Digit Life Group Long Term Plan

(A Non- Linked Non-Participating Group Pure Risk Premium Life Insurance Plan)

Policy Document

UIN: 165N002V01

Hi <Company name>, *life is the biggest treasure.*
You've made a wise decision to protect it!

Your Policy Number is DXXXXXXXXX

Policy Commencement Date	<Date>

For any help, call Us on 9960126126 or write to us at life@godigit.com

PART – A

Welcome Letter

<Master Policyholder's Name>,
<Address>
<email>
<Contact Number>
<email id>

Thank You for choosing Digit Life Insurance. Well, life is all about choices and this choice is the definitely the right one!

<dd-mm-yyyy>

Here is Your Digit Life Group Long Term Plan Policy with Policy No. <Policy no.>.

Dear Sir/Madam,

We are glad that our Digit Life Insurance family is bigger and better with You! Thank You for choosing Us as Your preferred life insurance provider. At Digit Life Insurance, our product and customer service approach are designed by keeping 'Your' life needs in mind!

Here is the Master Policy Document of Your Digit Life Group Long Term Plan Policy. It contains details regarding:

Master Policy Schedule	Summary of key features of Your Digit Life Insurance Policy
Premium Receipt	Acknowledgment of the Premium paid by You
Terms & Conditions	Detailed terms of Your Policy contract with Digit Life Insurance
Service Options	Wide range of Policy servicing options that You can Benefit from

Please review the information in Your Policy Document carefully and check if the details mentioned are accurate. If You wish to rectify/modify any of the detail(s) provided by You in this document, here's what You can do:

1. **Contact Our Customer Support team:**
   a) Call on our helpline number: **9960126126**
   b) Email Us at **life@godigit.com**

2. **Contact Your Distribution Partner/Sales Representative:**

Name	
Code	
Contact Number	
Email	
Address	

We want the best for You and it's okay if You want to choose another option. We understand.

- In case You or the Member are not completely satisfied with the terms and conditions of this Policy, You or the Member, have a period of 30 days from the date of receipt of the Policy Document/Certificate of Insurance to review the terms and conditions of the Policy/Certificate of Insurance. If You/ the Member disagree with any of the terms or conditions of the Policy/Certificate of Insurance, You/the Member have the option to return the original Policy Document/Certificate of Insurance to Us for cancellation within this Freelook period, while stating the objections/reasons for such disagreement in writing.

- Upon such Freelook cancellation, We shall refund the Premium received by Us subject to deduction of a proportionate risk premium for the period of Insurance Coverage in addition to the stamp duty paid and expenses incurred on medical examination of the Member(s), if any. The Policy / Certificate of Insurance shall terminate forthwith and all the Benefits, rights, and interests under the Policy / Certificate of Insurance shall cease immediately. No new member shall be enrolled under the Master Policy, in case the Master Policy has been requested for Freelook Cancellation.

In case of any claim or any other matters or queries, You may contact Us at nearest Branch Office or at Head Office Address - Go Digit Life Insurance Limited, Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru, Karnataka 560095. You can also get in touch with Us on 1800-296-2626 or write to Us at life@godigit.com. We will be delighted to assist You.

For Your assistance, We have mentioned the Instalment Premium due date in Master Policy Schedule. Pay Your Premiums on due dates to enjoy uninterrupted Benefits under the Policy. We are very excited to have You on board and provide You with the service.

Yours Sincerely,
<<Name>>
<<Designation>>
Go Digit Life Insurance Limited

Policy Preamble

Digit Life Group Long Term Plan is a non-linked non-participating group pure risk premium life insurance plan, which provides financial protection against risk of death to the Insured Members of Employer-Employee (EE) Groups and Non-Employer-Employee (NEE) Groups. Further, depending on the Inbuilt Optional Benefits chosen by the Master Policyholder, Members can also be covered for contingent events of Terminal Illness/ Critical Illness/ minor and major conditions of Cancer / Hospitalization / Accidental Death / Accidental Total and Permanent Disability / Accidental Permanent Partial Disablement / Accidental Temporary Total Disablement, as per terms and conditions of the Policy.

This Policy is the evidence of a contract between Go Digit Life Insurance Limited and the Master Policyholder as mentioned in Master Policy Schedule. This Policy is issued on the basis of the details provided by Master Policyholder in the Proposal Form, submitted along with the required declarations, Member enrolment details, personal statement, applicable medical reports, the first premium deposit, Scheme Rules and any other information and documentation which constitute evidence of the insurability of the Eligible Members for the issuance of the Policy. The Master Policyholder and the Company have agreed that the documents and the information referred to above, and the quotation of the Company, if any, for the Scheme shall form the basis of this contract. The quotation provided by the Company has been accepted by the Master Policyholder and informed to be in line with the Rules of the Scheme of the Master Policy Holder.

We agree to provide the Benefits set out in this Policy subject to its terms and conditions.

Master Policy Schedule

Master Policyholder's Details	
Proposal Number	
Master Policy Number	
Master Policyholder's Name	
Address	
Contact details	
GSTIN	

Master Policy Details	
Name of Plan	Digit Life Group Long Term Plan
UIN	165N002V01
Type of Group	<<Employer-Employee (EE)>> << Non-Employer-Employee (NEE) >>
Nature of Group	<<Voluntary>> <<Compulsory>>
<Type of Loan/(s) (In case of Lender-Borrower Group)>	<Loan Type 1> <Loan Type 2> <Loan Type 3>
Master Policy Commencement Date	
Policy Term	Minimum Member Coverage Term <XXX> <Months> <Years> Maximum Member Coverage Term <XXX> <Months> <Years>
Premium Payment Term (PPT)	<Single Premium> <Limited Pay with minimum PPT of XX Months/Years and maximum PPT of YY Months/Years> <Regular Pay with minimum PPT of XX Months/Years and maximum PPT of YY Months / Years>
Premium Payment Frequency	<Annual> <Half-Yearly> <Quarterly> <Monthly> <Single>
Installment Premium Due Date	

Master Policy Benefits		
Death Benefit Option chosen	<Term Insurance> <Term Insurance with Return of Premium>	
Payout Option under Death Benefit	<<Lumpsum Sum Assured>> <Income Benefit for XX years> <Income Benefit for duration up to XX years> (Income Benefit Period shall not exceed 40 years less Member Coverage Term chosen)	
<If Income Benefit option is chosen>	<Level Income> <Increasing Income with increase by up to XX% p.a.>	
	<Income Payout Mode - <Annual> <Half-Yearly> <Quarterly> <Monthly>>	
<Inbuilt Optional Benefits>	<Terminal Illness (TI) Benefit>	<Accelerated Terminal Illness Benefit>
	<Health Cover Benefit>	<Accelerated Critical Illness Benefit> <Additional Critical Illness Benefit> <Additional Multi-Stage Cancer Benefit>
	<Hospitalization Cover Benefit>	<Additional Hospitalization Benefit>

	<Accidental Cover Benefit>	<Additional Accidental Death Benefit> <Additional Accidental Total and Permanent Disability Benefit> <Additional Personal Accident Benefit>
<Critical Illness Variant Chosen>	<<Variant 1 – 14 Critical Illnesses Covered>> <<Variant 2 – 20 Critical Illnesses Covered>> <<Variant 3 – 34 Critical Illnesses Covered>>	
<Minimum Period of Hospitalization (in days) to avail Hospitalization Cover Benefit>	<xx days> < xx to yy days>	
<Daily Hospital Cash Benefit (as percentage of Additional Personal Accident Sum Assured)>	<1%> <2%> <3%> <4%> <5%>	
<Profit Sharing Option>	<Yes> <No>	
<Profit Sharing percentage > <(In case the Profit-Sharing option is chosen)>	<<As specified in the Proposal form>>	

Member Details as on Master Policy Commencement Date	
Minimum Age at Entry Date	
Maximum Age at Entry Date	
Maximum Cover Ceasing Age	
Number of Insured Members	
<Free Cover Limit> <Non-Medical Limit>	

Coverage Options			
Joint Life Cover	<Yes> <No>		
Coverage Options chosen	Death Benefit	<Lumpsum Sum Assured>	<Level Cover > <Decreasing Cover> <Flexi Cover>
		<Income Benefit>	<Level Cover>
	<Terminal Illness Benefit>	<Accelerated Terminal Illness Benefit>	<Level Cover > <Decreasing Cover> <Flexi Cover>
	<Health Cover Benefit>	<Accelerated Critical Illness Benefit>	<Level Cover > <Decreasing Cover> <Flexi Cover>
		<Additional Critical Illness Benefit>	<Level Cover > <Decreasing Cover> <Flexi Cover>
		<Additional Multi-Stage Cancer Benefit>	<Level Cover>
	<Hospitalization Cover Benefit>	<Additional Hospitalization Benefit (HB)>	<Level Cover>

	<Accidental Cover Benefit>	<Additional Accidental Death Benefit>	<Level Cover > <Decreasing Cover> <Flexi Cover>
		<Additional Accidental Total and Permanent Disability Benefit>	<Level Cover > <Decreasing Cover> <Flexi Cover>
		<Additional Personal Accident Benefit>	<Level Cover>

Sum Assured and Premium Payment Details as on Master Policy Commencement Date				
Benefit	**Sum Assured**	**Premium**		
		Excl. GST (₹)	**GST (₹)**	**Incl. GST (₹)**
Death Benefit				
<Terminal Illness Benefit>				
<Health Cover Benefit>				
<Hospitalization Cover Benefit>				
<Accidental Cover Benefit>				
Total				

Special Conditions (If any)	

Consolidated Stamp Duty is Deposited with Department of Stamps, Bengaluru .
Master Policy Schedule, Terms and Conditions, and Endorsements by Us, if any, shall form an integral part of this contract and shall be binding on You and Us. List of Insured Members at Master Policy Commencement Date will form part of this Master Policy Schedule and is being shared as annexure to this Master Policy.

Signed for and on behalf of the Go Digit Life Insurance Limited, at Head Office, Bangalore on <Issue Date>

Authorized Signatory

<Designation>

Important Notice

1) Cheque dishonour / non-receipt of Premium: The Policy is void ab-initio and deemed cancelled for all purposes in case of non-receipt/non-realization of Premium or dishonour of Cheque issued towards Premium payment.

2) This Master Policy is subject to the standard Policy wordings, warranties, exclusions, and conditions as per "Digit Life Group Long Term Plan" terms and conditions mentioned in this Master Policy Document. In case of dispute, the terms and conditions detailed in the Master Policy Document shall prevail.

3) The Insurance Coverage has been provided basis information received by Us from You/Insured Member and we will not be liable under the insurance contract if it is found that any of Your statements or particulars or declarations in the Proposal Form or other documents are incorrect /misleading / fraudulent in any respect on any matter to the grant of an Insurance Coverage or submission of claim in future.

4) The terms and conditions attached herewith includes all the standard Insurance Coverage offered by Digit Life Insurance under Digit Life Group Long Term Plan to its customers. Your entitlement for Insurance Coverage/Benefits shall be restricted to the Insurance Coverage/Benefits as mentioned in Master Policy Schedule/Certificate of Insurance/Register of Insured Members. For any clarification, please call our Helpline Number **9960126126.**

5) All taxes, including GST & Cess, either existing or those that may apply in future (including enhancement of existing taxes) will be charged extra. Payment of such taxes shall be the responsibility of the Master Policyholder/Member. For eligibility to claim any tax relief, kindly consult Your Tax Advisor.

PART – B

Important Terms and Definitions

DEFINITIONS

In this Policy, unless the context requires otherwise, the following words and expressions shall have the meaning assigned to them respectively herein below:

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

2. **Accidental Death** The Accident shall result in Bodily Injury or injuries to the Insured Member independently of any other means. Such Injury or injuries shall, within 180 days of the occurrence of the Accident (in case of Additional Accidental Death Benefit as mentioned in Clause 6.2.4.a. in Part C of this Master Policy Document) and within 12 months of the occurrence of the Accident (in case of Accidental Death Benefit under Additional Personal Accident Benefit, as mentioned in Clause 6.2.4.c. in Part C of this Master Policy Document), directly and independently of any other means, cause the death of the Insured Member. Such a death is defined as "Accidental Death". The date of the Accident should be after the Risk Commencement Date and before the termination/ expiry of the Insured Member's Insurance Coverage.

3. **Age** shall be Age of the Member as at last birthday on the Risk Commencement Date for existing Insured Members, and age as on Entry Date for new Members and as recorded with the Company.

4. **Appointee** shall mean a person who is appointed by the Insured Member to receive the Benefits on behalf of the Nominee, if the Nominee is a minor on the date of the payment of such Benefit on the happening of the death of Insured Member.

5. **Assignee** is the person to whom the rights and Benefits under this Policy are transferred by virtue of an Assignment.

6. **Assignment** is the process of transferring the rights and Benefits to an "Assignee," in accordance with the provisions of Section 38 of Insurance Act, 1938, as amended from time to time.

7. **Assignor** means the person who transfers the rights and Benefits under this Policy to the Assignee by virtue of an Assignment.

8. **Authority** means Insurance Regulatory and Development Authority of India (IRDAI).

9. **Benefit/s** means the Death Benefit, Inbuilt Optional Benefits which are Terminal Illness Benefit, Health Cover Benefit, Hospitalization Cover Benefit, Accidental Cover Benefit, Return of Premium in Term Insurance with Return of Premium option under Death Benefit as specified in Clause 6.1 of Part C of this Policy Document, Surrender Benefit, or any other Benefit as applicable and availed under the terms of this Policy.

10. **Beneficiary** means the Master Policyholder or the Member or Nominee/(s).

11. **Certificate of Insurance** means in the case of Non-Employer Employee Group, a certificate issued by Us, on the basis of the Member's enrolment details provided, to each Member evidencing the acceptance of risk on the life of the Member under the Master Policy; The Certificate of Insurance shall be attached to and form part of this Master Policy for the respective Member. In the event of any inconsistency or contradiction between the Policy and the Certificate of Insurance, the terms and conditions contained in the Policy will prevail.

12. **Claimant** means the Master Policyholder or the Member or the Nominee who is entitled to register a claim for the insured event under the Master Policy; and where there is no Beneficiary(s), then the Insured Member's legal heir or legal representative or the holder of a succession certificate.

13. **Coverage End Date** The date of the expiry of Insurance Coverage as provided to the Insured Member under this Master Policy.

14. **Death Benefit** means the Benefit which is agreed to be paid by Us on occurrence of Member's death subject to Clause 6.1 in Part C of this Policy Document and as specified in the Certificate of Insurance/ Register of Insured Members.

15. **Disappearance** means 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 Member Coverage Term, where it is reasonable to believe that such Insured Member has died as a result of an Accidental Injury. Disappearance shall be covered under Additional Accidental Death Benefit as specified in Clause 6.2.4.a of Part C of this Policy Document and Accidental Death Benefit under Additional Personal Accident Benefit as specified in Clause 6.2.4.c. of Part C of this Policy Document.

16. **Drowning** means if the Insured Member's full body cannot be located within a period of consecutive twelve (12) months, on account of Drowning during the Member Coverage Term, where it is reasonable to believe that such Insured Member has died as a result of drowning. Drowning shall be covered under Additional Accidental Death Benefit as specified in Clause 6.2.4.a of Part C of this Policy Document and Accidental Death Benefit under Additional Personal Accident Benefit as specified in Clause 6.2.4.c. of Part C of this Policy Document.

17. **Critical Illness (CI) Condition** means the first diagnosis of any of the covered Critical Illnesses or undergoing any surgery, as per chosen CI variant listed in Clause 6.2.2 in Part C of this Policy Document.

Following are the definitions of such listed **Critical Illnesses / surgical procedures**:

I. Standard Definitions

1) **Cancer Of Specified Severity**
   a) A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.
   b) The following are excluded:
      i) All tumors which are histologically described as carcinoma in situ, benign, pre- malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
      ii) Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond.
      iii) Malignant melanoma that has not caused invasion beyond the epidermis.
      iv) All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.
      v) All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below.
      vi) Chronic lymphocytic leukaemia less than RAI stage 3.
      vii) Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification.
      viii) All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs.
2) **Myocardial Infarction** (First Heart Attack of specific severity)
   a) The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:
      i) A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g., typical chest pain)
      ii) New characteristic electrocardiogram changes
      iii) Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
   b) The following are excluded:
      i) Other acute Coronary Syndromes
      ii) Any type of angina pectoris
      iii) A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.
3) **Open Heart Replacement Or Repair Of Heart Valves**
   a) The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease- affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to balloon valvotomy/valvuloplasty are excluded.
4) **Primary (Idiopathic) Pulmonary Hypertension**
   a) An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.
   b) The NYHA Classification of Cardiac Impairment are as follows:
      i) Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
      ii) Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
   c) Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.
5) **Open Chest CABG**
   a) The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breastbone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.
   b) The following are excluded:
      i) Angioplasty and/or any other intra-arterial procedures
6) **End Stage Lung Failure**
   a) End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:
      i) FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
      ii) Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
      iii) Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less ($PaO_2 < 55mmHg$); and
      iv) Dyspnoea at rest.
7) **End Stage Liver Failure**

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

8) **Kidney Failure Requiring Regular Dialysis:** End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted, or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

9) **Major Organ /Bone Marrow Transplant**
   a) The actual undergoing of a transplant of:
      i) One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
      ii) Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.
   b) The following are excluded:
      i) Other stem-cell transplants
      ii) Where only Islets of Langerhans are transplanted

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

11) **Coma Of Specified Severity**
   a) A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
      i) no response to external stimuli continuously for at least 96 hours;
      ii) life support measures are necessary to sustain life; and
      iii) permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
   b) The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

12) **Major Head Trauma**
   a) Accidental head injury resulting in permanent Neurological deficit is to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means, and independently of all other causes.
   b) The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology.
   c) The Activities of Daily Living are:
      i) Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
      ii) Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
      iii) Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
      iv) Mobility: the ability to move indoors from room to room on level surfaces;
      v) Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
      vi) Feeding: the ability to feed oneself once food has been prepared and made available.
   d) The following are excluded:
      i) Spinal cord injury

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

14) **Stroke Resulting In Permanent Symptoms**
   a) Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolization from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.
   b) The following are excluded:
      i) Transient ischemic attacks (TIA)
      ii) Traumatic injury of the brain

iii) Vascular disease affecting only the eye or optic nerve or vestibular functions.

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

16) **Multiple Sclerosis With Persisting Symptoms**
   a) The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
      i) investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
      ii) there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
   b) Other causes of neurological damage such as SLE are excluded.

