date of pre-policy checkup.
- In order to be eligible for the portability benefits you may apply 45 days in advance of the Policy renewal date.

We would be happy to assist you. For any help contact us at: E-mail : customerservice@apollomunichinsurance.com Toll Free : 1800-102-0333

Apollo Munich Health Insurance Company Limited will cover all Insured Persons under this Policy upto the Sum Insured. The insurance cover is governed by and subject to, the terms, conditions and exclusions of this Policy.

Section I. Inpatient Benefits

We will pay the Insured Person the Sum Insured as a lump sum amount for the listed Critical Illness, medical event or surgical procedure provided it occurs or manifests itself during the policy period as a first incidence and the insured survives the defined survival period.

CATEGORY-1	CATEGORY-2	CATEGORY-3	CATEGORY-4
CONDITION FOR PAYMENT			
30 days survival period from the date of confirmed diagnosis with severity	90 days survival period from the date of confirmed diagnosis with defined severity	30 days survival period from the date of actual undergoing of the procedure	6 months permanent impairment from the date of confirmed diagnosis
Cancer of Specified Severity	Primary Parkinson's Disease	Open Chest Coronary Artery Bypass Graft Surgery	Blindness
Kidney Failure requiring Regular Dialysis	Alzheimer's Disease	Major Organ/ Bone Marrow Transplant	Deafness
Multiple Sclerosis with Persisting Symptoms	Motor Neuron Disease with Permanent Symptoms	Aorta Graft Surgery	Total Loss of Speech
End Stage Liver Disease of Specified Severity	Stroke resulting in Permanent Symptoms	Open Heart Replacement or Repair of Heart Valves	
First Heart Attack-Of Specified Severity	Permanent Paralysis of Limbs	Pneumonectomy	
Coma of Specified Severity	Primary Pulmonary Arterial Hypertension	Pulmonary Artery Graft Surgery	
Major Burns	Benign Brain Tumor		
Goodpasture's Syndrome	Cardiomyopathy		
Apallic Syndrome	End Stage Lung Disease		
Aplastic Anaemia	Brain Surgery		
Systemic Lupus Erythematosus	Progressive Supranuclear palsy		
Bacterial Meningitis	Creutzfeldt-Jacob Disease (CJD)		
Multiple System Atrophy	Major Head Trauma		
Progressive Scleroderma	Encephalitis		

Important terms You should know

Survival period means the period after an insured event that the insured person has to survive before a claim is payable.

Please refer to Section 6 (Definition 7) for the definitions of the Critical Illnesses and also exclusions specifically applicable to the critical illness covered.

Section 2. E-opinion in respect of a Critical Illness

We shall arrange and pay for a second opinion from Our panel of Medical Practitioners, if the Insured Person suffers a Critical Illness during the Policy Period and decides to avail this benefit at his own option.

The opinion will be directly sent to the Insured Person by the Medical Practitioner.

Please note that this benefit can be claimed only once in a Policy Year.

The E-opinion shall not be construed as a medical advice. E opinion should not be used as a substitute to medical professional advice or visit or call consultation of your choice and any reliance on any opinion, advice, statement, memorandum, or information available on the E-opinion, otherwise, shall be at Your sole risk and responsibility. E-opinion from person on our Panel shall be their independent assessment of information shared by You, We do not warrant the accuracy or completeness of the information, materials, services or the reliability of any E-opinion. We and our affiliates, subsidiaries, employees, officers, directors and agents, expressly disclaim any liability for or arising out of any deficiency in the E-opinion obtained by You.

Section 3. Special Terms and Conditions

All illnesses and treatments shall be covered subject to the waiting periods specified below:

a. Waiting Period

All illnesses and treatments shall be covered subject to the waiting periods specified

below:

- i) 90 days waiting period shall apply from the commencement of the policy period to all claims under the policy
- ii) 48 months waiting period from policy commencement date for all Pre Existing Conditions declared and/or accepted at the time of application.

Important terms You should know

Pre-existing Condition means any condition, ailment or injury or related condition(s) for which You had signs or symptoms, and / or were diagnosed, and / or received medical advice/ treatment, within 48 months prior to the first policy issued by the insurer.

Pls Note:

Coverage under the policy for any past illness/condition or surgery is subject to the same being declared at the time of application and accepted by Us without any exclusion.

b. Reduction in waiting periods

- 1) If the proposed Insured Person is presently covered and has been continuously covered without any lapses under:
 - a) any health insurance plan with an Indian general insurer ,as per guidelines on portability issued by the insurance regulator, OR
 - b) any other similar health insurance plan from Us,

Then:

- i) The waiting periods specified in section 3a i)& ii)of the Policy stand deleted; AND :
 - ii) The waiting periods specified in the section 3 a i) & (ii) shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy; AND
 - iii) If the proposed coverage for a proposed Insured Person is more than the coverage applicable under the previous health insurance policy, then the reduced waiting period shall only apply to the extent of the coverage under the previous health insurance policy.
- 2) The reduction in the waiting period specified above shall be applied subject to the following:
- a) We will only apply the reduction of the waiting period if We have received the database and claim history from the previous Indian non life insurance company (if applicable);
 - b) We are under no obligation to insure all Insured Persons or to insure all Insured Persons on the proposed terms, or on the same terms as the previous health insurance policy even if You have submitted to Us all documentation and information.
 - c) We will retain the right to underwrite the proposal as per Our underwriting guidelines.
 - d) We shall consider only completed years of coverage for waiver of waiting periods. Policy Extensions if any sought during or for the purpose of porting insurance policy shall not be considered for waiting period waiver.
 - e) The application for portability has been received by Us atleast 45 days before the policy renewal date of the existing policy.

Section 4. General Exclusions

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

Non Medical Exclusions	<ul style="list-style-type: none"> i) War or similar situations: Treatment directly or indirectly arising from or consequent upon war or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind. ii) Breach of law: Any Insured Person committing or attempting to commit a breach of law with criminal intent, or intentional self injury or attempted suicide while sane or insane. iii) Dangerous acts (including sports): An Insured Person's participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing in a professional or semi professional nature.
Medical Exclusions	<ul style="list-style-type: none"> iv) Substance abuse and de-addiction programs: Abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as intoxicating drugs and alcohol including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies. v) Types of treatment, defined illnesses/ conditions/ supplies: <ul style="list-style-type: none"> a. Congenital internal or external diseases, defects or anomalies, genetic disorders. b. Any critical illness in presence of HIV infection and / or any AIDS. c. Any treatment arising from pregnancy (including voluntary termination), miscarriage, maternity or birth (including caesarean section) vi) Any specific time bound or lifetime exclusion(s) applied by Us and specified in the Schedule and accepted by the insured, as per Our underwriting guidelines.

