

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

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

Please Note: *This Customer Information Sheet provides information available under this Product. Kindly refer to the Policy Schedule/COI to know exact details of coverage opted by You.*

SI No	Title	Description	Policy Clause Number
1	Name of Insurance Product/ Policy	Digit Group Complete Secure Policy (UIN: GODHLGP24106V012324)	
2	Policy number	As per the Policy Schedule	
3	Type of Insurance Product/ Policy	On Indemnity Basis: Section 10. Trauma Counselling Section 14. Lifestyle Modification Section 15. Expense for External Aids and Appliances Section 16. Compassionate Visit Section 21. Critical Illness Hospitalization Cover Section 23. Cancer Hospitalization Cover Section 25. Heart Protect Hospitalization Cover Section 27. Organ Failure Hospitalization Cover Section 28. EMI Protection Cover Section 29. Loss of Employment Section 30. Hospitalization Cover Section 31. Infertility Treatment Cover Section 32. Organ Donor Section 33. Alternate Treatment (AYUSH) Cover-(Mandatory In-Built cover in Section-30 Hospitalization Cover) Section 34. Emergency Air Ambulance Section 36. Maternity & Newborn Baby Cover Section 37. Home (Domiciliary) Hospitalisation Section 39. Outpatient (OPD) Benefit Section 45. Loan Shield Section 46. Loss of Pay	C. Benefit Covered under the Policy I. Coverage

		<p>Section 47. Health Check Up Section 48. Wellness Benefit Program</p> <p>On Benefit Basis: Section 1. Accidental Death Section 2. Permanent Total Disablement Section 3. Permanent Partial Disablement Section 4. Temporary Total Disablement Section 5. Children Education Benefit Section 6. Marriage Expense for Children Benefit Section 7. Orphan Benefit for Children Section 8. Funeral Expenses Section 9. Transportation Expenses Section 11. Coma Benefit Cover Section 12. Fracture Cover Section 13. Burns Cover Section 17. Miscarriage Due to Accidental Injury Section 19. HIV Cover Section 20. Critical Illness Benefit Cover Section 22. Cancer Benefit Cover Section 24. Heart Protect Benefit Cover Section 26. Organ Failure Benefit Cover Section 35. Long Hospitalization Cash Benefit Section 38. Sum Insured Refill Benefit Section 41. Daily Cash Benefit Section 42. Fixed Cash Benefit Section 43. Companion Benefit Cash Allowance Cover Section 44. Parent Accommodation Cash Allowance Cover</p> <p>Both Benefit and Indemnity Basis Section 18. Hazardous or Adventure Sports cover Section 40. Illness Cover</p>	
4	Sum Insured (Basis)	<p>This product can be on “Individual Sum Insured” as well as on “Floater Sum Insured” basis. Please refer Your Policy Schedule/COI to know the Sum Insured basis applicable to Your Policy.</p> <ul style="list-style-type: none"> Individual Sum Insured -Where each member has a separate sum insured under the policy) 	NA

	(Along with amount)	<ul style="list-style-type: none"> Floater Sum Insured-Where all members under the policy have a single sum insured limit which may be utilised by any or all members. <p>Aggregate Sum Insured as per policy schedule/COI (Including cumulative bonus, if any)</p> <p>Important Note: Please refer to your policy schedule for more details on section-wise sum insured.</p>	
5	Policy Coverage (What am I covered for?) (Policy Clause Number/s)	<p><u>COVERAGE</u></p> <p><u>SECTION 1. ACCIDENTAL DEATH</u> If You sustain an Accidental Bodily Injury during the Policy Period, which is the sole and direct cause of Your Death within twelve (12) months from the date of accident, then We will pay 100% of the Sum Insured, as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section.</p> <p><u>Inbuilt Benefits:</u> Below are the inbuilt benefits under Section 1. Accidental Death and We will pay 100% of the Sum Insured opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section, in the below events:</p> <p>a. Disappearance: We shall be liable to be pay under this benefit, if the Insured Member’s full body cannot be located within a period of consecutive twelve (12) months, following a forced landing, stranding, sinking, or wrecking of a Common Carrier in which such Insured Member was known to have been travelling as a fare paying passenger or in any event arising as a result of Act of God Perils during the Policy Period, where it is reasonable to believe that such Insured Member has died as a result of an Accidental Injury.</p> <p>b. Drowning: We shall be liable to be pay under this benefit, if the Insured Member’s full body cannot be located within a period of consecutive twelve (12) months, on account of Drowning during the Policy Period, where it is reasonable to believe that such Insured Member has died as a result of drowning.</p> <p>For both (a) and (b) above, We will only pay, when the nominee or the legal heir provides a legally binding indemnity bond or any other document as required by Us which guarantees, that, if at any time, after the payment of the Accidental death benefit, it is discovered that the Insured Person is still alive, all payments shall be repaid in full to Us.</p> <p>Once a claim has been accepted under this Section, this Policy will immediately and automatically cease in respect of that Insured Person. Also, “Section 5. Children Education Benefit”, “Section 6.</p>	C. Section 1.

Marriage Expense for Children”, “Section 7. Orphan Benefit for Children”, “Section 8. Funeral Expenses”, “Section 9. Transportation Expenses”, “Section 10. Trauma Counselling”, “Section 16. Compassionate Visit” wherever opted, will cease on payment of entire Sum Insured in respect of the Insured Person against whom a claim has been accepted under this Section.

This Cover is subject to terms, conditions, limitations, sum insured basis and exclusions mentioned in the Policy.

SECTION 2. PERMANENT TOTAL DISABLEMENT

If You have opted for this Cover, and You sustain an Accidental Bodily Injury during the Policy Period, which is the sole and direct cause of Your **“Permanent Total Disablement”** within twelve (12) months from the Date of accident, then We will pay 100% of Sum Insured, as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section.

Specific Conditions:

1. If the Insured Member suffers Accidental Injuries resulting in more than one of the Permanent Total Disablement, then Our maximum, total and cumulative liability under this Benefit shall be limited to the Sum Insured opted by You and mentioned against this Section.
2. Once a claim has been accepted under this Section, this Policy will immediately and automatically cease in respect of that Insured Person. Also, **“Section 5. Children Education Benefit”, “Section 6. Marriage Expense for Children”, “Section 10. Trauma Counselling”, “Section 20. Lifestyle Modification Benefit”, “Section 15. Expense for External Aids & Appliances”, “Section 16. Compassionate Visit”** wherever opted, will cease on payment of entire Sum Insured in respect of the Insured Person against whom a claim has been accepted under this Section.

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the Policy.

SECTION 3. PERMANENT PARTIAL DISABLEMENT

If You have opted for this Cover, and You sustain an Accidental Bodily Injury during the Policy Period, which is the sole and direct cause of Your Permanent Partial Disablement within twelve (12) months from the Date of accident, then We will pay the percentage of Sum Insured, as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section, as per the following Scale.

Permanent Partial Disablement –Table of Benefits

C. Section 2.

C. Section 3

Nature of Injury	% of Sum Insured
Loss of each arm at the shoulder joint	70%
Loss of each leg above centre of the femur	70%
Loss of each arm to a point above elbow joint	65%
Loss of each leg up to a point below the femur	65%
Loss of each arm below elbow joint	60%
Loss of each hand at the wrist	55%
Complete and irrecoverable loss of sight of an eye	50%
Loss of each leg to a point below the knee	50%
Loss of each leg up the centre of tibia	45%
Loss of each foot at the ankle	40%
Loss of hearing in each ear	30%
Loss of each thumb	20%
Loss of each index finger	10%
Loss of sense of smell	10%
Loss of each other finger	5%
Loss of each big toe	5%
Loss of sense of taste	5%
Loss of each other toe	2%

For the purpose of this Cover, Loss means:

- a. The physical separation of a body part, or
- b. The total loss of functional use of body part or organ provided this has continued for at least 12 calendar months from the date of accident, provided that We must be satisfied at the expiry of the 12 calendar months that there is no reasonable medical hope for improvement.

Specific Conditions:

1. If the Insured Member suffers Accidental Injuries resulting in more than one Permanent Partial Disablement, then Our maximum, total and cumulative liability under this Benefit shall be limited to

the Sum Insured opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section.

2. If the Insured Member suffers from a Permanent Partial Disablement not listed in the above table then an external medical advisor will determine the disablement percentage. For this section External Medical Advisor refers to an independent physician/surgeon who is an expert in the subject matter and is not working as on roll or off roll/ contract basis with the Insurer.
3. On acceptance of a claim under this Benefit, the Insured Member's Cover under this Benefit and Other Benefit opted under this Policy shall continue, subject to the availability of the Sum Insured, terms, conditions and Exclusion of this Policy.

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the Policy.

SECTION 4. TEMPORARY TOTAL DISABLEMENT

If You have opted for this Cover, and You sustain an Accidental Bodily Injury during the Policy Period, which is the sole and direct cause of a Temporary Total Disablement and which completely prevents You from performing each and every duty pertaining to Your employment or occupation on a temporary basis, then We will pay a weekly benefit, amount of which is mentioned in Your Policy Schedule/Certificate of Insurance against this Section, provided that:

1. The Temporary Total Disablement is certified by a Medical Practitioner and submission of supporting documents/reports with respect to clinical examination, radiological scanning or imaging and/or neurological fallout testing as submitted to US, failing which We shall not be liable for any claim under this Section.
2. We will stop making payments when We are satisfied that You can engage in Your occupation again or when We have made payments for number of weeks as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance for any one injury calculated from the date of commencement the temporary total disablement as certified by the treating Medical Practitioner, whichever is earlier.
3. We shall not be liable to make any payment under this Benefit in respect of the Insured Person for more than the Total Number of weeks as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance for any and all claims arising within the Policy Period under this Benefit.
4. The benefit shall not be paid for the Time Excess mentioned in Your Policy Schedule/Certificate of Insurance i.e. for the number of days as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance calculated from the date of commencement of Temporary Total Disablement.
5. In case the Temporary Total Disablement is for a period less than a week, the benefit payable shall be calculated on proportionate basis in relation to the weekly benefit.

C. Section 4

6. We will not pay any amount in excess of the Insured Person’s base weekly income net of tax and other deductions, excluding overtime, bonuses, tips, commissions, or any other special compensation.
7. In case of any dispute with respect to the duration of Temporary Total Disablement, the duration shall be finally determined by a Doctor/Medical Practitioner mutually appointed by the Insured and Insurer, who certifies the final date upon which the Insured recovered and fit to perform each and every duty pertaining to his / her employment or occupation.

This Cover is subject to terms, conditions, time excess, limitations and exclusions mentioned in the Policy.

SECTION 5. CHILDREN EDUCATION BENEFIT

If You have opted for this Cover and We have accepted a claim under “**Section 1. Accidental Death**” and/or “**Section 2. Permanent Total Disablement**”, then We will pay the Sum Insured as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section, towards the cost of education of Your dependent child (children) irrespective of whether the child(children) is an Insured Person under the Policy or not and provided that:

1. The dependent child (children) is under the age of 25 years and unmarried as on date of accident.
2. The dependent child (children) pursuing an education course is a full-time student at an educational institution.
3. Irrespective of the number of Children, maximum amount is the Sum Insured as mentioned in Your Policy Schedule/Certificate of Insurance. However, in case the dependent child (children) is/ are girl(s), then We will pay an amount equivalent to the percentage of the Sum insured as opted by You and mentioned in the Policy Schedule / Certificate of Insurance against this section.
4. Any Claim under this Section that becomes admissible where the Dependent child (children) is a minor, shall be payable to the legal heirs.
5. For the purposes of this Section, Child (Children) means those who has/have been born out of a marriage which is legally valid as on the date of the accident and/or those who has/have been adopted in accordance with Indian Law.

This Cover is subject to terms, conditions, co-payment, limitations and exclusions mentioned in the Policy.

SECTION 6. MARRIAGE EXPENSE FOR CHILDREN BENEFIT

If You have opted for this Cover and We have accepted a claim under “Section 1. Accidental Death” and/or “Section 2. Permanent Total Disablement”, then We will pay the Sum Insured as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section, towards the marriage expenses of Your dependent child (children) irrespective of whether the child(children) is an Insured Person under the Policy or not and provided that:

C. Section 5

C. Section 6

1. The dependent child (children) is under the age of 25 years and unmarried as on date of accident.
2. Irrespective of the number of Children, maximum amount is the Sum Insured as mentioned in Your Policy Schedule/Certificate of Insurance.
3. Any Claim under this Section that becomes admissible where the Dependent child (children) is a minor, shall be payable to the legal heirs.
4. For the purposes of this Section, Child (Children) means those who has/have been born out of a marriage which is legally valid as on the date of the accident and/or those who has/have been adopted in accordance with Indian Law.

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the Policy.

SECTION 7. ORPHAN BENEFIT FOR CHILDREN

If You have opted for this Cover and We have accepted a claim under “**Section 1. Accidental Death**” for the Insured Person who is a parent and while as a result of same accident or separate accident occurring during the Policy Period the Insured Person’s Spouse (who may or may not be an Insured Person) has also died, then We will pay the Sum Insured as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section to Your dependent child (children) irrespective of whether the child(children) is an Insured Person under the Policy or not and provided that:

1. The dependent child (children) is under the age of 25 years and unmarried as on date of accident.
2. The dependent child (children) does not have any independent source of income.
3. Irrespective of the number of Children, maximum amount is the Sum Insured as mentioned in Your Policy Schedule/Certificate of Insurance.
4. Any Claim under this Section that becomes admissible where the Dependent child (children) is a minor, shall be payable to the legal guardian/heirs.
5. For the purposes of this Section, Child (Children) means those who has/have been born out of a marriage which is legally valid as on the date of the accident and/or those who has/have been adopted in accordance with Indian Law.

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the Policy.

SECTION 8. FUNERAL EXPENSES

If You have opted for this Cover and We have accepted a claim under “**Section 1. Accidental Death**”, then We will pay the Sum Insured as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section, towards funeral, cremation and/or burial of the body of the deceased Insured Person.

C. Section 7

C. Section 8

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the Policy.

SECTION 9. TRANSPORTATION EXPENSES

If You have opted for this Cover and We have accepted a claim under “**Section 1. Accidental Death**”, then We will pay the Sum Insured as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section, towards the expenses of transporting the mortal remains of the Insured Person from the place of death to a cremation ground or burial ground or to the residence of the Insured Person.

This cover will be restricted to within India only, unless specifically waived off and mentioned in Policy Schedule.

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the Policy.

SECTION 10. TRAUMA COUNSELLING

If You have opted for this Cover and We have accepted a claim under “**Section 1. Accidental Death**” and/or “**Section 2. Permanent Total Disablement**” and/or “**Section 3. Permanent Partial Disablement**”, and the treating Medical Practitioner advises Professional Counselling sessions for the psychological upliftment, changes in daily diet or nutrition intake, Psychotherapy or Medications, then We will reimburse up to the Sum Insured as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section, towards the expenses incurred for the counselling session, provided that, Coverage needs to be availed within Six months from the date of incident (i.e. date of injury/ accident) covered under this Section and is applicable to:

- a. Insured Person’s Parents, Spouse and Children – In case of **accidental death** of the Insured Person.
- b. Insured Person – In case of **Permanent Total Disablement** and/or **Permanent Partial Disablement** sustained by the Insured during the Policy Period.

This Cover is subject to terms, conditions, Co-Payment, limitations and exclusions mentioned in the Policy.

SECTION 11. COMA BENEFIT COVER

If You have opted for this Cover and You sustain accidental bodily injury which solely and directly results in Your hospitalization in an Intensive Care Unit of a Hospital in a state of Coma, within 30 days of date of accident, then We will pay You the Sum Insured as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section, provided that:

- 1. The Coma is confirmed by a specialist Medical Practitioner in writing which includes:
 - a. no response to external stimuli continuously for at least 96 hours; and

C. Section 9

C. Section 10

C. Section 11

- b. life support systems and measures are necessary to sustain life.
- 2. Permanent neurological deficit must be assessed at least 30 days after the onset of the coma and the reports to be submitted to Us for any benefit to be payable under this Section.
- 3. Coma resulting directly from alcohol or drug abuse or any other illness other than Accidental Bodily Injury is excluded.

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the Policy.

SECTION 12. FRACTURE COVER

If You have opted for this Cover and You sustain accidental bodily injury which solely and directly results in Fracture(s) of Bone(s), then We will pay the percentage shown in the below table of benefits applied to the Sum Insured opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section.

C. Section 12

Fracture Cover - Table of Benefits

Nature of Fracture	% of Sum Insured
Hip or Pelvis (excluding thigh or coccyx)	
Open Fracture of more than one bone with flail pelvis	100%
Open Fracture of more than one bone without flail pelvis	50%
Open Fracture of one bone	50%
Closed Fracture of more than one bone with flail pelvis	50%
Closed Fracture of more than one bone without flail pelvis	25%
Closed Fracture one bone	15%
Thigh	
Open Fracture of neck of Femur	60%
Open Fracture of shaft of femur	45%
Closed Fracture of neck of Femur	25%
Closed Fracture of shaft of femur	25%
Fracture of condyles /patella	15%
Lower Leg	
Open Fracture of more than one bone	60%
Open Fracture of one bone	45%
Closed Fracture of more than one bone	25%
Closed Fracture one bone	15%
Fracture Ribs	
Fracture of Multiple Ribs with Flail Chest	25%

Fracture of Multiple Ribs with without Flail Chest	20%
Fracture of Single rib / Fracture of sternum	10%
Elbows, Arm (including wrist but excluding Colles type fractures)	
Open Fracture of more than one bone	45%
Open Fracture of one bone	35%
Closed Fracture of more than one bone	20%
Closed Fracture one bone	15%
Colles type fracture of the lower arm	
Open Fracture	25%
Closed Fracture	10%
Skull	
Fracture of the skull needing surgical Intervention	60%
Fracture of the skull not needing surgical Intervention	20%
Shoulder Blade, Rib(s), Knee cap, Sternum, Hand (excluding fingers and wrist), Foot (excluding toes or heel)	
Open Fracture	30%
Closed Fracture	15%
Spinal Column (Vertebrae but excluding coccyx)	
Compression fractures of more than one vertebrae	40%
Spinous, transverse process of pedicle fractures of more than one vertebrae	40%
Permanent Spinal Cord damage	40%
Fractures of Single Vertebra	15%
Lower Jaw	
Open Fracture	25%
Closed Fracture	10%
Cheekbone, Clavicle, Coccyx, Upper Jaw, Nose, Toe(s), Finger(s), Ankle, Heel	
Open Fracture of more than one bone	15%
Open Fracture of one bone	12%
Closed Fracture of more than one bone	4%
Closed Fracture one bone	2%
Dislocations requiring surgery under anaesthesia	
Spine	35%
Back (Excluding slipped disc)	35%
Hip	25%

Knee (left or right)	20%
Wrist (left or right)	15%
Elbow (left or right)	15%
Ankle (left or right)	10%
Shoulder Blade (left or right)	10%
Collar bone	10%
Fingers (left or right hand)	5%
Toes (left or right foot)	5%
Jaw	5%
Internal Injuries	
Internal injuries resulting in open abdominal or Thoracic Surgery	25%
Intracranial haemorrhage and/ or physical brain injury	25%

Specific Conditions:

1. If You suffer a Fracture not specified in the below table but the fracture is due to an injury solely and directly due to an accident, then Our Medical Practitioner will decide the amount payable, if any. For this section the Company's Medical Practitioner refers to the medical practitioner who is working as an off roll /contract basis with the Insurer.
2. A fracture which results due to any illness or disease (including malignancy) or due to osteoporosis shall not be payable under this benefit.
3. A fracture where the broken bone penetrates the skin is an Open Fracture and where the broken bone does not penetrate the skin is a Closed Fracture.
4. If the Insured Member suffers Accidental Injuries resulting in more than one fractures, then Our maximum, total and cumulative liability under this Benefit shall be limited to the Sum Insured opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section.

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the Policy.

SECTION 13. BURNS COVER

If You have opted for this Cover and You sustain Second Degree Burns or Third Degree Burns solely and directly due to an accident, then We will pay the percentage shown in the below table of benefits applied to the Sum Insured opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section.