II. Specific Definitions:

1) Surgery To Aorta: The actual undergoing of major surgery to repair or correct an aneurysm, narrowing, obstruction, or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches.

2) Abdominal Aorta Aneurysm
   a) An abdominal aortic aneurysm (AAA) is a swelling/dilatation (aneurysm) of the aorta – the main blood vessel that leads away from the heart, down through the abdomen to the rest of the body.
   b) The diagnosis must be supported by a CT scans or CTA (Angiography) and requiring Endovascular aneurysm repair and the realization of surgery has to be confirmed by a cardiovascular surgeon.
   c) Congenital conditions are excluded.

3) Cardiomyopathy
   a) A diagnosis of cardiomyopathy by a Specialist Medical Practitioner (Cardiologist). There must be clinical impairment of heart function resulting in the permanent loss of ability to perform physical activities for a minimum period of 30 days to at least Class 3 of the New York Heart Association classifications of functional capacity (heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain) and LVEF of 40% or less.
   b) The following conditions are excluded:
      i) Cardiomyopathy secondary to alcohol or drug abuse.
      ii) All other forms of heart disease, heart enlargement and myocarditis.

4) Pulmonary Artery Graft Surgery: The undergoing of surgery requiring median sternotomy on the advice of a Cardiologist for disease of the pulmonary artery to excise and replace the diseased pulmonary artery with a graft.

5) Apallic Syndrome: Universal necrosis of the brain cortex, with the brain stem intact. Diagnosis must be definitely confirmed by a registered Medical practitioner who is also a neurologist holding such an appointment at an approved hospital. This condition must be documented for at least one (1) month.

6) Parkinson's Disease
   a) The unequivocal diagnosis of progressive, degenerative idiopathic Parkinson's disease by a Neurologist acceptable to us.
   b) The diagnosis must be supported by all of the following conditions:
      i) the disease cannot be controlled with medication;
      ii) signs of progressive impairment; and
      iii) inability of the Insured Person to perform at least 3 of the 6 activities of daily living (either with or without the use of mechanical equipment, special devices or other aids and Adaptations in use for disabled persons) for a continuous period of at least 6 months.
   c) Parkinson's Disease secondary to drug and/or alcohol abuse is excluded.

7) Muscular Dystrophy
   a) A group of hereditary degenerative diseases of muscle characterised by progressive and permanent weakness and atrophy of certain muscle groups. The diagnosis of muscular dystrophy must be unequivocal and made by a Neurologist acceptable to Us, with confirmation of at least 3 of the following four conditions:
      i) Family history of muscular dystrophy;
      ii) Clinical presentation including absence of sensory disturbance, normal cerebrospinal fluid and mild tendon reflex reduction;
      iii) Characteristic electromyogram; or
      iv) Clinical suspicion confirmed by muscle biopsy.
   b) The condition must result in the inability of the Insured Person to perform at least 3 of the 6 activities Of daily living (either with or without the use of mechanical equipment, special devices Or other aids and adaptations in use for disabled persons) for a continuous period of at least 6 months. Activities of daily living means:
      i) Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means
      ii) Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
      iii) Transferring: The ability to move from a bed to an upright chair or wheel chair and vice versa;
      iv) Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
      v) Feeding: the ability to feed oneself, once food has been prepared and made available.
      vi) Mobility: The ability to move indoors from room to room on level surfaces

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

9) **Creutzfeldt-Jakob Disease (CJD):** A Diagnosis of Creutzfeldt-Jakob disease must be made by a Specialist Medical Practitioner (Neurologist). There must be permanent clinical loss of the ability in mental and social functioning for a minimum period of 30 days to the extent that permanent supervision or assistance by a third party is required. Social functioning is defined as the ability of the individual to interact in the normal or usual way in society. Mental functioning would mean functions /processes such as perception, introspection, belief, imagination reasoning which we can do with our minds.

10) **Bacterial Meningitis:** Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal chord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks resulting in permanent inability to perform three or more Activities for Loss of Independent Living. This diagnosis must be confirmed by:
    - **i)** The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
    - **ii)** A consultant neurologist certifying the diagnosis of bacterial meningitis.

11) **Alzheimer's Disease:** Alzheimer's disease is a progressive degenerative Illness of the brain, characterised by diffuse atrophy throughout the cerebral cortex with distinctive histopathological changes. It affects the brain, causing symptoms like memory loss, confusion, communication problems, and general impairment of mental function, which gradually worsens leading to changes in personality. Deterioration or loss of intellectual capacity, as confirmed by clinical evaluation and imaging tests,arising from Alzheimer's disease, resulting in progressive significant reduction in mental and social functioning, requiring the continuous supervision of the Insured Person. The diagnosis must be supported by the clinical confirmation of a specialist Medical Practitioner (Neurologist) and supported by Our Appointed Medical Practitioner, evidenced by findings in cognitive and neuro radiological tests (e.g. CT scan, MRI, PET scan of the Brain). The disease must result in a permanent inability to perform three or more Activities with Loss of Independent Living or must require the need of supervision and permanent presence of care staff due to the disease. This must be medically documented for a period of at least 90 days
    - **a)** The following conditions are however not covered:
        - **i)** non-organic diseases such as neurosis and psychiatric Illnesses;
        - **ii)** alcohol related brain damage; and
        - **iii)** any other type of irreversible organic disorder/dementia.

12) **Encephalitis:** Severe inflammation of the brain tissue due to infectious agents like viruses or bacteria which results in significant and permanent neurological deficits for a minimum period of 30 days, certified by a specialist Medical Practitioner (Neurologist). The permanent deficit should result in permanent inability to perform three or more Activities for Loss of Independent Living.

13) **Loss Of Independent Existence:** Confirmation by a Consultant Physician of the loss of independent existence due to illness or trauma, lasting for a minimum period of 6 months and resulting in a permanent inability to perform at least three (3) of Activities of Daily Living.

14) **Systemic Lupus Erythematous:** A multi-system, multifactorial, autoimmune disorder characterized by the development of autoantibodies directed against various self-antigens. Systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V lupus nephritis, established by renal biopsy, and in accordance with the World Health Organization (WHO) classification). The final diagnosis must be confirmed by a registered Medical Practitioner specializing in Rheumatology and Immunology acceptable to Us, Other forms, discoid lupus, and those forms with only hematological and joint involvement are however not covered. The WHO lupus classification is as follows:
    - **i)** Class I: Minimal change – Negative, normal urine.
    - **ii)** Class II: Mesangial – Moderate proteinuria, active sediment.
    - **iii)** Class III: Focal Segmental – Proteinuria, active sediment.
    - **iv)** Class IV: Diffuse – Acute nephritis with active sediment and/or nephritic syndrome.
    - **v)** Class V: Membranous – Nephrotic Syndrome or severe proteinuria.

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

16) **Fulminant Hepatitis:** A sub-massive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. Acute Hepatitis infection or carrier status alone does not meet the diagnostic criteria. This diagnosis must be supported by all of the following:
    - **i)** Rapid decreasing of liver size;
    - **ii)** Necrosis involving entire lobules, leaving only a collapsed reticular framework;
    - **iii)** Rapid deterioration of liver function tests;
    - **iv)** Deepening jaundice; and
    - **v)** Hepatic encephalopathy.

17) **Pneumonectomy:** The undergoing of surgery on the advice of an appropriate Medical Specialist to remove an entire lung for disease or traumatic injury suffered by the life assured. The following conditions are excluded:
    - **i)** Removal of a lobe of the lungs (lobectomy)
    - **ii)** Lung resection or incision

18) **Aplastic Anaemia**
    - **a)** Irreversible persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least two (2) of the following:
        - **i)** Blood product transfusion.
        - **ii)** Marrow stimulating agents.
        - **iii)** Immunosuppressive agents; or
        - **iv)** Bone marrow transplantation.
    - **b)** The Diagnosis of aplastic anaemia must be confirmed by a bone marrow biopsy. Two out of the following three values should be present:
        - **i)** Absolute Neutrophil count of 500 per cubic millimetre or less;

ii) Absolute Reticulocyte count of 20,000 per cubic millimetre or less; and
iii) Platelet count of 20,000 per cubic millimetre or less.

18. **Domiciliary Hospitalization**: Domiciliary Hospitalization means medical treatment for an illness/disease/Injury which in the normal course would require care and treatment at a Hospital but is actually taken while confined at home under any of the following circumstances: i) the condition of the patient is such that he/she is not in a condition to be removed to a Hospital, or ii) the patient takes treatment at home on account of non-availability of room in a Hospital.

19. **Employer-Employee Group** means group where an employer-employee relationship exists between the Master Policyholder and the Member, in accordance with the relevant laws.

20. **Entry Date** means in relation to the Members admitted to this Master Policy and shall be the Risk Commencement Date.

21. **Eligible Member** means a person who meets and continues to meet all the eligibility criteria as detailed out in Clause 1 and 2 of Part C of this Policy Document.

22. **Free Cover Limit** means the amount of Sum Assured granted on life of the Member without any need for individual underwriting for assessment of risk on account of Benefits offered under this Master Policy. Sum Assured in excess of Free Cover Limit may be accepted subject to evidence of insurability satisfactory to the Company. Such Free Cover Limit shall be determined by the prevailing underwriting policy of the Company and subject to amendment from time to time.

23. **Grace Period** means the time granted by the Company from the due date for the payment of Premium without levy of any interest or penalty during which time the Policy or Member's Insurance Coverage, as the case may be, is considered to be In Force without any interruption. The Grace Period so granted is fifteen (15) days for monthly Premium payment frequency and thirty (30) days for other available Premium payment frequencies from the respective Premium payment due date.

24. **Hospital** means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a Hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) of the said act Or complies with all minimum criteria as under:
    a) has qualified nursing staff under its employment round the clock.
    b) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places.
    c) has qualified medical practitioner(s) in charge round the clock.
    d) has a fully equipped operation theatre of its own where surgical procedures are carried out;
    e) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

25. **Hospitalization** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours. Inpatient care means treatment for which the Insured Member has to stay in a Hospital for more than 24 hours for an insured event.

26. **Inbuilt Optional Benefits** means Terminal Illness Benefit, Health Cover Benefit, Hospitalization Cover Benefit, Accidental Cover Benefit as described in Clause 6.2 of Part C of this Master Policy Document

27. **In Force** means status of the Policy / Member's Insurance Coverage being active, all due Premiums have been paid and the Policy / Member's Insurance Coverage is not terminated or in Lapsed Status.

28. **Injury / Bodily Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

29. **Insurance Coverage** means the risk cover under this Master Policy issued to the Member as per the Benefit/s In Force under the Master Policy.

30. **Lapsed Status** means state of a non-active life insurance contract on account of non-payment of Premium within the Grace Period.

31. **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license. The registered practitioner should not be the insured or close member of the family. All medical professionals mentioned in this Master Policy Document, that is, cardiologist, neurologist, consultant neurologist, rheumatologist, nephrologist, specialist in respiratory medicine, pathologist shall be registered Medical Practitioners.

32. **Master Policy / Policy** means the contract of insurance entered into between the Master Policyholder and the Insurer as evidenced by the Master Policy Document.

33. **Master Policy Document / Policy Document** means this Digit Life Group Long Term Plan Policy comprising the necessary documents including terms and conditions, Master Policy Schedule, the signed Proposal Form, any endorsements in this document issued by Us from time to time and the annexures, if any.

34. **Master Policyholder** shall mean the owner of this Policy and is referred to as the proposer in the Proposal form and is named as such in the Master Policy Schedule.

35. **Master Policy Schedule** means the Policy Schedule set out above in Part A that We have issued, along with any annexures, tables and/or endorsements, attached to it from time to time and forming part of this Policy and if any updated Schedule is issued, then the Schedule which is latest in time.

36. **Member/Insured Member** means an individual who satisfies the eligibility criteria and is covered under this Master Policy.

37. **Member Coverage Term / Coverage Term** means duration of Insurance Coverage for Death Benefit and each of the Inbuilt Optional Benefits, respectively, with respect to Insured Member, from date of joining the Master Policy. Coverage Term of Inbuilt Optional Benefits will always be less than or equal to the Coverage Term of Death Benefit.

38. **Master Policy Commencement Date** is the Date, Month and Year the Master Policy comes into effect after We have accepted the risk under the Proposal Form and is as specified in the Master Policy Schedule.

39. **Multi-Stage Cancer Conditions** means first diagnosis of any of the covered minor or major conditions under Additional Multi-Stage Cancer Benefit mentioned in Clause 6.2 in Part C of this Policy Document. Following are the definitions of such minor and major conditions covered under Additional Multi-Stage Cancer Benefit:

1) Carcinoma-in-Situ (CIS) of any organ (except skin)

a) It means the focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/or destruction of surrounding tissues. Invasion means an infiltration and/or active destruction of normal tissue beyond the basement membrane.
b) The diagnosis of Carcinoma-in-Situ must always be supported by a histopathological report.
c) Furthermore, the diagnosis of Carcinoma-in-Situ must always be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical diagnosis does not meet this standard.
d) In the case of cervix uteri, Pap smear alone is not acceptable and should be accompanied with cone biopsy and colposcopy with the cervical biopsy report clearly indicating presence of CIS.
e) Clinical diagnosis or Cervical Intraepithelial Neoplasia (CIN) classification which reports CIN I and CIN II (where there is severe dysplasia without Carcinoma-in-Situ) does not meet the required definition and are specifically excluded.
f) All CIS of skin are specifically excluded.
g) This coverage is available to the first occurrence of CIS of same organ. Multiple claims from the same organ shall not be admissible.

2) Early-Stage Cancers

a) Early-Stage Cancer shall mean first ever diagnosis with presence of one of the following malignant conditions:
   i) Any malignant tumor of the thyroid, positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells and invasion of the tissue, which is histologically classified as T1N0M0 according to the TNM classification system, or another equivalent classification.
   ii) Prostate tumor should be histologically described as TNM Classification T1a or T1b or T1c are of another equivalent classification.
   iii) Chronic lymphocytic leukaemia classified as RAI Stage I or II.
   iv) Basal Cell and Squamous skin cancer that has spread to distant organs beyond the skin
   v) Hodgkin's lymphoma Stage I by the Cotswold's classification staging system
   vi) All tumors of urinary bladder histologically classified as T1N0M0 (TNM Classification)

The diagnosis must be based on histopathological features and confirmed by a pathologist. Pre-malignant lesions and conditions, unless listed above are excluded.

3) Cancer of Specified Severity As defined in Definition 17 (1) in this Part B

40. **Nomination** is the process of nominating a person(s) in accordance with provisions of Section 39 of the Insurance Act, 1938 as amended from time to time.

41. **Nominee/s** means a person nominated by the Member to receive the applicable Benefit/(s) under this Policy in case of death of the Member and whose name is mentioned in the Certificate of Insurance / Register of Insured Members.

42. **Non-Employer-Employee Group** means group other than employer-employee, where a clearly evident relationship between the Member and the Master Policyholder, for services other than insurance, exist.

43. **OPD Treatment**: OPD Treatment means the one in which the Insured Member visits a clinic / Hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

44. **Policy Term** means the period for which Insurance Coverage is provided to each Insured Member by Us under this Master Policy and as specified in the Policy Schedule.

45. **Policy Year or Coverage Year** means a period of twelve (12) consecutive months starting from the Master Policy Commencement Date or Risk Commencement Date respectively and ending on the day immediately preceding the following Policy anniversary date / Insurance Coverage anniversary date and each subsequent period of twelve (12) consecutive months thereafter, if applicable.

46. **Premium/s** means the contractual amount payable by the Master Policyholder or the Insured Member during the Premium Payment Term on the Premium due date as set out in the Master Policy Schedule or Certificate of Insurance or Register of Insured Members, as applicable, to secure the Benefits under this Policy. Applicable tax, cess and other levies if any are payable in addition.

47. **Pre-existing Disease** means any condition, ailment, Injury or disease:
    a) that is/are Diagnosed by a physician within 48 months prior to the effective date of the Insurance Coverage issued by Us or;
    b) for which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the Insurance Coverage or its Revival.

48. **Premium Payment Term (PPT)** means the period in years or months during the Policy Term / Member Coverage Term during which Premiums are payable by the Policyholder / Insured Member under the Policy, as specified in the Master Policy Schedule / Certificate of Insurance / Register of Insured Members.

49. **Proposal** Form means the form filled in and completed by You for the purpose of obtaining Insurance Coverage under this Master Policy.

50. **Register of Insured Members** means a record maintained by Us or the Master Policyholder containing details of each Insured Member including but not limited to unique identification number or membership number, name, Age, gender, Beneficiary, Entry Date, Premium payable, Premium Payment Term and instalment Premium due date (if applicable), Coverage and Benefit options chosen and Sum Assured under various Benefit options, as applicable and any special conditions applicable to the Insured Member.

51. **Regular Pay** means the Premium Payment Term is equal to Policy Term / Member Coverage Term and as specified in Master Policy Schedule / Certificate of Insurance/Register of Insured Members.

52. **Revival** means restoration of Insurance Coverage under a Master Policy / Insurance Coverage with respect to any Member, which is in a Lapsed Status or reduced paid-up status due to non-payment of due Premium (as stated in Clause 2 of Part D in this Policy Document), to the In-Force status as specified in Clause 4 of Part D in this Policy Document and subject to terms and conditions of the Master Policy.

53. **Risk Commencement Date** means the date on which the Insurance Coverage under the Master Policy in respect of the Insured Members commences which will be later of the date of realization of the full Premium by Us or the date of underwriting decision communicated by Us or the date specified towards the respective Insured Member in the Certificate of Insurance / Register of Insured Members.

54. **Single Pay** means the Policy / Insurance Coverage in which the Premium for the chosen Policy Term / Member Coverage Term is paid only once at the time before Master Policy Commencement Date / Risk Commencement Date, as applicable.

55. **Scheme Rules / Rules of Scheme** means the rules that may be framed by the Master Policyholder for the scheme and approved by Us from time to time, governing the grant of Benefits to the Insured Members of the scheme.

56. **Sum Assured** means an absolute amount of Benefit which is guaranteed to become payable on the occurrence of Death of Insured Member (lumpsum Sum Assured in case of Death Benefit) or other insured events with respect to inbuilt optional Benefits chosen in accordance with the terms and conditions of this Policy and is specified as such in the Certificate of Insurance or Register of Insured Members. For Income Benefit option, Sum Assured shall be defined as the total income payable in the next 12 months following the death of Insured Member for presentation purpose.