Section 5. General Conditions

a) Conditions precedent to be followed

The fulfilment of the terms and conditions of this Policy (including the payment of premium by the due dates mentioned in the Schedule) in so far as they relate to anything to be done or complied with by You or the Insured Person shall be conditions precedent to Our liability. The premium for the policy will remain the same for the Policy Period mentioned in the policy schedule. The policy will be issued for 1 or 2 year(s) period based on Policy Period selected and mentioned on the Policy Schedule. The Sum Insured & benefits will be applicable on Policy Year basis.

b) Insured Person

Only those person named as an Insured Person in the Schedule shall be covered under this Policy. Any eligible person may be added during the Policy Period after his application has been accepted by Us and additional premium has been received. Insurance cover for this person shall only commence once We have issued an endorsement confirming the addition of such person as an Insured Person

If an Insured Person dies, he will cease to be an Insured Person upon Us, on receiving all relevant particulars in this regard. We will return a rateable part of the premium received for such person IF AND ONLY IF there are no claims in respect of that Insured Person under the Policy.

Any Insured Person in the policy has the option to migrate to a health insurance policy available with us at the time of renewal, subject to underwriting with all the accrued continuity benefits such as waiver of waiting period etc. provided the policy has been maintained without a break as per portability guidelines.

c) Loadings & Discounts

We may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance). The maximum risk loading applicable for an individual shall not exceed above 100% per diagnosis / medical condition and an overall risk loading of over 150% per person. These loadings are applied from Commencement Date of the Policy including subsequent renewal(s) with Us or on the receipt of the request of increase in Sum Insured (for the increased Sum Insured).

We will inform You about the applicable risk loading through a counter offer letter. You need to revert to Us with consent and additional premium (if any), within 7 days of the issuance of such counter offer letter. In case, you neither accept the counter offer nor revert to Us within 7 days, we shall cancel your application and refund the premium paid within next 7 days.

Please note that We will issue Policy only after getting Your consent.

We will provide a discount of 7.5% if insured person pays two year premium in advance as a single premium. This discount shall be applicable at inception and renewal of the policy.

d) Notification of Claim

We must be informed of any event or occurrence that may give rise to a claim under this Policy within 14 days of the diagnosis of the first occurrence of the Critical Illness. You can intimate us through letter, email, fax or telephone.

e) Supporting Documentation & Examination

The Insured Person or someone claiming on the Insured Person's behalf shall provide Us with all documentation, information and medical records We may request to establish the circumstances of the claim, its quantum or Our liability for the claim within 45 days of completion of survival period for the Critical Illness against which the claim is made. In the event of any of Our request for specific information, same shall be submitted within 15 days of our Request. The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the insured. Such documentation will include but is not limited to the following-

- i) Our claim form duly completed (along with captioned documents) and signed by/ on behalf of the Insured Person.
- ii) Original Discharge Summary.
- iii) Medical certificate confirming the diagnosis/treatment of Critical Illness from Medical Practitioner.
- iv) A precise diagnosis of the treatment for which a claim is made.
- v) Treating doctors certificate regarding the duration & etiology
- vi) MLC/ FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent,

in case of Accidental injury

vii) KYC documents

The Insured Person shall have to undergo medical examination by Our authorised Medical Practitioner, as and when We may reasonably require, to obtain an independent opinion for the purpose of processing any claim. We will bear the cost towards performing such medical examination (at the specified location) of the Insured person.

f) Claims Payment

- i) We shall be under no obligation to make any payment under this Policy unless We have been provided with the documentation and information We have requested to establish the circumstances of the claim, its quantum or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.
- ii) If specific etiology for the defined critical illness is not known then the claim would not be payable.
- iii) We will only make payment to You under this Policy. Your receipt shall be considered as a complete discharge of Our liability against any claim under this Policy. In the event of Your death, We will make payment to the Nominee (as named in the Schedule). No assignment of this Policy or the benefits there under shall be permitted.
- iv) The payments under this Policy shall only be made in Indian Rupees within India.
- v) The policy shall terminate on the occurrence of the first critical illness and you shall receive the sum insured as per applicable guidelines and the policy shall cease with no subsequent renewals for the insured. However the other insured members will continue to be covered in the Policy
- vi)
 - 1) We shall make the payment of claim that has been admitted as payable by Us under the Policy terms and conditions, in accordance with the applicable regulatory guidelines, including IRDAI (Protection of Policyholders Regulation), 2002. In case of delay in payment of any claim that has been admitted as payable by Us and the offer of settlement has been accepted by the Insured under the Policy terms and condition, beyond the time period of 7 days as prescribed under IRDAI (Protection of Policyholders Regulation), 2002, we shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by Us. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.
 - 2) In an event where claim falls within two policy periods then we shall settle claim by taking into consideration the sum insured available in the two policy periods. Such eligible claim amount to be payable to the insured shall be reduced to the extent of premium to be received for the renewal/due date of the premium of health insurance policy, if not received earlier

Important terms You should know

Etiology means the cause or origin of a disease or disorder as determined by medical diagnosis.

g) Non Disclosure or Misrepresentation

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

- Cancelled ab initio from inception date or the renewal date (as the case may be), or modified by Us ,at our sole discretion ,upon 30 day notice by sending an endorsement to Your address shown in the Schedule without refunding the Premium amount; and
- The claim under such Policy if any shall be rejected/repudiated forthwith.

h) Dishonest or Fraudulent Claims:

If any claim is in any manner dishonest or fraudulent, or is supported by any dishonest or fraudulent means or devices, whether by You or the Insured Person

or anyone acting on behalf of You or an Insured Person, then this Policy shall be

- 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 30 day notice by sending an endorsement to Your address shown in the Schedule without refund of premium; and
- All benefits Payable, if any, under such Policy it shall be forfeited with respect to such claim.

i) Endorsements

This Policy constitutes the complete contract of insurance. This Policy cannot be changed by anyone (including an insurance agent or broker) except Us. Any change We make will be evidenced by a written endorsement signed and stamped by Us.

j) Renewal

This Policy is ordinarily renewable for life unless the Insured Person or anyone acting on behalf of an Insured Person has acted in an improper, dishonest or fraudulent manner or there has been any misrepresentation under or in relation to this Policy or the renewal of the Policy poses a moral hazard.