Burns Cover - Table of Benefits

C. Section 13

Nature of Burns	% of Sum Insured
SECOND DEGREE BURNS	
Head	
Second degree burns of 30% or more of the total head surface area	50%
Second degree burns of 20% or more, but less than 30% of the total head surface area	40%
Second degree burns of 10% or more, but less than 20% of the total head surface area	30%
Rest of the Body	
Second degree burns of 20% or more of the total body surface area	50%
Second degree burns of 15% or more, but less than 20% of the total body surface area	40%
Second degree burns of 10% or more, but less than 15% of the total body surface area	30%
Second degree burns of 5% or more, but less than 10% of the total body surface area	10%
THIRD DEGREE BURNS	
Head	
Third degree burns of 30% or more of the total head surface area	100%
Third degree burns of 20% or more, but less than 30% of the total head surface area	80%
Third degree burns of 10% or more, less than 20% of the total head surface area	60%
Rest of the Body	
Third degree burns of 20% or more of the total body surface area	100%
Third degree burns of 15% or more, but less than 20% of the total body surface area	80%
Third degree burns of 10% or more, less than 15% of the total head body area	60%
Third degree burns of 5% or more, less than 10% of the total head body area	20%

For the purpose of this cover,

1. Burns means an injury caused by exposure to heat or flame including chemical and electric burns.
2. **Second Degree Burns** means Burns which involve the epidermis and part of the dermis layer of skin, causing the burn site to appear red, blistered, and may be swollen and painful.
3. **Third Degree Burns** (full thickness burns) means the burns that destroy the outer layer of the skin (epidermis) and the entire layer beneath i.e. the dermis. It also affects deeper tissues resulting in white or blackened, charred skin that may cause numbness, loss of fluid and sometimes shock.

Specific Conditions:

1. The burns that are self-inflicted by You in any way will not be covered under this Benefit;
2. A Medical Practitioner has to confirm the percentage of the surface area of the burn and the diagnosis of the burn to Us in writing.
3. If the Insured Member suffers Accidental Injuries resulting in more than one of the nature of burns mentioned in the above table of benefits, then Our maximum, total and cumulative liability under this Benefit shall be limited to the Sum Insured opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section.

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the Policy.

SECTION 14. LIFESTYLE MODIFICATION BENEFIT

If You have opted for this Cover and We have accepted a claim under “**Section 2. Permanent Total Disablement**” and/or “**Section 3. Permanent Partial Disablement**”, and/or **Section 20. Critical Illness Benefit Cover** and/or **Section 21. Critical Illness Hospitalization Cover** (wherever opted), then We will reimburse the Reasonable and Customary Charges/Expenses incurred for improvements to be carried out in the Insured Person’s residence and/or vehicle which are certified in writing by a Medical Practitioner to be necessary and following the accident or diagnosis of critical illness, up to the Sum Insured opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section.

This Cover is subject to terms, conditions, co-payment, limitations and exclusions mentioned in the Policy.

SECTION 15. EXPENSE FOR EXTERNAL AIDS & APPLIANCES

If You have opted for this Cover and We have accepted a claim under “**Section 2. Permanent Total Disablement**” and/or “**Section 3. Permanent Partial Disablement**”, and/or **Section 20. Critical Illness Benefit Cover** and/or **Section 21. Critical Illness Hospitalization Cover** (wherever opted), then We will reimburse the Reasonable and Customary Charges incurred towards purchase of support items such as artificial limbs, crutches, stretcher, tricycle, wheelchairs or any other item which is prescribed by a Medical

C. Section 14

C. Section 15

Practitioner following an injury sustained in the accident or critical illness, up to the Sum Insured opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section
This Cover is subject to terms, conditions, co-payment, limitations and exclusions mentioned in the Policy.

SECTION 16. COMPASSIONATE VISIT

If You have opted for this Cover and We have accepted a claim under “**Section 1. Accident Death**” and/or “**Section 2. Permanent Total Disablement**” and/or “**Section 26.A. Accidental Hospitalization**” due to an accident in a location situated outside the City/Town of Your usual place of residence mentioned in Your Policy Schedule/Certificate of Insurance, then We will reimburse the actual cost incurred for to and fro economy class transportation by the most direct route via a common carrier, up to the Sum Insured opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section, for one of the Insured’s “**Immediate Family Member**” to travel to the place of accident or the Hospital in which the Insured Person is hospitalized.

For the purpose of this Section, the term “**Immediate Family Member**” would mean the Insured Person’s spouse, siblings, Children above age of 18 years, parents or parents in law.

Specific Conditions:

The benefit is payable under this Section subject to:

1. The Insured Member’s treating Medical Practitioner has advised in writing the personal attendance of an Immediate Family Member.
2. The Insured Person is Hospitalized at a distance of at least 100 kilometres from his place of residence.

This Cover is subject to terms, conditions, co-payment, limitations and exclusions mentioned in the Policy.

SECTION 17. MISCARRIAGE DUE TO ACCIDENTAL INJURY

If You have opted for this Cover and You sustain accidental bodily injury which solely and directly results in **Miscarriage** of a Pregnant Insured Member within 15 days of such accident, then We will pay a lumpsum amount as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance, provided that:

- a. The miscarriage shall not be attributed to any natural causes and/or sickness relating to pregnancy or child birth.
- b. We shall not be liable for voluntary termination of pregnancy.
- c. This benefit is applicable only to the female Insured Member covered under this Policy.

For the purpose of this Cover, **Miscarriage** shall mean the spontaneous or unplanned expulsion of a foetus from the womb within the first 20 weeks of gestation.

C. Section 16

C. Section 17

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the Policy.

SECTION 18. HAZARDOUS OR ADVENTURE SPORTS COVER

This Policy has exclusion for any accidental bodily injury sustained while participating in **Hazardous or Adventure Sports**. By Opting this section “HAZARDOUS OR ADVENTURE SPORTS COVER”, You can choose to remove the abovementioned exclusion for the following 3 sections as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance.

- a. Section 1- “**Death**”
- b. Section 2- “**Permanent Total Disablement**”
- c. Section 30 A- “**Accidental Hospitalization**”

Provided You are participating in a non-professional capacity and under the supervision of a trained professional. Claim Assessment will be as per the terms and condition of the respective section.

Hazardous or Adventure Sports cover are bifurcated into various level (Level 0, 1, 2 & 3) as mentioned in **Annexure - B**. You can choose to cover the level of **Hazardous or Adventure Sports cover** which will be mentioned in Your Policy Schedule/Certificate of Insurance under specific conditions for this section.

- If You have paid the required additional premium for **Hazardous or Adventure Sports cover** in Level 3, You will be covered for all sports and activities listed as Level 0 (Zero), 1, 2 and 3.
- If You have paid the required additional premium for **Hazardous or Adventure Sports cover** in Level 2, You will be covered for all sports and activities listed as Level 0 (Zero), 1 and 2 while level 3 will remain as exclusion.
- If You have paid the required additional premium for **Hazardous or Adventure Sports cover** in Level 1, You will be covered for all sports and activities listed as 0 (Zero) and Level 1 while level 2 and 3 will remain as exclusion.
- This cover is subject to some special condition and exclusions on individual sports and activities as mentioned in **Annexure – B** against respective sport/activity.

Specific Conditions:

1. The cover for the Insured Member under this Section shall terminate immediately once a claim is admitted and paid under the **Hazardous or Adventure Sports cover** for “**Death**” or “**Permanent Total Disablement**”.
2. Our maximum, total and cumulative liability under this Benefit shall be limited to the Sum Insured opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against the respective Sections.

C. Section 18

3. We will not pay any claim under this Cover, whilst You are Training for or taking part in sport as a:
- professional for which You are paid or funded by sponsorship or grant; or
 - as an amateur sports person; or
 - You are not performing the activity under the supervision of a trained professional. The Hazardous or adventure sport service provider must be Government/ Relevant Authority certified.
 - The insured shall be older than 18 years of age and his informed consent must have been taken prior to undertaking the activity. The insured should have been informed of the risks associated with the activity by a professional trainer (employee of service provider) prior to commencement of activity.
 - At the time of claim, the onus shall lie on the Insured to prove that he/she had undertaken all the necessary safety precautions as were recommended to him including the use of protective gear and had followed the trainer's instructions. The company is at a right to confirm from the service provider the Insured's participation in this activity and the extent of precautions taken by the insured.

Specific Exclusions applicable to Section 18 – Hazardous or Adventure Sports:

1. Competing at an international event as a national representative.
2. Participation in any Hazardous or adventure sports, activities where you don't select the appropriate Hazardous or adventure sports level upgrade or where it is specifically excluded (including Special Exclusion (i)-(iv) mentioned in **Annexure B**)
3. You go against local authority warnings or enter closed or restricted areas or places or situations known to be unsafe or dangerous.
4. Damage to any sporting equipment while in use; damage or theft of any sporting equipment left unattended.
5. Racing, except on foot and up to marathon level; participating in speed or time trials.
6. Motorsports – shows, races, competitions or training.
7. For motorised vehicles:
 - a. not wearing a helmet regardless of the local laws; and
 - b. operating any motorised vehicle without a valid licence for the same class of vehicle or watercraft in Your country of residence and as required in the relevant country where you're travelling.
8. Where You don't meet the Special Conditions (a)-(e) (mentioned in **Annexure B**) as specified in the list of the Special Conditions applicable to Hazardous or Adventure Sports Cover.
 - a. Undertaking or working in any dangerous, extreme or hazardous activities, and/or participating in any sports or activities in hazardous locations, such as for example: base jumping, wingsuit flying, cliff diving, martial arts competitions, motor sports, piloting an aircraft, stunt flying/aerobatics, rodeo, bull riding/Running of the Bulls;

- b. taking part in dangerous expeditions; mountaineering expeditions or expeditions to the Arctic, Antarctica or Greenland, unless specifically approved by us;
- c. crewing of a vessel more than 60 miles from a protected body of water;
- d. work as a guide where ropes or other specialist climbing equipment is required;
- e. work offshore or underground, including in caves;
- f. work operating machinery or heavy/industrial equipment;
- g. work at height without proper safety equipment. Work at height is further restricted to a maximum of two metres; or
- h. work in close proximity to dangerous animals including, for example, hippopotami, crocodiles, alligators, sharks, elephants, bears, big cats and deadly snakes.

This Cover is subject to terms, conditions, co-payment, limitations and exclusions mentioned in the Policy.

SECTION 19. HIV COVER

If You have opted for this Cover, We will pay You the Sum Insured as mentioned in Your Policy Schedule / Certificate of Insurance against this Section, in case You are first diagnosed to be suffering from an HIV Infection during the Policy Period and provided that HIV Infection is caused by any of the reasons other than Transmission through unprotected sex (Heterosexual, Homosexual or Bisexual).

For the purpose of this cover,

“**HIV Infection**” means a positive HIV antibody testing (rapid or laboratory-based enzyme immunoassay). This is usually confirmed by a second HIV antibody test (rapid or laboratory-based enzyme immunoassay) relying on different antigens or of different operating characteristics.

and /or;

a positive virological test for HIV or its components (HIV-RNA or HIV-DNA or ultrasensitive HIV p24 antigen) confirmed by a second virological test obtained from a separate determination.

Special Terms and Conditions Applicable to this Section

- a. Coverage under this Section shall terminate in respect of the Insured Member against whom a claim has been accepted. However, the coverage under the Policy for other Sections (if opted) for that Insured Member shall continue under this Policy.
- b. Any Claim with respect to an HIV infection detected, diagnosed or which manifested prior to Policy Start Date or during Initial Waiting Period as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance is excluded from the Scope of the Cover provided under this Section.

C. Section 19

SECTION 20. CRITICAL ILLNESS BENEFIT COVER

If You have opted for this Cover, We will pay You the Sum Insured opted by you for as mentioned in Your Policy Schedule / Certificate of Insurance against this Section, in case You are diagnosed as suffering from any of the Critical Illnesses or undergoing covered Surgical Procedures as per the Plan Opted by You and mentioned in Your Policy Schedule/Certificate of Insurance as specified below Provided that,

- a) This Critical illness or covered surgical procedure has happened to you for the first time in Your life and during the Policy Period.
- b) We will not make any payment if You are diagnosed as suffering from Critical Illness within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first "Digit Group Complete Secure Policy" with Us covering Critical Illness benefit.
- c) You survive for a minimum period of at least 30 days from the date of diagnosis of such Critical Illness, unless this condition is specifically waived by Us.
- d) No Claim under this option shall be admissible if the Critical Illness /or covered Surgical Procedure claim is a consequence of or arising out of any pre-existing condition/disease except for pre-existing condition/disease which were disclosed by the Insured and accepted by Us at the time of buying the Policy with Us, where this benefit is opted.
- e) Once a claim has been Paid under Critical Illness and / or covered Surgical Procedure, Cover under this Section shall cease and no further payment will be made for any consequent disease or any dependent disease.
- f) The List of Plan wise covered Critical Illness is mentioned in **Annexure C.**

This Cover is subject to terms, conditions, limitations, sum insured basis and exclusions mentioned in the Policy.

C. Section 20

SECTION 21. CRITICAL ILLNESS HOSPITALIZATION COVER

If You have opted for this Cover and You are diagnosed as suffering from any of the Critical Illnesses or undergoing covered Surgical Procedures as per the Plan Opted by You and mentioned in Your Policy Schedule/Certificate of Insurance, during the Policy Period, We will pay You all Reasonable and Customary Charges that are Medically Necessary and Incurred by You in respect of an admissible hospitalization claim, up to the Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

Provided that,

C. Section 21

- a) This Critical illness and/or covered surgical procedure has happened to you for the first time in Your life and during the Policy Period.
- b) We will not make any payment if You are diagnosed as suffering from Critical Illness and hospitalized within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first “Digit Group Complete Secure Policy” with us covering critical illness hospitalization.
- c) No Claim under this option shall be admissible if Critical Illness and/or covered Surgical Procedure is a consequence of or arising out of any pre-existing condition/disease except for pre-existing condition/disease which were disclosed by the Insured and accepted by Us at the time of buying the Policy with Us, where this benefit is opted.
- d) In this section we will not cover any expense related to Pre-Hospitalization and Post-Hospitalization.
- e) The List of Plan wise covered Critical Illness is mentioned in **Annexure C**.

Accommodation/Room Rent	<p>Hospital accommodation in a ward, shared or private room subject to a Limit Per Day as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Section.</p> <p>Note: If You have opted for a Limit on “Accommodation/Room Rent” and the Room Rent Rate exceeds the limits at the time of Hospitalization our liability will be restricted to the same proportion Admissible Rate Per Day Limit Opted bears to the Actual Rate Per Day of Room Rent Charges except for the cost of medicines and consumables.</p> <p><i>Example, if You have opted a room rent limit of ₹1,500 per day but You go in for a room with a rent of ₹4,500 per day which is three times the allowed limit, when You claim, We will pay one-third of the Total bill amount and deduct the balance i.e. in the same proportion as it increased. This is because the other charges related to Your treatment like Doctor’s fees, also increase with the room type. This deduction will not be applicable for the cost of medicines and consumables.</i></p>
ICU	Intensive Care Unit
Professional Fees	Fees for treatment by specialists, physicians, nurses, surgeons and anaesthetists.

Medication	Drugs, medicines, consumables, prescribed by a specialist or medical practitioner. This also includes Anaesthesia, Blood, Oxygen, Patient's Diet, Surgical appliances & cost of prosthetic and other devices or equipment if implanted during the Surgical Procedure.
Diagnostic	Necessary Procedures such as x-rays, pathology, brain and body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment.
Theatre Fees	Operation Theatre Fees

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the Policy.

SECTION 22. CANCER BENEFIT COVER

If You have opted for this Cover, We will pay You the Sum Insured as mentioned in Your Policy Schedule / Certificate of Insurance against this Section, in case You are diagnosed as suffering from Cancer for Specified Severity for the first time in Your life and during the Policy Period. Provided that,

- a) We will not make any payment if You are diagnosed as suffering from Cancer for Specified Severity within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first "Digit Group Complete Secure Policy" with us covering Cancer Benefit.
- b) You survive for a minimum period of at least 30 days from the date of diagnosis of such Cancer for Specified Severity, unless this condition is specifically waived by Us.
- c) No Claim under this option shall be admissible if the Cancer is a consequence of or arising out of any pre-existing condition/disease except for pre-existing condition/disease which were disclosed by the Insured and accepted by Us at the time of buying the Policy with Us, where this benefit is opted.
- d) Cover under this Section shall cease upon payment of the compensation on the happening of a Cancer for Specified Severity and no further payment will be made for any consequent disease or any dependent disease.
- e) In case You are a woman and have opted to limit the coverage under this cover only to cancers specific to women, then coverage under this section will be limited only to the diagnosis of Cancers as mentioned in Your Policy Schedule/Certificate of Insurance.

This Cover is subject to terms, conditions, limitations, sum insured basis and exclusions mentioned in the Policy.

C. Section 22

SECTION 23. CANCER HOSPITALIZATION COVER

If You have opted for this Cover and You are diagnosed as suffering from Cancer for Specified Severity for the first time in Your life and during the Policy Period , We will pay You all Reasonable and Customary Charges that are Medically Necessary and Incurred by You in respect of an admissible hospitalization claim for Cancer for Specified Severity up to the Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

C. Section 23

Provided that,

- a) We will not make any payment if You are diagnosed as suffering from Cancer for Specified Severity and hospitalized within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first “Digit Group Complete Secure Policy” with us covering Cancer Hospitalization.
- b) No Claim under this option shall be admissible if Cancer is a consequence of or arising out of any pre-existing condition/disease except for pre-existing condition/disease which were disclosed by the Insured and accepted by Us at the time of buying the Policy with Us, where this benefit is opted.
- c) In this section we will not cover any expense related to Pre-Hospitalization and Post-Hospitalization.
- d) In case You are a woman and have opted to limit the coverage under this cover only to cancers specific to women, then coverage under this section will be limited only to the hospitalisation due to women specific cancers as mentioned in Your Policy Schedule/Certificate of Insurance.

Accommodation/Room Rent

Hospital accommodation in a ward, shared or private room subject to a Limit Per Day as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

Note: If You have opted for a Limit on “**Accommodation/Room Rent**” and the Room Rent Rate exceeds the limits at the time of Hospitalization our liability will be restricted to the same proportion Admissible Rate Per Day Limit Opted bears to the Actual Rate Per Day of Room Rent Charges except for the cost of medicines and consumables.

Example, If You have opted a room rent limit of ₹1,500 per day but You go in for a room with a rent of ₹4,500 per day which is three times the allowed limit, when You claim, We will pay one-third of the Total bill amount and deduct the balance i.e. in the same proportion as it increased. This is because the other charges related to Your treatment like Doctor’s fees, also

increase with the room type. This deduction will not be applicable for the cost of medicines and consumables.

ICU	Intensive Care Unit
Professional Fees	Fees for treatment by specialists, physicians, nurses, surgeons and anaesthetists.
Medication	Drugs, medicines, consumables, prescribed by a specialist or medical practitioner. This also includes Anaesthesia, Blood, Oxygen, Patient's Diet, Surgical appliances & cost of prosthetic and other devices or equipment if implanted during the Surgical Procedure.
Diagnostic	Necessary Procedures such as x-rays, pathology, brain and body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment.
Theatre Fees	Operation Theatre Fees

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the Policy.

SECTION 24. HEART PROTECT BENEFIT COVER

If You have opted for this Cover, We will pay You the Sum Insured as mentioned in Your Policy Schedule / Certificate of Insurance against this Section, in case You are diagnosed for one of the below heart conditions for the first time in Your life and during the Policy Period:

- i. Myocardial Infarction
- ii. Open Heart Replacement or Repair of Heart Valves
- iii. Surgery to Aorta
- iv. Open Chest CABG

Provided that,

- a. We will not make any payment if You are diagnosed as suffering from Heart condition within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first "Digit Group Complete Secure Policy" with us covering "Heart Protect Benefit Cover".
- b. You survive for a minimum period of at least 30 days from the date of diagnosis of such from Heart condition, unless this condition is specifically waived by Us.

C. Section 24

- c. No Claim under this option shall be admissible if the Heart condition is a consequence of or arising out of any pre-existing condition/disease except for pre-existing condition/disease which were disclosed by the Insured and accepted by Us at the time of buying the Policy with Us, where this benefit is opted.
- d. Cover under this Section shall cease upon payment of the compensation on the happening of covered Heart condition and no further payment will be made for any consequent disease or any dependent disease.