57. **Surrender** means complete withdrawal/ termination of the Master Policy or exit by the Member from the Master Policy before completion of Policy Term / Member Coverage Term, as the case may be, at the request of the Master Policyholder or the Member, as applicable.

58. **Survival Period** means the period of 30 days from the date of the first diagnosis of covered Critical Illness Condition that the Insured Member has to survive to be eligible for receiving Critical Illness Sum Assured (if opted for). Survival Period shall not be applicable for Additional Multi-Stage Cancer Benefit.

59. **Terminal Illness** means an advanced or rapidly progressing incurable and un-correctable medical condition which, in the opinion of two independent Medical Practitioners specializing in treatment of such illness, certifies that the illness is expected to lead to death of the Member within 6 months of the date of diagnosis of the Terminal Illness.
    The Company reserves the right for an independent assessment by two different Medical Practitioners other than the Medical Practitioner whose diagnosis has been provided by the insured Member.

60. **Total Premiums Paid** means total of all the Premiums received, excluding any extra Premium, any rider premium and taxes.

61. **Unexpired Risk Premium Value (Surrender Value)** means an amount, if any, that becomes payable in case of Surrender, in accordance with the terms and conditions of the Policy as mentioned in Part D of this Policy Document.

62. **Waiting Period** means a period of 90 days for Accelerated Critical Illness, Additional Critical Illness Benefit, Additional Multi-Stage Cancer Benefit (all sub-options under Health Cover Benefit) and 45 days for Additional Hospitalization Benefit (under Hospitalization Cover Benefit) starting from the Risk Commencement Date for the Member or from the date of Revival of Insured Member's Insurance Coverage. No amount shall be payable in case of occurrence of covered Critical Illness Condition or in case of occurrence of covered condition under Additional Multi-Stage Cancer Benefit or on Hospitalization under Additional Hospitalization Benefit within the Waiting Period. Waiting Period shall not be applicable in case Critical Illness condition/(s) or minor / major conditions under Additional Multi-Stage Cancer Benefit manifests due to an Accident. Similarly Waiting Period shall not be applicable in case of Member's Hospitalization due an Accident.

63. **"We", "Us", "Our" "Ours", "Digit" "Digit Life" "Digit Life Insurance", "Insurer" and "Company"** refers to Go Digit Life Insurance Limited.

64. **"You", "Your", "Yours"** refers to the Master Policyholder named in Master Policy Schedule and Insured Member named in Certificate of Insurance (if applicable).

PART - C

Product Core Benefits (Benefits Payable Under This Policy)

1. Eligibility Criteria For An Insured Member

a) A person shall be eligible to become an Insured Member ("Eligible Member") if such person is:

i) above or equal to the minimum Age at Entry Date and below or equal to the maximum Age at Entry Date as specified in the Master Policy Schedule.

ii) Employees or contract staff or part time staff in case of Employer Employee (EE) groups.

iii) The Person forms part of the specified Group having a clearly evident relationship between him/her and the Master Policyholder.

iv) In case of joint life cover, both the persons under joint life cover shall individually satisfy the eligibility criteria.

b) We will cover an Eligible Member from the Risk Commencement Date provided that:

i) We have received the Premium along with applicable taxes for such Eligible Member; and

ii) The Eligible Member satisfies underwriting criteria as per Our prevailing underwriting policy; and

iii) We have received all documentation in respect of that Eligible Member as required.

iv) The Eligible Member fulfils Eligibility Criteria as mentioned in Clause 1(a) above of this Part C.

The eligibility of a Member to join the scheme is subject to the Company receiving an intimation of eligibility of the Member and Premium amount preferably within 45 days of the Member becoming eligible.

2. Membership Provisions

a) An Eligible Member will become an Insured Member only when We or the Master Policyholder has entered the member's details into the Register of Insured Members and as per the provisions defined in the Scheme Rules (if applicable), subject to terms and conditions of this Policy.

b) Any Member shall have only one /single enrolment under the Master Policy unless agreed by the Company.

c) Master Policyholder is responsible for providing the data on the Insured Members and for ensuring that it is accurate. Master Policyholder shall intimate Us of any change in the details of the Insured Members and addition of new member(s) and deletion of the Insured Member(s) in any month, within timelines as mentioned in the Scheme Rules.

d) Master Policyholder agrees to indemnify and hold Us harmless from and against any and all losses, costs, expenses, actions or proceedings suffered by Us in relation to any error or deficiency in or in respect of providing the data on Members.

e) We may seek additional information and/or documentation in respect of any Insured Member at any time. If the information and/or documentation for such Insured Member is not received by Us within timelines as mentioned in the Master Policy/ Scheme Rules, the name of the Insured Member shall be deemed to have been removed from the Register of Insured Members effective from the date of Our request of such information and/or documentation, and the Certificate of Insurance issued, if any, shall no longer be valid.

3. Insurance Coverage under Master Policy

a) We may provide Insurance Coverage to a person under this Master Policy who satisfies the eligibility criteria as provided in Clause 1 and 2 above in this Part C.

b) Every Member or Master Policyholder on behalf of Member shall produce evidence of insurability in the form and manner as prescribed by Us before effecting the Insurance Coverage on Member under this Master Policy or before effecting any change in the terms of Insurance Coverage extended including increase/decrease in Sum Assured, if any.

c) After the Master Policy Commencement Date, an Eligible Member can become an Insured Member only after due intimation to Us and submission of all information and details in the form and manner specified by Us along with requisite Premium amount including applicable taxes.

d) Subject to terms and conditions of the Master Policy, Rules of Scheme and prevailing underwriting policy of Company, Insured Member may have choice to opt from various options made available by the Master Policyholder under the Policy with respect to options under Death Benefit, Inbuilt Optional Benefits, Coverage Term, Premium Payment Term, Premium payment frequency, joint life cover option, coverage option, Sum Assured amount, any other option, if applicable.

e) The Company shall have the right to vary the terms and conditions of the Master Policy including the Premium payable for new Members or to discontinue adding new Members to/terminate the Master Policy, by giving a written notice of 30 days in advance. In case the Policy is terminated for any reason, the Company shall continue to cover the risk for lives of Members covered under the Policy till such termination subject to receipt of Premiums for the continuing Members as and when due.

4. Joint Life Cover

This Policy offers joint life cover option, under which two persons can be insured under a single lumpsum Sum Assured and / or Income Benefit under Death Benefit and under single Sum Assured for each of the applicable sub-options under Inbuilt Optional Benefits, if chosen. Both the individuals to be covered shall have insurable interest to avail the Insurance Coverage on joint life basis. The Premium, as applicable, shall be collected for both the insured persons under joint life cover during the Premium Payment Term. For joint life cover, Death Benefit shall be payable in accordance with Clause 6.1 of this Part C and Inbuilt Optional Benefits, if chosen, shall be payable in accordance with Clause 6.2 of this Part C on occurrence of respective insured events. The surviving Member shall receive the applicable Benefit payable on first occurrence of death under joint life cover. On payment of Death Benefit or on payment of Accidental Death Benefit (under Additional Accidental Death Benefit as mentioned in Clause 6.2.4.a. of this Part C or under

Additional Personal Accidental Benefit as mentioned in Clause 6.2.4.c. of this Part C) or on payment of accelerated Benefits which leads to 100% exhaustion of applicable lumpsum Sum Assured under Death Benefit, provided income benefit option is not chosen, the Insurance Coverage for both the lives under Master Policy shall terminate and no further Benefits shall be payable under this Master Policy. On payment of 100% Sum Assured or 100% of applicable Benefit amount, as the case may be, for Additional Critical Illness Benefit/ Additional Multi-Stage Cancer Benefit/Additional Hospitalization Benefit/Additional Total and Permanent Disability Benefit/Additional Personal Accident Benefit, Insurance Coverage for these respective Benefits shall terminate for both the lives.
In case of simultaneous death of both the lives under joint life cover, Death Benefit and Accidental Death Benefit (under Additional Accidental Death Benefit as mentioned in Clause 6.2.4.a. of this Part C or under Additional Personal Accidental Benefit as mentioned in Clause 6.2.4.c. of this Part C), if applicable, shall be payable for one life only. In case of simultaneous or subsequent occurrence of insured events with respect to two lives for Inbuilt Optional Benefits, the total Benefit amount payable put together under each of the applicable sub-options under Inbuilt Optional Benefits (if chosen) shall be limited to 100% of the applicable respective Sum Assured or 100% of applicable respective Benefit amount, subject to terms and conditions of this Policy.
In case of simultaneous or subsequent claims under joint life cover, where claim against one life is repudiable, the claim on the other life shall prevail, if it is valid and subject to terms and conditions of this Policy.

5. Coverage Options

The Master Policyholder can choose any one or two or all three of the following Coverage Options at Master Policy Commencement Date and allow each Member to be covered in the Master Policy to choose any one of these options before Member's Risk Commencement Date.

a. Level Cover – Under this Coverage Option, Sum Assured shall remain constant throughout the Member Coverage Term
b. Decreasing Cover – Under this Coverage Option, Sum Assured as on Risk Commencement Date shall reduce over the Member Coverage Term as per the agreed schedule chosen before Risk Commencement Date and as specified in Certificate of Insurance.
c. Flexi Cover – This option offers a combination of Level Cover and Decreasing Cover and shall be subject to agreed schedule chosen before Risk Commencement Date and as specified in Certificate of Insurance.

6. Benefits: Subject to this Master Policy / Member's Insurance Coverage, as the case may be, being In-Force and all due Premiums have been received at the time of occurrence of insured event and other terms and conditions mentioned in this Master Policy Document, We agree to pay to the Claimant, the Death Benefit and any other additional Benefit(s) depending upon the Coverage Option/s and Inbuilt Optional Benefit(s) (as explained respectively in Clause 5 and Clause 6 of Part C of this Policy Document) chosen and as specified in the Master Policy Schedule/Certificate of Insurance/Register of Insured Members. Maximum Sum Assured (and / or Income Benefit, if chosen, in case of Death Benefit) allowed for each Member under Death Benefit or each of the applicable sub-options under Inbuilt Optional Benefits (if any) shall be subject to prevailing underwriting policy of the Company.

6.1 Death Benefits & Death Benefit Payout Options: Death Benefit is the base Benefit under this Master Policy and shall be payable in case of death of the Insured Member. Any one of the following Death Benefit options can be chosen by the Member before Risk Commencement Date:

- Term Insurance - Death Benefit shall be payable in the event of death of the Insured Member during the Member Coverage Term, provided all Premiums are paid as and when due and Member's Insurance Coverage is In Force. No survival Benefit or maturity Benefit shall be payable under this option.
- Term Insurance with Return of Premium (TROP) – Death Benefit shall be payable in the event of death of the Insured Member during the Member Coverage Term, provided all Premiums are paid as and when due. In case of survival of the Member (or survival of both individuals under joint life cover) till the end of Member Coverage Term, Total Premiums Paid shall be returned in lumpsum at the end of such Member Coverage Term.

Any one or combination of the following pay out options can be chosen under Death Benefit subject to acceptance by the Company.

a) Lumpsum Sum Assured: Under this option (if chosen), a lumpsum amount shall be payable following death of Insured Member.
b) Income Benefit for a specified period: Under this option (if chosen), regular income shall be payable following date of Insured Member's death till the end of chosen number of years, which should not exceed 40 years less the chosen Member Coverage Term.

Income Benefit chosen can be level or increasing with income increasing at specified simple rate of up to 10% per annum. Any one of annual, half-yearly, quarterly or monthly mode can be chosen to receive the regular income pay-outs. Option to choose Income Benefit before Master Policy Commencement Date / Risk Commencement Date (as the case may be) shall be available in case of Death Benefit only.
For Income Benefit option mentioned above, Sum Assured shall be defined as the total income payable in the next 12 months following the death of Insured Member for presentation purpose.

The Death Benefit amount payable on death for an Insured Member shall be the chosen lumpsum Sum Assured and / or Income Benefit as per the options chosen for that Member. Insured Members of the same Master Policy can have different lumpsum Sum Assured amount and / or Income Benefit amount. The lumpsum Sum Assured and / or Income Benefit amount for each individual Insured Member will be specified at Risk Commencement Date.

On death of Insured Member

In the event of death of the Insured Member during the Member Coverage Term, and provided that the Master Policy/ Insurance

Coverage to the Member under this Policy is In Force as on the date of death of the Member, Death Benefit as lumpsum Sum Assured or as Income Benefit or as combination of lumpsum Sum Assured and Income Benefit as chosen and as specified in the Certificate of Insurance or Register of Insured Members or any endorsement issued from time to time, shall be payable to the Claimant.

On payment of the Death Benefit, the Insurance Coverage for such Member for all the Benefits, including inbuilt optional Benefits (if any) under this Master Policy shall immediately and automatically terminate.
We shall not pay the Death Benefit when the Master Policy / Insurance Coverage to the Member is in Lapsed Status.

Death Benefit payable under different Coverage Options

Benefit	**Insured Event**	**How and when Benefit shall be payable**	**Size of such Benefit**
Death Benefit	Death	In case of death of the Member (on occurrence of first death in case of joint life cover) during the Member Coverage Term, lumpsum Sum Assured and / or income benefit (if any), shall be payable.	**In case of Level Cover:** Lumpsum Sum Assured and / or income benefit under Death Benefit shall be payable. **Decreasing and Flexi Cover** – Prevailing lumpsum Sum Assured under Death Benefit, as per agreed schedule chosen before Risk Commencement Date, shall be payable. Decreasing and Flexi Cover shall not be applicable for Income Benefit

6.2 In-built Optional Benefits

The Master Policyholder can choose one or more of the following In-Built optional Benefits before Master Policy Commencement Date subject to Our acceptance and Members can choose from such available Inbuilt Optional Benefits under the Master Policy, subject to prevailing underwriting policy of the Company and terms and conditions of this Policy.

In case the Insured Member has to pay the Premiums for the Inbuilt Optional Benefits chosen by the Master Policyholder, he/she has the option to not opt for the same.

The Certificate of Insurance/Register of Insured Members will specify the Inbuilt Optional Benefits chosen under the Master Policy in respect of the Insured Member.

6.2.1 Terminal Illness (TI) Benefit

Accelerated Terminal Illness (TI) Benefit shall be offered under this Inbuilt Optional Benefit and subject to the terms and conditions of this Policy, TI Sum Assured as specified in the Certificate of Insurance/Register of Insured Members shall be payable as lump sum upon the occurrence of Terminal Illness condition in respect of the Insured Member, where such an occurrence happens while the Insured Member's TI Insurance Coverage is In Force.

Since TI Benefit is an Accelerated Benefit, payment of this Benefit shall not be in addition to lumpsum Sum Assured under Death Benefit chosen and it only facilitates an earlier payment of lumpsum Sum Assured under Death Benefit on prior occurrence of the Terminal Illness. Accelerated TI Benefit can be opted for when lumpsum Sum Assured under Death Benefit is chosen (either standalone or in combination with Income Benefit option). It is payable only once during the lifetime of the Insured Member and shall not exceed lumpsum Sum Assured under Death Benefit.

Where the TI Sum Assured is equal to the lumpsum Sum Assured under Death Benefit and no Income Benefit is chosen in addition to lumpsum Sum Assured under Death Benefit, the Insurance Coverage for all the Benefits, including Death Benefit and Inbuilt Optional Benefits (if any) in respect of the Insured Member shall terminate immediately upon diagnosis of Terminal Illness and payment of Accelerated TI Benefit.

Where the TI Sum Assured is equal to the lumpsum Sum Assured under Death Benefit and Income Benefit is also chosen in addition to lumpsum Sum Assured under Death Benefit, on payment of TI Sum Assured, Accelerated TI Benefit along with lumpsum Sum Assured under Death Benefit and other Inbuilt optional Benefits, if any, shall terminate, however, Member's Insurance Coverage shall continue with respect to the In Force Income Benefit under Death Benefit.

Where the TI Sum Assured is less than the lumpsum Sum Assured under Death Benefit, on payment of the TI Sum Assured, the lumpsum Sum Assured under Death Benefit will be reduced to the extent of the TI Sum Assured paid and this change shall be effective from the date of payment of accelerated TI Benefit. On payment of the accelerated TI Benefit, the Insurance Coverage for such Member in respect of other Inbuilt Optional Benefits (if any) under this Master Policy shall immediately and automatically terminate.

We shall not pay the accelerated TI Sum Assured when the Master Policy / Insurance Coverage to the Member is in Lapsed Status.

The Terminal Illness must be diagnosed and confirmed by Medical Practitioners. We reserve the right for an independent assessment by two different Medical Practitioners other than the Medical Practitioner whose diagnosis has been provided by the Insured Member.

Accelerated Terminal Illness (TI) Benefit payable under different Coverage Options

Benefit	**Insured Event**	**How and when Benefit shall be payable**	**Size of such Benefit**
Accelerated Terminal Illness Benefit	Terminal Illness (TI)	In case of diagnosis of Terminal illness, lumpsum Sum Assured is payable. In case of joint life cover, Benefit shall be payable in lumpsum, if any one of two lives is diagnosed first with Terminal Illness condition.	**Level Cover:** TI Sum Assured, which will be acceleration of the lumpsum Sum Assured under Death Benefit shall be payable. **Decreasing & Flexi Cover:** TI Sum Assured, which will be acceleration of lumpsum Sum Assured under Death Benefit, prevailing as per agreed schedule chosen before Risk Commencement Date, shall be payable.

6.2.2 Health Cover Benefit:

Under this Inbuilt Optional Benefit, the following three sub-options are available. Members can choose only one of these three sub-options before Risk Commencement Date.

a) Accelerated Critical Illness (CI) Benefit

This is an accelerated Benefit and subject to the Waiting Period, Survival Period, applicable exclusions referred under Critical Illness Condition in Part B and Annexure IV of this Master Policy and the other terms and conditions of this Policy, CI Sum Assured as specified in the Certificate of Insurance/Register of Insured Members shall be payable as lumpsum upon the occurrence of covered Critical Illness Condition in respect of the Insured Member, where such an occurrence happens while the Insured Member's CI Insurance Coverage is In Force.

Since this is an accelerated Benefit, payment of this Benefit shall not be in addition to lumpsum Sum Assured chosen under Death Benefit and it only facilitates an earlier payment of such lumpsum Sum Assured under Death Benefit on prior occurrence of the Critical Illness. Accelerated CI Benefit can be opted for when lumpsum Sum Assured under Death Benefit is chosen (either standalone or in combination with Income Benefit option). Accelerated CI Benefit shall not exceed lumpsum Sum Assured under Death Benefit. On admission of claim under the accelerated CI Benefit:

Where the CI Sum Assured is equal to the lumpsum Sum Assured under Death Benefit and no Income Benefit is chosen in addition to lumpsum Sum Assured under Death Benefit, the Insurance Coverage for all the Benefits, including Death Benefit and Inbuilt Optional Benefits (if any) in respect of the Insured Member shall cease immediately upon diagnosis of Critical Illness and payment of Accelerated CI Benefit.

