

	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. • 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 n) 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 24X7 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: Email: customerservice@hdfcergohealth.com

HDFC ERGO Health Insurance 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 CABG	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	Loss of Speech
End Stage Liver Failure	Stroke resulting in Permanent Symptoms	Open Heart Replacement or Repair of Heart Valves	
Myocardial Infarction (First Heart Attack of Specific Severity)	Permanent Paralysis of Limbs	Pneumonectomy	
Coma of Specified Severity	Primary (idiopathic) Pulmonary Hypertension	Pulmonary Artery Graft Surgery	
Third Degree Burns	Benign Brain Tumor		
Goodpasture's Syndrome	Cardiomyopathy		
Apallic Syndrome	End Stage Lung Failure		
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-glider, 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. 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,

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 within 30 days of receipt of last necessary document(s) / information and any other additional information required for the settlement of the claim. All claims will be settled in accordance with the applicable regulatory guidelines, including IRDAI (Protection of Policyholders Regulation), 2017. In case of delay in payment of any claim that has been admitted as payable by Us under the Policy terms and condition, beyond the time period as prescribed under IRDAI (Protection of Policyholders Regulation), 2017, we shall pay interest at a rate which is 2% above the bank rate from the date of receipt of last necessary document(s) to the date of payment of claim. For the purpose of this clause, 'bank rate' shall mean the bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.
- 2) Where the circumstances of a claim warrant an investigation in our Opinion, We 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, We shall settle the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days, We shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

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

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 at least 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) 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.

l) 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

- 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.

m) 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.

n) 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.

o) 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 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.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 Section 6, 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 patient can still respond to stimulation in various 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:

- a) Regular blood product transfusion
- b) Marrow stimulating agents
- c) Immunosuppressive agents
- d) 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:

1. Absolute Neutrophil count of 500 per cubic millimetre or less;
2. Absolute Reticulocyte count of 20,000 per cubic millimetre or less; and
3. 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 Brain Tumor

- i. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.
- ii. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.
 - a. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
 - b. Undergone surgical resection or radiation therapy to treat the brain tumor.
- iii. The following conditions are excluded:
 - a. Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

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:

- i. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.
- ii. The Blindness is evidenced by:
 - a. corrected visual acuity being 3/60 or less in both eyes or ;
 - b. the field of vision being less than 10 degrees in both eyes.
- iii. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

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

- i. A malignant tumor 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 leukemia, lymphoma and sarcoma.
- ii. The following are excluded –
 - a. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN 2 and CIN-3.
 - b. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
 - c. Malignant melanoma that has not caused invasion beyond the epidermis;
 - d. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
 - e. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
 - f. Chronic lymphocytic leukaemia less than RAI stage 3
 - g. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
 - h. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
 - i. All tumors 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*

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 and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means "the loss of hearing to the extent that the loss is greater than 90decibels across all frequencies of hearing" in both ears.

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 Section6, 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 Failure:

- i. Permanent and irreversible failure of liver function that has resulted in all three of the following:
 - a. Permanent jaundice; and
 - b. Ascites; and
 - c. Hepatic encephalopathy.
- ii. Liver failure secondary to drug or alcohol abuse is excluded.

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

End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:

- a. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
- b. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- c. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO2 < 55mmHg); and
- d. Dyspnea at rest.

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) Myocardial Infarction (First Heart Attack Of Specific 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)

- a. New characteristic electrocardiogram changes

- a. 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.

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 atleast 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:

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.

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) Third Degree Burns:

There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

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

xxi) 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:
 - a. 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;
 - b. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - c. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
 - d. Mobility: the ability to move indoors from room to room on level surfaces;
 - e. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
 - f. Feeding: the ability to feed oneself once food has been prepared and made available.
- iv. The following are excluded:
 - a. i. Spinal cord injury;

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:

- i. The actual undergoing of a transplant of:
 - One of the following human organs- heart, lung, liver, kidney, pancreas, 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.
- ii. 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 3 months.

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:

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.

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:

- 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

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.

xxxiv) 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)

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.*

xxxi) Primary (idiopathic) Pulmonary Hypertension:

- i. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catheterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.
- ii. The NYHA Classification of Cardiac Impairment are as follows:
 - a. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
 - b. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
- iii. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

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.*

xxxii) 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*

xxxiii) 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 intracranial vessel, haemorrhage and embolisation from an extracranial source.