We are NOT under any obligation to:

- i) Send renewal notice or reminders.
- ii) Renew it on same terms or premium as the expiring Policy. Any change in benefits or premium (other than due to change in Age) will be done with the approval of the Insurance Regulatory and Development Authority and will be intimated to You atleast 3 months in advance. In the likelihood of this policy being withdrawn in future, we will intimate you about the same 3 months prior to expiry of the policy. You will have the option to migrate to similar health insurance policy available with us at the time of renewal with all the accrued continuity benefits such as waiver of waiting period etc. provided the policy has been maintained without a break as per portability guidelines.

We shall be entitled to call for any information or documentation before agreeing to renew the Policy. Your Policy terms may be altered based on the information received.

All applications for renewal of the Policy must be received by Us before the end of the Policy Period. A Grace Period of 30 days for renewing the Policy is available under this Policy. Any disease/ condition diagnosed or any claim incurred during break-in period will not be payable under this policy

Sum Insured options under the policy would range from Rs.1,00,000 to Rs.50,00,000/- in multiples of Rs.1,00,000.

Sum insured can be enhanced only at the time of renewal, In case of increase in sum insured all waiting periods will apply afresh in relation to the amount by which the sum insured has been increased. In case of a claim during the applied waiting periods, the claim payout would be as per the basic sum insured and the policy would terminate.

We will not apply any additional loading on your policy premium at renewal based on claim experience.

Any Insured Person in the policy has the option to migrate to health insurance policy available with us at the time of renewal subject to underwriting with all the accrued continuity benefits such as waiver of waiting period etc. provided the policy has been maintained without a break as per portability guidelines.

k) Subrogation

You and/or any Insured Persons will do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by Us for the purpose of enforcing and/or securing any civil or criminal rights and remedies or obtaining relief or indemnity from any other party to which We are or would become entitled upon Us making reimbursement under this Policy, whether such acts or things will be or become necessary or required before or after Our payment. Neither You nor any Insured Person will prejudice these subrogation rights in any manner and will provide Us with whatever assistance or cooperation is required to enforce such rights. Any recovery We make pursuant to this clause will first be applied to the amounts paid or payable by Us under this Policy and Our costs and expenses of effecting a recovery, whereafter We will pay any balance remaining to You. This

Clause is only applicable to indemnity sections.

I) Change of Policyholder

The Policyholder may be changed only at the time of renewal. The new policyholder must be a member of the Insured Person's immediate family. Such change would be subject to Our acceptance and payment of premium (if any). The renewed Policy shall be treated as having been renewed without break. The Policyholder may be changed in case of his demise or him moving out of India during the Policy Period.

m) Notice

Any notice, direction or instruction under this Policy shall be in writing and if it is to:

- i) Any Insured Person, it would be sent to You at the address specified in Schedule / endorsement
- ii) Us, shall be delivered to Our address specified in the Schedule.
- iii) No insurance agents, brokers, other person or entity is authorised to receive any notice on Our behalf.

n) Dispute Resolution Clause

Any and all disputes or differences under or in relation to this Policy shall be determined by the Indian Courts and subject to Indian law.

o) Termination

- i) You may terminate this Policy at any time by giving Us written notice, and the Policy shall terminate when such written notice is received. If no claim has been made under the Policy, then We will refund premium in accordance with the table below:

1 Year Policy		2 Year Policy	
Length of time Policy in force	Refund of premium	Length of time Policy in force	Refund of premium
Upto 1 Month	75.00%	Upto 1 Month	87.50%
Upto 3 Months	50.00%	Upto 3 Months	75.00%
Upto 6 Months	25.00%	Upto 6 Months	62.50%
Exceeding 6 Months	Nil	Upto 12 Months	48.00%
		Upto 15 Months	25.00%
		Upto 18 Months	12.00%
		Exceeding 18 Months	Nil

- ii) We shall terminate this Policy for the reasons as specified under Section 5 g) (Non Disclosure or Misrepresentation) and 5 h) (Dishonest or Fraudulent Claims) of this Policy and such termination of the Policy shall be ab-initio from the inception date or the renewal date (as the case may be), upon 30 day notice, by sending an endorsement to Your address shown in the Schedule without refunding the Premium amount.

p) Free Look period

You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation and You will be refunded the premium paid by You after adjusting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium. You can cancel Your Policy only if You have not made any claims under the Policy. All Your rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of renewal of the Policy.

Section 6. Interpretations & Definitions

The terms defined below have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same:

Def. 1. **Age or Aged** means completed years as at the Commencement Date.

Def. 2. **Accident** means a sudden, unforeseen and involuntary event caused by external, violent and visible means

Def. 3. **Activities of Daily Living** refer to daily self care activities within an individual's place of residence, in outdoor environment or both.

The Activities of Daily Living are:

- I. Bathing : 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;
- VI. Feeding: the ability to feed oneself once food has been prepared and made available.

Def. 4. **Commencement Date** means the commencement date of this Policy as specified in the Schedule.

Def. 5. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

Def. 6. **Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position

- a) Internal Congenital Anomaly -which is not in the visible and accessible parts of the body
- b) External Congenital Anomaly- which is in the visible and accessible parts of the body

Def. 7. **Critical Illness** means any one of the following illnesses or conditions that occurs or manifests itself during the policy period as a first incidence and the insured survives the defined survival period

Disclaimer: The explanations of the critical illnesses provided below in italics are only for a theoretical and educational purpose with no bearing on the policy wordings.

i) Alzheimer's Disease:

The Unequivocal diagnosis of Alzheimer 's disease (presenile dementia) before age 60 that has to be confirmed by a specialist Medical Practitioner (Neurologist) and evidenced by typical findings in cognitive and neuroradiological tests (e.g. CT Scan, MRI, PET of the brain).