This Cover is subject to terms, conditions, limitations, sum insured basis and exclusions mentioned in the Policy.

SECTION 25. HEART PROTECT HOSPITALIZATION COVER

If You have opted for this Cover and You are diagnosed as suffering from below Heart conditions for the first time in Your life and during the Policy Period , We will pay You all Reasonable and Customary Charges that are Medically Necessary and Incurred by You in respect of an admissible hospitalization claim for below Heart conditions up to the Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

- i. Myocardial Infarction
- ii. Open Heart Replacement or Repair of Heart Valves
- iii. Surgery to Aorta
- iv. Open Chest CABG

Provided that,

- a) We will not make any payment if You are diagnosed as suffering from the above listed Heart conditions and hospitalized within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first “Digit Group Complete Secure Policy” with us covering “Heart Protect Hospitalization Cover”.
- b) No Claim under this option shall be admissible if Heart conditions is a consequence of or arising out of any pre-existing condition/disease except for pre-existing condition/disease which were disclosed by the Insured and accepted by Us at the time of buying the Policy with Us, where this benefit is opted.
- c) In this section we will not cover any expense related to Pre-Hospitalization and Post-Hospitalization.

C. Section 25

Accommodation/Room Rent	<p>Hospital accommodation in a ward, shared or private room subject to a Limit Per Day as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Section.</p> <p>Note: If You have opted for a Limit on “Accommodation/Room Rent” and the Room Rent Rate exceeds the limits at the time of Hospitalization our liability will be restricted to the same proportion Admissible Rate Per Day Limit Opted bears to the Actual Rate Per Day of Room Rent Charges except for the cost of medicines and consumables.</p> <p><i>Example, If You have opted a room rent limit of ₹1,500 per day but You go in for a room with a rent of ₹4,500 per day which is three times the allowed limit, when You claim, We will pay one-third of the Total bill amount and deduct the balance i.e. in the same proportion as it increased. This is because the other charges related to Your treatment like Doctor’s fees, also increase with the room type. This deduction will not be applicable for the cost of medicines and consumables.</i></p>
ICU	Intensive Care Unit
Professional Fees	Fees for treatment by specialists, physicians, nurses, surgeons and anaesthetists.
Medication	Drugs, medicines, consumables, prescribed by a specialist or medical practitioner. This also includes Anaesthesia, Blood, Oxygen, Patient’s Diet, Surgical appliances & cost of prosthetic and other devices or equipment if implanted during the Surgical Procedure.
Diagnostic	Necessary Procedures such as x-rays, pathology, brain and body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment.
Theatre Fees	Operation Theatre Fees

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the Policy.

SECTION 26. ORGAN FAILURE BENEFIT COVER

If You have opted for this Cover, We will pay You the Sum Insured as mentioned in Your Policy Schedule / Certificate of Insurance against this Section, in case You are diagnosed from one of the below organ failure for the first time in Your life and during the Policy Period:

- i. End Stage Lung Failure
- ii. End Stage Liver Failure
- iii. Kidney Failure Requiring Regular Dialysis

Provided that,

- a. We will not make any payment if You are diagnosed as suffering from above listed organ failure within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first “Digit Group Complete Secure Policy” with us covering “Organ Failure Benefit Cover”.
- b. You survive for a minimum period of at least 30 days from the date of diagnosis of such organ failure, unless this condition is specifically waived by Us.
- c. No Claim under this option shall be admissible if the organ failure is a consequence of or arising out of any pre-existing condition/disease except for pre-existing condition/disease which were disclosed by the Insured and accepted by Us at the time of buying the Policy with Us, where this benefit is opted.
- d. Cover under this Section shall cease upon payment of the compensation on the happening of covered organ failure and no further payment will be made for any consequent disease or any dependent disease.

This Cover is subject to terms, conditions, limitations, sum insured basis and exclusions mentioned in the Policy.

SECTION 27. ORGAN FAILURE HOSPITALIZATION COVER

If You have opted for this Cover and You are diagnosed as suffering from below organ failure for the first time in Your life and during the Policy Period , We will pay You all Reasonable and Customary Charges that are Medically Necessary and Incurred by You in respect of an admissible hospitalization claim for organ failure up to the Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

- i. End Stage Lung Failure
- ii. End Stage Liver Failure
- iii. Kidney Failure Requiring Regular Dialysis

Provided that,

C. Section 26

C. Section 27

- a. We will not make any payment if You are diagnosed as suffering from the above listed organ failure and hospitalized within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first “Digit Group Complete Secure Policy” with us covering “Organ Failure Hospitalization Cover”.
- b. No Claim under this option shall be admissible if organ failure is a consequence of or arising out of any pre-existing condition/disease except for pre-existing condition/disease which were disclosed by the Insured and accepted by Us at the time of buying the Policy with Us, where this benefit is opted.
- c. In this section, We will not cover any expense related to Pre-Hospitalization and Post-Hospitalization.
- d. In this section, We will not cover any expense related to organ harvesting.

Accommodation/Room Rent	<p>Hospital accommodation in a ward, shared or private room subject to a Limit Per Day as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Section.</p> <p>Note: If You have opted for a Limit on “Accommodation/Room Rent” and the Room Rent Rate exceeds the limits at the time of Hospitalization our liability will be restricted to the same proportion Admissible Rate Per Day Limit Opted bears to the Actual Rate Per Day of Room Rent Charges except for the cost of medicines and consumables.</p> <p><i>Example, If You have opted a room rent limit of ₹1,500 per day but You go in for a room with a rent of ₹4,500 per day which is three times the allowed limit, when You claim, We will pay one-third of the Total bill amount and deduct the balance i.e. in the same proportion as it increased. This is because the other charges related to Your treatment like Doctor’s fees, also increase with the room type. This deduction will not be applicable for the cost of medicines and consumables.</i></p>
ICU	Intensive Care Unit
Professional Fees	Fees for treatment by specialists, physicians, nurses, surgeons and anaesthetists.
Medication	Drugs, medicines, consumables, prescribed by a specialist or medical practitioner. This also includes Anaesthesia, Blood, Oxygen, Patient’s Diet, Surgical appliances & cost of prosthetic and other devices or equipment if implanted during the Surgical Procedure.

Diagnostic	Necessary Procedures such as x-rays, pathology, brain and body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment.
Theatre Fees	Operation Theatre Fees

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the Policy.

SECTION 28. EMI PROTECTION COVER

If You have opted for this Cover and You sustain accidental bodily injury which solely and directly results in Your “**Death**” or “**Permanent Total Disablement**” or “**Permanent Partial Disablement**” within twelve (12) months from the Date of accident or suffer from “**Critical Illness**” or “**Accidental & Illness Hospitalization**” or “**Loss of Employment**” or “**Listed Illness**” as per the contingency opted and mentioned in Your Policy Schedule/Certificate of Insurance against this Section and this completely prevents You from performing each and every duty pertaining to Your employment or occupation mentioned in Your Policy Schedule/Certificate of Insurance for a minimum period of 1 month, We will pay an amount equivalent to Your contribution in EMI of Your Loan from a Financial Institution, up to the Sum Insured and Number of Months opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section, provided that:

C. Section 28

- a. Satisfactory proof is submitted confirming that “**Permanent Total Disablement**” or “**Permanent Partial Disablement**” or “**Critical Illness**” or “**Accidental & Illness Hospitalization**” or “**Loss of Employment**” or **Listed Illness** has completely prevented You from engaging in Your Employment or Occupation mentioned in Your Policy Schedule/Certificate of Insurance.
- b. We will stop making payments when We are satisfied that You can engage in Your Employment or Occupation again or when We have made payments for a maximum period of months, as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance, beginning from the date You met with the Accidental Bodily Injury or were first Diagnosed with Critical Illness or first underwent Surgical Procedures mentioned under Critical Illness or Hospitalised due to accident or illness or Your loss of employment or You suffer from Listed Illness, whichever is earlier.
- c. The EMI amount would not include any arrears/payment that are overdue and unpaid by the Insured Person prior to the date of accident, due to any reasons whatsoever.
- d. The treatment required by the Insured Person is for Medically Necessary Treatment and is commenced and continued on the written advice of the treating Medical Practitioner.

Cover under this Section shall cease upon payment of the compensation due to any contingency mentioned above and no further payment will be made for any contingency as mentioned above or any dependent contingency.

For the Purpose of this Cover;

a. **“Permanent Partial Disablement”** means:

- Loss of arm at the shoulder joint
- Loss of leg above centre of the femur
- Loss of arm to a point above elbow joint
- Loss of leg up to a point below the femur
- Loss of arm below elbow joint
- Loss of hand at the wrist
- Complete and irrecoverable loss of sight of an eye
- Loss of leg to a point below the knee
- Loss of leg up the centre of tibia
- Loss of foot at the ankle

b. **“Critical Illness”** shall mean the below listed illnesses that You are diagnosed as suffering from or Surgical Procedures that You are undergoing, for the first time in your life.

Provided that:

1. We will not make any payment if You are diagnosed as suffering from Critical Illness within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first “Digit Group Complete Secure Policy” with Us covering Critical Illness.
2. You survive for a minimum period of at least 30 days from the date of diagnosis of such Critical Illness, unless this condition is specifically waived by Us.
3. No Claim under this option shall be admissible if Critical Illness and/or covered Surgical Procedure is a consequence of or arising out of any pre-existing condition/disease except for pre-existing condition/disease which were disclosed by the Insured and accepted by Us at the time of buying the Policy with Us, where this benefit is opted.
4. The List of Plan wise covered Critical Illness is mentioned in **Annexure C**.

c. **“Accidental and Illness Hospitalization”** means You suffer an Accidental Injury or Illness during the Policy Period that requires Hospitalization as an inpatient.

1. We will not make any payment if You are diagnosed as suffering from any illness within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first “Digit Group Complete Secure Policy” with us covering **“Accidental and Illness Hospitalization /EMI Protection Cover”**.
2. This also has a waiting period. Waiting period shall be as per the **“Specific Waiting Period”** Section stated in Your Schedule / Certificate of Insurance against this Cover which shall apply

from the date of inception of the first “Digit Group Complete Secure Policy” with Us, provided that the Policy has been renewed continuously with Us without break.

d. **“Loss of Employment”** means You are terminated or dismissed or retrenched from Your Employment, by the Employer during the Policy Period as per the Employer's rules/regulations or executed/ implemented by the Employer in compliance of any laws for the time being in force or any directives by any Public Authority, subject to following exclusions:

1. The Company shall not be liable to make any payment under this Section in the event of termination, dismissal, temporary suspension or retrenchment from employment of the Insured being attributed to any dishonesty or fraud or poor performance on the part of the Insured or his wilful violation of any rules of the employer or laws for the time being in force or any disciplinary action against the Insured by the employer.
2. The Company shall not be liable to make any payment under this Policy in connection with or in respect of:
 - a. Self-employed persons;
 - b. Any claim relating to unemployment from a job which is casual, temporary, seasonal or contractual in nature or any claim relating to an employee not on the direct rolls of the employer;
 - c. Any voluntary unemployment;
 - d. Unemployment at the time of inception of the Policy Period;
 - e. Unemployment within the number of days (ie. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first “Digit Group Complete Secure Policy” with Us covering Loss of Employment.
3. Any unemployment from a job under which no salary or any remuneration is provided to the Insured.
4. Any suspension from employment on account of any pending enquiry being conducted by the employer/ Public Authority
5. Any unemployment due to resignation, retirement whether voluntary or otherwise
6. Any unemployment due to non-confirmation of employment after or during such period under which the Insured was under probation.
7. If the employment contract and Job Location was outside India.
8. Any unemployment arising or resulting from the Insured committing any breach of the law with criminal intent.
9. Any unemployment due to, or arising out of, or directly or indirectly connected with or traceable to, war, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests,

- Pandemic or Epidemic as declared by WHO, restraints and detainment of all Heads of State and citizens of whatever nation and of all kinds and acts of terrorism.
10. Any unemployment directly or indirectly caused by or contributed to by or arising out of usage, consumption or abuse of alcohol and/or drugs.
 11. Any consequential or indirect loss or expenses arising out of or related to unemployment will not be covered.
 12. We will not make any payment if You are diagnosed as suffering from any illness within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first "Digit Group Complete Secure Policy" with us covering "**Loss of Employment/EMI Protection Cover**".

e. "**Listed Illness**" means the coverage from following Illness:

1. We will not make any payment if You are diagnosed as suffering from any illness within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first "Digit Group Complete Secure Policy" with us covering "**Listed Illness/EMI Protection Cover**".

List of Disease/s and/or Conditions:

1. Cholera	2. Amoebiasis	3. Typhoid
4. Viral Hepatitis	5. Tuberculosis	6. Plague
7. Diphtheria	8. Typhus	9. Leptospirosis
10. Dengue	11. Malaria	12. Filariasis
13. Kala Azar	14. Chikungunya	15. Japanese Encephalitis
16. HIV	17. Zika Virus	18. Nipah Virus
19. EBOLA	20. Swine Influenza Virus	21. H1N1 Virus
22. COVID-19	23. SARS	24. MERS

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the Policy.

SECTION 29. LOSS OF EMPLOYMENT

If You have opted for this Cover and You are terminated or dismissed or retrenched from Your Employment, by the Employer during the Policy Period as per the Employer's rules/regulations or executed/ implemented by the Employer in compliance of any laws for the time being in force or any directives by any Public Authority, We will pay on any one of the following Basis Opted by You at Policy Inception and mentioned in Your Policy Schedule/Certificate of Insurance:

Basis 1:

C. Section 29

- a. An amount equal to the EMI payable monthly as mentioned in Your Policy Schedule/Certificate of Insurance. Or
- b. 70% of Net Monthly Salary (Take home salary) after deduction of income tax, professional tax, PF Contributions, Bonuses / One-time Variable Pay, Any other deductions, and any reimbursements from the monthly pay slips. For the calculation of Monthly Take home salary, we shall consider the last three months monthly average salary subject to all deductions mentioned above.

The Claim Payable under this Basis shall be restricted to number of months as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance and shall be lower of Point a. and b. above. However, if the number of Outstanding EMI remaining in Your Loan Repayment Schedule, post the commencement of the claim payable under this Section is less than the number months as opted by You, then We shall be restricting our payments to the number of EMI remaining for the related loan.

Basis 2:

- a. Fixed Amount Per Month as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance.
- b. Or 70% of Net Monthly Salary (Take home salary) after deduction of income tax, professional tax, PF Contributions, Bonuses / One-time Variable Pay, Any other deductions, and any reimbursements from the monthly pay slips. For the calculation of Monthly Take home salary, we shall consider the last three months monthly average salary subject to all deductions mentioned above.

The Claim payable under this Basis shall be restricted to number of months as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance and shall be lower of Point a. and b. above.

Specific Exclusions Applicable to this Section

1. The Company shall not be liable to make any payment under this Section in the event of termination, dismissal, temporary suspension or retrenchment from employment of the Insured being attributed to any dishonesty or fraud or poor performance on the part of the Insured or his wilful violation of any rules of the employer or laws for the time being in force or any disciplinary action against the Insured by the employer.
2. The Company shall not be liable to make any payment under this Policy in connection with or in respect of:
 - a. Self-employed persons;
 - b. Any claim relating to unemployment from a job which is casual, temporary, seasonal or contractual in nature or any claim relating to an employee not on the direct rolls of the employer;
 - c. Any voluntary unemployment;

- d. Unemployment at the time of inception of the Policy Period;
3. Any unemployment from a job under which no salary or any remuneration is provided to the Insured
4. Any suspension from employment on account of any pending enquiry being conducted by the employer/ Public Authority
5. Any unemployment due to resignation, retirement whether voluntary or otherwise
6. Any unemployment due to non-confirmation of employment after or during such period under which the Insured was under probation.
7. If the employment contract and Job Location was outside India.
8. Any unemployment rising or resulting from the Insured committing any breach of the law with criminal intent.
9. Any unemployment due to, or arising out of, or directly or indirectly connected with or traceable to, war, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainment of all Heads of State and citizens of whatever nation and of all kinds and acts of terrorism.
10. Any unemployment directly or indirectly caused by or contributed to by or arising out of usage, consumption or abuse of alcohol and/or drugs.
11. Any consequential or indirect loss or expenses arising out of or related to unemployment.

Special Terms and Conditions Applicable to this Section

a) Re Employment

In the event insured gets re-employed but with reduced monthly take home salary. The Company shall pay the 70% of difference between the reduced monthly take home salary and monthly take home salary prior to the insured event, subject to the maximum of the EMI amount and shall be restricted to number of months as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance.

The Claim payable under this policy shall continue to be paid in reduced proportion as per the calculation method above, even if reemployment takes place during the period of severance pay, or during deferred period of 30 days or even after the Claim payable has commenced.

b) Initial Waiting Period

Any claim shall not be Payable under this policy, if the Insured event triggers within number of days specified in the Policy Schedule/Certificate of Insurance from the risk inception date of Your policy or inception of the first "Digit Group Complete Secure Policy" with Us whichever is earlier.

Waiting Periods before the Benefit payment starts after an Insured Event

- a. If the Employer pays any severance pay Benefit, then the claim payable under this section shall start only after the time period for which severance pay is applicable. For the calculation of "Time Period"

for which severance pay shall be applicable, the company shall consider the Severance pay paid by the Employer divided by the monthly take home salary to consider the amount of period for which severance pay shall be applicable.

b. In addition to the point a. above, there will be a further waiting period of one month that shall be applicable before the claim payable under this policy Commences.

In the event, if the Insured has started working again during the waiting periods applicable above, this claim shall only be payable as per the reduced formulae as mentioned in “Re Employment” section above.

This Cover is subject to terms, conditions, limitations and exclusions mentioned in the Policy.

SECTION 30: HOSPITALIZATION COVER

A. ACCIDENTAL HOSPITALIZATION COVER

If You have opted for this Cover and You suffer an Accidental Injury during the Policy Period that requires Hospitalization as an inpatient, we'll be there for you. We will pay You all Reasonable and Customary Charges that are Medically Necessary and Incurred by You in respect of an admissible claim. The claim can be made under the following benefits and up to the Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

C. Section 30

<p>Accommodation/Room Rent</p>	<p>Hospital accommodation in a ward, shared or private room subject to a Limit Per Day as opted by You and mentioned in Your Policy Schedule/ Certificate of Insurance against this Cover. Note: If You have opted for a Limit on “Accommodation/Room Rent” and the Room Rent Rate exceeds the limits at the time of Hospitalization our liability will be restricted to the same proportion Admissible Rate Per Day Limit Opted bears to the Actual Rate Per Day of Room Rent Charges except for the cost of medicines and consumables, unless this condition is specifically waived off by Us and mentioned in Your Policy Schedule/Certificate of Insurance. <i>Example, if there is a room rent limit of ₹1,500 per day but You go in for a room with a rent of ₹4,500 per day which is three times the allowed limit, when You claim, We will pay one-third of the Total bill amount and deduct the balance i.e. in the same proportion as it increased. This is because the other charges related to Your treatment like Doctor’s fees,</i></p>
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	<i>also increase with the room type. This deduction will not be applicable for the cost of medicines and consumables.</i>
ICU	Intensive Care Unit
Professional Fees	Fees for treatment by specialists, physicians, nurses, surgeons and anaesthetists.
Medication	Drugs, medicines, consumables, prescribed by a specialist or medical practitioner. This also includes Anaesthesia, Blood, Oxygen, Patient's Diet, Surgical appliances & cost of prosthetic and other devices or equipment if implanted during the Surgical Procedure.
Diagnostic	Necessary Procedures such as x-rays, pathology, brain and body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment.
Theatre Fees	Operation Theatre Fees

A1. Day Care Procedures

If You suffer an Accidental Injury during the Policy Period, due to which You need to undergo medical treatment and/or surgical procedure as an inpatient under General or Local Anaesthesia in a hospital/day care centre for a stay less than 24 hour because of technological advancement, We will pay the Medical Expenses Incurred for such Day Care Procedures.

Treatment normally taken on an out-patient basis is not included in the scope of this Cover.