Where the CI Sum Assured is equal to the lumpsum Sum Assured under Death Benefit and Income Benefit is also chosen in addition to lumpsum Sum Assured under Death Benefit, on payment of CI Sum Assured, Accelerated CI Benefit along with the lumpsum Sum Assured under Death Benefit shall terminate, however, Member's Insurance Coverage shall continue with respect to the In Force Income Benefit under Death Benefit and other In Force Inbuilt Optional Benefits, if any, for remaining of the respective Member Coverage Terms.

Where the CI Sum Assured is less than the lumpsum Sum Assured under Death Benefit, on payment of the CI Sum Assured, the lumpsum Sum Assured under the Death Benefit will be reduced to the extent of the CI Sum Assured paid, and such change in the lumpsum Sum Assured under Death Benefit shall be effective from the date of the payment of the Accelerated Critical Illness Benefit. Such Member's Insurance Coverage under this Policy in respect of other In Force Inbuilt Optional Benefits (if any) shall continue for the remaining of the respective Member Coverage Terms.

Accelerated Critical Illness (CI) Benefit payable under different Coverage Options

Benefit	**Insured Event**	**How and when Benefit shall be payable**	**Size of such Benefit**
Accelerated Critical Illness (CI) Benefit	Critical Illness (CI)	In case of diagnosis of any one of the covered Critical Illnesses, basis the CI variant chosen, lumpsum Sum Assured is payable. In case of joint life cover, this Benefit shall be payable in	**Level Cover:** CI Sum Assured, which will be acceleration of the lumpsum Sum Assured under Death Benefit, shall be payable. **Decreasing & Flexi Cover :**

		lumpsum, if any one of two lives is diagnosed first with Critical Illness condition.	CI Sum Assured, which will be acceleration of lumpsum Sum Assured under Death Benefit, prevailing as per agreed schedule chosen before Risk Commencement Date, shall be payable.

b) Additional Critical Illness (CI) Benefit

Subject to the Waiting Period, Survival Period, applicable exclusions referred under Critical Illness Condition in Part B and Annexure IV of this Master Policy and the other terms and conditions of this Policy , CI Sum Assured as specified in the Certificate of Insurance/Register of Insured Members shall be payable as lumpsum upon the occurrence of covered Critical Illness Condition in respect of the Insured Member, where such an occurrence happens while the Insured Member's CI Insurance Coverage is In Force.

This is an additional Benefit and on admission of a claim under the Additional CI Benefit, the CI Sum Assured shall be payable to the Claimant. On payment of Additional CI Benefit, Member's Insurance Coverage for this Benefit under the Master Policy shall terminate, however Member's Insurance Coverage shall continue in respect of In Force Death Benefit and other In Force Inbuilt Optional Benefits (if any) for the remaining of the respective Member Coverage Terms.

Additional Critical Illness (CI) Benefit payable under different Coverage Options

Benefit	**Insured Event**	**How and when Benefit shall be payable**	**Size of such Benefit**
Additional Critical Illness (CI) Benefit	Critical Illness	In case of diagnosis of any one of the covered critical illnesses, basis the CI variant chosen, lumpsum Sum Assured is payable. In case of joint life cover, this Benefit shall be payable in lumpsum, if any one of two lives is diagnosed first with Critical Illness condition.	**Level Cover**: CI Sum Assured shall be payable. **Decreasing Cover & Flexi Cover:** Prevailing CI Sum Assured as per agreed schedule chosen before Risk Commencement Date shall be payable.

For both Accelerated CI Benefit and Additional CI Benefit: We shall not pay the CI Sum Assured when the Master Policy / Insurance Coverage to the Member is in Lapsed Status. The claim for Critical Illness Benefit shall be accepted only if covered Critical Illness condition has happened to Insured Member for the first time in life and is not a consequence of or arising out of any Pre- existing Condition/disease. Once a claim has been accepted under Critical Illness Benefit, Insurance Coverage for the Insured Member under this Policy with respect to CI Benefit shall cease and no further payment will be made for any consequent Critical Illness disease or any dependent Critical Illness/Illnesses.

At the time of Critical Illness claim payment, the Claimant will have an option to receive the additional / accelerated CI Benefit (as chosen) in the form of regular income over a period not exceeding 5 years. Such income payment can be chosen to be received in monthly, quarterly, half-yearly or annual mode. The first instalment pay-out shall be made immediately on acceptance of the CI claim by the Company. The lumpsum CI sum assured will be converted to the income amount as per chosen payment frequency and payment period using an effective interest rate of 5% p.a.

Critical Illnesses (CI) Variants: There are three CI variants offered under Accelerated CI Benefit / Additional CI Benefit and only one of them can be chosen by the Member before Risk Commencement Date, subject to terms and conditions of this Master Policy.
Variant 1 (14 Critical Illnesses)
Variant 2 (20 Critical Illnesses)
Variant 3 (34 Critical Illnesses)

Following is the list of Critical Illnesses /Surgical procedures covered under these three variants.

Sr. No	Category	Critical Illness	Variant 1	Variant 2	Variant 3
1	**Cancer**	Cancer of Specified Severity	Covered	Covered	Covered
2	**Cardiovascular system**	Myocardial Infarction	Covered	Covered	Covered
3		Open Heart Replacement or Repair of Heart Valves	Covered	Covered	Covered
4		Surgery to Aorta	Covered	Covered	Covered
5		Primary (Idiopathic) Pulmonary Hypertension	Not Covered	Covered	Covered
6		Aneurysm of Abdominal Aorta	Not Covered	Not Covered	Covered
7		Cardiomyopathy	Not Covered	Not Covered	Covered

8		Pulmonary artery graft surgery	Not Covered	Not Covered	Covered
9		Open Chest CABG	Covered	Covered	Covered
10	**Major Organ Transplant**	End Stage Lung Failure	Covered	Covered	Covered
11		End Stage Liver Failure	Covered	Covered	Covered
12		Kidney Failure Requiring Regular Dialysis	Covered	Covered	Covered
13		Major Organ/ Bone Marrow Transplant	Covered	Covered	Covered
14	**Nervous System**	Apallic Syndrome	Not Covered	Covered	Covered
15		Benign Brain Tumour	Covered	Covered	Covered
16		Coma of Specified Severity	Covered	Covered	Covered
17		Major Head Trauma	Covered	Covered	Covered
18		Permanent Paralysis of Limbs	Covered	Covered	Covered
19		Stroke Resulting in Permanent Symptoms	Not Covered	Covered	Covered
20		Motor Neurone Disease with Permanent Symptoms	Not Covered	Covered	Covered
21		Parkinson's Disease	Not Covered	Not Covered	Covered
22		Muscular Dystrophy	Not Covered	Not Covered	Covered
23		Progressive Supranuclear Palsy	Not Covered	Not Covered	Covered
24		Creutzfeldt-Jakob disease (CJD)	Not Covered	Not Covered	Covered
25		Bacterial Meningitis	Not Covered	Not Covered	Covered
26		Alzheimer's disease	Not Covered	Not Covered	Covered
27		Encephalitis	Not Covered	Not Covered	Covered
28		Multiple Sclerosis with Persisting Symptoms	Covered	Covered	Covered
29	**Others**	Loss of Independent Existence	Not Covered	Covered	Covered
30		Systemic lupus erythematosus	Not Covered	Not Covered	Covered
31		Goodpasture's syndrome	Not Covered	Not Covered	Covered
32		Fulminant Viral Hepatitis	Not Covered	Not Covered	Covered
33		Pneumonectomy	Not Covered	Not Covered	Covered
34		Aplastic Anaemia	Not Covered	Covered	Covered

c) Additional Multi-Stage Cancer (MSC) Benefit

Multi-stage Cancer (MSC) Benefit is an additional Benefit and subject to the Waiting Period, applicable exclusions mentioned under Additional Multi-Stage Cancer Condition in Part B and Annexure IV of this Master Policy and the other terms and conditions of this Policy, shall be payable in lumpsum as mentioned in table below upon diagnosis of the listed conditions during Multi-Stage Cancer Benefit's Coverage Term.

Level and covered conditions	**Additional MSC Benefit payable in lumpsum (as percentage of MSC Sum Assured)**
Minor Condition a. Carcinoma in-situ of any organ except skin b. Early-Stage Cancers	25%
Major Condition a. Cancer of specific severity	100% less minor condition claim earlier paid, if any

On diagnosis of one of the listed illnesses under minor conditions, 25% of MSC Sum Assured shall be payable in lumpsum and on diagnosis of any of the conditions under major condition category, 100% of MSC Sum Assured in lumpsum, less minor condition claim already paid, if any, shall be payable.

Claim shall be admissible only if the Member is diagnosed for the first ever occurrence of any of the listed conditions. Multiple claims for minor conditions shall be admissible during Additional Multi-Stage Cancer Benefit's Member Coverage Term as long as the total payout does not exceed 100% of the MSC Sum Assured. For multiple claims under minor conditions for a Member to be admissible, there needs to be a period of at least 6 months between the date of diagnosis of one minor condition claim and date of diagnosis of subsequent minor condition claim. However, this requirement of 6 months is not applicable in the case of diagnosis of major condition claim following a minor condition claim.
Multiple claims under minor conditions from the same organ shall not be admissible. For the purpose of claim, each group of the following sites are treated as one organ:

- Basal cell and squamous skin cancer
- Breast, where the tumor is classified as Tis according to the TNM Staging method
- Corpus uteri, vagina, fallopian tubes, cervix uteri, ovary

- Colon and rectum
- Penis, testis
- Stomach and esophagus

The total claims payable under this Benefit, including claims under minor and major conditions put together, shall not exceed 100% of the MSC Sum Assured. Upon payment of the 100% of MSC sum assured, Member's Insurance Coverage for this Benefit under the Master Policy shall terminate, however, Member's Insurance Coverage shall continue in respect of In Force Death Benefit and other In Force in-built optional Benefits (if any) for the remaining of the respective Member Coverage Terms.

Additional Multi-Stage Cancer Benefit payable under different Coverage Options

Benefit	**Insured Event**	**How and when Benefit shall be payable**	**Size of such Benefit**
Additional Multi-Stage Cancer (MSC) Benefit	Minor or Major Conditions under Additional Multi-Stage Cancer Benefit	In case of diagnosis of minor or major conditions under Cancer, lump sum amount shall be payable. In case of joint life cover, lumpsum amount for minor conditions can be availed by both the lives separately. Minor condition Benefit already availed for any organ by one life shall be exhausted for both the lives. Lumpsum Benefit for major condition under cancer can be availed by any one of two lives, who is diagnosed first with such major condition.	**Level Cover:** 25% of MSC Benefit Sum Assured on diagnosis of minor condition. 100% of MSC Benefit Sum Assured, less claims earlier paid on account of minor condition(s), if any, shall be payable on diagnosis of a major condition. The Company's liability for payment of all the claims under additional MSC Benefit in aggregate during this Benefit's Coverage Term shall not exceed the 100% of MSC Sum Assured which includes multiple claims for minor conditions by the member (by both the lives put together in case of joint life cover) **Decreasing & Flexi Cover –** Not applicable

6.2.3 Hospitalization Cover Benefit:

Under this option, Additional Hospitalization Benefit (HB) shall be offered. Subject to terms and conditions of this Policy and applicable exclusions specified in Annexure V, a lumpsum amount equal to Additional Hospitalization Benefit (HB) Sum Assured shall be payable if a Member, on recommendation of a Medical Practitioner, is hospitalized, provided such Hospitalization happens for a continuous period of specified number of days between 1 to 15 days (number of days to be chosen by the Member before Risk Commencement Date) in a Coverage Year during Additional Hospitalization Benefit Coverage Term. For Insurance Coverage under Additional Hospitalization Benefit, completion of every 24 'in-patient care' hours in Hospital from the time of admission is considered to be a day.
It is important to note that Additional Hospitalization Benefit can be claimed only once in a Coverage Year, subject to maximum 5 times during this Benefit's Member Coverage Term.
Upon payment of maximum number of allowed claims, as applicable, under Additional Hospitalization Benefit during the Member Coverage Term, Member's Insurance Coverage for this Benefit under the Master Policy shall terminate, however Member's Insurance Coverage shall continue in respect of In Force Death Benefit and other In Force in-built optional Benefits (if any) for the remaining of the respective Member Coverage Terms.

Hospitalization Cover Benefit payable under different Coverage Options

Benefit	**Insured Event**	**How and when Benefit shall be payable**	**Size of such Benefit**
Hospitalization Cover Benefit	Hospitalization	In case of Hospitalization of an Insured Member for a continuous period for specified number of days between 1 and 15 (as chosen by Member before Risk Commencement Date), a lumpsum Benefit shall be payable in case of such Hospitalization, only once in a Coverage Year, subject to maximum 5 times during Member Coverage Term of this Benefit. In case of joint life cover, the Hospitalization Cover Benefit can be	**Level Cover** – A lumpsum amount equal to 100% of Hospitalization Benefit Sum Assured shall be payable on each Hospitalization. Hospitalization Cover Benefit can be claimed only once in a Coverage Year and not more than 5 times during the Member Coverage Term (across two lives put together in case of joint life cover). **Decreasing & Flexi Cover**: Not applicable

		availed once by only one of the two lives in each Coverage Year during the Coverage Term, provided in each Coverage Year, it is claimed on occurrence of first such Hospitalization of only one of the two lives.	

6.2.4 Accidental Cover Benefit: Following three sub-options shall be offered under this Inbuilt Optional Benefit.

a) Additional Accidental Death Benefit (Additional ADB):

In the event of death of the Insured Member due to an Accident, provided that the Accident has occurred during the Member Coverage Term and Master Policy / Insurance Coverage of such Insured Member is In Force, in addition to the Death Benefit, the Accidental Death Benefit Sum Assured as specified in the Certificate ofInsurance or Register of Insured Members shall be payable in lumpsum. A claim under this Benefit Option shall be admitted provided that the death:

i. is caused by Injury resulting from an Accident,
ii. occurs solely and directly due to the Injury, and independent of any other causes,
iii. occurs within 180 days of the occurrence of Accident and
iv. is not a result from any of the causes listed in the exclusions for Accidental Death Benefit specified in Annexure VI.

The date of the Accident should be after the Risk Commencement Date and before the termination/ expiry of the Insured Member's Insurance Coverage.

In case, the Accident occurs while the Insured Member's Additional ADB Insurance Coverage is In-Force, but the Accidental Death occurs after the end of the Member Coverage Term and within 180 days of the Accident, Additional ADB Sum Assured applicable at the time of such Accident shall be payable.

We shall be liable to pay this Benefit in following conditions as well
a. Disappearance, as defined in Part B of this Policy.
b. Drowning as defined in Part B of this Policy

On payment of the additional Accidental Death Benefit, the Insurance Coverage for such Member for all the Benefits, including inbuilt optional Benefits (if any) under this Master Policy shall immediately and automatically terminate.

We shall not pay the additional Accidental Death Benefit when the Master Policy / Member's Insurance Coverage is in Lapsed Status.

Additional Accidental Death Benefit payable under different Coverage Options

Benefit	Insured Event	How and when Benefit shall be payable	Size of such Benefit
Additional Accidental Death Benefit (ADB)	Death due to Accident	In case of death of Member due to Accident, where such Accident happens during the Member Coverage Term, a lumpsum amount shall be payable. In case of joint life cover, lumpsum Benefit shall be payable on happening of first death due to Accident.	**Level Cover** – A lumpsum amount equal to 100% of Additional ADB Sum Assured shall be payable. **Decreasing & Flexi Cover** – A lumpsum amount equal to 100% of prevailing ADB Sum Assured as on the date of Accident as per agreed schedule chosen before Risk Commencement Date, shall be payable.

b) Additional Accidental Total and Permanent Disability (ATPD) Benefit

Subject to the Policy / Insurance Coverage for the Insured Member being In Force and applicable exclusions specified in Annexure VII and other terms and conditions of this Master Policy, ATPD Sum Assured which is in addition to Death Benefit and other Inbuilt Optional Benefits (if any) and as specified in the Certificate of Insurance/Register of Insured Members, shall be payable as lump sum upon occurrence of Accidental Total & Permanent Disability due to an Accident where such Accident happens while the Insured Member's ATPD Insurance Coverage is In Force.

For the purpose of Additional Accidental Total and Permanent Disability Benefit mentioned here, Accidental Total and Permanent Disability refers to a disability, which

a) Is caused by Bodily Injury resulting from an Accident; and
b) Occurs solely and directly due to the said Bodily Injury and shall be independent of any other cause; and
c) Occurs within 180 days of the occurrence of such Accident; and
d) Results in (i) Total and irrecoverable loss of sight of both eyes, or; (ii) Physical separation or loss of use of both hands or feet, or; (iii) Physical separation or loss of use of one hand and one foot, or; (iv) loss of sight of one eye and Physical separation or loss of use of hand or foot; (v) If such Injury shall as a direct consequence thereof, permanently, and totally, disables the Insured Member from engaging in any employment or occupation of any description whatsoever.

The above is exclusive of and without prejudice to the other causes of total and permanent disability.

Where physical separation shall mean physical severance of the hand at or above the wrist or physical severance of the foot at or above the ankle.

The date of the Accident should be after the Risk Commencement Date and before the termination/ expiry of the Insured Member's Insurance Coverage.

In case, the Accident occurs while the Insured Member's Additional Accidental Total and Permanent Disability Benefit Insurance Coverage is In-Force, but the Accidental Total and Permanent Disability (ATPD) occurs after the end of the Member Coverage Term and within 180 days of the Accident, additional ATPD Sum Assured applicable at the time of such Accident shall be payable.

We shall not pay the Additional ATPD Benefit when the Master Policy/Insurance Coverage to the Member is in Lapsed Status.

On payment of the additional ATPD Benefit, Member's Insurance Coverage for this Benefit under Master Policy shall terminate, however, Member's Insurance Coverage under this Master Policy shall continue for In Force Death Benefit and other In Force in-built optional Benefits (if any) for the remaining of the respective Member Coverage Terms.