The disease must also result in a permanent inability to perform independently three or more Activities of Daily Living or must result in need of supervision and the permanent presence of care staff due to the disease.

These conditions must be medically documented for at least 90 days.

Activities of Daily Living-Please refer to Section6, definition 2

Permanent Neurological Deficit- Please refer to Section 6, definition 15

What Does It Mean? *Alzheimer's disease is a condition which affects the brain. Symptoms include memory loss, confusion, communication problems and general impairment of mental function. The condition gradually worsens, which can lead to changes in personality and makes routine tasks difficult. Eventually, 24 hour care may be needed.*

ii) Aorta Graft Surgery

The actual undergoing of surgery of the aorta needing excision and surgical replacement of the diseased aorta with a graft. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches.

Realisation of the aortic surgery has to be confirmed by a specialist Medical Practitioner (Cardiologist/Cardiac Surgeon).

What Does It Mean? The aorta is the body's main artery carrying blood from the heart. Aorta graft surgery covers surgery to the aorta, where part of it is removed and replaced with a graft. Surgery may be needed to correct a weakening or bulging in the artery. It covers only the aorta, which is the main blood vessel in the chest and abdomen.

iii) Apallic Syndrome

A persistent vegetative state in which patients with severe brain damage (universal necrosis of the brain cortex with the brainstem remaining intact), are in a state of partial arousal rather than true awareness. The Diagnosis must be confirmed by a Specialist Medical Practitioner (Neurologist) and condition must be documented for at least 30 days.

What Does It Mean? This is a condition of patients with severe brain damage who were in a coma but progressed to a wakeful unconscious state, rather than true awareness. The person can still respond to stimulation in varying degrees, as compared to a person in a coma who cannot.

iv) Aplastic Anaemia

A Chronic persistent bone marrow failure which results in total aplasia of the bone marrow and requires treatment with at least one of the following:

- Regular blood product transfusion
- Marrow stimulating agents
- Immunosuppressive agents
- Bone marrow transplantation

The diagnosis and suggested line of treatment must be confirmed by a Haematologist using relevant laboratory investigations including Bone Marrow Biopsy. Two out of the following three values should be present:

- Absolute Neutrophil count of 500 per cubic millimetre or less;
- Absolute Reticulocyte count of 20,000 per cubic millimetre or less; and
- Platelet count of 20,000 per cubic millimetre or less.

What Does It Mean? Aplastic anaemia is a serious condition where bone marrow fails to produce sufficient blood cells or clotting agents. Symptoms include shortness of breath, excessive bleeding and an increased chance of catching infections.

v) Bacterial Meningitis

Bacterial meningitis causing inflammation of the membranes of the brain or spinal cord resulting in permanent neurological deficit lasting for a minimum period of 30 days. It should result in a permanent inability to perform at least three of the 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

Permanent Neurological Deficit- Please refer to Section 6, definition 15

Activities of Daily Living-Please refer to Section 6, definition 2

What Does It Mean? Bacterial meningitis causes inflammation to the meninges, which is the protective layer around the brain and spinal cord. It's caused by a bacterial infection and needs prompt medical treatment. Initial symptoms include headache, fever and vomiting.

vi) Benign Tumour in Brain [resulting in permanent neurological symptoms]

Removal of a non-cancerous growth of tissue in the brain under general anesthesia leading to a permanent neurological deficit or if inoperable also leading to a permanent neurological deficit.

Diagnosis has to be confirmed by a specialist Medical Practitioner (Neurologist/Neurosurgeon) and evidenced by typical findings in CT Scan or MRI of the brain.

Permanent neurological deficit means the condition has to be medically documented for at least 90 days.

For the above definition, the following conditions are excluded:

- All cysts, granulomas, malformations in or of the arteries or veins of the brain, haematomas and tumours in the pituitary gland or spine.

Permanent Neurological Deficit- Please refer to Section 6, definition 15

What Does It Mean? A benign brain tumour is a non-cancerous abnormal growth of tissue that can increase in size and cause pressure in the brain. Symptoms may

vary depending on where the tumour is but may include headaches, seizures and blurred vision. Surgery to remove the tumour might be possible and once removed they tend not to recur.

vii) Blindness:

Total, permanent and irreversible loss of sight in both eyes for a continuous period of 6 months as a result of sickness or accident. The diagnosis must be confirmed by a specialist Medical Practitioner (Ophthalmologist) and evidenced by specific test results of vision measured at 3/60 or worse in the better eye using a snellen eye chart.

What Does It Mean? Blindness means a significant loss of sight in both eyes to the extent that the person can only see an object up to 3 feet away that a person with perfect eyesight could see if it were 60 feet away.

Snellen Eye Chart-A chart showing letters in rows of decreasing size that opticians use to measure visual ability.

viii) Brain Surgery

The actual undergoing of surgery to the brain under general anaesthesia during which a craniotomy is performed.

For the above definition, the following condition is excluded:

Burr Hole and brain surgery as a result of an accident.

What Does It Mean? A craniotomy is the surgical removal of part of the bone from the skull to expose the brain. Specialized tools are used to remove the section of bone called the bone flap. The bone flap is temporarily removed, then replaced after the brain surgery has been performed.

ix) Cancer of specified severity

A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist.

The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded:

- Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as pre-malignant or non invasive, including but not limited to: Carcinoma in situ of breasts, cervical dysplasia CIN-1, CIN -2 & CIN-3.
- Any skin cancer other than invasive malignant melanoma
- 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 T2NOMO.
- Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
- Chronic lymphocytic leukaemia less than RAI stage 3
- Microcarcinoma of the bladder
- All tumours in the presence of HIV infection.

What Does It Mean? Cancer (also known as a malignant tumour) is a disease where normal cells change and grow in an abnormal way. If left untreated, they can destroy surrounding healthy cells and eventually destroy healthy cells in other parts of the body. There are about 200 different types of cancer, varying widely in outlook and treatment.

x) Cardiomyopathy

A diagnosis of cardiomyopathy by a Specialist Medical Practitioner (Cardiologist). There must be clinical impairment of heart function resulting in the permanent loss of ability to perform physical activities for a minimum period of 30 days to at least Class 3 of the New York Heart Association classification's of functional capacity (heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain) and LVEF of 40% or less.