A2. Pre-Hospitalization Expenses

We will pay for consultations, investigations and the cost of medicines incurred for a period not exceeding the number of days as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover, prior to the date of Your admission in a hospital, provided that:

- a) Such Expenses recommended by the Hospital/Medical Practitioner were in fact incurred for the same condition for which Your Subsequent Hospitalization was required.
- b) We have accepted an Inpatient Accidental Hospitalization Claim under **Section 30.A. Accidental Hospitalization Cover** of this Policy.

A3. Post-Hospitalization Expenses

We will pay for consultations, investigations and the cost of medicines incurred for a period not exceeding the number of days as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover, from the date of Your Discharge from the hospital, provided that:

- a) The expenses are recommended by the Hospital/Medical Practitioner and are for the same condition for which you were hospitalized.
- b) We have accepted an Inpatient Accidental Hospitalization Claim under **Section 30. A. Accidental Hospitalization Cover** of this Policy.

Instead, You may also choose to opt for a onetime lumpsum benefit, which shall be a percentage of the claim amount approved under **Section 30.A. Accidental Hospitalization Cover** towards Post Hospitalization Expenses, after Your discharge from the Hospital. This percentage is mentioned in Your Policy Schedule/Certificate of Insurance.

If we have paid a lump sum amount, then You won't be eligible for any other payment under this benefit for that particular Hospitalization.

A4. Dental Treatment

We will pay for the medical expenses incurred by You for any necessary Dental Treatment needed after an accident. A claim here is valid if the accident resulted in an admissible inpatient Hospitalization Claim under **Section 30. A. Accidental Hospitalization Cover**.

A5. Road Ambulance

We will pay for the expenses incurred on Your road transportation by a Healthcare or an Ambulance Service Provider to a Hospital for treatment following an Emergency arising out of an Accident, provided that:

- a) We have accepted a claim under **Section 30. A. Accidental Hospitalization Cover**.
- b) The maximum liability per Hospitalization is restricted to the amount as mentioned in Your Policy Schedule / Certificate of Insurance against this Cover.
- c) The Coverage also Includes Your cost of road Transportation from a Hospital to another nearest Hospital which is prepared to admit You and provide the necessary medical services, if such medical services cannot satisfactorily be provided at a Hospital where You are situated. Such road Transportation has to be prescribed by a Medical Practitioner and/or should be Medically Necessary.

A6. Second Medical Opinion

We shall arrange and bear the cost for Second Opinion from our panel of Medical Practitioners. This is for times when there has been a major accidental injury that requires your hospitalisation in a tertiary care facility during the Policy Period, provided that:

- 1. We have received Your request to arrange for a Second Opinion.

2. You have the option to choose any One of Our Panel Medical Practitioners.
3. We will not provide more than one Opinion for the same Medical Condition within a Policy Period.

All the above Covers are Subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

B. ACCIDENTAL & ILLNESS HOSPITALIZATION COVER

If You have opted for this Cover and You suffer an Accidental Injury or Illness during the Policy Period that requires Hospitalization as an inpatient, We will pay You all Reasonable and Customary Charges that are Medically Necessary and Incurred by You in respect of an admissible claim. The claim can be made under the following benefits and up to the Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

Accommodation/Room Rent	<p>Hospital accommodation in a ward, shared or private room subject to a Limit Per Day as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover.</p> <p>Note: If You have opted for a Limit on “Accommodation/Room Rent” and the Room Rent Rate exceeds the limits at the time of Hospitalization our liability will be restricted to the same proportion Admissible Rate Per Day Limit Opted bears to the Actual Rate Per Day of Room Rent Charges except for the cost of medicines and consumables, unless this condition is specifically waived off and mentioned in Your Policy Schedule/Certificate of Insurance.</p> <p><i>Example, if there is a room rent limit of ₹1,500 per day but You go in for a room with a rent of ₹4,500 per day which is three times the allowed limit, when You claim, We will pay one-third of the Total bill amount and deduct the balance i.e. in the same proportion as it increased. This is because the other charges related to Your treatment like Doctor’s fees, also increase with the room type. This deduction will not be applicable for the cost of medicines and consumables.</i></p>
ICU	Intensive Care Unit

Professional Fees	Fees for treatment by specialists, physicians, nurses, surgeons and anaesthetists.
Medication	Drugs, medicines, consumables, prescribed by a specialist or medical practitioner. This also includes Anaesthesia, Blood, Oxygen, Patient's Diet, Surgical appliances & cost of prosthetic and other devices or equipment if implanted during the Surgical Procedure.
Diagnostic	Necessary Procedures such as x-rays, pathology, brain and body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment.
Theatre Fees	Operation Theatre Fees

B1. Day Care Procedures

If You suffer an Accidental Injury or Illness during the Policy Period, due to which You need to undergo medical treatment and/or surgical procedure as an inpatient under General or Local Anaesthesia in a hospital/day care centre for stay less than 24 hrs because of technological advancement, We will pay the Medial Expenses Incurred for such Day Care Procedure.

Treatment normally taken on an out-patient basis is not included in the scope of this Cover.

B2. Pre-Hospitalization Expenses

We will pay for consultations, investigations and the cost of medicines incurred for a period not exceeding the number of days as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover, prior to the date of Your admission in a hospital, provided that:

- a) Such Expenses recommended by the Hospital/Medical Practitioner were in fact incurred for the same condition for which Your Subsequent Hospitalization was required.
- b) We have accepted an Inpatient Hospitalization Claim under **Section 30.B. Accidental & Illness Hospitalization Cover** of this Policy.

B3. Post-Hospitalization Expenses

We will pay for consultations, investigations and the cost of medicines incurred for a period not exceeding the number of days as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover, from the date of Your Discharge from the hospital, provided that:

- a) The expenses are recommended by the Hospital/Medical Practitioner and are for the same condition for which you were hospitalized.

b) We have accepted an Inpatient Hospitalization Claim under **Section 30.B. Accidental & Illness Hospitalization Cover** of this Policy.

Instead, You may also choose to opt for a onetime lumpsum which shall be a percentage of the claim amount approved under **Section 30.B. Accidental & Illness Hospitalization Cover** towards Post Hospitalization Expenses, after Your discharge from the Hospital. This percentage is mentioned in Your Policy Schedule/Certificate of Insurance.

If we have paid a lump sum amount, then You won't be eligible for any other payment under this benefit for that particular Hospitalization.

B4. Dental Treatment

We will pay for the Medical Expenses incurred in respect of any necessary Dental Treatment from a dentist provided the Dental Treatment is required as a result of an Accident that results in an admissible inpatient Hospitalization Claim under **Section 30. B. Accidental & Illness Hospitalization Cover**.

B5. Road Ambulance

We will pay for the expenses incurred on Your road transportation by a Healthcare or an Ambulance Service Provider to a Hospital for treatment following an Emergency, provided that:

- a) We have accepted a claim under **Section 30. B. Accidental & Illness Hospitalization Cover**.
- b) The maximum liability per Hospitalization is restricted to the amount as mentioned in Your Policy Schedule / Certificate of Insurance against this Cover.
- c) The Coverage also Includes Your cost of road Transportation from a Hospital to another nearest Hospital which is prepared to admit You and provide the necessary medical services, if such medical services cannot satisfactorily be provided at a Hospital where You are situated. Such road Transportation has to be prescribed by a Medical Practitioner and/or should be Medically Necessary.

B6. Bariatric Surgery Cover

If You are hospitalized for a Bariatric Surgery which is medically necessary, on the advice of a Medical Practitioner, we cover the related Medical Expenses subject to the following conditions:

- a) The Insured Person undergoing the surgery is minimum 18 Years old.
- b) The Medical Practitioner / Bariatric Surgeon confirms that Your Existing Body Mass Index (BMI) and health conditions fall within the below qualification requirements for Bariatric Surgery:
 - Class III Obesity (extreme obesity)- [Body Mass Index (BMI) \geq 40 kg/m²];
 - Class II Obesity- (Body Mass Index (BMI) 35-39.9 kg/m²) along with any of the following co-morbidities:

- Uncontrolled Diabetes Mellitus
- Cardiovascular Disease
- History of Coronary Artery Disease with a surgical intervention such as Cardiopulmonary Bypass or Percutaneous Transluminal Coronary Angioplasty;
- Cardiopulmonary Problems as a result of another disease process, including, though not limited to, a documented severe obstructive sleep apnea (OSA), confirmed on polysomnography.

c) A claim under this cover is acceptable *only* if it is under any of the below procedures:

- Gastric Bypass-
 - The Roux-en-Y Gastric Bypass
 - Biliopancreatic Diversion with or without Duodenal Switch (BPD/DS) Gastric Bypass
- Sleeve Gastrectomy
- Laparoscopic Gastric Banding

d) This particular cover has a waiting period. Waiting period shall be as per the “**Specific Waiting Period**” Section stated in Your Schedule / Certificate of Insurance against this Section which shall apply from the date of inception of the first “Digit Group Complete Secure Policy” with Us, provided that the Policy has been renewed continuously with Us without break with Bariatric Surgery Cover as a benefit since inception of the first “Digit Group Complete Secure Policy” .

e) If you are porting an existing policy under Portability Guidelines, from some other General or Health Insurance Company where this cover was not there or if you are adding this cover while renewing our health policy, a fresh waiting period as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance will be applied.

f) Confirmation from Medical Practitioner / Bariatric Surgeon that the Bariatric Surgery is not for a specific correctable cause for treating obesity.

g) And we would need a documented detailed history of your obesity-related health problems, difficulties, and treatment attempts demonstrating that a multidisciplinary approach with dietary, other lifestyle modifications (such as exercise and behavioural modification), and pharmacological therapy, if appropriate, have been unsuccessful, at least for past 6 months.

h) A prior approval should be taken from us before the Bariatric Surgery is performed.

i) Our maximum liability under this benefit is restricted to the Limit as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover.

Bariatric surgery for the following reasons is not covered:

- a) For Cosmetic/Aesthetic reasons.
- b) For treating Drug-Induced Obesity, for Severe Untreated Hormonal Imbalance, Psychiatric and Eating Disorders-Induced Obesity.

B7. Psychiatric illness Cover

Psychiatric Illness is covered upto the Sum Insured available under **30 B. Accidental & Illness Hospitalization Cover**. However, if You have opted for this cover, We will pay up to the Limit mentioned in Your Policy Schedule / Certificate of Insurance against this Cover for the Medical Expenses, related to Psychiatric Illness which includes, though not limited to, dementia, depression, bipolar disorder, schizophrenia, Anxiety disorders and obsessive-compulsive disorders, provided that:

- a) The first diagnosis and Hospitalization, as an inpatient, was during the Policy Period.
- b) This also has a waiting period. Waiting period shall be as per the “**Specific Waiting Period**” Section stated in Your Schedule / Certificate of Insurance against this Cover which shall apply from the date of inception of the first “Digit Group Complete Secure Policy” with Us, provided that the Policy has been renewed continuously with Us without break, with Psychiatric as a benefit since inception of the first “Digit Group Complete Secure Policy”.
- c) Hospitalization under this benefit shall be subject to prior approval from Us, except in cases of emergencies.

B8. Second Medical Opinion

When it comes to Cancer or any major Illness and You are required to get hospitalized in a tertiary care facility during the Policy Period, We will arrange and bear the cost for a Second Opinion provided that:

- 1. We have received Your request to arrange for Second Opinion.
- 2. You have option to choose any one of Our Panel Medical Practitioners.
- 3. We will not provide more than one Opinion for the same Medical Condition within a Policy Period.

SECTION 31. INFERTILITY TREATMENT COVER

If You have opted for this Cover and if You are hospitalized on the advice of the Medical Practitioner for Infertility/ Subfertility Treatments then We will pay the Medical Expenses including but not limited to, IVF, IUI, ZIFT, ICSI, subject to below conditions:

- a) This will be subject to a waiting period as number of days/ month/years as mentioned in the Policy Schedule which will apply from the date of inception of the first “Digit Group Complete Secure Policy” with Us, provided that the Policy has been renewed continuously with this cover, without a break, with ‘Infertility Treatment Cover’ as a benefit since inception of the first “Digit Group Complete Secure Policy”.
- b) This section will not have a separate sum insured. This will be up to the Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against **Section 30.B. Accidental & Illness**

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Hospitalization Cover. Further, Our maximum liability per Hospitalization shall be restricted to the limits as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.
 c) The benefit is payable only once to an Insured Person during the Policy Tenure, unless specifically waived by Us and mentioned in the **Policy Schedule / Certificate of Insurance**.

This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

SECTION 32. ORGAN DONOR

If You have opted for this Cover, We will pay You for the Medical Expenses incurred towards harvesting of the donated organ subject to following conditions:

- a) This section will not have a separate sum insured. This will be up to the Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against **Section 30.A. Accidental Hospitalization Cover** and/or **Section 30.B. Accidental & Illness Hospitalization Cover**. Further, Our maximum liability per Hospitalization shall be restricted to the limits as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.
- b) There are strict guidelines when it comes to organ transplantation, therefore the organ donor whose organ has been made available should be in accordance and in compliance with the Transplantation of Human Organs Act 1994 (as amended) and the organ is donated for Your use only for a claim to be admissible in this section.
- c) We will pay the donor's Pre and Post Hospitalization expenses. This is up to 5% of the claim amount approved in respect of harvesting expenses.
- d) We will not pay any other medical treatment for the donor consequent on the harvesting.
- e) This also has a waiting period. Waiting period shall be as per the "**Specific Waiting Period**" Section stated in Your Schedule / Certificate of Insurance against this Section which shall apply from the date of inception of the first "Digit Group Complete Secure Policy" with Us, provided that the Policy has been renewed continuously with Us without break, with ORGAN DONOR Cover as a benefit since inception of the first "Digit Group Complete Secure Policy".

Provided that, We have accepted a claim under **Section 30.A. Accidental Hospitalization Cover** and/or **Section 30.B. Accidental & Illness Hospitalization Cover**.

This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

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SECTION 33. ALTERNATE TREATMENT (AYUSH) COVER (Mandatory In-Built cover in Section-30 Hospitalization Cover)

We will pay the Medical Expenses for Your In-patient Treatment, taken under Ayurveda, Unani, Siddha or Homeopathy. This section will not have a separate sum insured, it will be up to the Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against **Section 30.A. Accidental Hospitalization Cover** and/or **Section 30.B. Accidental & Illness Hospitalization Cover**. Further, Our maximum liability per Hospitalization shall be restricted to the limits as mentioned in Your Policy Schedule / Certificate of Insurance against this Section. This is paid provided that treatment has been undergone in Ayush Hospital.

You should also be aware what We won't pay for:

- a) Outpatient Medical Expenses.
- b) All Preventive and Rejuvenation Treatments (non-curative in nature) including, without limitation, treatments that are not Medically Necessary.

Specific Conditions applicable to this cover:

Claim will be payable under this section only if AYUSH Hospitals and AYUSH Day Care Centres have obtained pre-entry level certificate (or higher level of certificate) issued by National Accreditation Board for Hospitals and Healthcare Providers (NABH) or State Level Certificate (or higher level of certificate) under National Quality Assurance Standards (NQAS), issued by National Health Systems Resources Centre (NHSRC).

This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

SECTION 34. EMERGENCY AIR AMBULANCE

If You have opted for this Cover, We will pay You the expenses incurred for Your transportation in an airplane or helicopter for emergency life threatening health conditions which requires immediate and rapid ambulance transportation to the nearest hospital.

This transportation will be from the location where the illness /accident happened the first time and provided that such Transportation in an airplane or helicopter has been prescribed by a Medical Practitioner and/or is Medically Necessary.

This section will not have a separate sum insured, it will be up to the Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against **Section 30.A. Accidental Hospitalization Cover** and/or **Section 30.B. Accidental & Illness Hospitalization Cover**. Further, Our maximum liability per Hospitalization shall be restricted to the limits as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

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Provided that, We have accepted a claim under **Section 30.A. Accidental Hospitalization Cover** and/or **Section 30.B. Accidental & Illness Hospitalization Cover**.

This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

SECTION 35. LONG HOSPITALIZATION CASH BENEFIT

If You have opted for this Cover and You are Hospitalized for a minimum number of consecutive days as Opted by You and mentioned in the Policy Schedule / Certificate of Insurance against this Section, We will give you a lump sum amount as mentioned in the Policy Schedule / Certificate of Insurance.

Provided that:

- a) We have accepted a claim under **Section 30.A. Accidental Hospitalization Cover** and/or **Section 30.B. Accidental & Illness Hospitalization Cover**, and
- b) The benefit is payable only once to an Insured Person during the Policy Year.

For this cover, completion of every 24 Hours of In-patient Hospitalization from the time of Admission is considered to be a day.

This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

SECTION 36. MATERNITY & NEWBORN BABY COVER

A. MATERNITY COVER

If You have opted for this Cover, We will pay the Maternity Expenses incurred towards the delivery of a baby and/or treatment related to any complication of pregnancy or medically necessary termination. This is up to the Sum Insured opted by You and as mentioned in Your Policy Schedule / Certificate of Insurance against this Section, during the Policy Period provided that:

- a) Expenses incurred towards your normal delivery and caesarean delivery will be as per the amount opted by You and as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.
- b) Female Insured Person's legally married spouse is also covered under this Policy, unless specifically waived by Us.
- c) This also has a waiting period. Waiting period as opted by you and mentioned in your Policy Schedule / Certificate of Insurance shall apply from the date of inception of the first "Digit Group Complete Secure Policy" with us, provided that the policy has been renewed continuously with us without break, with maternity as a benefit.

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- d) If you are porting an existing policy under Portability Guidelines, from some other General or Health insurance company where this cover was not there or if you are adding this cover while renewing our health policy, a fresh waiting period as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance will be applied.
- e) The maternity benefit is limited to cover up to two living children. However, there is no restriction on the number of medically necessary and lawful termination of pregnancies.
- f) If on renewal without any break in coverage, the sum insured is increased, there is a fresh waiting period as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance applied to the increased part of the Sum Insured.
Any complications arising out of or as a consequence of maternity/childbirth will also be covered within the limit of Sum Insured, available under this benefit.

We shall not pay for the following under this Section:

- a) Expenses for the harvesting and storage of stem cells when carried out as a preventive measure against possible future illness.
- b) Medical Expenses for Ectopic Pregnancy will be covered under **Section 30.B. In-patient Accidental & Medical Treatment** and not under the Maternity Benefit.
- c) Pre-natal and Post-natal Medical Expenses are not covered unless leading to Your Hospitalization.

B. NEW BORN BABY COVER

If You have opted for this Cover, we will pay the Medical Expenses, within the limit of the Sum Insured available under the **Section 36. Maternity & Newborn Baby Cover** of the Policy, provided that We have accepted a claim under **Section 36. A. Maternity Cover**, incurred towards:

- a) The medical treatment of the Insured Person's Newborn Baby while the Insured Person is hospitalised as an inpatient for delivery.
- b) The Newborn Baby's hospitalisation charges as a result of any medical complications, up to 90 Days from the date of delivery.
- c) Reasonable and Customary Charges for the Vaccinations of the Newborn Baby as per National Immunization Schedule as defined by Government of India, up to 90 Days from the date of delivery. However, once the New Born Baby is added as an Insured Person under the Policy, We will pay the Reasonable and Customary Charges for the Vaccinations of the New Born Baby as per National Immunization Schedule as defined by Government of India until the New Born Baby attains 5 Years of age, provided that the Policy is continuously renewed with Us without break and with **Maternity and New Born Baby Cover** as a benefit since inception of the first "Digit Group Complete Secure Policy".

- d) If the Policy Expires before 90 days from the date of delivery, the Newborn Baby will be covered only if the Policy is Renewed with the New Born Baby as an Insured Person. This is subject to our underwriting policy and payment of any additional premium.
- e) After 90 Days from the date of delivery, the Newborn Baby will be covered under the existing Policy only if it is Endorsed with the New Born Baby as an Insured Person. This is subject to our underwriting policy and payment of the Pro-Rata Additional Premium, for the balance period.