Additional Accidental Total and Permanent Disability Benefit payable under different Coverage Options

Benefit	**Insured Event**	**How and when Benefit shall be payable**	**Size of such Benefit**
Additional Accidental Total and Permanent Disability (ATPD) Benefit	Total and Permanent Disability (ATPD) due to Accident	In case of ATPD due to accident, while such Accident happens during the Member Coverage Term, a lumpsum amount shall be payable. In case of joint life cover, lumpsum Benefit shall be payable on first occurrence of Total and Permanent Disability due to Accident to any one of the two lives.	**Level Cover** – A lumpsum amount equal to 100% of ATPD Sum Assured shall be payable. **Decreasing & Flexi Cover** – A lumpsum amount equal to 100% of prevailing ATPD Sum Assured as on the date of Accident as per agreed schedule chosen before Risk Commencement Date shall be payable.

c) Additional Personal Accident (PA) Benefit

Personal Accident Benefit shall be an additional Benefit and subject to terms and conditions of this Policy, following set of Benefits shall be payable under this sub-option on occurrence of specified insured events due to an Injury sustained by the Member on account of an Accident.

S.No.	**Insured Event**	**Additional Personal Accident (PA) Benefit Payable**
1	Accidental Death	100% of Additional PA Sum Assured shall be payable in lumpsum following death of Member, due to an Injury sustained in an Accident during the Member Coverage Term, provided that Member's death due to such Accident happens within 12 months from the date of such Accident. We shall be liable to pay this Benefit in following conditions as well **a. Disappearance**, as defined in Part B of this Policy. **b. Drowning** as defined in Part B of this Policy
2.	Accidental Total and Permanent Disability (ATPD)	100% of Additional PA Sum Assured shall be payable in lumpsum if Member suffers Total and Permanent Disability of the nature specified below, solely and directly due to an Accident during the Member Coverage Term, provided that the Total and Permanent Disability occurs within 12 months from the date of the such Accident: a) Total and irrecoverable loss of sight of both eyes, or; b) Physical separation or loss of use of both hands or feet, or; c) Physical separation or loss of use of one hand and one foot, or; d) loss of sight of one eye and Physical separation or loss of use of hand or foot; e) If such Injury shall as a direct consequence thereof, permanently, and totally, disables the Insured Person from engaging in any employment or occupation of any description whatsoever. The above is exclusive of and without prejudice to the other causes of total and permanent disability.

		Where, physical separation shall mean physical severance of the hand at or above the wrist or physical severance of the foot at or above the ankle.
3.	Accidental Permanent Partial Disablement (APPD)	Benefits are payable in lumpsum, if the Member suffers Permanent Partial Disablement of the nature specified in the Table A given below, solely and directly due to an Accident during the Member Coverage Term, provided that the Permanent Partial Disablement shall occur within 12 months of the date of such Accident.
4	Accidental Temporary Total Disablement (ATTD)	If the Insured Member sustains an Injury in an Accident during the Coverage Term and which completely incapacitates the Insured Member from engaging in any employment or occupation of any description whatsoever which the Insured Member was capable of performing at the time of the Accident (Temporary Total Disablement), compensation shall be payable, at the rate of 0.2% of the PA Sum Assured per week, till the time the Insured Member is able to return to work, provided that: a) Such period of ATTD exceeds 4 weeks, however Benefit shall be payable for the entire duration of disablement. b) The compensation payable under this Benefit mentioned under point (a) above, shall not be payable for more than 100 weeks in respect of any one Injury calculated from the date of commencement of disablement and in no case shall exceed the PA Sum Assured. c). The Temporary Total Disablement is certified in writing by the treating Medical Practitioner to have commenced within 30 days from the date of the Accident. d). The compensation payable, shall be paid by the Company at quarterly intervals, after ascertaining the amount payable. If the period of temporary total disablement is for less than a quarter or three months, the compensation may be paid at the end of the disablement period. e). During the course of payment under this Benefit, the Company shall have right to call for a certification from an independent Medical Practitioner chosen by the Company, with regard to the continuity of temporary total disability specified under this ATTD.
5	Hospitalization due to Accident	A Daily Hospital Cash Benefit equal to a fixed percentage of PA Sum Assured, which is 1%/2%/3%/4%/5% (as chosen before Risk Commencement Date by the Member) shall be payable on Hospitalization due to an Accident. Daily Hospital Cash Benefit can be availed on Hospitalization of a minimum period of 24 hours and for a maximum period of up to 10 days per Coverage Year, subject to a maximum period of 30 days over the Member Coverage term, provided such Hospitalization happens due to an Accident. For Insurance Coverage under Hospitalization due to Accident, completion of every 24 'in-patient care' hours in Hospital from the time of admission is considered to be a day.

Table A

Losses under Accidental Permanent Partial Disablement (APPD)	Benefit payable as percentage of PA Sum Assured
1. Loss of Use/Physical Separation:	
One entire hand	50
One entire foot	50
2. Loss of Use of one eye	50
3. Loss of toes - all	20
Great both phalanges	5
Great –one phalanx	2
Other than great if more than one toe lost each	1
4. Loss of Use of both ears	50
5. Loss of Use of one ear	20
6. Loss of four fingers and thumb of one hand	40
7. Loss of four fingers	35
8. Loss of thumb – both phalanges	25
One phalanx	10

9. Loss of Index finger-three phalanges	10
Two phalanges	8
One phalanx	4
10. Loss of middle finger – three phalanges	6
Two phalanges	4
One phalanx	2
11. Loss of ring finger – three phalanges	5
Two phalanges	4
One phalanx	2
12. Loss of little finger – three phalanges	4
Two phalanges	3
One phalanx	2
13. Loss of metacarpus	
First or second (additional)	3
Third, fourth or fifth (additional)	2

Where, Losses under APPD shall be irrecoverable losses and result in loss of use or physical separation which arises solely and directly from an Injury, within 12 months from the date of Accident.

The Company's liability for payment of all claims under additional PA Benefit in aggregate during Coverage Term, in no case shall exceed 100% of PA Sum Assured with respect to the member.

If the Accident occurs during the Member Coverage Term, ADB, ATPD Benefit and APPD Benefit covered under Additional PA Benefit are payable, even if death or Total and Permanent Disability or Permanent Partial Disablement or any combination thereof occurs after the completion of Coverage Term, but within 12 months from the date of such Accident.

On payment of Accidental Death Benefit under Additional PA Benefit, the Member's Insurance Coverage under the Master Policy shall terminate and all other Benefits including Death Benefit shall also cease to exist with immediate effect.

On payment of 100% of PA Sum Assured on account of insured events other than Accidental Death under Additional PA Benefit, Additional Personal Accident (PA) Benefit terminates. However, In-Force Death Benefit, and all other In Force Inbuilt Optional Benefits, if any, shall continue as applicable.

Definitions and Exclusions with respect to additional PA Benefit are provided in Annexure VIII.

Additional Personal Accident Benefit payable under different Coverage Options

Benefit	**Insured Event**	**How and when Benefit shall be payable**	**Size of such Benefit**
Additional Personal Accident (PA) Benefit	- Accidental Death	**Accidental Death** – Lumpsum amount on death of Member due to Accident (on occurrence of first death due to accident in case of joint life cover)	**Level Cover:** **Accidental Death** – 100% of PA sum assured shall be payable.
	- Accidental Total & Permanent Disability (ATPD)	**ATPD** – Lumpsum amount on occurrence of ATPD (on first occurrence to anyone of two lives in case of joint life cover)	**ATPD** – 100% of PA sum assured shall be payable.
	- Accidental Permanent Partial Disablement (APPD)	**APPD** – Lumpsum amount as a percentage of PA sum assured (on occurrence to any of the two lives separately under joint life cover)	**APPD** – a fixed percentage of PA Sum Assured for APPD losses as specified under Additional Personal Accident (PA) Benefit in Table A above shall be payable.
	- Accidental Temporary Total Disablement (ATTD)	**ATTD** – On occurrence of temporary total disablement due to an accident during the Coverage Term, a fixed amount shall be payable every week during the period of such disablement with	**ATTD** – Benefit shall be payable as 0.2% of PA Sum Assured every week provided such period of ATTD is more than 4 weeks. The Benefit

		respect to member (on occurrence to any of the two lives separately under joint life cover)	payable shall be for a period not exceeding 100 weeks from date of commencement of ATTD.
	- Hospitalization due to Accident	Hospitalization due to Accident- On Hospitalization of the Member for at least 24 hours due to an Accident, a Daily Hospital Cash Benefit shall be payable (Hospitalization of any of the two lives separately in case of joint life cover)	Hospitalization due to Accident – A Daily Hospital Cash Benefit as a fixed percentage of PA sum assured (1%/2%/3%/4%/5%, as chosen by Member before Risk Commencement Date) shall be payable. This Benefit shall be payable on minimum 24 hours' Hospitalization and maximum for 10 days' Hospitalization in a Coverage Year (across two lives put together, in case of joint life cover), subject to maximum 30 days' Hospitalization during Coverage Term (across two lives put together in case of joint life cover). Completion of every 24 'in-patient care' hours in Hospital from the time of admission is considered to be a day. The claims payable on account all these insured events in aggregate under Additional PA Benefit shall not exceed 100% of PA sum assured in any case. (Including all the claims made by two lives put together in case of joint life cover) **Decreasing & Flexi Cover:** Not applicable

Additional PA Benefit cannot be chosen by the Member, in case, either of Additional ADB (mentioned in Clause 6.2.4.a), Additional ATPD Benefit (mentioned in Clause 6.2.4.b.) or Additional Hospitalization Benefit under Hospitalization Cover Benefit is chosen.

On occurrence of 'Disappearance' and 'Drowning' as mentioned in Clause 6.2.4.a and Clause 6.2.4.c in this Part C , We will only pay, when the Claimant 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 Member is still alive, all payments shall be repaid in full to Us by the Claimant.

Rights of Recovery: In the event when claim has been received by the Company for either Disappearance or Drowning (mentioned above) and against which payment has been made by the Company to the Claimant and it is discovered that the Insured Member is still alive, the Company shall be entitled to recover amounts paid towards such Claim. The Insured Member shall take all steps necessary or such steps as are required by the Company to recover the amounts paid towards Claim received under Disappearance or Drowning and preserve the rights and remedies available in this matter. The Company shall be subrogated to all the Insured Member's rights of recovery whether or not the Insured Member have received any compensation or Benefit out of the said Claim. The Company shall be entitled to pursue and enforce such rights in the name of Insured Member, and the Insured Member shall provide the Company with all reasonable assistance and co-operation in doing so, including the execution of any necessary instruments and papers. The Insured Member shall do nothing to prejudice the Company rights under this clause. Any amounts recovered in accordance with this clause shall be applied in the following order: (i) to compensate the Company for the costs incurred in making the recovery; and (ii) to the Company up to the amount of the Claim paid by the Company; and (iii) to the Insured Member for the costs incurred in making the recovery. In its sole discretion, the Insurer may, in writing, waive any of its rights set forth in this Subrogation Clause.

6.3. Other Add-on options

6.3.1 Profit Sharing Option:

Digit Life Group Long Term Plan provides the option to the Master Policyholder to avail the Profit-Sharing Option at Proposal stage. If the profit-sharing option has been availed by the Master Policyholder, then the Master Policy Holder shall be entitled to profit sharing, where in case of favorable claims experience, the Master Policyholder would be refunded back a part of the Premium depending on the formula mutually agreed between Master Policyholder and the Company for the same. Any profit-sharing arrangement shall be as prescribed by IRDAI Circular No. IRDAI/ACTL/CIR/PRO/207/10/2022 dated 4th October 2022, as amended from time to time, as per the extant regulations/guidelines/circulars.

6.4 Other Benefits

6.4.1 Wellness Benefit Program:

This program intends to incentivize the Insured Member for taking care of his/her health/fitness and maintaining healthy lifestyle through such preventative and wellness services. The applicability of the Wellness Benefit program and its features may be amended from time to time as per the prevailing underwriting policy of the Company. The list of Benefits under this program and terms and conditions applicable to it are provided in Annexure IX.

6.5. Survival/Maturity Benefits:

Benefit Options	**Survival / Maturity Benefit**
Death Benefit with Term Insurance or if any Inbuilt Optional Benefit is chosen	No Survival / Maturity Benefit shall be payable
Death Benefit with Term with Return of Premium (TROP) option	Provided all the due Premiums have been paid and on survival of Member (survival of both lives in case of joint life cover) till the end of Member Coverage Term, total Premiums paid shall be returned on completion of such Member Coverage Term.

7. Premium under this Master Policy: The Master Policyholder/Member, as the case may be, shall ensure that all due Premiums as calculated by the Company are paid in full, on each instalment Premium due date as per the In-Force Premium paying frequency or on Master Policy Commencement Date, as applicable. The Master Policyholder shall pay the Premium for new Members as per the Premium paying frequency selected on Processing Date or shall keep an advance deposit with Us.

In case, Insurance Coverage under any of the Inbuilt Optional Benefits ceases before the completion of respective Member Coverage Term, while Member's Insurance Coverage for Death Benefit and other Inbuilt Optional Benefits (if any) if any, is still In-Force, no further Premium shall be payable for the remaining Premium Payment Term (if any), for corresponding Inbuilt Optional Benefit/(s) which have been terminated.

For Premium payment frequency other than annual, instalment Premiums payable are calculated by applying the loading factor as given below on annual premium:

Premium paying frequency	**Loading factor**
Semi-annual	2%
Quarterly	3%
Monthly	4%

Subject to the Policy / Insurance Coverage discontinuance and Revival provisions, We must receive all due Premiums in order for the Insurance Coverage with respect to a Insured Member to remain In Force.

The Insurance Coverage for the Members in respect of whom the Premium has been so calculated would commence on receipt of the full Premium in respect of such Members and on acceptance of risk on underwriting, if any, by Us.

8. Grace Period (applies to Master Policyholder and Insured Member)

In the event where the Master Policyholder or Insured Member (as applicable) fails to pay the due Premium on the instalment Premium due date, We will allow a Grace Period to pay the due Premium while continuing the applicable Insurance Coverage and Benefits under it. A Grace Period of 15 days in respect of monthly Premium payment frequency and 30 days in other applicable frequencies from the instalment Premium Due Date shall be provided for limited and regular pay Policy / Member's Insurance Coverage for paying overdue Premium to Us without any penalty/late fee during which Death Benefit and all the chosen Inbuilt Optional Benefits under Master Policy/Insurance Coverage of Insured Member will be considered to be In Force with the risk cover without any interruption as per the terms of the Master Policy.

If the contingent event of Death/ Terminal Illness/ Critical Illness/ minor or major conditions under Multi-Stage Cancer Benefit/ADB/ ATPD/ Hospitalization/insured events under Additional Personal Accident Benefit, as applicable or any other event, if applicable and covered under this Policy or Member's Insurance Coverage, occurs during the Grace Period, then Benefits

as applicable shall be payable as mentioned under Part C subject to receipt of unpaid Premium for Master Policy in cases, where Premium is paid by the Master Policyholder.
However, in a Policy, where Premium is paid by the Member, the applicable Benefit shall be payable subject to deduction of unpaid due Premium for the respective Member. In case the Premium which was due with respect of any Insured Member, is collected by the Master Policyholder within Grace period but is not remitted to Us for some reason, then the Insurance Coverage for such Insured Member will continue even on expiry of Grace period, provided Member has the receipt of payment of such Premium to the Master Policyholder within Grace Period. The Company reserves the right to recover such Premium from the Master Policyholder.

PART - D

Policy Servicing Related Aspects

1. Free Look Provisions:

a) At Master Policy Level: If You do not agree with the terms and conditions of the Master Policy, You have the option to request for cancellation of the Master Policy by returning the original Master Policy Document along with a written request stating the reasons for objection to Us within 30 days from the date of receipt of Master Policy. Upon the receipt of such a cancellation request, the Company will cancel the Master Policy and refund the Premiums received after deducting proportionate risk premium for the period of Insurance Coverage and expenses incurred on medical examination of Members, if any and applicable stamp duty. All Insured Members' Insurance Coverage and Benefits under it will cease post the request for free look cancellation by the Master Policyholder.

b) At Member Level: If the Insured Member does not agree with the terms and conditions specified in Certificate of Insurance, he/she has the option of returning the Certificate of Insurance (if applicable) to the Company stating the reasons thereof, within 30 days from the date of receipt of the Certificate of Insurance. Upon receipt of the free look cancellation request and Certificate of Insurance (if applicable), we shall refund the Premium received in respect of insured Member, subject to deduction of the proportionate risk premium for the period of Insurance Coverage, expenses incurred on medical examination of such Member, if any and applicable stamp duty for that Insured Member. The Insurance Coverage for the Insured Member will cease post the request for such free look cancellation.

For Administrative purposes, all free-look requests should be registered by the Master policyholder on behalf of the Insured Member.

2. Reduced Paid-up

For regular pay Death Benefit with Term Insurance option and regular pay Inbuilt Optional Benefits, if at any point of time during the Policy Term / Coverage Term, due Premium is not paid within Grace Period, the Master Policy / Member's Insurance Coverage shall lapse on expiry of Grace Period until it is revived as specified in Clause 4 of this Part D. No Benefits shall be payable when the Master Policy / Insurance Coverage is in Lapsed Status for these options.

In case of limited pay Death Benefit with Term Insurance option, limited pay Inbuilt Optional Benefits and limited or regular pay Death Benefit with TROP option, if the Premiums are not paid for at least first two Coverage Years, the Insurance Coverage shall lapse on expiry of Grace Period until it is revived as specified in Clause 4 of this Part D. For these options mentioned in this para, no Benefits except for Unexpired Risk Premium Value (Surrender Value), if any, shall be payable when Insurance Coverage is in Lapsed Status. However, under these options mentioned in this para, if the Premiums are paid for at least first two Coverage Years and if further due Premium is not paid within the Grace Period, the Policy / Member's Insurance Coverage attains reduced paid-up status, wherein, Benefits under all applicable Insurance Coverages (risk covers) become reduced paid-up. Reduced Paid-up Benefit shall be calculated as stated below:
Reduced Paid-up Sum Assured = Paid-up factor x Applicable Sum Assured
Reduced Paid-up Income Benefit = Paid-up factor x Income Benefit
Reduced Paid-Up survival / maturity Benefit = 100% of Total Premiums Paid for TROP option under Death Benefit (if TROP option is chosen)

Where,

Paid-up factor = Number of Premiums paid/Total number of Premiums payable over the Premium Payment Term
Applicable Sum Assured = Sum Assured as per Benefit and coverage option and as per agreed schedule (if any) chosen before Risk Commencement Date
Total Premiums Paid is the total of all the Premiums received, excluding any extra premium, any rider premium and taxes.