The following conditions are excluded:

- Cardiomyopathy secondary to alcohol or drug abuse.
- All other forms of heart disease, heart enlargement and myocarditis.

What Does It Mean? *Cardiomyopathy is the name given to a group of disorders affecting the muscles of the heart that affect its function. Symptoms vary depending on the type of Cardiomyopathy, but may include shortness of breath, fainting and palpitations.*

xi) COMA of Specified Severity:

A state of unconsciousness with no reaction or response to external stimuli or internal needs.

This diagnosis must be supported by evidence of all the following:

- No response to external stimuli for at least 96 hours;
- Life support measures are necessary to sustain life; and
- Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

The condition has to be confirmed by a specialist Medical Practitioner

Coma resulting directly from alcohol or drug abuse is excluded.

Neurological Deficit- Please refer to Section 6, Definition 15

What Does It Mean? *A coma is a state of unconsciousness from which the patient cannot be aroused and has no control over bodily functions. It may be caused by illness, stroke, infection, very low blood sugar or serious accident. Recovery rates vary, depending upon the depth and duration of the coma.*

xii) Creutzfeldt-Jakob Disease (CJD)

A Diagnosis of Creutzfeldt-Jakob disease must be made by a Specialist Medical Practitioner (Neurologist). There must be permanent clinical loss of the ability in mental and social functioning for a minimum period of 30 days to the extent that permanent supervision or assistance by a third party is required.

Social functioning is defined as the ability of the individual to interact in the normal or usual way in society.

Mental functioning would mean functions /processes such as perception, introspection, belief, imagination reasoning which we can do with our minds.

What Does It Mean? *Creutzfeldt-Jakob disease (CJD) is a disease of the nervous system. CJD can be present without symptoms for many years. Once they appear, symptoms may include failing memory, problems with vision, immobility, loss of speech and coma in advanced stages.*

xiii) Deafness:

Total, Permanent and irreversible loss of hearing in both ears due to sickness or accident to the extent that the loss is greater than 95 decibels across all frequencies in the better ear using a pure tone audiogram. The condition should be permanent for a continuous period of 6 months. The diagnosis must be confirmed by a specialist Medical Practitioner (Ear, Nose, Throat) specialist and evidenced by means of audiometry.

What Does It Mean? *This means permanent loss of hearing in both ears, measured by using an audiogram across different frequencies, which vary from low to high pitch.*

xiv) Encephalitis:

It is a severe inflammation of brain tissue, resulting in permanent neurological deficit lasting for a minimum period of 30 days. This must be certified by a Specialist Medical Practitioner (Neurologist). The permanent deficit must result in an inability to perform at least three of the 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.

The following condition is excluded:

- Encephalitis as a result of HIV infection

Permanent Neurological Deficit- Please refer to Section 6, definition 15

Activities of Daily Living-Please refer to Section 6, Definition 2

What Does It Mean? *Encephalitis is inflammation of brain tissue. It is usually caused by an infection. Symptoms might include severe headache, nausea, vomiting, convulsions, and personality changes, problems with speech and/or hearing, confusion and disorientation. Encephalitis can range in severity from*

relatively mild to life threatening.

xv) End Stage Liver Disease of Specified Severity:

A severely advanced liver disease resulting in cirrhosis which has to be confirmed by a specialist Medical Practitioner (Physician / Gastroenterologist/ Hepatologist) and evidenced by a Child-Pugh-Stage B or Child-Pugh-Stage C with regard to the following criteria:

- permanent jaundice (bilirubin > 2micromol/l)
- moderate ascites
- albumin < 3.5 g/dl
- prothrombin time < 70% of the normal for the age & gender
- hepatic encephalopathy

The following conditions are excluded:

- Child-Pugh-Stage A
- Liver disease due to alcohol or drug misuse

What Does It Mean? *The liver is an important organ, which carries out several of the body's vital functions such as helping with digestion and clearing toxins. This definition covers liver failure at an advanced stage. This type of liver failure leads to permanent jaundice (yellow discolouration of the skin), ascites (build up of fluid in the abdomen), and encephalopathy (brain disease or damage).*

xvi) End Stage Lung Disease

A diagnosis by a physician of severe lung disease which is evidenced by all of the following:

- a) Requiring permanent oxygen therapy for a minimum period of 30 days, as a result of a consistent FEV1 (Forced Expiratory Volume during the first second of a forced exhalation) test value of less 30% of predicted; and
- b) Arterial Blood Gas analysis with partial oxygen pressures (pO2) of 55mmHg or less OR O2 saturation of 88% or less OR pCO2 50mmHg or more; and
- c) Dyspnoea at rest, poorly responsive or unresponsive to bronchodilator with or without

What Does It Mean? *The lungs allow us to breathe in oxygen and get rid of harmful carbon dioxide. The definition of End Stage Lung Disease covers advanced lung failure when breathing is severely affected and regular oxygen therapy is required.*

xvii) First Heart Attack of Specified Severity:

The first occurrence of myocardial infarction means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area.

The diagnosis for this will be evidenced by all of the following criteria:

- A history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain).
- New characteristic electrocardiogram changes.
- Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

- Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T.
- Other acute Coronary Syndromes.
- Any type of angina pectoris.

What Does It Mean? *A heart attack, also known as a myocardial infarction, happens when part of the heart muscle dies because it has been starved of oxygen. This causes severe pain and an increase in cardiac enzymes and troponins, which are released into the blood stream from the damaged heart muscle.*

xviii) Goodpasture's Syndrome:

Goodpasture's syndrome is an autoimmune disease in which antibodies attack the lungs and kidneys, leading to permanent lung and kidney damage. The permanent damage should be for a continuous period of at least 30 days. The Diagnosis must be proven by Kidney biopsy and confirmed by a Specialist Medical Practitioner (Rheumatologist).

What Does It Mean? *This is an autoimmune leading to bleeding from the lungs*

and to kidney failure. Goodpasture's syndrome can cause people to cough up blood or feel a burning sensation when urinating. But its first signs may be vague, such as fatigue, nausea, difficulty breathing, or skin pallor

xvix) Kidney Failure requiring Regular Dialysis:

The 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.