This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

SECTION 37. HOME (DOMICILIARY) HOSPITALIZATION

If You have opted for this Cover, We will pay the Medial Expenses incurred by You for any illness or Injury requiring medical treatment taken at home, which would otherwise have required Hospitalization, provided that:

- a) The condition of the patient is such that s/he is not in a condition to be moved to a Hospital or
- b) The patient takes treatment at home on account of non-availability of room in a Hospital, and
- c) The condition for which the medical treatment is required continues for at least 3 days, in which case We will pay the reasonable charge of any necessary medical treatment for the entire period
- d) No Payment will be made if the condition for which You require medical treatment is due to:
Asthma, Bronchitis, Tonsillitis, Upper Respiratory Tract Infection including Laryngitis and Pharyngitis, Cough and Cold, Influenza, Arthritis, Gout and Rheumatism, Chronic Nephritis and Nephritic Syndrome, Diarrhoea and all types of Dysenteries including Gastroenteritis, Diabetes Mellitus and Insipidus, Epilepsy, Hypertension, Psychiatric or Psychosomatic Disorders of all kinds, Pyrexia of unknown Origin.
- e) This section will not have a separate sum insured, it will be subject to availability of the sum insured under **Section 30.A. Accidental Hospitalization Cover** and/or **Section 30.B. Accidental & Illness Hospitalization Cover**. Further, Our maximum liability per Hospitalization shall be restricted to the limits as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

SECTION 38. SUM INSURED REFILL BENEFIT

If you have opted for this Cover, We will refill 100% of the Sum Insured specified and utilized under **Section 30.A. Accidental Hospitalization Cover** and/or **Section 30.B. Accidental & Illness Hospitalization Cover** for that particular Policy Period, provided that:

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- a) The refilled Sum Insured would be utilized if the cause of the Hospitalization is related or not related (as opted by You as mentioned in Your Policy Schedule / Certificate of Insurance against this Section) to or arising out of earlier Hospitalization, including its complications, for which a claim has already been availed during the same policy year for the same Insured Person.
- b) In case of related Hospitalization cooling off period of 45 days will be applicable.
- c) If the first claim amount exceeds the Sum Insured under **Section 30.A. Accidental Hospitalization Cover** and/or **Section 30.B. Accidental & Illness Hospitalization Cover**, the refilled Sum Insured will not be applicable for the same hospitalisation.
- d) After the refill, the maximum amount payable for any single claim will not exceed the Sum Insured mentioned under **Section 30.A. Accidental Hospitalization Cover** and/or **Section 30.B. Accidental & Illness Hospitalization Cover**.
- e) The number of times this benefit may be availed shall be as per the limit mentioned in Your Policy Schedule / Certificate of Insurance against this Section during each Policy Period.
- f) In case of Floater Policy, the refilled Sum Insured will be applicable on family floater basis.
- g) For this benefit sum Insured can only be utilized for hospitalization in India only.

This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

SECTION 39. OUT-PATIENT (OPD) BENEFIT

If **You** have opted for this Cover, **We** will pay the Reasonable and Customary Charges for below mentioned expenses incurred by You as an Allopathic Out-patient. The maximum claim payable under each sub - section under this cover shall be subject to the limits specified against the respective sub-sections and Sum Insured mentioned in **Policy Schedule/Certificate of Insurance** against this section. Benefit under this section should be provided through **Network Facilitator** as mentioned in Policy Schedule/Certificate of Insurance.

39.1 OPD Doctor Consultations –

If **You** have opted for this sub-section and suffer from an **Accidental Injury** or **Illness** during the **Policy Period**, **We** will indemnify **You** for the expenses incurred for the following options, upto the **Sum Insured** as mentioned in the **Policy Schedule/Certificate of Insurance**.

39.1.1	Physical General Consultation	Out-Patient allopathic physical consultations from a General Medical Practitioner(s) , subject to the number of consultations, per consultation limit and other terms as mentioned in the Policy Schedule/Certificate of Insurance against this option.
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<p>39.1.2.Physical Specialist Consultation</p>	<p>Out-Patient allopathic physical consultations from a Specialist Medical Practitioner(s), subject to the number of consultations, per consultation limit and other terms as mentioned in the Policy Schedule/Certificate of Insurance against this option.</p>
<p>39.1.3 Telephonic/ Virtual General Consultations</p>	<p>Out-Patient allopathic telephonic/ virtual consultations from a General Medical Practitioner(s), subject to the number of consultations, per consultation limit and other terms as mentioned in the Policy Schedule/Certificate of Insurance against this option.</p>
<p>39.1.4Telephonic/ Virtual Specialist Consultations</p>	<p>Out-Patient allopathic telephonic/ virtual consultations from a Specialist Medical Practitioner(s), subject to the number of consultations, per consultation limit and other terms as mentioned in the Policy Schedule/Certificate of Insurance against this option.</p>

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Specific Conditions Applicable to this Sub- section:

- a. Benefit under this sub-section can be availed through **Network Facilitator** or by **Us**, as specifically mentioned in **Policy Schedule/Certificate of Insurance**.
- b. Benefit under this sub-section will be provided subject to the availability of **General Medical Practitioner(s) or a Specialist Medical Practitioner(s)** at the time of appointment.
- c. Coverage provided under this sub-section will be as per details mentioned in the **Policy Schedule/Certificate of Insurance**.
- d. In case of any emergency, Insured Person can take Out-patient consultation from any Network Facilitator other than as mentioned in **Policy Schedule/Certificate of Insurance**, provided that **Sum Insured** for emergency cases shall be limited and will be mentioned in **Policy Schedule/Certificate of Insurance**.
- e. **You** can opt for sub-limit of the **Sum Insured** available under the section for **Psychiatric Illness**, upto the percentage as opted by **You** and mentioned in **Policy Schedule/Certificate of Insurance**.

39.2Lab Test and Diagnostics-

If **You** have opted for this sub-section and suffer from an **Accidental Injury** or **Illness** during the **Policy Period**, We will indemnify **You** for the expenses incurred on Medically Necessary **Out-Patient** diagnostic procedures or lab tests prescribed by **Medical Practitioner(s)** including but not limited to Pathology, Radiology and x-rays to make a diagnosis for treatment, upto the **Sum Insured** as mentioned in **Policy Schedule/Certificate**, subject to the number of procedures or tests, per procedure limit or per tests limit or per prescription limit and other terms, conditions, deductible mentioned in the **Policy Schedule/Certificate of Insurance**.

Specific Conditions Applicable to this Sub-Section

- a. Benefit under this sub-section can be availed through **Network Facilitator** or by **Us**, as specifically mentioned in **Policy Schedule/Certificate of Insurance**.
- b. Benefit under this sub-section will be provided subject to the availability of lab/ diagnostic centre at the time of appointment.
- c. Any Expenses incurred on diagnostic procedure or tests done as a health check-up will be excluded.

Specific exclusion applicable to this sub-section section

- a. Expenses incurred on diagnostic procedure or tests done as a preventive health check-up.
- b. Diagnostic procedure or lab test more than INR 3,000 will be excluded, unless specifically waived by **Us** and mentioned in the **Policy Schedule/ Certificate of Insurance**.

39.3 Pharmacy Cover

If **You** have opted for this sub-section and suffer from an **Accidental Injury** or **Illness** during the **Policy Period**, We will indemnify You for the expenses incurred on Pharmacy for the following options, upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance for:

39.3.1 Pharmacy exactly as per prescription	Pharmacy exactly as per prescription of Medical Practitioner, upto the Sum Insured as mentioned in Policy Schedule/Certificate.
39.3.2 Generic Form of Pharmacy	Generic form of prescribed Pharmacy, upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance.

Specific Conditions Applicable to this Sub-Section

- a. Benefit under this section can be availed through **Network Facilitator** or by **Us**, as specifically mentioned in **Policy Schedule/Certificate of Insurance**.
- b. Benefit under this sub-section will be provided subject to the availability of **Pharmacy** at the time of purchasing it.
- c. Coverage provided under this section will be as per details as mentioned in the **Policy Schedule/ Certificate of Insurance**.

39.4 Out-Patient Dental Treatment

If **You** have opted for this sub-section, **We** will indemnify **You** for the **Out-Patient** Dental treatment expenses for the immediate relief as prescribed by **dentist(s)** for the following as opted mentioned in Policy Schedule/ Certificate of Insurance:

<p>39.4.1 Dental Consultat</p>	<p>If You require dental treatment arising out of an Accidental injury or Illness, We will indemnify for Dental consultations from dentist (s) upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of consultations, per consultation limit and other terms as mentioned in the Policy Schedule/Certificate of Insurance against this option.</p>
<p>39.4.2 Dental Procedur</p>	<p>If You require dental treatment arising out of an Accidental injury or Illness, We will indemnify for dental procedures including but not limited to Dental X-rays, Extractions, Amalgam or composite fillings, root canal treatments upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of procedures, per procedure limit and other terms as mentioned in the Policy Schedule/Certificate of Insurance against this option.</p>
<p>39.4.3 Pharmacy for Dental treatment</p>	<p>If You require dental treatment arising out of an Accidental injury or Illness, We will indemnify for the Pharmacy for the dental treatment upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the terms, conditions as mentioned in the Policy Schedule/Certificate of Insurance against this option.</p>
<p>39.4.4 Cosmetic Dental Treatment</p>	<p>Any dental treatment that comprises cosmetic surgery, scaling and polishing, dentures, dental prosthesis, dental implants, orthodontics, teeth alignment , orthognathic surgery, jaw alignment or treatment for temporomandibular (jaw), or upper and lower jawbone surgery and surgery related to the temporomandibular (jaw) upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of sittings, per sitting limit and other terms as mentioned in the Policy Schedule/Certificate of Insurance against this option.</p>

Specific Conditions Applicable to this sub-section:

- a. Benefit under this section can be availed through **Network Facilitator** or by **Us**, as specifically mentioned in **Policy Schedule/Certificate of Insurance**.
- b. Benefit under this section will be provided subject to the availability of **dentist(s)** at the time of appointment.

- c. Coverage provided under this section will be as per subsection(s) details as mentioned in the **Policy Schedule/ Certificate of Insurance**.
- d. If **You** have opted for this Section, point no. 8 “Cosmetic or plastic Surgery: Code- Excl08” and point no. 43 “Dental Treatment” as provided under “D – Exclusions” shall be deleted to the extent of coverage provided under this section.

39.5 Ophthalmic Treatment Expenses

If You have opted for this sub-section, We will indemnify You for the medical expenses incurred for Ophthalmic Treatment prescribed by Ophthalmologist(s) / Specialist Medical Practitioner(s) for the following as opted mentioned in Policy Schedule/Certificate of Insurance:

<p>39.5.1. Eye Examination and Diagnostics</p>	<p>If You require for Ophthalmic Treatment arising out of an Accidental injury or Illness, We will indemnify for the Eye examinations and diagnostics up to the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of examinations/diagnostics, per examination/diagnostic limit and other terms as mentioned in the Policy Schedule/Certificate of Insurance against this option.</p>
<p>39.5.2. Pharmacy for Eye treatment</p>	<p>If You require for Ophthalmic Treatment arising out of an Accidental injury or Illness, We will indemnify for the Pharmacy related to Ophthalmic treatment up to the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the terms, as mentioned in the Policy Schedule/Certificate of Insurance against this option.</p>
<p>39.5.3. Eyewear Expenses</p>	<p>Any expenses related to eyewear including but not limited to contact lenses/spectacles/sunglasses upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of eyewear, Per eyewear limit, and other terms as mentioned in the Policy Schedule/Certificate of Insurance against this option.</p>

Specific Conditions Applicable to this sub-section:

- a. Benefit under this sub-section can be availed through **Network Facilitator** or by **Us**, as specifically mentioned in **Policy Schedule/Certificate of Insurance**.
- b. Benefit under this sub-section will be provided subject to the availability of **Ophthalmologist(s)** at the time of appointment.
- c. Coverage provided under this sub-section will be as per details mentioned in the **Policy Schedule/ Certificate of Insurance**.

d. If **You** have opted for this Section, point no. 34 “Spectacles, Hearing aids & other Expenses” and 40 “Ear, Eyesight & Optical Services” as provided under “D – Exclusions” shall be deleted to the extent of coverage provided under this section.

Exclusion Applicable to this Section

1. Any Inpatient Treatment requiring **Hospitalization** and/ or Day Care Procedures.

This Cover is subject terms, conditions, deductible, limitations, and exclusions mentioned in the Policy.

SECTION 40. ILLNESS COVER

A. Hospitalization Cover

If You have opted for this cover and if You were Hospitalized due to Illness, as an inpatient, during the Policy Period, solely because You were Infected and Tested Positive due to one or more of the below mentioned Disease/s and/or Conditions as opted by You and stated in Your Policy Schedule / Certificate of Insurance, We will pay You all Reasonable and Customary Charges that are Medically Necessary and Incurred by You, in respect of an admissible claim. It is important to note that any claim will be paid only in respect of the Disease/s and/or Conditions opted by You and stated in the Your Policy Schedule / Certificate of Insurance.

This Cover is subject terms, conditions, deductible, limitations, and exclusions mentioned in the Policy.

List of Disease/s and/or Conditions:

1. Cholera	2. Amoebiasis	3. Typhoid
4. Viral Hepatitis	5. Tuberculosis	6. Plague
7. Diphtheria	8. Typhus	9. Leptospirosis
10. Dengue	11. Malaria	12. Filariasis
13. Kala Azar	14. Chikungunya	15. Japanese Encephalitis
16. HIV	17. Zika Virus	18. Nipah Virus
19. EBOLA	20. Swine Influenza Virus	21. H1N1 Virus
22. COVID-19	23. SARS	24. MERS

The claim can be made under the following benefits and up to the Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

Accommodation/Room Rent	Hospital accommodation in a ward, shared or private room will be subject to a Daily Limit as opted and mentioned in
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			<p>Your Policy Schedule / Certificate of Insurance against this Cover.</p> <p>Note: If there is a Limit on “Accommodation/Room Rent” and the Room Rent Rate exceeds the limits at the time of Hospitalization then our liability will be restricted to the same proportion as the Admissible Rate Per Day Limit Opted bears to the Actual Rate Per Day of Room Rent Charges except for the cost of medicines and consumables, unless this condition is specifically waived off and mentioned in Your Policy Schedule / Certificate of Insurance.</p> <p><i>Example, if there is a room rent limit of ₹1,500 per day but You go in for a room with a rent of ₹4,500 per day which is three times the allowed limit, when You claim, We will pay one-third of the Total bill amount and deduct the balance i.e. in the same proportion as it increased. This is because the other charges related to Your treatment like Doctor’s fees, also increase with the room type. This deduction will not be applicable for the cost of medicines and consumables.</i></p>		
		ICU	Intensive Care Unit		
		Professional Fees	Fees for treatment by specialists, physicians, nurses, surgeons and anaesthetists.		
		Medication	Drugs, medicines, consumables including disposable kits, prescribed by a specialist or medical practitioner. This also includes Anaesthesia, Blood, Oxygen, Patient’s Diet, Surgical appliances & cost of prosthetic and other devices or equipment if implanted during the Surgical Procedure.		
		Diagnostic	Necessary Procedures such as x-rays, pathology, brain and body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment.		
		Theatre Fees	Operation Theatre Fees		
		<p>Apart from above table, you will also be eligible for following benefits:</p>			
		<p>A1. <u>Pre-Hospitalization Expenses</u></p>			

We will pay for consultations, investigations and the cost of medicines incurred. This will be paid for a period as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance, prior to the date of Your admission in a hospital, provided that:

- a. Such Expenses recommended by the Hospital/Medical Practitioner were in fact incurred for the same condition for which Your Subsequent Hospitalization was required.
- b. We have accepted a Claim under **Section 40.A. Hospitalization Cover** of this Policy.

A2. Post-Hospitalization Expenses

We will pay for consultations, investigations and the cost of medicines incurred. This will be paid for a period as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance, from the date of Your Discharge from the hospital, provided that:

- a. The expenses are recommended by the Hospital/Medical Practitioner and are for the same condition for which you were hospitalized.
- b. We have accepted an Inpatient Hospitalization Claim under **Section 40. A. Hospitalization Cover** of this Policy.

A3. Road Ambulance

We will pay for the expenses incurred on Your road transportation by a Healthcare or an Ambulance Service Provider to a Hospital for treatment following an Emergency, provided that:

- a. We have accepted a claim under **Section 40. A. Hospitalization Cover**.
- b. The maximum liability per Hospitalization is restricted to amount as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance.
- c. The Coverage also Includes Your cost of road Transportation from a Hospital to another nearest Hospital which is prepared to admit You and provide the necessary medical services, if such medical services cannot satisfactorily be provided at a Hospital where You are situated. Such road Transportation has to be prescribed by a Medical Practitioner and/or should be Medically Necessary.

A4. Second Medical Opinion

If You are required to get hospitalized in a tertiary care facility during the Policy Period, We will arrange and bear the cost for a Second Opinion provided that:

- a. We have received Your request to arrange for Second Opinion.
- b. We will not provide more than one Opinion for the same Medical Condition within a Policy Period.

Medical Practitioner has Certified that You were Infected and Tested Positive due to the Conditions and/or Disease defined and stated in the Policy Schedule / Certificate of Insurance.

B. Virus Detection and Quarantine Allowance

If You have opted for this Cover; We will pay you following benefits as opted by You and stated in Your Policy Schedule / Certificate of Insurance; subject to You being hospitalised for the minimum number of days as opted by You and stated in Your Policy Schedule / Certificate of Insurance; due to one or more of the below mentioned Disease/s and/or Conditions as opted by You and stated in Your Policy Schedule / Certificate of Insurance. It is important to note that any claim will be paid only in respect of the Virus(es) opted by You and stated in the Your Policy Schedule / Certificate of Insurance subject to Policy Terms & Conditions.

- a) **Full Fixed Benefit:** If the result is positive, we will pay 100% of the Sum insured for the below mentioned Virus(es) as opted by You and stated in the Policy Schedule / Certificate of Insurance. This benefit will be paid only in respect to the Insured Person(s) whose test result are Positive during the Policy Period, provided that, the person(s) claiming has a Certificate from a Registered Medical Practitioner along with a Positive Virology Report from ICMR – National Institute of Virology Pune, India or Any other Laboratory Authorised by ICMR, confirming that the Insured Person(s) has been infected with the Virus(es) as opted and stated in the Policy Schedule / Certificate of Insurance; or
- b) **Part Fixed Benefit:** If the result is negative, we will pay up to the percentage of sum insured as mentioned in the Policy Schedule / Certificate of Insurance. This benefit will be paid to the Insured Person(s) if quarantined, during the Policy Period, in dedicated Government Authorized Hospital for a minimum of 7 or 10 or 14 or 21 consecutive (continuous) days, as opted and stated in the Policy Schedule / Certificate of Insurance, for observation and investigation of the below mentioned Virus(es) and the test results are negative.

Provided always that:

- i. We will not pay for any self-Quarantine in any facility other than Government Authorised Hospital.
- ii. Regardless of one or more claims during the policy period, the maximum amount payable under the policy for all the benefits under this Section put together shall be restricted to the Sum Insured as mentioned in the Policy Schedule / Certificate of Insurance against this Section in respect of the Insured Person(s).
- iii. The Benefit under this Section will cease on payment of 100% of the Sum Insured for the respective Insured Person(s) against whom claim has been paid.
- iv. We will not make any payment if You are diagnosed as suffering from below listed illness within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first “Digit Group Complete Secure Policy” with us covering Illness cover/ Virus Detection and Quarantine Allowance.
- v. This benefit will be paid only once during Policy Period in respect of the Insured Person(s) against whom claim has been admitted.

List of Disease/s and/or Conditions:

1. Cholera	2. Amoebiasis	3. Typhoid
4. Viral Hepatitis	5. Tuberculosis	6. Plague
7. Diphtheria	8. Typhus	9. Leptospirosis
10. Dengue	11. Malaria	12. Filariasis
13. Kala Azar	14. Chikungunya	15. Japanese Encephalitis
16. HIV	17. Zika Virus	18. Nipah Virus
19. EBOLA	20. Swine Influenza Virus	21. H1N1 Virus
22. COVID-19	23. SARS	24. MERS

This Cover is subject terms, conditions, deductible, limitations, and exclusions mentioned in the Policy.