3. Surrender Provisions:

In case of Surrender of the Master Policy by the Master Policyholder, the Members shall have an option to continue the Insurance Coverage till the end of the respective Member Coverage Term(s). Such Insurance Coverage with the applicable Benefits shall continue with the same terms and conditions as the original Insurance Coverage with respect to such Members under Master Policy and Company/

intermediary, if any, shall continue to be responsible to serve such Members till their Insurance Coverage is terminated. Unexpired Risk Premium Value (Surrender Value) for such Members opting to continue the Insurance Coverage shall not be paid out.

Following Unexpired Risk Premium Value (Surrender Value) shall be payable on Surrender:

a) For Death Benefit with Term Insurance and Inbuilt Optional Benefits chosen, if any:

<table>
<tr><th>Benefit</th><th>Option / Sub-option</th><th>Level Cover</th><th>Decreasing Cover</th><th>Flexi Cover</th></tr>
<tr><td rowspan="2">Death Benefit</td><td>Lumpsum</td><td rowspan="10">50% x ((Total Premiums paid) – (Total Premiums payable over the Premium Payment Term x Expired Coverage Term in months/Coverage Term in months)))</td><td colspan="2" rowspan="10">50% x ((Total Premiums paid) – (Total Premiums payable over the Premium Payment Term x Expired Coverage Term in months/Coverage Term in months)))
x
Current Sum Assured / Initial Sum Assured</td></tr>
<tr><td>Income Benefit</td></tr>
<tr><td>Terminal Illness Benefit</td><td>Accelerated Terminal Illness (TI) Benefit</td></tr>
<tr><td rowspan="3">Health Cover Benefit</td><td>Accelerated Critical Illness Benefit</td></tr>
<tr><td>Additional Critical Illness Benefit</td></tr>
<tr><td>Additional Multi-Stage Cancer Benefit</td></tr>
<tr><td>Hospitalization Cover Benefit</td><td>Additional Hospitalization Benefit (HB)</td></tr>
<tr><td rowspan="3">Accidental Cover Benefit</td><td>Additional Accidental Death Benefit (ADB)</td></tr>
<tr><td>Additional Accidental Total and Permanent Disability (ATPD) Benefit</td></tr>
<tr><td>Additional Personal Accident (PA) Benefit</td></tr>
</table>

b) For Death Benefit with Term Insurance with Return of Premium and Inbuilt Benefit Options chosen, if any

In such cases, the total premium paid could be expressed as A + B + C, where,

- A = Total premium paid corresponding to Term Insurance component under TROP
- B = Additional premium payable over A, corresponding to Return of Premium component under TROP
- C = Total premium paid for the Inbuilt Optional Benefits, if any

Unexpired Risk Premium Value on Surrender equals

- Cash value computed corresponding to A + C as per the formula provided above in 3 (a) of this Part D, *Plus*
- Discounted value of A+B, provided at least first two years' Premium is paid in full.

where

- The discount rate shall be based on prevailing annualised yields on 30-year G-Sec +150 basis points, rounded up to the nearest 25 basis points.
- The discount rates will be reviewed semi-annually and shall be revised using the above-mentioned formula and the change in the discount rates shall be effective from 25th February and 25th August each year. The revised discount rates shall apply to all Policies/Member Insurance Coverages including those which are already In-Force.
- Currently, the discount factors have been derived using interest rate of 8.75% p.a.
- Any change on basis of determination of interest rate for discounting can be done only after prior approval of the Authority.

In case of Surrender of entire Master Policy, the aggregate of Unexpired Risk Premium Value at Member level with respect to discontinuing Members shall be payable.

On Surrender, the Insurance Coverage for the Member terminate(s).

4. Revival

If the due Premium is not received by the end of the Grace Period, the Policy / Member's Insurance Coverage shall lapse / acquire reduced paid -up status as mentioned in Clause 2 of this Part D. The Company will consider requests to revive Policies / Member's Insurance Coverage in Lapsed Status / reduced paid-up status within five years from the due date of first unpaid Premium, provided such requests are received within the Policy Term / Member Coverage Term, as applicable. Any agreement to revive the lapsed or reduced paid-up Policy/ Member's Insurance Coverage would be subject to the Our prevailing underwriting policy. The Company shall collect all the due Premiums and other charges or late fee if any, as per the terms and conditions of the Policy for such Revival. The late fees shall be calculated at such interest rate as may be prevailing at the time of the payment.

The Revival interest rate compounding annually, will be set using prevailing interest rates. The prevailing interest rates will be derived from yields of the 30 years G-Sec security. Any change in the interest rate used will be in accordance with the formula below:.

Annualized Yield on reference government bond + 100 basis points, rounded up to the nearest 25 basis points. The Revival interest rate for the financial year 2023-24 is 8.25% p.a.

The Revival interest rate will be reviewed semi-annually and shall be revised using the above-mentioned formula and the change in the rate shall be effective from 25th February and 25th August each year.

Any change on basis of determination of interest rate for Revival can be done only after prior approval of the Authority.

5. Loan: This Policy does not offer loan facility.

6. Addition of Member: The Master Policyholder can choose to add new Members by paying the Premium for the Member Coverage Term for such Member. The Master Policyholder should inform or intimate the Company with the list of new joiners preferably within 45 days from the date of new joiners becoming eligible to be admitted under this Master Policy. The Risk Commencement Date for the new joiners shall be the date of joining of the Eligible Member or the date of intimation to Us, whichever is earlier. The Insurance Coverage for these Members shall commence only if the personal statement / declaration of good health, if any, or other factor relating to the insurability of a life is to the satisfaction to the Company. The Company shall communicate its decision on addition of Eligible Member based on its then prevailing underwriting policy. The Company's decision thereon shall be final and binding on the Master Policyholder and the Member. In case of inadequate Premium, the Insurance Coverage will begin from the date of receipt of the full Premium. Premium shall be deposited in advance for addition of new Members.. Any applicable levies, taxes, duties or surcharges will also be charged. We will have right to discontinue addition of new Members by giving a notice of 30 days to Master Policyholder of this effect.

7. Deletion of Member: In case, a Member leaves the scheme during the Member Coverage Term (due to reasons other than death), where Master Policyholder has paid the Premium, the Company will refund Unexpired Risk Premium Value (Surrender Value), as applicable with respect to such Member(s) to the Master Policyholder in accordance with Clause 3 of this Part D. The Master Policyholder should inform the Company of deletions for Members leaving the scheme. Such Members' Insurance Coverage will cease from the date of leaving the scheme. Member who has paid the Premium for his/her Insurance Coverage leaves the scheme, shall continue his/her Insurance Coverage as per original terms and conditions of the Master Policy unless such Member informs the Company about discontinuance of the Insurance Coverage.

8. Payment of Benefits All Benefits and other sums specified under this Master Policy / Certificate of Insurance/ Register of Insured Members shall be payable in the manner and currency allowed/permitted under the Regulations and shall be payable by NEFT, account payee cheque or other permissible modes. The Company shall pay the applicable Benefits and other sums payable under this Master Policy / Member's Insurance Coverage. Any discharge given by the Claimant, in writing in respect of the Benefits or the sums payable under this Master Policy / Member's Insurance Coverage, shall constitute a valid discharge to the Company in respect of such payment. The Company's liability under the Master Policy / Certificate of Insurance/Register of Insured Members shall be discharged by such payment.

a) Where the Master Policy is issued under Lender-Borrower category and Master Policyholder is one of the following entities:
- i) RBI regulated Scheduled Commercial Banks (including Co-operative Banks);
- ii) NBFCs having Certificate of Registration from RBI;
- iii) National Housing Bank (NHB) regulated Housing Finance Companies
- iv) National Minority Development Finance Corporation (NMDFC) and its State channelizing agencies
- v) Small Finance Banks regulated by RBI
- vi) Mutually Aided Cooperative Societies formed and registered under the applicable State Act concerning such Societies
- vii) Microfinance companies registered under section 8 of the Companies Act, 2013
- viii) Any other category as approved by the Authority., in accordance with IRDAI guidelines as amended from time to time,

the Insured Member may give Us a written authorization in the form specified by Us to make payment towards Insured Member's outstanding loan balance amount to the Master Policyholder from lumpsum Death Benefit and certain Inbuilt Optional Benefits (if any) payable on happening of respective insured events during Member Coverage Term under this Master Policy. This written authorization may be given to Us at the stage of Eligible Member's addition to the Master Policy as an Insured Member or at a later date. If We have received such written authorization from the Insured Member, then We will pay an amount to the extent of outstanding loan to the Master Policyholder from the lumpsum Death Benefit and from Additional Accidental Death Benefit (ADB), Accidental Death Benefit covered under Additional Personal Accident Benefit, Accelerated Terminal Illness Benefit, Accelerated Critical Illness Benefit (if any of these inbuilt optional Benefits are chosen by the Member) on occurrence of respective insured events, while Member's Insurance Coverage is In-Force and on providing documents as mentioned in Scheme Rules. The remainder of the lumpsum Death Benefit, Additional Accidental Death Benefit (ADB), Accidental Death Benefit covered under Additional Personal Accident Benefit, Accelerated Terminal Illness Benefit, Accelerated Critical Illness Benefit, if any shall be payable to the Claimant other than the Master Policyholder. We shall, under no circumstance, pay any amount more than the outstanding loan to the Master Policyholder. In case, Benefits other than those mentioned above in this para under Clause 8 (a) of Part D, are chosen by the Member, 100% of such Benefits shall be paid directly to the Claimant other than the Master Policyholder. Where no such authorization is received by Us from the Insured Member or the Master Policyholder does not fall under the above-mentioned regulated entities, We shall pay the entire lumpsum Death Benefit and Additional Accidental Death Benefit (ADB), Accidental Death Benefit covered under Additional Personal Accident Benefit, Accelerated Terminal Illness Benefit, Accelerated Critical Illness Benefit, if any, directly to the Claimant other than the Master Policyholder.

b) Benefit on Foreclosure of loan In case of Lender-Borrower Group, in the event where the Insured Member(s) makes a prepayment for closure of the loan to the Master Policyholder or where the lender borrower relationship between an Insured Member and the Master Policyholder comes to an end prior to Coverage End Date (other than due to death of Member), the Insurance Coverage provided to the Insured Member shall continue till the occurrence of covered insured event/s or end of the

Coverage Term, whichever is earlier, as per applicable Sum Assured specified in the Certificate of Insurance, subject to the Master Policy being In-Force. The Insured Member has the option to terminate his/her Insurance Coverage at the time of foreclosure of loan by applying for Surrender and receive the Unexpired Risk Premium Value (Surrender Value) as per Clause 3 of this Part D.

c) In case of Lender-Borrower Group, Benefits payable shall not vary or be otherwise determined by the loan repayments, if any, already made by the Member or the outstanding loan amount, if any, of the Member, at the occurrence of an insured event giving rise to a claim under the Master Policy beyond the extent as provided in Sum Assured Schedule under Certificate of Insurance.

9. Policyholder Covenants (in case of Lender-Borrower Groups)

The Master Policyholder agrees to apply its prescribed norms and procedures for assessing all loan applications and apply its stipulated credit recovery procedures thereon, regardless of whether or not Insurance Coverage is sought on the lives of its borrowers. The Company reserves with it the right to call for the guidelines of Policyholder's credit criteria at any time, and Policyholder shall provide the same to the Company within the time limits if any specified therein. The Policyholder (or any of its affiliated organization / entity) in its capacity as Group Organizer / Group Manager, with whatsoever nomenclature may be, is prohibited from collecting any amount other than the Insurance Premium payable to the Company with regard to the underlying Group Insurance under this Policy.

Policyholder shall collect the duly valid and complete Declaration of Good Health (Evidence of Good Health) along with such other documents as it may require for the purpose of the loan given to the Member. The Policyholder shall preserve and maintain it as an integral part of such loan documentation. The Policyholder shall allow the officers of the Company (including representatives authorized in writing by the Insurer), to inspect and make copies of all/any relevant records for the purposes of this Policy, at reasonable hours on any day. It shall be the duty of the Policyholder to ensure that the Declaration of Good Health is duly filled in and signed by the Member. In case a claim is settled by the Company on a Member's life, which would not have been covered under the Policy due to incomplete Declaration of Good Health submitted by the Policyholder, then the Policyholder shall indemnify the Company to the extent of the claim amount/payments made on such lives.

10. Termination

a) Termination of Master Policy: This Master Policy will terminate on the occurrence of the earliest of the following events:

i) the date on which We receive a Freelook cancellation request; or
ii) the Policy in Lapsed Status and has not been revived; or
iii) the date of payment of the Unexpired Risk Premium Value (Surrender Value) under the Policy;

This Master Policy may be terminated by either You or by Us, by giving 30 days prior written notice. Upon termination of this Policy, no new enrollment forms for the Eligible Members will be accepted by Us. You will not add any new Eligible Member in the Register of Insured Members, from the date of such termination.

b) Termination of Member's Insurance Coverage under this Master Policy: An Insured Member's Insurance Coverage under the Policy shall terminate upon the occurrence of the earliest of the following:

i) the date on which We receive a Freelook cancellation request from the Insured Member (for Non-Employer-Employee Group);
ii) the date on which We receive a Freelook cancellation request from the Master Policyholder (in case of Employer-Employee group);
iii) the Insured Member ceases to be an Eligible Member;
iv) on Coverage End Date;
v) on termination of Master Policy;
vi) in case of the death of the Insured Member;
vii) On payment of Accelerated TI/ Accelerated CI Benefit, where such Benefit is equal to lumpsum Sum Assured under Death Benefit (with no Income Benefit chosen under Death Benefit);
viii) On expiry of Revival period for Member's Insurance Coverage in Lapsed Status;
ix) on the date of payment of Unexpired Risk Premium Value (Surrender Value) on Member leaving the scheme before completion of Member Coverage Term;
x) Member chooses to expressly discontinue the Insurance Coverage when the Master Policy is discontinued.

11. Loss of Master Policy & Issuance of duplicate Master Policy: In the event, if the Master Policy Document is lost or destroyed, You may make a written request for a duplicate Master Policy, which We will issue duly endorsed to show that it is in place of the original document, provided that, We receive the fee not exceeding Rs. 250 for issuing the duplicate Master Policy Document. Upon the issue of a duplicate Master Policy Document,

a) the original one shall cease to have any legal force or effect.
b) You agree that You shall indemnify and hold Us free and harmless from and against any and all claims, losses, costs expenses, awards, judgements, demands or damages that may arise under or in relation to the original Master Policy document.
c) You will not be entitled to any free-look period cancellation on duplicate Master Policy document / Certificate of Insurance issued. However, we may permit free-look period cancellation in cases where after investigation, it is evident that You did not receive the original Master Policy document/Certificate of Insurance.

PART – E

All the Applicable Charges, Fund Name, Fund Options, etc. (Applicable especially for ULIP Policies)

1) Not Applicable as this is a non-linked product.

PART - F

General Terms and Conditions

1) **Fraud, Misstatement and forfeiture:** In case of fraud or misstatement or forfeiture, the Policy shall be treated in accordance with the provisions of Section 45 of the Insurance Act, 1938 as amended from time to time.

   [A Leaflet containing the simplified version of the provisions of Section 45 is enclosed as Annexure I for reference]

2) **Misstatement of Age:** Subject to Section 45 of the Insurance Act, 1938 as amended from time to time. The Age of the Insured Member has been admitted on the basis of the declaration made by the Insured Member in Membership Form or the details of the Insured Members submitted by Master Policyholder based on which this Policy has been issued. If the Age of the Insured Member is found to be different from that declared, the Company may adjust the Premiums and/or the Benefits under this Policy and/or recover the applicable balance amounts, if any, along with interest thereon, as it deems fit. Insurance Coverage of the Insured Member shall however become void from Risk Commencement Date and We may refund the Premium as per provisions of Section 45 of the Insurance Act ,1938 as amended from time to time, if at any time the Age of the Insured Member is found to be higher than the maximum or lower than the minimum Entry Age that was permissible under this Master Policy at the time of Risk Commencement Date.

3) **Assignment:** Assignment should be in accordance with provisions of Section 38 of the Insurance Act 1938 as amended from time to time.

   [A Leaflet containing the simplified version of the provisions of Section 38 is enclosed as Annexure II for reference].

4) **Nomination:** Nomination should be in accordance with provisions of Section 39 of the Insurance Act 1938 as amended from time to time.

   [A Leaflet containing the simplified version of the provisions of Section 39 is enclosed as Annexure III for reference]

5) **Review, revision**: The Company reserves the right to review, revise, delete and/ or alter any of the terms and conditions of this Policy, including without limitation the Benefits, the Premiums with the prior approval of IRDAI.

6) **Taxes, duties and levies and disclosure of information:**

   Taxes, duties and levies: It shall be the sole responsibility of the Master Policyholder/Claimant/Insured Member to ensure compliance with all applicable laws including Regulations, taxation laws, and payment of all applicable taxes in respect of the Premiums and Death Benefits or other payouts made or received by the Master Policyholder/Claimant under this Master Policy and the Company does not accept any liability or responsibility in this regard. Except as may be specifically required by the Regulations, the Company shall not be responsible for any tax liability arising in relation to this Master Policy, the Premiums payable or the Death Benefits or other payouts made in terms of this Master Policy.The Company shall be entitled to deduct such amounts towards taxes, duties or such other levies as may be required from any sum received by it or payable under this Master Policy, and deposit the amount so deducted with the appropriate government or regulatory authorities. Master Policyholder/Claimant/Insured Member acknowledge that they are solely responsible for understanding and complying with their respective tax obligations (including but not limited to,tax payment or filing of returns or other required documentation relating to the payment of all relevant taxes in all jurisdictions in which Your tax obligations arise and relating to the Services provided by Us.
   We do not provide any tax advice. Master Policyholder/Claimant/Insured Member is advised to seek independent legal and/or tax advice. We have no responsibility in respect of Master Policyholder/Claimant's/Insured Member tax obligations in any jurisdiction including but not limited to those that relate specifically to the Services provided by Us. Tax benefits, if any, may be available as per extant tax laws.

7) **Notice by the Company under the Policy:** We will send you the Master Policy Document in accordance with the applicable laws. We will send the communication or notices to You either in physical at Your registered address or in electronic mode (including sms) at registered e-mail id or registered mobile number and / or through facsimile provided by You in Proposal Form/Membership Form or otherwise notified to Us, or by issuing general notice, including by publishing such notices in newspapers and / or on Company's website. Any change in the registered address /email or registered mobile number of Master Policyholder/Insured Member or Claimant must be notified to Us immediately. This will help Us to serve You better.