The diagnosis has to be confirmed by a specialist Medical Practitioner.

***What Does It Mean?** The kidneys perform an important role filtering the body's waste to pass as urine. If the kidneys fail, there is a harmful build up of the body's waste products. In severe cases it may be necessary for the filtering to be done by a dialysis machine or, in some cases, a transplant may be needed.*

xx) Major Burns:

These are third degree burns covering at least 20% of the surface of the Insured's body. The diagnosis has to be confirmed by a specialist Medical Practitioner (Surgeon) and evidenced by specific results based on the Lund Browder Chart or equivalent burn area calculator.

***What Does It Mean?** Third degree burns are the most serious type of burns, involving the full thickness of the skin and underlying connective tissue. These need numerous skin grafts.*

xxi) Major Head Trauma:

A physical head injury causing significant permanent functional impairment lasting for a minimum period of three months from the date of the trauma or injury. The resultant permanent functional impairment is to be verified by a Specialist Medical Practitioner (Neurologist) and must result in an inability to perform at least three of the 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.

Activities of Daily Living-Please refer to Section 6, definition 2

***What Does It Mean?** Major Head Trauma is covered by this definition when permanent symptoms result from the injury. An example is a severe head injury caused by a road accident.*

xxii) Major Organ/ Bone Marrow Transplant:

The actual undergoing of a transplant of:

- One of the following human organs- heart, lung, liver, pancreas, kidney, that resulted from irreversible end-stage failure of the relevant organ or;
- Human bone marrow using haematopoietic stem cells.

The undergoing of a transplant must be confirmed by specialist medical practitioner.

The following are excluded:

- Other Stem-cell transplants
- Where only islets of langerhans are transplanted.

***What Does It Mean?** An organ may become so diseased that it needs to be replaced.*

xxiii) Motor Neuron Disease with Permanent Symptoms:

Motor neuron disease diagnosed by a specialist Medical Practitioner as a 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 90 days.

Permanent Neurological Deficit- Please refer to Section 6, definition 15

***What Does It Mean?** Motor neurone disease (MND) is a gradual weakening and wasting of the muscles, usually beginning in the arms and legs. This may cause difficulty walking or holding objects. As the disease develops, other muscle groups may be affected, such as those involving speech, swallowing and breathing. Eventually, 24 hour care may be needed.*

xxiv) Multiple Sclerosis with Persisting Symptoms:

The occurrence of Multiple Sclerosis must be confirmed by a Specialist Medical Practitioner. The diagnosis must be supported by all of the following:

- Investigation including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple Sclerosis.
- There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
- Well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with at least two clinically documented episodes at least 1 month apart.

Other causes of neurological damage such as SLE (Systemic Lupus Erythematosus) and HIV are excluded.

Permanent Neurological Deficit- Please refer to Section 6, definition 15

***What Does It Mean?** Multiple sclerosis (MS) is the most common disabling neurological disease among young adults and is usually diagnosed between the ages of 20 and 40.*

Symptoms may include changes in vision, altered sensation, loss of muscle strength and lack of coordination.

xxv) Multiple System Atrophy:

A diagnosis of multiple system atrophy by a Specialist Medical Practitioner (Neurologist). There must be evidence of permanent clinical impairment for a minimum period of 30 days of either:

- motor function with associated rigidity of movement; or
- The ability to coordinate muscle movement; or
- Bladder control and postural hypotension.

***What Does It Mean?** Multiple system atrophy is a progressive disease of the nervous system. Symptoms are varied and include muscle weakness, swallowing difficulties and increasingly severe impairment of physical function.*

xxvi) Open Chest CABG:

The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The Diagnosis must be supported by coronary angiography and realisation of the surgery has to be confirmed by a specialist Medical Practitioner.

The following are excluded:

- Angioplasty and / or Any other intra-arterial procedures
- Any Key-hole surgery or laser surgery.

***What Does It Mean?** Open heart surgery is an operation in which the heart is opened by a surgical incision for a corrective procedure to be carried out.*

xxvii) Open Heart Replacement or Repair of Heart Valve:

The actual undergoing of Open heart valve surgery to replace or repair one or more heart valves, as consequences of defects in, abnormalities of, or disease affected heart valve(s). The diagnosis of the valve abnormality must be supported by 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.

xxviii) Permanent Paralysis of Limbs:

The 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 paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

What Does It Mean? Paralysis is the complete loss of use. It may be caused by injury or illness. A limb is an arm or leg.

xxvix) Pneumonectomy:

The undergoing of surgery on the advice of an appropriate Medical Specialist to remove an entire lung for disease or traumatic injury suffered by the life assured.

The following conditions are excluded:

- Removal of a lobe of the lungs (lobectomy)
- Lung resection or incision

xxx) Primary Parkinson's Disease:

The unequivocal diagnosis of idiopathic or primary Parkinson's Disease (all other forms of Parkinsonism are excluded) before age 60 that has to be confirmed by a specialist Medical Practitioner (Neurologist).

The disease must also result in a permanent inability to perform independently three or more Activities of Daily Living or must result in a permanent bedridden situation and inability to get up without outside assistance.

These conditions must be medically documented for at least 90 days.

Activities of Daily Living-Please refer to Section 6, definition 2

Permanent Neurological Deficit- Please refer to Section 6, definition 15

What Does It Mean? Parkinson's disease is a slowly progressive disease of the brain. Symptoms can include tremors (uncontrollable shaking or trembling), muscle stiffness and slowness of movement. Treatment focuses on slowing the progression of symptoms.

xxxii) Primary Pulmonary Arterial Hypertension:

An increase in the blood pressure in the pulmonary arteries caused by either an increase in pulmonary capillary pressure, increased pulmonary blood flow or increased pulmonary vascular resistance.

Diagnosis has to be confirmed by a specialist Medical Practitioner (Cardiologist) and evidenced by cardiac catheterization showing a mean pulmonary artery pressure during rest of at least 20 mmHg.

Furthermore right ventricular hypertrophy or dilatation must be medically documented for at least 90 days.