SECTION 41. DAILY CASH BENEFIT

If You have opted for this cover and You are hospitalized as an inpatient during the Policy Period due to one or more of the below mentioned contingencies as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance, we will pay a per day benefit as opted and mentioned in Your Policy Schedule/Certificate of Insurance against this Section.

This Benefit will be paid for each and every continuous and completed period of 24 hours of Hospitalisation for a maximum number of days as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

Below are the contingencies, you can opt any one or more than one:

- **Accidental Hospitalization**
- **Accidental & Illness Hospitalization**
- **Critical Illness Hospitalization** as per the plan opted.
- **Maternity**

If You are hospitalised in the **Intensive Care Unit (ICU)** of a Hospital for each continuous and completed period of 24 hours, We will pay an amount equivalent to the percentage of the Daily Cash Allowance as opted by You and mentioned in the Policy Schedule / Certificate of Insurance against this section.

Subject to following conditions,

- a) In case of Individual Sum Insured basis, maximum number of days will be Per Policy Year Per Insured Person and in case of Floater Policy the maximum number of days will be Per Policy Year on Floater Sum Insured basis.

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- b) For this cover, completion of every 24 Hours of In-patient Hospitalization from the time of Admission is considered to be one day.
- c) Payment of claim under this benefit is subject to the **time excess as opted by You** and mentioned in Your Policy Schedule / Certificate of Insurance against this Section.
- d) This Cover is subject to terms, conditions, limitations, deductible and exclusions mentioned in the Policy.

For the purposes of this cover, contingencies are defined below:

- a) **Accidental Hospitalization:** Daily Cash allowance will be paid under this contingency only if you have been hospitalised due to accidental bodily injury.
- b) **Accidental & Illness Hospitalization**
 - Daily Cash allowance will be paid under this contingency only if you have been hospitalised due to any illness and Accidental bodily injury.
 - We will not make any payment if You are diagnosed as suffering from any illness within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first “Digit Group Complete Secure Policy” with us covering “**Daily Cash Benefit /Accidental & Illness Hospitalization**”.
 - This also has a waiting period. Waiting period shall be as per the “**Specific Waiting Period**” Section stated in Your Schedule / Certificate of Insurance against this Cover which shall apply from the date of inception of the first “Digit Group Complete Secure Policy” with Us, provided that the Policy has been renewed continuously with Us without break.
- c) **Critical Illness Hospitalization**
Critical Illness shall mean the listed illnesses as per the plan opted by You from **Annexure C** that You are diagnosed as suffering from or Surgical Procedures that You are undergoing, for the first time in your life.
 Provided that:
 - We will not make any payment if You are diagnosed as suffering from Critical Illness within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first “Digit Group Complete Secure Policy” with Us covering “**Daily Cash Benefit /Critical Illness Hospitalisation**”.
 - You survive for a minimum period of at least 30 days from the date of diagnosis of such Critical Illness, unless this condition is specifically waived by Us.
 - No Claim under this option shall be admissible if Critical Illness and/or covered Surgical Procedure is a consequence of or arising out of any pre-existing condition/disease except for pre-existing condition/disease which were disclosed by the Insured and accepted by Us at the time of buying the Policy with Us, where this benefit is opted.

- The List of Plan wise covered Critical Illness is mentioned in **Annexure C.**
- d) Maternity**
- Daily Cash allowance will be paid under this contingency for the delivery of the Insured Person's child (including caesarean section) or for the Medically necessary and lawful termination of pregnancy.
 - For “**Maternity**” contingency “Waiting Period” as mentioned in the Policy Schedule/Certificate of Insurance against this Section is applicable.
 - In case of “**Maternity**” opted, “**Exclusion No. 17 Maternity (Exclusions which is applicable)**” of the Policy Wordings stands partially deleted to the extent of the Coverage provided under this Section.

This Cover is subject terms, conditions, deductible, limitations, and exclusions mentioned in the Policy.

SECTION 42. FIXED CASH BENEFIT

If You have opted for this cover and You are hospitalized as an inpatient during the Policy Period due to one or more below mentioned contingencies as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance, we will pay a Fixed Lump Sum Benefit as opted and mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

This Benefit will be paid for each and every continuous and completed period of the number of days of Hospitalisation for a maximum number of days as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

Below are the contingencies, you can opt any one or more than one:

- **Accidental Hospitalization**
- **Accidental & Illness Hospitalization**
- **Critical Illness Hospitalization** as per the plan opted.
- **Maternity**

Subject to following conditions,

- a) In case of Individual Sum Insured basis, maximum number of days will be Per Policy Year Per Insured Person and in case of Floater Policy the maximum number of days will be Per Policy Year on Floater Sum Insured basis.
- b) For this cover, completion of every 24 Hours of In-patient Hospitalization from the time of Admission is considered to be a day.
- c) Payment of claim under this benefit is subject to the **time excess as opted by You** and mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

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d) This Cover is subject to terms, conditions, limitations, deductible and exclusions mentioned in the Policy.

For the purposes of this cover, contingencies are defined below:

a) **Accidental Hospitalization:** Fixed lump sum amount will be paid under this contingency only if you have been hospitalised due to accidental bodily injury.

b) **Accidental & Illness Hospitalization**

- Fixed lump sum amount will be paid under this contingency only if you have been hospitalised due to any illness and Accidental bodily injury.
- We will not make any payment if You are diagnosed as suffering from any illness within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first “Digit Group Complete Secure Policy” with us covering “**Fixed Cash Benefit /Accidental & Illness Hospitalization**”.
- This also has a waiting period. Waiting period shall be as per the “**Specific Waiting Period**” Section stated in Your Schedule / Certificate of Insurance against this Cover which shall apply from the date of inception of the first “Digit Group Complete Secure Policy” with Us, provided that the Policy has been renewed continuously with Us without break”.

c) **Critical Illness Hospitalization**

Critical Illness shall mean the below listed illnesses as per the plan opted by You from **Annexure C** that You are diagnosed as suffering from or Surgical Procedures that You are undergoing, for the first time in your life.

Provided that:

- We will not make any payment if You are diagnosed as suffering from Critical Illness within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first “Digit Group Complete Secure Policy” with Us covering “**Fixed Cash Benefit /Critical Illness Hospitalisation**”.
- You survive for a minimum period of at least 30 days from the date of diagnosis of such Critical Illness, unless this condition is specifically waived by Us.
- No Claim under this option shall be admissible if Critical Illness and/or covered Surgical Procedure is a consequence of or arising out of any pre-existing condition/disease except for pre-existing condition/disease which were disclosed by the Insured and accepted by Us at the time of buying the Policy with Us, where this benefit is opted.
- The List of Plan wise covered Critical Illness is mentioned in **Annexure C**.

d) **Maternity**

- Fixed lump sum amount will be paid under this contingency for the delivery of the Insured Person's child (including caesarean section) or for the Medically necessary and lawful termination of pregnancy.
- For “**Maternity**” contingency “Waiting Period” as mentioned in the Policy Schedule/Certificate of Insurance against this Section is applicable.
- In case of “**Maternity**” contingency is opted, “**Exclusion No. 17 Maternity (Exclusions which is applicable)**” of the Policy Wordings stands partially deleted to the extent of the Coverage provided under this Section.

This Cover is subject terms, conditions, deductible, limitations, and exclusions mentioned in the Policy.

SECTION 43. COMPANION BENEFIT CASH ALLOWANCE COVER

If You have opted for this cover, We will pay towards the expenses incurred on one of Your attendants, accompanying You at the Hospital/Nursing Home, in case of Your Hospitalization as an inpatient due to an Accidental bodily Injury and/or Illness during the Policy Period. We will pay You as per the **option opted by You** and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover.

The above is provided that:

1. Claim for Hospitalisation in respect of the Insured Person has been admitted,
2. Insured Person’s attendant should be his/her spouse, siblings, Children above age of 18 years, parents or parents in law.

1. Per Day Benefit

If You have opted for this option, we will pay a per day benefit amount as mentioned in Your Policy Schedule / Certificate of Insurance against this Section. This will be paid for each continuous and completed period of 24 hours of Insured Person’s Hospitalisation arising out of accidental bodily injury and/or illness for a maximum number of days as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

2. Fixed Lump Sum Benefit

If You have opted for this option, we will pay a Fixed lump sum benefit amount as mentioned in Your Policy Schedule / Certificate of Insurance against this Section. This will be paid for each continuous and completed period of the number of days of Insured Person’s Hospitalisation arising out of accidental bodily injury and/or illness for a maximum number of days as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

A. Conditions Applicable

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- a) In case of Individual Sum Insured basis, maximum number of days will be Per Policy Year Per Insured Person and in case of Floater Policy the maximum number of days will be Per Policy Year Per Family on Floater Sum Insured basis.
- b) For this cover, completion of every 24 Hours of In-patient Hospitalization from the time of Admission is considered to be one day.
- c) Payment of claim under this benefit is subject to the **time excess as opted by You** and mentioned in Your Policy Schedule / Certificate of Insurance against this Section.
- d) We will not make any payment if You are diagnosed as suffering from any illness within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first “Digit Group Complete Secure Policy” with us covering “**Companion Benefit Cash Allowance Cover**”.
- e) This also has a waiting period. Waiting period shall be as per the “**Specific Waiting Period**” Section stated in Your Schedule / Certificate of Insurance against this Cover which shall apply from the date of inception of the first “Digit Group Complete Secure Policy” with Us, provided that the Policy has been renewed continuously with Us without break”.

This Cover is subject to terms, conditions, limitations, deductible and exclusions mentioned in the Policy.

SECTION 44. PARENT ACCOMMODATION CASH ALLOWANCE COVER

If You have opted for this Cover, we will pay towards expenses incurred on accommodation of parents at the Hospital/Nursing Home, in case of Your Hospitalization as an inpatient due to an Accidental bodily Injury and/or Illness during the Policy Period. We will pay You as per the **option Opted by You** and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover.

The above is provided that:

- 1. Claim for Hospitalisation in respect of the Insured Person has been admitted;
- 2. The Insured Person hospitalized is a Child aged 16 Years or below, unless specifically agreed otherwise and mentioned in Your Policy Schedule / Certificate of Insurance.

1. Per Day Benefit

If You have opted for this option, we will pay a per day benefit amount as mentioned in Your Policy Schedule / Certificate of Insurance against this Section. This will be paid for each continuous and completed period of 24 hours of Insured Person’s Hospitalisation arising out of accidental bodily injury or illness for a maximum number of days as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

2. Fixed Lump Sum Benefit

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If You have opted for this option, we will pay a Fixed lump sum benefit amount as mentioned in Your Policy Schedule / Certificate of Insurance against this Section. This will be paid for each continuous and completed period of the number of days of Insured Person's Hospitalisation arising out of accidental bodily injury or illness for a maximum number of days as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

A. Conditions Applicable:

- a) In case of Individual Sum Insured basis, maximum number of days will be Per Policy Year Per Insured Person and in case of Floater Policy the maximum number of days will be Per Policy Year Per Family on Floater Sum Insured basis.
- b) For this cover, completion of every 24 Hours of In-patient Hospitalization from the time of Admission is considered to be a day.
- c) Payment of claim under this benefit is subject to the **time excess as opted by You** and mentioned in Your Policy Schedule / Certificate of Insurance against this Section.
- d) We will not make any payment if You are diagnosed as suffering from any illness within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first "Digit Group Complete Secure Policy" with us covering "**Parent Accommodation Cash Allowance Cover**".
- e) This also has a waiting period. Waiting period shall be as per the "**Specific Waiting Period**" Section stated in Your Schedule / Certificate of Insurance against this Cover which shall apply from the date of inception of the first "Digit Group Complete Secure Policy" with Us, provided that the Policy has been renewed continuously with Us without break".
- f) This Cover is subject to terms, conditions, limitations, deductible and exclusions mentioned in the Policy.

SECTION 45. LOAN SHIELD

If You have opted for this cover and You suffer

- from any Accidental Injury that occurs during the policy period and that injury solely and directly results in Your "**Death**" or "**Permanent Total Disablement**" or "**Permanent Partial Disablement**" within twelve (12) months from the Date of accident
- or from "**Critical Illness**"

as per the contingency opted and mentioned in Your Policy Schedule/Certificate of Insurance against this Section. We will pay the bank / financial institution as specified in the Policy Schedule/Certificate of Insurance, an amount equal to the Insured Person's Principal Outstanding Amount, subject to this amount not exceeding the Sum Insured specified in the Policy Schedule / Certificate of Insurance, provided that:

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1. The **Permanent Total Disability** continues for a period of at least 180 days from the commencement of the **Permanent Total Disability**, and the Disability Certificate issued by the treating Medical Practitioner at the expiry of the 180 days confirms that there is no reasonable medical hope of improvement. It is clarified that this condition is not application for any **Permanent Total Disability** in the nature of a physical separation.
2. If You suffer from Injury and/or illness resulting in more than one of the “**Permanent Total Disabilities**” or “**Permanent Partial Disabilities**” or “**Critical Illness**”, then Our maximum, total and cumulative liability under this section shall be limited to the Principal Outstanding Amount, and further subject to such amount not exceeding the Sum Insured mentioned in the Policy Schedule / Certificate of Insurance.
3. Once the total claim amount paid under this section reaches 100% of Sum Insured for an Insured Person, the cover under this section will cease for the remainder of the Policy Period and the Insured Person will not be eligible for this section in any subsequent Policy Years.
4. We shall not be liable to make any payments that are overdue and unpaid by the Insured Person prior to the occurrence of the event giving rise to a claim under this section, and the same shall be deemed as paid by the Insured Person, unless this condition is specifically waived by Us and mentioned in your Policy Schedule/Certificate of Insurance
5. Cover under this Section shall cease upon payment of the compensation on the happening of any contingency mentioned above and no further payment will be made for any contingency as mentioned above or any dependent contingency.

For the Purpose of this Cover;

a. “**Permanent Partial Disablement**” means:

- Loss of arm at the shoulder joint
- Loss of leg above centre of the femur
- Loss of arm to a point above elbow joint
- Loss of leg up to a point below the femur
- Loss of arm below elbow joint
- Loss of hand at the wrist
- Complete and irrecoverable loss of sight of an eye
- Loss of leg to a point below the knee
- Loss of leg up the centre of tibia
- Loss of foot at the ankle

b. “**Critical Illness**” shall mean the illnesses that You are diagnosed as suffering from or Surgical Procedures that You are undergoing, for the first time in your life; as per the plan opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section from **Annexure C**.

Provided that:

1. We will not make any payment if You are diagnosed as suffering from Critical Illness within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first “Digit Group Complete Secure Policy” with Us covering “**Loan Shield/Critical Illness**”.
2. You survive for a minimum period of at least 30 days from the date of diagnosis of such Critical Illness, unless this condition is specifically waived by Us.
3. No Claim under this option shall be admissible if Critical Illness and/or covered Surgical Procedure is a consequence of or arising out of any pre-existing condition/disease except for pre-existing condition/disease which were disclosed by the Insured and accepted by Us at the time of buying the Policy with Us, where this benefit is opted.
4. The List of Plan wise covered Critical Illness is mentioned in **Annexure C**.

SECTION 46. LOSS OF PAY

If You have opted for this cover and due to death of Your **immediate family Member** during the Policy Period, You have to take leave without pay from Your employment as You do not have enough accrued leave to cover the absence from the employment, then we will pay the Percentage of Your **net per day salary** as mentioned in Your Policy Schedule/Certificate of Insurance for the period You have taken leave without pay, provided that:

1. taking ‘leave without pay’ without exhausting Your accrued leaves or taking leave from employment where there is no loss of pay will not be covered under this section;
2. maximum number of days for which loss of pay will be available under this section will be as mentioned in Your Policy Schedule/Certificate of Insurance;
3. claim under this section will be payable for number of days You were on leave without pay multiplied by percentage of Your net per day salary.

For Example:

- *Mr. A has net per day salary of INR 1,500.*
- *He has taken ‘leave without pay’ from his employment for 10 days due to reasons admissible under this section.*
- *% of Net Per day Salary as opted under this section is 60%.*
- *Claim payable under this section will be 60% of INR 1,500*10 days ie. INR 9,000.*

Specific Definition applicable to this section

- a. “**Immediate Family Member**” would mean the Insured Person’s spouse, siblings, Children, parents or parents in law.

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- b. **“Leave without pay”** means leave or time off from work for the employee's personal reasons granted by the employer for which period the employee receives no pay.
- c. **“Net Monthly Salary”** (take home salary) will be considered after deduction of income tax, professional tax, PF Contributions, Bonuses / One-time Variable Pay, Any other deductions, and any reimbursements from the monthly pay slips. For the calculation of Monthly Take home salary, we shall consider the last three months monthly average salary subject to all deductions mentioned above.
- d. **“Net Per Day Salary”** shall mean Net Monthly Salary divided by number of days in the month. For example, Mr. X has Net Monthly Salary as INR 90,000. For the month of September, his Net Per Day Salary will be INR (90,000/ 30) = 3,000.

Specific Conditions Applicable to this section,

- a) The Company shall not be liable to make any payment under this Policy in respect Self-employed persons.
- b) The benefit under this section is payable only once to an Insured Person during the Policy Year.
- c) We will not pay any compensation if the Insured Person is on their notice period or under probation period.
- d) We will not pay any claim if any job under which no salary or any remuneration is provided to the Insured.
- e) We will not pay if the employment contract and Job Location was outside India.
- f) Any claim shall not be Payable under this policy, if the Insured event triggers within number of days (Initial Waiting Period) specified in the Policy Schedule/Certificate of Insurance from the risk inception date of Your policy or inception of the first “Digit Group Complete Secure Policy” with Us whichever is earlier.

This Cover is subject to terms, conditions, limitations, deductible and exclusions mentioned in the Policy.

SECTION 47. HEALTH CHECK UP

If You have opted for this Cover, we will indemnify You for health check-up expenses incurred as per following options as opted by You and mentioned in Policy Schedule/Certificate of Insurance.

47.1 Health Check-up from Day 1 of Policy: We will pay the expenses incurred towards cost of health check-up from Day 1 of the Policy and during the policy period up to the Sum Insured limit as mentioned in Policy Schedule/Certificate of Insurance subject to terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance.

47.2 Health Check-up at the end of each block of continuous years: If You have continued Your Policy with Us without any break, then at the end of each block of continuous years as mentioned in Policy Schedule/Certificate of Insurance, We will pay the expenses incurred towards cost of health

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check-up up to the Sum Insured limit as mentioned in Policy Schedule/Certificate of Insurance subject to terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance.

Specific Conditions Applicable to this section:

- a) This benefit will not be carried forward if not utilized.
- b) Benefit under this section should be provided through Network Facilitator as mentioned in Policy Schedule/Certificate of Insurance.
- c) These services should be provided subject to the availability of lab / diagnostic centre at the time of appointment.
- d) In case of Family Floater policy, Health Check-up Sum Insured as mentioned in Policy Schedule/Certificate of Insurance is the maximum total cost which is available for all insured persons put together.
- e) If You have opted for this Section, point no. 4 “Investigation and Evaluation Code- Excl04” as provided under “D – Exclusions” shall be deleted to the extent of coverage provided under this section.

SECTION 48. WELLNESS BENEFIT PROGRAM

If You have opted for this Cover, Wellness Benefit Program provides the benefits listed below and shall be available to the Insured Person as mentioned in the Policy Schedule/Certificate of Insurance. Through this Program, We intend to incentivize the Insured Person(s) for taking care of his/her health/fitness and maintaining healthy lifestyle through such preventative and wellness services. There are total 17 services under Wellness Benefit Program. Services applicable for Your Policy are as shown in Your Policy Schedule / Certificate of Insurance. Only services mentioned in your Policy Schedule/Certificate of Insurance are available for You.

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1. Doctor on Call

Upon Your request, We will facilitate an appointment, through Our empanelled Service Provider, with a Medical Practitioner who can help You by providing round-the-clock medical helpline services through an online portal as a chat service, a call back service or a voice call service or a video call service.

2. Wellness Coach

In order to educate, empower and engage You to become more aware of Your health and proactively manage it, We will, through periodic communications like e-mailers, blogs, videos, webinar and online platform provide You information on wellness coaching including but not limited to the areas as provided below:

- a) Weight Management

- b) Activity and Fitness
- c) Nutrition
- d) Tobacco Cessation
- e) Alcohol Abuse de-addiction Program
- f) Information on various diseases
- g) Dietary Plans

3. Lab Services and Imaging (For Diagnostic Services)

Upon Your request, We will facilitate, through Our empanelled Service Provider, Collection of test samples such as blood, urine, stool etc or imaging for further testing and analysis.