8) **Electronic Transactions:** All transactions carried out by the Master Policyholder through Internet, electronic data interchange, call centres, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication will be valid and legally binding on the Master Policyholder / Insured Member / Claimants as well as the Company. This will be subject to the relevant guidelines and terms and conditions as may be made applicable by the Company.

9) **Governing Law and Jurisdiction:** This Policy shall be governed by and interpreted in accordance with the laws of India. All actions, suits and proceedings under this Policy shall be subject to the exclusive jurisdiction of the courts in India.

10) **Recovery:** We reserve the right to recover the amount from the Master Policyholder or the Insured Member or the Claimant or any other person, if it is found that the Benefits are erroneously paid due to the fault of the Master Policyholder or the Insured Member or the Claimant. However, the Master Policyholder will not be liable or responsible for any wrong payments made by the Company without any fault on the part of the Master Policyholder, however the Company shall be entitled to recover the amount paid erroneously from the Insured Member or any other person deriving the Benefit of the said error.

11) **Policy Currency:** All Contributions/Premiums and Benefits payable shall be paid in Indian Rupees only.

12) **Suicide Exclusion:**

a) In case of schemes, where the Insurance Coverage is compulsory, suicide exclusion will not be applicable.

b) In case of schemes other than those mentioned in 12 (a) above of this Part F, under which Eligible Members are covered on a voluntary basis and where the suicide exclusion clause is applicable, if the Insured Member commits suicide, whether sane or insane, within 12 (Twelve) months of continuous Insurance Coverage from the Risk Commencement Date or date of Revival, as the case may be, the Claimant shall be entitled to get at least 80% of the Total Premiums Paid till the date of death or the Unexpired Risk Premium Value (Surrender Value) available as on the date of death whichever is higher, provided the Policy or Member's Insurance Coverage, as applicable, is In-Force. Suicide exclusion shall not be applicable after 12 months from continuous Insurance Coverage from the Risk Commencement Date or from the date of Revival of Insurance Coverage with respect to Insured Member, while the Master Policy/Insured Member's Insurance Coverage is In Force.

c) In case of joint life cover, on occurrence of first death due to suicide in the above -mentioned scenarios in Clause 12 (a) and (b), the above-mentioned respective benefits shall be payable to the surviving Member and the Insurance Coverage shall terminate for both the lives.

13) **Audit:**

In compliance with the Regulatory requirement prescribed under IRDAI Circular on Group Life Insurance Products and other operational matters dated 26/09/2019, as amended from time to time, as per the extant regulations/guidelines/circulars, the Policyholder shall obtain a Certificate of compliance from the Auditor of the group or the Manager of the group on every anniversary date of the Policy and submit the same to the Company at its request. Continuation of such Policy / Insurance Coverage will be subject to such submission of Certificate of compliance by the Policyholder to the Company. Or alternatively, the Company shall conduct the inspection of the books and records of the Policyholder to assess whether they are complying with the relevant IRDAI guidelines and in case of lender-borrower schemes, in regard to the accuracy of the Credit account statements of the Insured Members in respect of which claims were settled on the completion of every financial year in respect of outstanding loan balance being shown in the credit account statement/claim discharge form being correct.

14) **Requirements for claims /Claim Procedure:** In order to register a claim under the Master Policy, the Claimant shall endeavor to inform Us in writing with the following documents (as applicable) along with bank account details (Cancelled Cheque/copy of pass book with IFSC code) of the Claimant:

a) For Death Claim:
- **i)** Duly completed Claim Form signed by Claimant.
- **ii)** KYC document of Insured Member and Claimant
- **iii)** Appraisal/Promotion Letter in case of Sum assured revision during Member Coverage Term
- **iv)** In case of mid-term addition, Offer Letter or Appointment Letter
- **v)** Attested copy of Death Certificate of the Insured Member issued by Indian Government Authority.
- **vi)** Medical treatment records (discharge summary / death summary, investigation and treatment reports, post mortem report, etc) if Insured Member has taken treatment for illness leading to his/her death.

b) In case of Additional Accidental Death Benefit claim, the following documents need to be submitted, in addition to above requested documents:
- i) Police Records – Attested copy of First Information Report, Panchnama / Inquest Panchnama
- ii) Newspaper cutting/Photograph of the accident, in case of Accidental Deaths.
- iii) Attested Copy of Post Mortem Report (Only if conducted).
- iv) Attested Copy of Viscera report if any (Only if Post Mortem is conducted)

c) For Accelerated Terminal Illness Benefit claim:
- i) Duly completed Claim Form signed by Claimant.
- ii) Medical Report(s) including Investigation report(s), indoor case papers, Hospital Summary/Discharge Card
- iii) Medical Practitioner's Certificate confirming the Illness/Treatment advise/Medical Reference
- iv) KYC document of Claimant

d) For Critical Illness Benefit claim:
- i) Duly completed Claim Form signed by Claimant.
- ii) Medical Report(s)(Current and past) including Investigation test(s), treatment report(s) and indoor case papers
- iii) Hospital Summary/Discharge Card
- iv) Medical Practitioner's Certificate confirming the current health status (Details of diagnosed Illness/Treatment advise)
- v) KYC document of Claimant

e) Additional Documents Specific to Critical Illness Benefit claim (In case of Non-Survival of Insured Member till end of Member Coverage Term):
- **i)** KYC document of Claimant and Insured Member
- **ii)** Medical certificate confirming the cause of death (Form 4A)
- **iii)** Attested copy of Death Certificate of the Insured Member issued by Indian Government Authority.

iv) Death Summary which confirms the treatment given prior to death and what all conditions led to death (in case of Hospitalization death)

v) In case of death at home – all the consultation and treatment record prior to death, medical certificate/Attending Physician statement confirming possible reason of death

f) For Accidental Total and Permanent Disability / Accidental Permanent Partial Disablement / Accidental Temporary Total Disablement Benefit Claim:

i) Claimants Statement For Disability Claim,

ii) Attested copy of disability certificate from relevant Government Medical authority.

iii) All investigation reports including Medical Records, Indoor Case papers, Lab tests reports confirming the disability.

iv) Complete treatment record with follow-up documentation

v) Attested copy of FIR (if required)

vi) Discharge summary from the Hospital (if applicable)

vii) Disability assessment report from Digit empanelled medical specialist (if required)

viii) KYC document of Claimant

ix) Additionally in case of Accidental Temporary Total Disablement, leave/absence certificate from the employer (if employed), Medical Practitioner's certificate confirming the Injury and advising rest / unfit to work for specified number of days, fitness certificate issued by the treating doctor.

g) For Multi-Stage Cancer Benefit Claim

i) Duly completed Claim Form signed by Claimant

ii) KYC document of the Claimant

iii) Medical Reports to include initial Diagnosis / findings, investigation reports, further follow-up treatment report, medicine prescriptions from initial treatment till date, any other relevant medical report pertaining to the Illness.

iv) Evidence provided by independent practicing medical consultant acceptable to the Company, should include current health status.

v) Appropriate Medical records and/or medical test or Investigation reports including, but not limited to, clinical treatment, radiological, histological and laboratory test evidence (e.g., 2D echocardiogram, treadmill test; USG etc.), indoor case papers, discharge summary

vi) Histopathology Report in case of cancer group claims

h) For Hospitalization due to Accident under Additional PA Benefit / Additional Hospitalization Benefit Claim

i) Duly completed Claim Form signed by Claimant

ii) KYC document of Claimant

iii) Medical and investigation reports, treatment and indoor case papers

iv) Discharge summary of present and past Hospitalizations

v) Treating Doctor's certificate

vi) All follow-up and consultation notes with respect to the Hospitalization

vii) Attested copy of FIR (if required)

Additionally, wherever applicable, following documents shall be submitted:

i) Certificate of Insurance

ii) Credit Account Statement from the lender, in case of claims under lender-borrower schemes

i) For Survival / Maturity Benefit Claim

i) Discharge Voucher

ii) KYC document of the Claimant

iii) Certificate of Insurance, wherever applicable

Notwithstanding anything contained in Clause 14 above of this Part F, depending upon the cause or nature of the claim, the Company reserves the right to call for any other and/or additional documents or information, including documents/information concerning the title of the person claiming the Benefit/(s) under this Master Policy, to the satisfaction of the Company, for processing of the claim.

The claim should be intimated to the Company within a period of 90 days from the date of insured event, to treat the same as a valid claim. However, delay in intimation of claim or submission of documents should be supported by valid reasons for the Company to condone such delay.

15. Claims Intimation

a) The claim can be notified with proof of claim to the Claims Department' at lifeclaims@godigit.com, and the claim documents to be simultaneously sent at Go Digit Life Insurance Limited, Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru, Karnataka 560095.

b) Claims can also be intimated at Our Helpline Number – **9960126126** and claim documents to be simultaneously sent at Digit Life Office address as mentioned above in (a) and (b).

c) Claim intimation to the Company can also be made in writing and delivered to the nearest branch office or Head Office address, which is currently as:

Claims department
Go Digit Life Insurance Limited
Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru, Karnataka 560095
HelplineNumber: **9960126126**
Email id: lifeclaims@godigit.com

Any change in the address or details above will be communicated by the Company to the Master Policyholder.
Our liability under the Master Policy will be automatically discharged on payment to the Claimant.

PART – G

Grievance Redressal Mechanism and Ombudsman Details

1) Contact Information for Complaints & Grievance Redressal

a) Meet your Grievance Officer at Your nearest Digit Life Branch Office
b) Write to life@godigit.com from Your registered email address.
c) Call **9960126126** from your registered mobile number.

2) Grievance Escalation Matrix

a) **Level 1:** In case the complainant is not satisfied with the response, the complainant can escalate the grievance to Chief Grievance Redressal Officer within 8 weeks from date of complaint resolution at **lifegro@godigit.com.**

Address:
The Chief Grievance Redressal Officer
Go Digit Life Insurance Limited.
Atlantis,95,4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru, Karnataka 560095

b) **Level 2:** In case the complainant is not satisfied with the response or does not receive any response from the Chief Grievance Redressal Officer within 15 days, complainant may approach the grievance cell of the Insurance Regulatory and Development Authority of India (IRDAI):

IRDAI Grievance Call Centre (IGCC) Address:
Consumer Affairs Department, Insurance Regulatory and Development Authority of India
Survey No. 115/1, Financial District, Nanakramguda, Gachibowli, Hyderabad
Telangana State – 500032
Toll Free Number: 155255 (or) 1800 4254 732
Timings: 8 AM to 8 PM (Monday to Saturday)
Email: complaints@irdai.gov.in
Website: http://igms.irda.gov.in

c) **Level 3**

Manner of making complaints to Insurance Ombudsman: In case the complainant is not satisfied with the decision/resolution of the Company, or does not receive any response from the Company within 30 days of filing the complaint, the complainant may approach the nearest Insurance Ombudsman. Pls refer the list of Insurance Ombudsman at the end of this section.

As per the provisions of Rule 13(1) of Insurance Ombudsman Rules, 2017, the Ombudsman shall receive and consider complaints or disputes relating to:

i) delay in settlement of claims
ii) any partial or total repudiation of claims
iii) disputes over premium paid or payable in terms of the policy
iv) misrepresentation of policy terms and conditions
v) legal construction of insurance policies in so far as the dispute relates to claim.
vi) servicing related grievances against insurers, their agents and intermediaries
vii) issuance of policy not in conformity with Proposal form submitted.
viii) non-issuance of insurance policy after premium receipt; and
ix) any other matter resulting from regulatory violation, related to issues mentioned at clauses a. to h.

As per the provisions of Rule 14 of Insurance Ombudsman Rules, 2017:

Rule 14(1), any person who has a grievance against an insurer, may himself or through his legal heirs, nominee or assignee, make a complaint in writing to the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the insurer complained against or the residential address or place of residence of the complainant is located.

Rule 14(2), the complaint shall be in writing, duly signed by the complainant or through his legal heirs, nominee or assignee and shall state clearly the name and address of the complainant, the name of the branch or office of the insurer against whom the complaint is made, the facts giving rise to the complaint, supported by documents, the nature and extent of the loss caused to the complainant and the relief sought from the Insurance Ombudsman.

Rule 14(3), no complaint to the Insurance Ombudsman shall lie unless:

i) the complainant makes a written representation to the insurer named in the complaint and
   (1) either the insurer had rejected the complaint; or
   (2) the complainant had not received any reply within a period of one month after the insurer received his representation; or
   (3) the complainant is not satisfied with the reply given to him by the insurer
ii) The complaint is made within one year—
   (1) after the order of the insurer rejecting the representation is received; or

(2) after receipt of decision of the insurer which is not to the satisfaction of the complainant.
(3) after expiry of a period of one month from the date of sending the written representation to the insurer if the insurer named fails to furnish reply to the complainant.

Rule 14(4), the Ombudsman shall be empowered to condone the delay in such cases as he may consider necessary, after calling for objections of the insurer against the proposed condonation and after recording reasons for condoning the delay and in case the delay is condoned, the date of condonation of delay shall be deemed to be the date of filing of the complaint, for further proceedings under these rules.

Rule 14(5), no complaint before the Insurance Ombudsman shall be maintainable on the same subject matter on which proceedings are pending before or disposed of by any court or consumer forum or arbitrator.

List of Insurance Ombudsman Centers

CONTACT DETAILS	JURISDICTION
AHMEDABAD Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.
BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	State of Karnataka
BHOPAL Office of the Insurance Ombudsman, 2nd Floor, Janak Vihar Complex, 6, Malviya Nagar, Opp. Airtel, Near New Market, Bhopal (M.P.)-462 003. Tel.:- 0755-2769201/9202 Fax : 0755-2769203 Email: bimalokpal.bhopal@cioins.co.in	States of Madhya Pradesh and Chattisgarh.
BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneshwar-751009. Tel.:- 0674-2596461/2596455 Fax : 0674-2596429 Email: bimalokpal.bhubaneswar@cioins.co.in	State of Orissa.
CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No.101-103,2nd Floor, Batra Building, Sector 17-D, Chandigarh-160 017. Tel.:- 0172-2706196 / 2706468 Fax : 0172-2708274 Email: bimalokpal.chandigarh@cioins.co.in	States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.
CHENNAI Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, Chennai-600 018. Tel.:- 044-24333668 /24335284 Fax : 044-24333664 Email: bimalokpal.chennai@cioins.co.in	State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).
NEW DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, New Delhi-110 002. Tel.:- 011-2323481/23213504 Fax : 011-23230858	States of Delhi.

Email: bimalokpal.delhi@cioins.co.in	
ERNAKULAM Office of the Insurance Ombudsman, 2nd Floor, CC 27 / 2603, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.:- 0484-2358759/2359338 Fax:- 0484-2359336 Email:- bimalokpal.ernakulam@cioins.co.in	State of Kerala and Union Territory of (a) Lakshadweep (b) Mahe-a part of Union Territory of Pondicherry.
GUWAHATI Insurance Ombudsman, Office of the Insurance Ombudsman, "Jeevan Nivesh", 5th Floor, Near Panbazar Overbridge, S.S. Road, Guwahati-781 001 (ASSAM). Tel.:- 0361-2132204/5 Fax : 0361-2732937 Email: bimalokpal.guwahati@cioins.co.in	States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, Hyderabad-500 004. Tel : 040-65504123/23312122 Fax: 040-23376599 Email: bimalokpal.hyderabad@cioins.co.in	States of Andhra Pradesh, Telangana and Union Territory of Yanam and a part of the Union Territory of Pondicherry.

JAIPUR Office of the Insurance Ombudsman, Ground Floor, Jeevan Nidhi II, Bhawani Singh Road, Jaipur – 302005 Tel : 0141-2740363 Email: Bimalokpal.jaipur@cioins.co.in	State of Rajasthan
KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4, C.R. Avenue, 4th Floor, Kolkata - 700 072. Tel : 033-22124339/22124340 Fax : 033-22124341 Email:- bimalokpal.kolkata@cioins.co.in	States of West Bengal, Bihar, Sikkim, Jharkhand and Union Territories of Andaman and Nicobar Islands.
LUCKNOW Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, Lucknow-226 001. Tel : 0522 -2231331/2231330 Fax : 0522-2231310 Email: bimalokpal.lucknow@cioins.co.in	States of Uttar Pradesh and Uttaranchal.
MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), Mumbai-400 054. Tel : 022 - 26106552 / 26106960 Fax : 022-26106052 Email: bimalokpal.mumbai@cioins.co.in	States of Goa and Mumbai Metropolitan Region excluding areas of Navi Mumbai & Thane
NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector-15, Gautam Budh Nagar, Noida Tel.: 0120-2514250 / 2514252 / 2514253 Email:- bimalokpal.noida@cioins.co.in	States of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozabad, Gautam Budh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur

PATNA Office of the Insurance Ombudsman, 2nd Floor, North Wing, Lalit Bhawan, Bailey Road, Patna - 800 001. Tel.: 0612 – 2547068 Email:- bimalokpal.patna@cioins.co.in	States of Bihar and Jharkhand
PUNE Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in	State of Maharashtra, Area of Navi Mumbai & Thane but excluding Mumbai Metropolitan Region

Note: For further information or latest updated list of Ombudsman Office addresses, kindly visit the following website. https://www.cioins.co.in/Ombudsman

IRDAI Notice - Beware of Spurious/Fraud Phone Calls: IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint**.**

Digit Life Group Long Term Plan - UIN: 165N002V01 Go Digit Life Insurance Limited. IRDAI Registration number: 165, CIN: U66000PN2021PLC206995, Registered Office: Go Digit Life Insurance Limited, Ananta One (AR One), Pride Hotel Lane, Narveer Tanaji Wadi, City Survey No. 1579, Shivajinagar, Pune-411005; Corporate Office: Go Digit Life Insurance Limited, Atlantis,95,4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru, Karnataka 560095; Helpline Number **9960126126** ; Website:www.godigit.com/life Email: life@godigit.com

ANNEXURE – I

Section 45 – Policy shall not be called in question on the ground of misstatement after three years

Provisions regarding Policy not being called into question in terms of Section 45 of the Insurance Act, 1938, as amended from time to time are as follows:

1) No Policy of Life Insurance shall be called in question **on any ground whatsoever** after expiry of 3 years from
   a) the date of issuance of Policy or
   b) the date of commencement of risk or
   c) the date of revival of Policy or
   d) the date of rider to the Policy,
   whichever is later.