What Does It Mean? Primary pulmonary hypertension is abnormally high blood pressure in the arteries of the lungs. It's a serious condition, causing a range of symptoms. These commonly include breathlessness, dizziness, fainting, chest pain and palpitations. Symptoms can occur at rest or during mild exercise.

xxxiii) Progressive Scleroderma:

A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

The following conditions are excluded:

- Localised scleroderma (linear scleroderma or morphea);
- Eosinophilic fasciitis; and
- CREST syndrome.

What Does It Mean? Scleroderma is a group of progressive diseases that involve the hardening and tightening of the skin and connective tissues — the fibers that provide the framework and support for your body. The disease affects women more often than men and most commonly occurs between the ages of 30 and 50

xxxiiii) Progressive Supranuclear Palsy:

A diagnosis of progressive supranuclear palsy by a Specialist Medical Practitioner (Neurologist). There must be permanent clinical impairment of eye movements and motor function for a minimum period of 30 days.

What Does It Mean? Progressive supranuclear palsy (PSP) is a brain disease that develops slowly. It progresses to seriously affect vision and movement. PSP can also cause changes in behaviour and personality, memory loss and slurred speech. As the disease progresses, the ability to swallow becomes difficult and physical movement less stable. 'Weighted walkers' and wheelchairs may be needed for mobility and communication may also become more difficult.

xxxiv) Pulmonary Artery Graft Surgery:

The undergoing of surgery requiring median sternotomy on the advice of a Cardiologist for disease of the pulmonary artery to excise and replace the diseased pulmonary artery with a graft.

xxxv) Stroke resulting in Permanent Symptoms:

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intra-cranial vessel, haemorrhage and embolisation from an extracranial source.

The 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.

The evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

- Transient ischemic attacks (TIA)
- Traumatic injury of the brain
- Vascular diseases affecting only the eye or optic nerve or vestibular functions.

Permanent Neurological Deficit- Please refer to Section 6, definition 15

What Does It Mean? Strokes are caused by a sudden loss of blood supply or haemorrhage to a particular part of the brain. The symptoms and how well a person recovers will depend on which part of the brain is affected and the extent of the damage. A transient ischaemic attack, sometimes referred to as a 'mini-stroke', does not result in any permanent neurological deficit. These are not covered by this definition, because symptoms aren't permanent and will disappear within 24 hours.

xxxvi) Systemic Lupus Erythematosus:

A diagnosis of systemic lupus erythematosus by a Rheumatologist resulting in either of the following:

- Permanent neurological deficit with persisting clinical symptoms for a continuous period of 30 days; or
- The permanent impairment of kidney function tests as follows; Glomerular Filtration Rate (GFR) below 30 ml/min.

Permanent Neurological Deficit-Please refer to Section 6, definition 15

What Does It Mean? Systemic lupus erythematosus (SLE), sometimes called 'lupus', involves chronic inflammation of body tissues caused by autoimmune disease. Autoimmune diseases are illnesses that occur when the body's tissues are attacked by its own immune system, i.e. the body creates antibodies, which work against it. SLE causes a variety of symptoms, which may flare up from time to time but rarely disappear completely. These may include painful, swollen joints, unexplained fever and extreme fatigue. 'Systemic' means it can affect many parts of the body, from the skin to joints and kidneys.

xxxvii) Total Loss of Speech:

Total and irrecoverable loss of the ability to speak for a continuous period of 6 months. Medical evidence to confirm injury or illness to the vocal cords to support this disability must be supplied by an appropriate (Ear, Nose, Throat) specialist.

The following condition is excluded:

- All psychiatric related causes

What Does It Mean? The total loss of the ability to speak. It's often caused when the vocal cords need to be removed because of a tumour or a serious injury.

Def. 8. **Dependents** means only the family members listed below:

- i) Your legally married spouse as long as she continues to be married to You;
 - ii) Your children Aged between 18 years and 25 years if they are unmarried and financially dependent with no independent source of income.
 - iii) Your natural parents or parents that have legally adopted You, provided that the parent was below 65 years at his initial participation in the Optima Vital Policy
 - iv) Dependent parents must be financially dependent on You
 - Def. 9. **Disclosure of Information Norm** means 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. 10. **Grace Period** means 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. 11. **Hospital** means any institution in India 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 those 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,
 - 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. 12. **Insured Person** means You and the person named in the Schedule.
 - Def. 13. **Illness** 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 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 means a disease, illness, or injury that has one or more of the following characteristics: - it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests—it needs ongoing or long-term control or relief of symptoms—it requires your rehabilitation or for you to be specially trained to cope with it—it continues indefinitely—it comes back or is likely to come back.
 - Def. 14. **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 his license.
 - Def. 15. **Notification of Claim** means the process of notifying a claim to the insurer by specifying the timeliness as well as the address / telephone number to which it should be notified.
 - Def. 16. **Neurological Deficit** means Symptoms of dysfunction in the nervous system that is present on clinical examination and expected to last throughout the insured person's life. Symptoms that are covered include numbness, increased sensitivity, paralysis, localized weakness, difficulty with speech, inability to speak, difficulty in swallowing, visual impairment, difficulty in walking, lack of coordination, tremor, seizures, lethargy, dementia, delirium and coma.
 - Def. 17. **Policy** means Your statements in the proposal form (which are the basis of this Policy) this policy wording (including endorsements, if any), and the Schedule (as the same may be amended from time to time).
 - Def. 18. **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Schedule.
 - Def. 19. **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary.
 - Def. 20. **Portability** means transfer by an individual health insurance policy holder (including family cover) of the credit gained for pre existing conditions and time bound exclusions if he/she chooses to switch from one insurer to another.
 - Def. 21. **Pre-existing Disease** means any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and / or received medical advice/ treatment, within 48 months prior to the first Policy issued by the insurer.
 - Def. 22. **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 all waiting periods
 - Def. 23. **Sum Insured** means the sum shown in the Schedule which represents Our maximum liability for each Insured Person for any and all benefits claimed for during the Policy Period.
 - Def. 24. **Survival Period** means the period after an insured event that the insured person has to survive before a claim becomes valid.
 - Def. 25. **Condition for Payment** means (i) the date of confirmed diagnosis and defined severity/event, if any; or (ii) date of undergoing specified surgery; as applicable to a particular Critical Illness.
 - Def. 26. **Unproven/Experimental Treatment** – Treatment including drug experimental therapy which is not based on establishes medical practice in India, is treatment experimental or unproven.
 - Def. 27. **We/Our/Us** means the Apollo Munich Health Insurance Company Limited
 - Def. 28. **You/Your/Policyholder** means the person named in the Schedule who has concluded this Policy with Us
- Section 7. CLAIM Related Information**
- For any claim related query, intimation of claim and submission of claim related documents, You can contact Us through:
- Our website** : www.apollomunichinsurance.com
 - Email** : customerservice@apollomunichinsurance.com
 - Telephone** : 1800-102-0333
 - Fax** : +91-124-4584111
 - Courier** : Any of our Branch office or corporate office
- Section 8. 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:
- Our website** : www.apollomunichinsurance.com
 - Email** : customerservice@apollomunichinsurance.com
 - Telephone** : 1800-102-0333
 - Fax** : +91-124-4584111
 - Courier** : Any of our Branch office or corporate office
- You may also approach the grievance 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 Grievance Cell, Apollo Munich Health Insurance Company Ltd., 2nd & 3rd Floor, iLABS Centre, Plot No. 404-405, Udyog Vihar, Phase-III, Gurgaon-122016, Haryana**
- Ombudsman Offices**
- | Jurisdiction of Office
Union Territory, District) | Office Details |
|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Gujarat,
Dadra & Nagar Haveli,
Daman and Diu. | AHMEDABAD - Shri. / Smt.
Office of the Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380 014.
Tel.: 079 - 27546150 / 27546139
Fax: 079 - 27546142
Email: bimalokpal.ahmedabad@gbic.co.in |