The cost of these tests and reports will have to be borne by You.

4. Pharmacy (Home Delivery)

Upon Your request, We will facilitate, through Our Empanelled Service Provider, home delivery of the Medications Prescribed by a Registered Medical Practitioner and nutritional supplement from the nearby Network Pharmacy, subject to copy of prescription being shared (where ever required) and availability of the medication with the Pharmacy.

The cost of the medication will have to be borne by You.

5. Vital/Physical Activity Monitoring Services

Upon Your request, We will facilitate, through Our Empanelled Service Provider, the integration of Your Health Device(s), or Digital Wearables or trackers such as Blood-Pressure Monitors, Glucometers, Wireless Pedometers, heart rate monitors, pulse oximeters, non-invasive wearable blood-sugar sensors, Smart Watches etc. to an online database that will track and asses Your vitals as reported by the device.

It can provide periodic updates and reports of your health status. The cost of the device will have to be borne by You.

6. Reminder Notifications

Upon Your request, We will facilitate, through Our Empanelled Service Provider, routine notification messages via mail or a messaging portal or a follow-up call to You as a reminder to schedule Your medical appointments and/or take daily dosage of Your medicine as per the information shared by You.

7. Medical Wallet

Upon Your request, We will arrange, through Our Empanelled Service Provider, for a medical wallet. This will be a digital cloud service which will allow You to store all Your medical reports online. It will provide easy access of Medical history and reports to the treating Medical Practitioners and to any other person with whom You may share the login and access codes, easing Your need to physically carry documents with You.

8. Report Aggregation

Upon Your request, We will facilitate, through Our Empanelled Service Provider, for regular analysis of Your health status as per the medical records/reports/information or data shared by You. It will highlight your wellbeing or any areas of concern or deterioration in Your health, allowing You to take necessary calls about your health.

9. Home Care Services

Upon Your request, We will facilitate, through Our Empanelled Service Provider, Home Care Services for You in case You are in need of services , including but not limited to the following:

- a. Home Care Nursing
- b. Patient Assistant
- c. Physiotherapy
- d. Yoga Trainer
- e. Psychologist
- f. Palliative Care
- g. Renting Medical equipment. For Example - Wheel-Chair, Patient Bed, Oxygen Cylinder etc.
- h. Doctor Visit
- i. Elderly care and senior living assistance related to their health condition.

The cost of the Services/Equipment will have to be borne by You.

10. Ambulance Arrangement Services

Upon request, We will facilitate, through Our Empanelled Service Provider, ambulance services for Your transportation subject to availability of ambulance in the area where such service needs to be arranged.

The cost of the transportation will have to be borne by You.

11. Pick-up and Drop Services for Consultation

Upon Your request, We will facilitate, through Our Empanelled Service Provider, Pick-up and Drop Service, for Your transportation to the Health Care Facility for treatment/Diagnostics subject to availability of vehicle/taxi in the area where such service needs to be arranged.

The cost of the transportation will have to be borne by You.

12. Prioritizing Appointments

Upon Your request, We will facilitate, through Our Empanelled Service Provider, prioritization of Your appointment, based on the urgency, with the Network Facilitator offering the necessary consultation/treatment/diagnostics/packages/memberships/risk assessment/procedures subject to availability of the service(s). The cost of the Consultancy/Diagnostic will have to be borne by You. These may include the following but not limited to :-

- Doctors' services
- Nursing services
- Dietitian services

- 13. Mental wellbeing** - Upon Your request, We will facilitate, through Our empanelled Service Provider, self-assessments, therapy sessions, activities and educational/awareness blogs, videos and webinars. The cost of these sessions will have to be borne by You.
- 14. Physiotherapy** - Upon Your request, We will facilitate, through Our empanelled Service Provider, consultation and treatment sessions/packages, pain management sessions, ergonomics sessions The cost of these services will have to be borne by You.
- 15. Childcare/Children's activities** - Upon Your request, We will facilitate, through Our empanelled Service Provider, recreational/developmental activities for children of different age groups. The cost of these services will have to be borne by You.
- 16. Out-Patient (OPD) Services** - Upon Your request, We will facilitate, through Our empanelled Service Provider, outpatient care services like doctor consultation, pharmacy and diagnostics, both online and onsite. The cost of these services will have to be borne by You.
- 17. Fitness** – Upon your request, we will facilitate, through our empanelled service provider, access to membership or classes of fitness activities like but not limited to sports, yoga, Zumba, Pilates, dance, fitness coach services at gymnasiums, health studios, fitness centres, sports centres and playgrounds. The cost of these services will have to be borne by You.

Terms and Conditions applicable to Wellness Benefit Program

1. Any Information provided by You shall be kept confidential.
2. For services which are provided through Our Empanelled Service Provider/Medical Experts/Centres, We are acting only as a facilitator, hence We would not be liable for any incremental costs or the services. We will not charge any premium amount for the services. You need to pay directly to the Service Provider/Medical Experts/Centres for the services availed.
3. All medical services are being provided by Empanelled Service Provider/Medical Experts/Centres who are empanelled after full due diligence. Insured Person may however consult their Personal/Family Doctor before availing the medical services. The decisions to utilise the services will solely be at the discretion of the Insured Person.
4. We/Company/Us or its Group Entities, affiliates, officers, employees, agents, are not responsible for or liable for any actions, claims, demands, losses, damages, costs, charges, and expenses which an Insured Person/You may claim to have suffered or sustained or incurred by way of or on account of utilization of any benefits specified herein.
5. This shall not be deemed to substitute the Insured Person's visit or consultation to an Independent Medical Practitioner. The Insured Person is free to choose whether or not to undergo the same and if done whether or not to act on it.

		6. We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner.	
6	Exclusions (what the policy does not cover)	<p><u>There are 3 types of exclusions:</u></p> <p><u>I. STANDARD EXCLUSIONS (Please refer below for brief headers, for detail exclusions, please refer to the policy wordings)</u></p> <ol style="list-style-type: none"> 1. Pre-Existing Diseases - Code- Excl01 2. Specified disease/procedure waiting period- Code- Excl02 3. 30 – Day waiting period /Initial waiting period – Code- Excl03 4. Investigation & Evaluation- Code- Excl04 5. Rest Cure, rehabilitation and respite care – Code- Excl05 6. Obesity/ Weight Control: Code- Excl06 7. Change of Gender Treatments: Code- Excl07 8. Cosmetic or Plastic Surgery: Code- Excl08 9. Breach of Law: Code- Excl10 10. Excluded Providers: Code- Excl11 11. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12 12. Treatments received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code- Excl13 13. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. Code- Excl14 14. Refractive Error: Code- Excl15 15. Unproven Treatment: Code- Excl16 16. Sterility and Infertility: Code- Excl17 17. Maternity: Code- Excl18 <p><u>II. SPECIFIC EXCLUSIONS ((Please refer below for brief headers, for detail exclusions, please refer to the policy wordings)</u></p> <ol style="list-style-type: none"> 18. Artificial Life Maintenance 19. Suicide and Self-Injury 20. Cosmetic, Aesthetic and Re-Shaping Treatment & Surgeries 	<p>D.I Standard Exclusion</p> <p>D.II Specific Exclusion</p>

21. Pre-Existing Disability
22. Circumcision, Aesthetic reasons
23. Hazardous or Adventures Sport
24. Defence Operation/Aviation Activities
25. External Congenital Anomaly
26. Geographical Limits
27. Non-Medical Expenses
28. Insufficient Document
29. Spectacles, Hearing aids & other Expenses
30. Professional Sports
31. Preventive Treatment
32. Sexual disorder and Erectile Dysfunction
33. Sexually Transmitted Infections & Disease
34. Spectacles, Hearing aids & other Expenses
35. Stem Cell Transplant
36. Unjustified or Unwarranted Hospitalization
37. Substance abuse and Addictions
38. War and hazardous substances
39. Legal Liability
40. Ear, Eyesight & Optical Services
41. Prosthetic and other devices
42. Specific Treatments
43. Dental Treatment
44. Mental Disorders
45. Organ Donor
46. Our Maximum Liability in respect of the following procedures will be covered (wherever medically indicated) either as in patient or as part of day care treatment in a hospital up to 50% of Sum Insured opted under Section 26.A. Accidental Hospitalization Cover and/or Section 26.B. Accidental & Illness Hospitalization Cover:
 - i. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
 - ii. Balloon Sinuplasty
 - iii. Deep Brain stimulation
 - iv. Oral chemotherapy
 - v. Immunotherapy - Monoclonal Antibody to be given as injection
 - vi. Intra vitreal injections
 - vii. Robotic surgeries

		<p>viii. Stereotactic radio surgeries ix. Bronchial Thermoplasty x. Vaporisation of the prostate (Green laser treatment or holmium laser treatment) xi. IONM - (Intra Operative Neuro Monitoring) xii. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.</p> <p>III. Any other specific exclusions mentioned in the policy schedule/COI.</p>	
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7	<p>Waiting period</p> <ul style="list-style-type: none"> Time period during which specified diseases/treatments are not covered. It is counted from the beginning of the policy coverage 	<p>Waiting Periods as applicable to Your policy will be mentioned in your policy schedule) - NA</p> <table border="1"> <thead> <tr> <th>Waiting Period options</th> <th>Period</th> </tr> </thead> <tbody> <tr> <td>Initial Waiting Period</td> <td>30 days, 15 days, 7 days, 48 hours and NIL</td> </tr> <tr> <td>Pre – existing waiting period</td> <td>0 years, 3 months, 6 months, 1 year, 2 years, 3 years</td> </tr> <tr> <td>Specific Waiting period</td> <td>0 years, 3 months, 6 months, 1 year, 2 years</td> </tr> <tr> <td>Maternity Waiting Period</td> <td>0 years, 9 months, 1 year, 2 years, 3 years, 4 years</td> </tr> <tr> <td>Initial waiting period for HIV cover</td> <td>0 days, 30 days, 60 days, 90 days</td> </tr> <tr> <td>Initial waiting period for Critical illness cover</td> <td>0 days, 30 days, 60 days, 90 days</td> </tr> </tbody> </table>	Waiting Period options	Period	Initial Waiting Period	30 days, 15 days, 7 days, 48 hours and NIL	Pre – existing waiting period	0 years, 3 months, 6 months, 1 year, 2 years, 3 years	Specific Waiting period	0 years, 3 months, 6 months, 1 year, 2 years	Maternity Waiting Period	0 years, 9 months, 1 year, 2 years, 3 years, 4 years	Initial waiting period for HIV cover	0 days, 30 days, 60 days, 90 days	Initial waiting period for Critical illness cover	0 days, 30 days, 60 days, 90 days	
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8	<p>Financial limits of coverage</p> <p>I. Sub-limit (It is a pre-defined limit and the insurance</p>	<p>Sub – Limit, Co-payment and Deductible as applicable to Your policy will be mentioned in your policy schedule/COI.</p> <p>Sub- Limit</p> <table border="1"> <thead> <tr> <th>Section Details</th> <th>Sub Limits (Options)</th> </tr> </thead> <tbody> <tr> <td>Section 1. Accidental Death</td> <td>Not Applicable</td> </tr> <tr> <td>Section 2. Permanent Total Disablement</td> <td>Not Applicable</td> </tr> <tr> <td>Section 3. Permanent Partial Disablement</td> <td>Not Applicable</td> </tr> </tbody> </table>	Section Details	Sub Limits (Options)	Section 1. Accidental Death	Not Applicable	Section 2. Permanent Total Disablement	Not Applicable	Section 3. Permanent Partial Disablement	Not Applicable	
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Section 3. Permanent Partial Disablement	Not Applicable										

<p>e company will not pay any amount in excess of this limit).</p> <p>II.Co-payment (It is a specified amount /percentage of the admissible claim amount to be paid by policyholder/insured).</p> <p>III.Deductible (It is a specified amount:</p>	<p>Section 4. Temporary Total Disablement</p>	Not Applicable
	<p>Section 5. Children Education Benefit</p>	Not Applicable
	<p>Section 6. Marriage Expense for Children Benefit</p>	Not Applicable
	<p>Section 7. Orphan Benefit for Children</p>	Not Applicable
	<p>Section 8. Funeral Expense</p>	Not Applicable
	<p>Section 9. Transportation Expenses</p>	Not Applicable
	<p>Section 10. Trauma Counselling</p>	Not Applicable
	<p>Section 11. Coma Benefit Cover</p>	Not Applicable
	<p>Section 12. Fracture Cover</p>	Not Applicable
	<p>Section 13. Burns cover</p>	Not Applicable
	<p>Section 14. Lifestyle Modification</p>	Not Applicable
	<p>Section 15. Expense for External Aids and Appliances</p>	Not Applicable
	<p>Section 16. Compassionate Visit</p>	Not Applicable
	<p>Section 17. Miscarriage Due to Accidental Injury</p>	Not Applicable
	<p>Section 18. Adventure Sports Cover</p>	
	<p>A. Death/Permanent Total Disablement</p>	Not Applicable
	<p>B. Accidental Hospitalization</p>	Not Applicable
	<p>Section 19. HIV Cover</p>	Not Applicable
	<p>Section 20. Critical Illness Benefit Cover</p>	Not Applicable
	<p>Section 21. Critical Illness Hospitalization Cover</p>	Accommodation/Room Rent: 3%, 2.5%, 2.0% 1.5%, 1% or No Limit (as a % of Section 21 Sum Insured)
	<p>Section 22. Cancer Benefit Cover</p>	NA
	<p>Section 23. Cancer Hospitalization Cover</p>	Accommodation/Room Rent: 3%, 2.5%, 2.0% 1.5%, 1% or No Limit (as a % of Section 23 Sum Insured)
	<p>Section 24. Heart Protect Benefit Cover</p>	
	<p>Section 25. Heart Protect Hospitalization Cover</p>	Accommodation/Room Rent: 3%, 2.5%, 2.0% 1.5%, 1% or No Limit (as a % of Section 25 Sum Insured)
	<p>Section 26. Organ Failure Benefit Cover</p>	
	<p>Section 27. Organ Failure Hospitalization Cover</p>	Accommodation/Room Rent: 3%, 2.5%, 2.0% 1.5%, 1% or No Limit (as a % of Section 27 Sum Insured)
	<p>Section 28. EMI Protection Cover</p>	Not Applicable
	<p>Section 29. Loss of Employment</p>	Not Applicable

<p>- upto which an insurance company will not pay any claim, and - which will be deducted from total claim amount (if claim amount is more than the specified amount)</p> <p>IV. Any other limit (as applicable)</p>	<p>Section 30. Hospitalization Cover</p>	
	<p>A. Accidental Hospitalization Cover</p>	Accommodation/Room Rent: 3%, 2.5%, 2.0% 1.5%, 1% or No Limit (as a % of Section 30.A Sum Insured)
	A1. Day Care Procedures	Not Applicable
	A2. Pre-Hospitalization Expenses	Not Applicable
	A3. Post-Hospitalization Expenses	Not Applicable
	A4. Dental Treatment	Not Applicable
	A5. Road Ambulance	INR 1000 to INR 10,000
	A6. Second Medical Opinion	Not Applicable
	<p>B. Accidental & Illness Hospitalization Cover</p>	Accommodation/Room Rent: 3%, 2.5%, 2.0% 1.5%, 1% or No Limit (as a % of Section 30.B Sum Insured)
	B1. Day Care Procedures	Not Applicable
	B2. Pre-Hospitalization Expenses	Not Applicable
	B3. Post-Hospitalization Expenses	Not Applicable
	B4. Dental Treatment	Not Applicable
	B5. Road Ambulance	INR 1000 to INR 10,000
	B6. Bariatric Surgery Cover	5%, 7.5%, 10%, 15%, 20%, 25%, 30%, 40%, 50% of Section 30.B Sum Insured
	B7. Psychiatric Illness Cover	5%, 7.5%, 10%, 15%, 20%, 25%, 30%, 40%, 50% of Section 30.B Sum Insured
	B9. Second Medical Opinion	Not Applicable
	<p>Section 31. Infertility Treatment Cover</p>	0% to 100% of the Section 30.B Sum Insured
	<p>Section 32. Organ Donor</p>	NA. However donor's Pre and Post Hospitalization expenses up to 5% of the admissible harvesting expenses
<p>Section 33. Alternate Treatment (AYUSH) Cover (Mandatory In-Built cover in Section-30 Hospitalization Cover)</p>	0% to 100% of the Section 30.A & B Sum Insured	
<p>Section 34. Emergency Air Ambulance</p>	0% to 100% of the Section 30.A & B Sum Insured	
<p>Section 35. Long Hospitalization Cash Benefit</p>	Not Applicable	
<p>Section 36. Maternity Benefit & Newborn Baby Cover</p>	Not Applicable	

Section 37. Home (Domiciliary) Hospitalization	0% to 100% of the Section 30.A & B Sum Insured
Section 38. Sum Insured Refill Benefit	Not Applicable
Section 39. Out- Patient (OPD) Benefit	Not Applicable
Section 40. Illness Cover	
A. Hospitalization Cover	Accommodation/Room Rent: 3%, 2.5%, 2.0% 1.5%, 1% or No Limit (as a % of Section 40 A. Sum Insured)
A1. Pre-Hospitalization Expenses	Not Applicable
A2. Post Hospitalization Expenses	Not Applicable
A3. Road Ambulance	INR 1000 to INR 10,000
A4. Second Medical Opinion	Not Applicable
B. Virus detection & Quarantine allowance	Under Section 40.B. Part Fixed Benefit: Group Manager will be provided an option to select a benefit which is a Percentage of Section 40B. Sum Insured from 0%-50%
Section 41. Daily Cash Benefit	Not Applicable
Section 42. Fixed Cash Benefit	Not Applicable
Section 43. Companion Benefit Cash Allowance Cover	Not Applicable
Section 44. Parent Accommodation Cash Allowance Cover	Not Applicable
Section 45. Loan Shield	Not Applicable
Section 46. Loss of Pay	Not Applicable
Section 47. Health Check Up	Not Applicable
Section 48. Wellness Benefit Program	Not Applicable

Details of Section Wise Deductible and Co-payment available under the product are mentioned below:

Name of the Benefit	Whether Deductible allowed	If Yes, range of Deductible		Whether Co-Pay allowed	If yes, range of Co-Pay	
		Minimum	Maximum		Minimum	Maximum
Section 1. Accidental Death	No	-	-	No		

	Section 2. Permanent Total Disablement	No	-	-	No		
	Section 3. Permanent Partial Disablement	No	-	-	No		
	Section 4. Temporary Total Disablement	Yes (Time Excess)	0 Weeks	4 Weeks	No		
	Section 5. Children Education Benefit	No	-	-	No		
	Section 6. Marriage Expense for Children Benefit	No	-	-	No		
	Section 7. Orphan Benefit for Children	No	-	-	No		
	Section 8. Funeral Expense	No	-	-	No		
	Section 9. Transportation Expenses	No	-	-	No		
	Section 10. Trauma Counselling	No	-	-	Yes	0%	50%
	Section 11. Coma benefit cover	No	-	-	No		
	Section 12. Fracture Cover	No	-	-	No		
	Section 13. Burns cover	No	-	-	No		
	Section 14. Lifestyle Modification	No	-	-	Yes	0%	50%
	Section 15. Expense for External Aids and Appliances	No	-	-	Yes	0%	50%
	Section 16. Compassionate Visit	No	-	-	Yes	0%	50%
	Section 17. Miscarriage Due to Accidental Injury	No	-	-	No		
	Section 18. Hazardous or Adventure Sports cover	No	-	-	-		
	Section 19. HIV Cover	No	-	-	No		