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.

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) Loss of Speech:

- i. Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.
- ii. All psychiatric related causes are excluded.

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

- Def.8. **Disclosure of Information Norm** means the policy shall be void and all premiums paid thereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- Def.9. **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.10. **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 Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act Or complies with all minimum criteria as under:
- i. has qualified nursing staff under its employment round the clock;
 - ii. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
 - iii. has qualified medical practitioner(s) in charge round the clock;
 - iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - v. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;
- Def.11. **Insured Person** means You and the person named in the Schedule.
- Def.12. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
- i. 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
 - ii. Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
 - a. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
 - b. it needs ongoing or long-term control or relief of symptoms
 - c. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 - d. it continues indefinitely
 - e. it recurs or is likely to recur
- Def.13. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
- Def.14. **Inpatient care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
- Def.15. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
- Def.16. **Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
- Def.17. **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 its scope and jurisdiction of license.
- Def.18. **Network Provider** means hospitals or health care providers enlisted by an insurer TPA or jointly by an Insurer and TPA to provide medical
- Def.19. **Non-Network** means any hospital, day care centre or other provider that is not part of the network.
- Def.20. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
- Def.21. **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.22. **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.23. **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Schedule.
- Def.24. **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary.
- Def.25. **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.26. **Pre-existing Disease** means any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which medical advice / treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter.
- Def.27. **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.28. **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.29. **Survival Period** means the period after an insured event that the insured person has to survive before a claim becomes valid.
- Def.30. **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.31. **Qualified nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
- Def.32. **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.
- Def.33. **Unproven/Experimental Treatment** means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.
- Def.34. **We/Our/Us** means theHDFC ERGO Health Insurance Limited
- Def.35. **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.hdfcergohealth.com
- Email : customerservice@hdfcergohealth.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.hdfcergohealth.com
 Email : customerservice@hdfcergohealth.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, HDFC ERGO Health Insurance Ltd., Central Processing Center, 2nd & 3rd Floor, iLABS Centre, Plot No. 404-405, Udyog Vihar, Phase-III, Gurgaon-122016, Haryana.**

If You are not satisfied with Our redressal of Your grievance through one of the above methods, You may approach the nearest Insurance Ombudsman for resolution of Your grievance. The contact details of Ombudsman offices are mentioned below.

Address & Contact Details of Ombudsmen Centres

Office of the Executive Council of Insurers (Monitoring Body for Offices of Insurance Ombudsman) 3rd Floor, Jeevan Seva Annexe, Santacruz(West), Mumbai – 400054. Tel: 26106671/ 6889. Email id: inscoun@ecoi.co.in Website: www.ecoi.co.in
If you have a grievance, approach the grievance cell of Insurance Company first. If complaint is not resolved/ not satisfied/not responded for 30 days then You can approach The Office of the Insurance Ombudsman (Bimalokpal) Please visit our website for details to lodge complaint with Ombudsman.

Office of the Insurance Ombudsman, 6th Floor, Jeevan Prakash Bldg, Tilak Marg, Relief Road, AHMEDABAD - 380001. Tel: 079-25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in	Office of the Insurance Ombudsman, 2nd Floor, Janak Vihar Complex, 6, Malviya Nagar, BHOPAL - 462 003. Tel: 0755 - 2769201/ 9202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in
Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR - 751 009. Tel: 0674 - 2596455/2596003 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Office of the Insurance Ombudsman, SCO No.101-103,2nd Floor, Batra Building, Sector 17-D, CHANDIGARH - 160 017. Tel:- 0172 - 2706468/2772101 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in
Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI - 600 018. Tel: 044 - 24333668/ 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg.,Asaf Ali Road, NEW DELHI - 110 002. Tel: 011 - 23234057/ 23232037 Fax: 011 - 23230858 Email: bimalokpal.delhi@ecoi.co.in

Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor, S.S. Road, GUWAHATI - 781 001. Tel: 0361 - 2132204/ 5 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@ecoi.co.in	Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004. Tel: 040 - 65504123/ 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in
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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: Email: customerservice@sanghiconsultancy.com