Jurisdiction of Office Union Territory, District)	Office Details
Karnataka.	BENGALURU - Shri. M. Parshad Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@gbic.co.in
Madhya Pradesh Chattisgarh.	BHOPAL - Shri. R K Srivastava 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@gbic.co.in
Orissa.	BHUBANESHWAR - Shri. B. N. Mishra Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 / 2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@gbic.co.in
Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.	CHANDIGARH - Shri. Manik B. Sonawane 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@gbic.co.in
Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).	CHENNAI - Shri Virander Kumar Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@gbic.co.in
Delhi.	DELHI - Smt. Sandhya Baliga Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23239633 / 23237539 Fax: 011 - 23230858 Email: bimalokpal.delhi@gbic.co.in
Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.	GUWAHATI - Sh. / Smt. Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001 (ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@gbic.co.in
Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.	HYDERABAD - Shri. G. Rajeswara Rao 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 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@gbic.co.in
Rajasthan.	JAIPUR - Shri. Ashok K. Jain Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@gbic.co.in

Jurisdiction of Office Union Territory, District)	Office Details
Kerala, Lakshadweep, Mahe-a part of Pondicherry.	ERNAKULAM - Shri. P. K. Vijayakumar Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@gbic.co.in
West Bengal, Bihar, Sikkim, Jharkhand, Andaman & Nicobar Islands.	KOLKATA - Shri. K. B. Saha 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@gbic.co.in
Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.	LUCKNOW - Shri. N. P. Bhagat 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@gbic.co.in
Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.	MUMBAI - Shri. A. K. Dasgupta 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@gbic.co.in
State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshahr, Etah, Kanoor, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.	NOIDA Office of the Insurance Ombudsman, Email: bimalokpal.noida@gbic.co.in
Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.	Pune - Shri. A. K. Sahoo Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 2nd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020 - 32341320 Email: bimalokpal.pune@gbic.co.in

IRDAI REGULATION NO 5: This Policy is subject to regulation 5 of IRDAI (Protection of Policyholder's Interests) Regulation.

We would be happy to assist you. For any help contact us at: E-mail : customerservice@apollomunichinsurance.com Toll Free : 1800-102-0333

Please review your Optima Vital Insurance Policy and familiarize yourself with the benefits available and the exclusions.

To help us to provide you with fast and efficient service, We kindly ask you to note the following.

1. We recommend that you keep copies of all documents submitted.
2. Please quote your member ID/policy number in all your correspondences.

What do I do in case of a claim or any assistance?

Intimation & Assistance	Claims Procedure
<p>Please intimate Us of any event or occurrence that may give rise to a claim under this Policy within 14 days of diagnosis of first occurrence of Critical Illness.</p> <p>You can contact Our customer service department or approach any of our branch offices.</p> <p>Our customer service department can be reached through any of the medium:</p> <p>24X 7 Toll Free line: 1800-1020-333 E-mail: customerservice@apollomunichinsurance.com Fax:+91-124-4584111 Post/ Courier: Apollo Munich Health Insurance Company Limited, Claims Department, 2nd & 3rd Floor, iLABS Centre, Plot No. 404-405, Udyog Vihar, Phase-III, Gurgaon-122016, Haryana.</p> <p>Our customer service team will provide you the required assistance and will send the claim form & explain the complete claim procedure.</p>	<p>Critical Illness</p> <ul style="list-style-type: none"> • You must intimate us within 14 days of diagnosis of first occurrence of Critical Illness. • You must submit a duly filled claim form along with specified documents within 45 days of completion of survival period for the Critical Illness against which the claim is made. • If there is any deficiency in the documents/information submitted by you, We will send the deficiency letter within 7 days of receipt of the claim documents. • Any additional information requested must be submitted within 15 days of Our request. • On receipt of the complete set of claim documents, We will send the payment for the admissible amount, along with a settlement statement within 30 days. <p>E-opinion</p> <ul style="list-style-type: none"> • Please submit duly filled claim form along with the copy of all medical reports including investigation reports and discharge summary (if any) at any of our branch office. • You need to select Our panel doctor 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). • On receipt of the complete set of documents, We will forward the same to the concerned doctor. • The E-Opinion will be forwarded to the member within 7 working days of the receipt of the complete set of documents.

Note: You can obtain Intimation/claim form from our website www.apollomunichinsurance.com or request our customer service department.

For any doubt or clarifications and/or information, call our Toll Free Line at 1800-1020-333 or log on to our website www.apollomunichinsurance.com or email us at customerservice@apollomunichinsurance.com

We would be happy to assist you. For any help contact us at: E-mail : customerservice@apollomunichinsurance.com Toll Free : 1800-102-0333