		Section 20. Critical Illness Benefit Cover	No	-	-	No			
		Section 21. Critical Illness Hospitalization Cover	No	-	-	No	0%	50%	
		Section 22. Cancer Benefit Cover	No	-	-	No			
		Section 23. Cancer Hospitalization Cover	No	-	-	No	0%	50%	
		Section 24. Heart Protect Benefit Cover	No	-	-	No			
		Section 25. Heart Protect Hospitalization Cover	No	-	-	No	0%	50%	
		Section 26. Organ Failure Benefit Cover	No	-	-	No			
		Section 27. Organ Failure Hospitalization Cover	No	-	-	No	0%	50%	
		Section 28. EMI Protection Cover	No	-	-	No			
		Section 29. Loss of Employment	No	-	-	No			
		Section 30-Hospitalization Cover	Yes	INR 500	INR 1,00,00,000	Yes	0%	50%	
		Section 31. Infertility Treatment Cover	Yes	INR 500	INR 1,00,00,000	Yes	0%	50%	
		Section 32. Organ Donor	Yes	INR 500	INR 1,00,00,000	Yes	0%	50%	
		Section 33. Alternate Treatment (AYUSH) Cover- (Mandatory In-Built cover in Section-30 Hospitalization Cover)	Yes	INR 500	INR 1,00,00,000	Yes	0%	50%	

		Section 34. Emergency Air Ambulance	Yes	INR 500	INR 1,00,00,000	Yes	0%	50%		
		Section 35. Long Hospitalization Cash Benefit	No	-	-	No				
		Section 36. Maternity & New Born Baby Cover	No	-	-	Yes	0%	50%		
		Section 37. Home (Domiciliary) Hospitalization	Yes	INR 500	INR 1,00,00,000	Yes	0%	50%		
		Section 38. Sum Insured Refill Benefit	No	-	-					
		Section 39. Out- Patient (OPD) Benefit	No	-	-	Yes	0%	50%		
		Section 40. Illness Cover		-	-					
		A. Hospitalization Cover	No	NA	NA	Yes	0%	50%		
		B. Virus Detection and Quarantine Allowance	No	NA	NA	No	NA	NA		
		Section 41. Daily Cash Benefit	Yes	0 days	10 days	NA	NA	NA		
		Section 42. Fixed Cash Benefit	Yes	Basis 1 - 0 Day Basis 2 - 0 Interval	Basis 1- 10 Days / Basis 2- 3 Intervals	NA	NA	NA		
		Section 43. Companion Benefit Cash Allowance Cover	Yes	Per day Benefit - 0 Day Fixed Lump Sum - 0 Interval	Per Day Benefit- 10 Days / Fixed Lump Sum - 3 Intervals	NA	NA	NA		

			Yes	Per day Benefit - 0 Day Fixed Lump Sum – 0 Interval	Per Day Benefit- 10 Days / Fixed Lump Sum - 3 Intervals	NA	NA	NA		
		Section 44. Parent Accommodation Cash Allowance Cover								
		Section 45. Loan Shield	No	-	-					
		Section 46. Loss of Pay	No	-	-					
		Section 47. Health Check Up	NA	-	-					
		Section 48. Wellness Benefit Program	NA	-	-					
9	Claims/Claims Procedure	<p>Claims Notification and Procedure In the event of any accidental injury or illness or condition that may result in a claim under this policy, it is a condition precedent to Our liability under the Policy that below procedure should be followed depending on the type of claim:</p> <p>A. Cashless Claim Process: Cashless Facility can be availed from our network hospitals only. This is facilitated by our Service Provider / Third Party Administrator (TPA) and we would make a direct payment to the Network Hospital to the extent of Our Liability provided that:</p> <ol style="list-style-type: none"> 1. We are given a notice at least 72 hours before any planned hospitalization or within 24 Hours of hospitalization in case of an emergency situation. 2. For Cashless Facility You shall follow the below Procedure: <ol style="list-style-type: none"> a. Share the Health Card/Copy of E-Cards along with ID Proof with the Hospital Authority & Obtain the Pre-Authorization Form from the Hospital. b. Submit Duly filled & Signed Pre-Authorization Form to the Hospital Counter. c. Ensure that the Hospital shares the Duly filled & Signed Pre-Authorization Form to Service Provider / Third Party Administrator (TPA) for further Processing. d. Service Provider / Third Party Administrator (TPA) will inform the decision and may issue authorization letter depending on the Policy Terms and Conditions to the Hospital directly. e. Once the request for Pre-Authorization has been granted, the treatment must take place within 15 days of the Pre-Authorization Approval Date or the Policy Expiry Date whichever is earlier and shall be valid only if all the details of the Authorised details, Hospital and Location including Dates match with the details of the Actual Treatment Received. 								E.II.40

- f. We reserve the right to modify, add or restrict any Network Provider for Cashless Facility in Our sole discretion. Before availing Cashless Facility, please check the applicable updated list of Network Providers.
- g. For any queries designated Service Provider / Third Party Administrator (TPA) may be contacted on the contact details mentioned on the Health Card/Copy of E-Cards issued to You.

B. Reimbursement Claim Process:

Reimbursement Facility can be availed from any hospital within India of Your Choice Wherein You will have to make payment directly to the Hospital and submit the documents to Service Provider / Third Party Administrator (TPA) for processing the reimbursement of the claim amount provided that:

1. We or Our Service Provider / Third Party Administrator (TPA) should be intimated within 48 hours of date of admission.
2. For Reimbursement Claim You shall follow the below Procedure:
 - a. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of last necessary document.
 - b. In case the claim is not settled within the specified timelines, then the claimant is entitled for interest at bank rate plus 2 percent from the date of receipt of intimation to till the date of payment.
 - c. However, where the circumstances of a claim warrant an investigation in the opinion of the company, it shall initiate and complete such investigation at the earliest, in any case not later than 15 days from the date of receipt of last necessary document. In such cases, the company shall settle or reject the claim within 15 days from the date of receipt of last necessary document.
 - d. In case the claim is not settled within the specified timelines, then the claimant is entitled for interest at bank rate plus 2 percent from the date of receipt of intimation to till the date of payment.
“Bank rate” shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.
 - e. In case of Your Death, We shall reimburse the claim amount to Your Nominee as named in Your Policy Schedule or Your Legal representative holding a valid succession certificate.

C. List of Claim Documents:

In addition to the Duly Completed Claim Form signed by the Insured/Insured’s Nominee/Legal Heir & NEFT Details or Cancelled Cheque of the Insured/Insured’s Nominee/Legal Heir, ID proof (KYC document) of insured and Nominee, address proof wherever applicable, We need to have the below documents, wherever applicable:

Section	Documents
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			<p>Common Documents (Wherever Applicable)</p> <ul style="list-style-type: none"> • Duly Filled and Signed Claim form • Discharge Summary • Medical Records (Optional Documents may be asked on need basis: Indoor case papers, OT notes, PAC notes etc.) • Copy of Hospital Main Bill • Investigation Reports & Consultation Papers • Positive Diagnostic Report for the Critical Illness and/or Surgical procedures as per the plan opted and stated in the Policy Schedule / Certificate of Insurance. • Attending Physician Certificate (If applicable) • Document to Confirm Relationship with the Patient for Companion Benefit / Parent Benefit/Companion Visit • *KYC (Photo ID card) (If applicable) • Bank details with Cancelled cheque 		
			<p>Hospitalization Claim</p> <ul style="list-style-type: none"> • Original Hospital Main Bill • Original Hospital Bill Break Up • Original Pharmacy Bills • Prescriptions for the Medicines purchased (except hospital supply) and investigations done outside the Hospital • Digital Images/CDs of the Investigation Procedures (if required) • MLC/FIR Report (If applicable) • Original Invoice/Sticker (If applicable) • Post Mortem Report (If applicable) • Disability Certificate (If applicable) • Attending Physician Certificate (If applicable) • Ante-natal Record (If applicable) • Birth discharge Summary (If applicable) • Death Certificate (If applicable) 		
			<p>Out – Patient (OPD) Claim</p> <ul style="list-style-type: none"> • Original Pharmacy Bills 		

				<ul style="list-style-type: none"> • Prescriptions for the Medicines purchased (except hospital supply) and investigations done outside the Hospital • Digital Images/CDs of the Investigation Procedures (if required) 		
			Critical Illness/Cancer Claim	<ul style="list-style-type: none"> • MLC/FIR Report (If applicable) • Disability Certificate (If applicable) • Attending Physician Certificate (If applicable) • Copy of Hospital Summary • Death Certificate (If applicable) 		
			Accidental Death, Hazardous or Adventure Sports Cover, Orphan Benefit For Children	<ul style="list-style-type: none"> • Copy of Address Proof (Ration Card or Electricity Bill Copy). • Attested Copy of Death Certificate. • Death Summary/Certificate from the hospital authority (wherever applicable) • Burial Certificate (wherever applicable). • Attested Copy of Statement of Witness, if any lodged with police authorities. (wherever applicable). • Attested Copy of FIR / Panchanama / Inquest Panchanama. (Wherever applicable). • Attested Copy of Post Mortem Report (Only if conducted). • Attested Copy of Viscera report if any (Only if Post Mortem is conducted). • For Hazardous or Adventure Sports Cover, please submit Certificate of Participation from Sports Event organizer/service provider / Pre-participation fitness certificate (wherever applicable). • Attested Copy of Passport or any other valid document which will suffice as a proof of relationship between the insured, insured's spouse and orphan child. (Applicable only for Orphan Benefit) 		
			Permanent Total Disablement	<ul style="list-style-type: none"> • Attested Copy of disability certificate from relevant government Medical authority. • Attested copy of FIR. (If required) 		

			<p>Permanent Partial Disablement Hazardous or Adventure Sports Cover</p> <ul style="list-style-type: none"> • All Investigation reports confirming the disability. • Complete Treatment record with follow-up documentation. • For Hazardous or Adventure Sports Cover, please submit Certificate of Participation from Sports Event organizer/service provider / Pre-participation fitness certificate (wherever applicable). • Disability assessment report from Digit empanelled medical specialist (if required) 		
			<p>Temporary Total Disablement</p> <ul style="list-style-type: none"> • Attested copy of FIR. (If required) • All Investigation reports confirming the disability • For Employed persons: Certificate from HR with details of medical leave availed during the period of Injury • Certificate from the treating doctor mentioning the extent of Injury along with the period of disability • Certificate from Treating doctor with date of full recovery & resuming of duties 		
			<p>Children Education Benefit</p> <ul style="list-style-type: none"> • Bonafide Certificate from School / College or Certificate from the Educational Institution 		
			<p>Marriage Expense for Children Benefit</p> <ul style="list-style-type: none"> • Proof of Relationship with the Insured Person • Photo Identity Proof of Child • Age Proof of the Dependent Child 		
			<p>Funeral Expenses</p> <ul style="list-style-type: none"> • Original Invoice of Expenses Incurred during Funeral. 		
			<p>Transportation Expenses</p> <ul style="list-style-type: none"> • Original Invoices of expenses incurred for Carriage of Dead Body/repatriation of mortal remains. 		
			<p>Trauma Counselling</p> <ul style="list-style-type: none"> • Documents as mentioned under Section 1. Accidental Death and/or Section 2. Permanent Total Disablement and/or Section 3. Permanent Partial Disablement • Original Invoice of Expenses Incurred for Counselling. • Medical Practitioner's letter advising Counselling. • Treatment plan for Counselling from Specialist. 		

			<p>Long Hospitalization Cash Benefit</p> <ul style="list-style-type: none"> • Original Hospital Main Bill • Original Hospital Bill Break Up of Various Expenses • Original Pharmacy Bills • Prescriptions for the Medicines purchased (except hospital supply) and investigations done outside the Hospital • Digital Images/CDs of the Investigation Procedures (if required) • MLC/FIR Report (If applicable) • Original Invoice/Sticker (If applicable) • Post Mortem Report (If applicable) • Attending Physician Certificate (If applicable) • Death Certificate (If applicable) 		
			<p>Home (Domiciliary) Hospitalization</p> <ul style="list-style-type: none"> • Attending Physician Certificate mentioning the need for Home (Domiciliary Hospitalization) • Original Pharmacy Bills • Original Invoices in respect of payment made to the treating Medical Practitioner. 		
			<p>Emergency Air Ambulance</p> <ul style="list-style-type: none"> • Original bills and receipts paid for the transportation from Registered Ambulance Service Provider • Letter from Medical Practitioner indicating emergency need for such transportation and fitness for transportation. 		
			<p>Coma Benefit Cover</p> <ul style="list-style-type: none"> • Certificate from the Treating Medical Practitioner certifying the cause and severity of Coma. • All relevant medical summary leading to Coma. 		
			<p>Fracture Cover</p> <ul style="list-style-type: none"> • X Ray Confirming the Fracture & site of Fracture • Pre and post-operative radiological imaging reports with films confirming the extent of the fracture • Certificate from Treating Medical Practitioner with extent of Injury, Cause of injury, Site of Injury & Date of Injury. • Treatment Details • 		

			<p>Burns cover</p> <ul style="list-style-type: none"> • Certificate from Treating Medical Practitioner with extent of Burns Injury/Cause of Burns. • Treatment Details • Medico Legal Certificate copy / First Information Report Copy (If applicable) • 		
			<p>Lifestyle Modification</p> <ul style="list-style-type: none"> • Certification from Medical Practitioner necessitating the Modification. • Original Invoices of actual expenses incurred for the Modifications. 		
			<p>Expense for External Aids and Appliances</p> <ul style="list-style-type: none"> • Prescription of treating Medical Practitioner for use of External Aids and Appliance. • Original Invoices of actual expenses incurred for the purchase of External Aids and Appliance 		
			<p>Compassionate Visit</p> <ul style="list-style-type: none"> • Letter from Medical Practitioner advising presence of Immediate Family Member. • Original travel tickets / bills and receipts mentioning the actual expenses of the travel with the date of booking & date of travel • Age Proof of the Person who has visited the Insured 		
			<p>Miscarriage Due to Accidental Injury</p> <ul style="list-style-type: none"> • Treating Medical Practitioners Certificate mentioning reason for Miscarriage and date of accidental injury. • Medical Reports & Investigations Done • 		
			<p>HIV Cover</p> <ul style="list-style-type: none"> • Medical Reports/ Records • Copy of Hospital Summary/Discharge Card • Medical Practitioner's Certificate confirming the Illness /Treatment advise / Medical Reference. 		
			<p>EMI Protection cover</p> <ul style="list-style-type: none"> • Current Outstanding Loan Certificate from Financer. • Loan Disbursement Letter along with the payment record till the date of Accident or first diagnosis of Critical Illness or first underwent surgical procedure. • Certificate from HR with details of medical leave availed during the period of Injury. 		

			<ul style="list-style-type: none"> • Copy of Address Proof (Ration Card or Electricity Bill Copy). • In Case of Death <ul style="list-style-type: none"> ○ Attested Copy of Death Certificate. ○ Death Summary/Certificate from the hospital authority (wherever applicable) ○ Burial Certificate (wherever applicable). ○ Attested Copy of Statement of Witness, if any lodged with police authorities. (wherever applicable). ○ Attested Copy of FIR / Panchanama / Inquest Panchanama. (wherever applicable). ○ Attested Copy of Post Mortem Report (Only if conducted). ○ Attested Copy of Viscera report if any (Only if Post Mortem is conducted). • In case of Permanent Total Disablement, Permanent Partial Disablement <ul style="list-style-type: none"> ○ Attested Copy of disability certificate from relevant government Medical authority. ○ Attested copy of FIR. (If required) ○ All Investigation reports confirming the disability. ○ Complete Treatment record with follow-up documentation. ○ Disability assessment report from Digit empanelled medical specialist (if required) 	
		Loss of Employment	<ul style="list-style-type: none"> • Certificate from the Employer confirming the termination, dismissal, temporary suspension or retrenchment from employment of the Insured furnishing the date of termination, dismissal, temporary suspension or retrenchment from employment of the Insured with the reasons for the same. In case of temporary suspension, the period of suspension should also be mentioned in such certificate. • Appointment Letter 	

				<ul style="list-style-type: none"> • Latest Copy of Salary Revision, if any. • Last 3 Months Salary Slip • Form 16 • Loan Account Statements duly signed by the Financial Institution. • Contact details of Employer-Phone No. Mobile No., E-mail ID, Contact person in HR/Admin/Personnel dept. • Appointment Letter Employer if Re employed • Age proof of Insured: Aadhar Card, Election ID Card / PAN Card/ School Leaving • Form 26AS which shows tax deducted at source • Income tax return for relevant financial year • Self-declaration • Any other document as required by the Company /TPA to investigate the Claim or Our obligation to make payment for it, including documents related to proof that the insured has not found any job or has not started working again in family business or started his / her own venture. 		
			<p>Daily Cash Benefit/ Fixed Cash Benefit</p>	<ul style="list-style-type: none"> • Detailed incident report • Medical records, Consultation papers, diagnostic reports, ICP papers. • Final claim bill with detailed break up. • Discharge summary from treating hospital. • FIR/MLC Report, in case of accident. • NEFT & KYC Documents of Customer. • Cancelled Cheque • PAN Card • Address Proof (Aadhar, Passport, Voter ID) • Any other documents/clarification may be requested on merits of case. 		

Note: There are times when You or any other person who could claim on Your behalf, may be in such a state of hardship, that You or Such other person is unable to give us a notice or file a claim

		<p>within the prescribed time limit. In such cases, condonation of delay can be done by waiver of conditions A.1, B.1 and B.2.a may be considered where the reason for delay is proved to our satisfaction.</p> <p>*KYC documents shall be required at the claim settlement stage where claims pay-out to the Insured Member exceeds a threshold limit of Rs. 1 Lakhs per claim</p>	
10	Policy Servicing	<p><u>Call Centre Details of the Insurer</u> Toll Free: 1800-258- 4242 Email: healthclaims@godigit.com Senior citizens can now contact us on 1-800-258-4242 or write to us at seniors@godigit.com Website: https://www.godigit.com</p> <p><u>Details of Company Officials:</u> NA With intent to provide better and fast service to our customers, our claims process is paperless. You may get in touch with the above email id and call centre number we assist you in case of any Policy Servicing issues.</p>	E.I.16
11	Grievance s/Complaints	<p><u>Customer Grievance Redressal Policy</u> In case of any grievance the insured person may contact the company through Website: https://www.godigit.com Toll Free: 1-800-258- 4242 Email: hello@godigit.com Senior citizens can now contact us on 1-800-258-4242 or write to us at seniors@godigit.com Insured person may also approach the grievance cell at any of the company's branches with the details of grievance If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at grievance@godigit.com For updated details of grievance officer, kindly refer the link: https://www.godigit.com/claim/grievance-redressal-procedure If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017 Grievance may also be lodged at IRDAI Integrated Grievance Management System- https://irdai.gov.in/igms1</p> <p>The contact details of the Insurance Ombudsman Centers are mentioned in the Policy Wordings.</p>	E.I.16

<p>11</p>	<p>Things you need to know</p>	<p><u>Policy Renewal</u> Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.</p> <p><u>Migration and Portability:</u></p> <p>When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.</p> <p><u>Portability</u> In case of Indemnity based insurance sections</p> <ol style="list-style-type: none"> A Policyholder has the choice to port his/ her policies from one Insurer to another. The Acquiring and the Existing Insurers shall jointly, ensure that the entire underwriting details and claim history of the Policyholders are seamlessly transferred. The existing insurer shall provide the information sought by the Acquiring insurer immediately but not more than 72 hours of receipt of request through Insurance Information Bureau of India (IIB) https://iib.gov.in/ portal. The Acquiring insurer shall decide and communicate on the proposal immediately but not more than 5 days of receipt of information from Existing insurer. The policyholder is entitled to transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, specific waiting periods, waiting period for pre-existing disease, Moratorium period etc from the Existing Insurer to the Acquiring Insurer in the previous policy <p><u>Migration</u> In case of migration of one policy to another with the same Insurer, the policyholder (including all members under family cover and group insurance policies) can transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting periods, waiting period for pre-existing diseases, Moratorium period etc. in the previous policy to the migrated policy.</p> <p><u>Change in Sum Insured:</u> Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.</p> <p><u>Moratorium Period</u> After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on any grounds of non-disclosure,</p>	<p>E.I.14</p> <p>E.I.15</p> <p>E.I.7</p>
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		<p>and/or misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract. The accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium period.</p>	
<p>12</p>	<p>Your Obligations</p>	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. Please Disclose any change in Material Information during the policy period. Material Information for the purpose of this policy shall mean all relevant information sought by the Company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk.</p>	