2) On the ground of fraud, a Policy of Life Insurance may be called in question within 3 years from
   a) the date of issuance of Policy or
   b) the date of commencement of risk or
   c) the date of revival of Policy or
   d) the date of rider to the Policy
   whichever is later.

For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based.

3) Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance Policy:
   a) The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
   b) The active concealment of a fact by the insured having knowledge or belief of the fact;
   c) Any other act fitted to deceive; and
   d) Any such act or omission as the law specifically declares to be fraudulent.

4) Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak.

5) No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / claimant can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the Policyholder, if alive, or claimant.

6) Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which Policy was issued or revived or rider issued. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the Policy of life insurance is based.

7) In case repudiation is on ground of misstatement and not on fraud, the Premium collected on Policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation.

8) Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The onus is on insurer to show that if the insurer had been aware of the said fact, no life insurance Policy would have been issued to the insured.

9) The insurer can call for proof of age at any time if he is entitled to do so and no Policy shall be deemed to be called in question merely because the terms of the Policy are adjusted on subsequent proof of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

[Disclaimer: This is not a comprehensive list of amendments. Policyholders are advised to refer to Section 45 of the Insurance Act, 1938, as amended from time to time for complete and accurate details].

ANNEXURE – II

Section 38 – Assignment and Transfer of Insurance Policies:

Provisions regarding assignment or transfer of a Policy in terms of Section 38 of the Insurance Act, 1938, as amended from time to time are as follows:

1) This Policy may be transferred/assigned, wholly or in part, with or without consideration.

2) An Assignment may be effected in a Policy by an endorsement upon the Policy itself or by a separate instrument under notice to the Insurer.

3) The instrument of assignment should indicate the fact of transfer or assignment and the reasons for the assignment or transfer, antecedents of the assignee and terms on which assignment is made.

4) The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness.

5) The transfer of assignment shall not be operative as against an insurer until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or copy there of certified to be correct by both transferor and transferee or their duly authorized agents have been delivered to the insurer.

6) Fee to be paid for assignment or transfer can be specified by the Authority through Regulations.

7) On receipt of notice with fee, the insurer should Grant a written acknowledgement of receipt of notice. Such notice shall be conclusive evidence against the insurer of duly receiving the notice.

8) If the insurer maintains one or more places of business, such notices shall be delivered only at the place where the Policy is being serviced.

9) The insurer may accept or decline to act upon any transfer or assignment or endorsement, if it has sufficient reasons to believe that it is
   a) not bonafide or
   b) not in the interest of the Policyholder or
   c) not in public interest or
   d) is for the purpose of trading of the Insurance Policy.

10) Before refusing to act upon endorsement, the Insurer should record the reasons in writing and communicate the same in writing to Policyholder within 30 days from the date of Policyholder giving a notice of transfer or assignment.
11) In case of refusal to act upon the endorsement by the Insurer, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Insurer.

12) The priority of claims of persons interested in an insurance Policy would depend on the date on which the notices of assignment or transfer is delivered to the insurer; where there are more than one instruments of transfer or assignment, the priority will depend on dates of delivery of such notices. Any dispute in this regard as to priority should be referred to Authority.

13) Every assignment or transfer shall be deemed to be absolute assignment or transfer and the assignee or transferee shall be deemed to be absolute assignee or transferee, except
   a) where assignment or transfer is subject to terms and conditions of transfer or assignment OR
   b) where the transfer or assignment is made upon condition that
   c) the proceeds under the Policy shall become payable to Policyholder or nominee(s) in the event of assignee or transferee dying before the insured OR
   d) the insured surviving the term of the Policy

Such conditional assignee will not be entitled to obtain a loan on Policy or surrender the Policy. This provision will prevail notwithstanding any law or custom having force of law which is contrary to the above position.

14) In other cases, the insurer shall, subject to terms and conditions of assignment, recognize the transferee or assignee named in the notice as the absolute transferee or assignee and such person
   a) shall be subject to all liabilities and equities to which the transferor or assignor was subject to at the date of transfer or assignment and
   b) may institute any proceedings in relation to the Policy
   c) obtain loan under the Policy or surrender the Policy without obtaining the consent of the transfer or assignor or making him a party to the proceedings.

15) Any rights and remedies of an assignee or transferee of a life insurance Policy under an assignment or transfer effected before commencement of the Insurance Laws (Amendment) Act 2015 shall not be affected by this section.

[Disclaimer: This is not a comprehensive list of amendments. Policyholders are advised to refer to Section 38 of the Insurance Act, 1938, as amended from time to time for complete and accurate details].

ANNEXURE – III

Section 39 – Nomination by Policyholder

Provisions regarding nomination of a Policy in terms of Section 39 of the Insurance Act, 1938, as amended from time to time are as follows:

1) The Policyholder of a life insurance on his own life may nominate a person or persons to whom money secured by the Policy shall be paid in the event of his death.

2) Where the nominee is a minor, the Policyholder may appoint any person to receive the money secured by the Policy in the event of Policyholder's death during the minority of the nominee. The manner of appointment is to be laid down by the insurer.

3) Nomination can be made at any time before the vesting of the Policy.

4) Nomination may be incorporated in the text of the Policy itself or may be endorsed on the Policy communicated to the insurer and can be registered by the insurer in the records relating to the Policy.

5) Nomination can be cancelled or changed at any time before Policy matures, by an endorsement or a further endorsement or a will as the case may be.

6) A notice in writing of Change or Cancellation of nomination must be delivered to the insurer for the insurer to be liable to such nominee. Otherwise, insurer will not be liable if a bona fide payment is made to the person named in the text of the Policy or in the registered records of the insurer.

7) Fee to be paid to the insurer for registering change or cancellation of a nomination can be specified by the Authority through Regulations.

8) On receipt of notice with fee, the insurer should grant a written acknowledgement to the Policyholder of having registered a nomination or cancellation or change thereof.

9) A transfer or assignment made in accordance with Section 38 shall automatically cancel the nomination except in case of assignment to the insurer or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will get affected to the extent of insurer's or transferee's or assignee's interest in the policy. The nomination will get revived on repayment of the loan.

10) The right of any creditor to be paid out of the proceeds of any Policy of life insurance shall not be affected by the nomination.

11) In case of nomination by Policyholder whose life is insured, if the nominees die before the Policyholder, the proceeds are payable to Policyholder or his heirs or legal representatives or holder of succession certificate.

12) In case nominee(s) survive the person whose life is insured, the amount secured by the Policy shall be paid to such survivor(s).

13) Where the Policyholder whose life is insured nominates his
    a) Parents, or
    b) Spouse, or
    c) Children, or
    d) Spouse, and children
    e) or any of them

The nominees are beneficially entitled to the amount payable by the insurer to the Policyholder unless it is proved that the Policyholder could not have conferred such beneficial title on the nominee having regard to the nature of his title.

14) If nominee(s) die after the Policyholder but before his share of the amount secured under the Policy is paid, the share of the expired nominee(s) shall be payable to the heirs or legal representative of the nominee or holder of succession certificate of such nominee(s).

15) The provisions of sub-section 7 and 8 (13 and 14 above) shall apply to all life insurance policies maturing for payment after the commencement of Insurance Laws (Amendment) Act 2015.

16) If Policyholder dies after maturity, but the proceeds and benefit of the Policy has not been paid to him because of his death, his nominee(s) shall be entitled to the proceeds and benefit of the Policy.

17) The provisions of Section 39 are not applicable to any life insurance Policy to which Section 6 of Married Women's Property Act, 1874 applies or has at any time applied except where before or after Insurance Laws (Amendment) Act 2015, a nomination is made in favour of spouse or children or spouse and children whether or not on the face of the Policy it is mentioned that it is made under Section 39. Where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWP Act, it should be specifically mentioned on the Policy. In such a case only, the provisions of Section 39 will not apply.

[Disclaimer: This is not a comprehensive list of amendments. Policyholders are advised to refer to Section 39 of the Insurance Act, 1938, as amended from time to time for complete and accurate details].

Annexure IV

Exclusions to Critical Illness (CI) Benefit / Multi-Stage Cancer Benefit

Claim for Critical Illness Benefit shall be accepted subject to Survival Period of 30 days and Waiting Period of 90 days. Claim for Multi-Stage Cancer Benefit shall be accepted subject to Waiting Period of 90 days.
Notwithstanding anything to the contrary stated herein and in addition to the foregoing exclusions, no Critical Illness Benefit / Multi-Stage Cancer Benefit will be payable if any of the covered conditions under Critical Illness / Multi-Stage Cancer occurs from, or is caused or aggravated, either directly or indirectly by, voluntarily or involuntarily, due to one of the following:

1) Congenital Condition: Any external congenital condition or related illness is not covered. In case any Internal congenital condition or related illness is known and was/is being treated, is disclosed at proposal stage and accepted, claims will be processed as per Policy terms and conditions.
2) Any covered condition or its signs or symptoms having occurred within the Waiting Period.
3) Drug Abuse: Insured Member being under the influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered independent medical practitioner.
4) Pre-existing Disease: means any condition, ailment, Injury or disease:
    - that is/are Diagnosed by a physician within 48 months prior to the effective date of the Insurance Coverage issued by Company or
    - for which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the Insurance Coverage or its Revival.

5) Self-inflicted Injury: Intentional self-inflicted injury by the Insured Member.
6) Suicide: If the condition covered under Critical Illness Benefit / Multi-Stage Cancer Benefit was contracted due to attempted suicide.
7) Criminal Acts: Insured Member involvement in criminal activities with criminal intent.
8) War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, willful participation in strikes / acts of violence.
9) Nuclear Contamination: Exposure to radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.
10) Biological, chemical or radioactive contamination.
11) Aviation: Participation by the Insured Member in any flying activity, except as a bona fide fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable. However, Pilots, Cabin crew, aeronautical staff members in a licensed passenger carrying commercial aircraft operating on a regular scheduled route will be covered under this product as per Board Approved Underwriting Policy.
12) Hazardous sports and pastimes: Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping, horse racing or any kind of race.
13) Any treatment of the donor for the replacement of an organ.
14) Unreasonable failure to seek or follow medical advice or treatment by a Medical Practitioner leading to occurrence of the insured event or Member delaying medical treatment in order to circumvent the Waiting Period or other conditions and restrictions applying to this Policy.

Annexure V

Exclusions to Additional Hospitalization Benefit

No Benefits shall be payable with respect to any of the Hospitalization unless the entire period of confinement to Hospital and all the Hospital services rendered and performed there have been recommended by a registered medical practitioner and are in accordance with the diagnosis and treatment of the condition for which Hospitalization was required.

The Company shall not be liable to make any payment if Hospitalization or claims are attributable to, or based on, or arise out of, or are directly or indirectly connected to any of the following:

1. Pre-existing Disease: means any condition, ailment, Injury or disease:
    - that is/are Diagnosed by a physician within 48 months prior to the effective date of the Insurance Coverage issued by Company or
    - for which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the Insurance Coverage or its Revival.

2. Hospitalization / treatment within the Waiting Period and Hospitalization / treatment following the diagnosis within the Waiting Period. However, Waiting Period shall not be applicable for Hospitalization due to Accidental Injuries.

3. Hazardous sports and pastimes: Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping, horse racing or any kind of race.

4. Aviation: Participation by the Insured Member in any flying activity, except as a bona fide fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable. However, Pilots, Cabin crew, aeronautical staff members in a licensed passenger carrying commercial aircraft operating on a regular scheduled route will be covered under this product as per Board Approved Underwriting Policy.

5. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, willful participation in strikes / acts of violence.

6. Criminal Acts: Insured Member involvement in criminal activities with criminal intent.

7. Nuclear Contamination: Exposure to radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated

by nuclear fuel materials or accident arising from such nature; Biological, chemical or radioactive contamination.

8. Any treatment due to any external congenital conditions.

9. Any dental surgery, extraction of impacted tooth/teeth, orthodontics or orthognathic surgery, or tempero-mandibular joint disorder except as necessitated by an accidental injury;

10.Treatment arising from or traceable to pregnancy which shall include childbirth, infertility, miscarriage, abortion, sterilization and contraception including complications related thereto / treatment to assist reproduction including IVF treatment.

11.Hospitalization primarily for investigatory purpose, diagnosis, X-ray examinations, general physical or routine medical examinations; preventive treatment or medicines, treatments/ examinations specifically for weight management regardless of whether the same is caused by a medical condition; or any treatment or study related to sleep disorder or sleep apnoea syndrome.

12. Convalescence, general debility, custodial, sanitaria, rehabilitation centre, nature care clinics, or respite care or long-term nursing care.

13.Stem cell implantation or surgery, harvesting/storage/any other treatment using stem cells, or any type of hormone replacement therapy.

14.Any form of plastic surgery except to the extent that such surgery is necessary for the treatment of cancer, burns or Accidental Injuries happened during the contract period ;
15. Cosmetic or aesthetic treatments, treatment or surgery for change of life / gender
16. Treatment of xanthelasma, syringoma, acne and alopecia;
17. Circumcision unless necessary for treatment of a disease or necessitated due to an Accident;

18.Articial life maintenance, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of health and/ or who has been declared brain dead, as demonstrated by:
- Deep coma and unresponsiveness to all forms of stimulation; or
- Absent pupillary light reaction; or
- Absent oculovestibular and corneal re-exes; or
- Complete apnea

19. Treatment for accidental physical injury or illness caused by violation or attempted beach of the law, or resistance to arrest;

20.Hospitalization and treatment of any kind not actually performed, not necessary or reasonable, or any kind of elective surgery or treatment which is not medically necessary.
21. Any treatment for any sexually transmitted disease (STD), and its related complications (except for HIV / AIDS); treatment of any sexual problem including impotence (irrespective of the cause) and sex changes / gender reassignments or erectile dysfunction.
22. Treatment for or arising from an Injury that is intentionally self-inflicted, including attempted suicide.
23. Hospitalization due to use and abuse of any substance, drug (not prescribed by registered independent medical practitioner) or alcohol or treatment for de-addiction / smoking cessation programs or taking of poison.

24.Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
25. Treatment for correction of eye sight due to refractive error less than 7.5 dioptres.
26. Routine eye examinations and ear examinations, cochlear implants, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, hair fall treatment & products, and all other similar external appliances and / or devices whether for diagnosis or treatment.
27. Unreasonable failure to seek or follow medical advice or treatment by a Medical Practitioner leading to occurrence of the insured event or Member delaying medical treatment in order to circumvent the Waiting Period or other conditions and restrictions applying to this Policy.

28. Any treatment related to donor screening or treatment including surgery to remove organs of a donor for the replacement of an organ (where Member is donor)
29. Ayurvedic, Homeopathy, Unani, Yoga and naturopathy, Siddha, reflexology, acupuncture, bone-setting, herbalist treatment, hypnotism, Rolfing, massage therapy, aroma therapy or any other treatments other than Allopathy/ western medicines.

30. Hospitalization / any treatment received outside India

31. Treatment for developmental problems including learning difficulties e.g. Dyslexia, behavioral problems

32. The following diseases/surgeries and any complications arising out of them will not be covered during the first two years from the Risk Commencement Date or date of Revival:

- Deviated Nasal Septum/Nasal and Paranasal Sinus Disorders
- Diseases of Tonsils / Adenoids
- Surgery of Thyroid Gland excluding Malignancy
- All types of Hernia
- Hydrocele / Varicocele / Spermatocele

- Piles / Fissure / Fistula-in-Ano / Rectal Prolapse
- Benign Prostatic Hypertrophy
- Menstrual Irregularities, Dysfunctional Uterine Bleeding
- Hysterectomy with or without Bilateral Salpingo-oophorectomy excluding Malignancy
- Uterine Fibroid
- Calculus Diseases
- Prolapsed Intervertebral disc
- Retinopathy /Retinal detachment
- Peripheral Vascular Diseases due to diabetes / diabetic foot
- Renal failure due to diabetes
- Osteoporosis / Pathologiocal Fracture
- Cataract
- Joint replacements except due to an accident (one knee or one hip replacement in a Coverage Year)
- Congenital Internal Disease or Anomalies or Disorder

Annexure VI

Exclusions to Additional Accidental Death Benefit (ADB)

No ADB Benefit will be payable on death of the Insured Member occurring directly or indirectly as a result of any of the following:

1. Infection: Death caused or contributed to by any infection, except infection caused by an external visible wound accidentally sustained.

2. Intentional self-inflicted injury, attempted suicide / suicide while sane or insane.

3. Insured Member being under the influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered independent medical practitioner.

4. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, willful participation in strikes / acts of violence.

5. Participation by the Insured Member in any flying activity, except as a bona fide fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable. However Pilots, Cabin crew, aeronautical staff members in a licensed passenger carrying commercial aircraft operating on a regular scheduled route will be covered under this product as per Board Approved Underwriting Policy.

6. Participation by the Insured Member in a criminal or unlawful act with criminal intent.

7. Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping, horse racing or any kind of race.

8. Nuclear contamination, the radio-active, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.

9. Biological, chemical and radioactive contamination.

Annexure VII

Exclusions to Additional Accidental Total and Permanent Disability (ATPD) Benefit

No ATPD benefit will be payable, if ATPD to Insured Member is occurring directly or indirectly as a result of any of the following:

1. Infection: ATPD caused or contributed to by any infection, except infection caused by an external visible wound accidentally sustained.

2. Intentional self-inflicted injury, attempted suicide while sane or insane.

3. Insured Member being under the influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner.

4. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, willful participation in strikes / acts of violence.

5. Participation by the Insured Member in any flying activity, except as a bona fide fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable. However Pilots, Cabin crew, aeronautical staff members in a licensed passenger carrying commercial aircraft operating on a regular scheduled route will be covered under this product as per Board Approved Underwriting Policy.

6. Participation by the Insured Member in a criminal or unlawful act with criminal intent.

7. Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping, horse racing or any kind of race.

8. Nuclear contamination, the radio-active, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.

9. Biological, chemical and radioactive contamination.

Annexure VIII

Exclusions to Additional Personal Accident Benefit

No Benefit under Additional Personal Accident Benefit shall be payable, if insured events under this Benefit occur directly or indirectly as a result of any of the following:

1. Infection : Insured events under Additional Personal Accident Benefit caused or contributed to by any infection except, infection caused by an external visible wound accidentally sustained.

2. Intentional self-inflicted injury, suicide / attempted suicide while sane or insane.

3. Insured Member being under the influence of drugs, alcohol, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner.

4. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, willful participation in strikes / acts of violence.

5. Participation by the Insured Member in any flying activity, except as a bona fide fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable. However, Pilots, Cabin crew, aeronautical staff members in a licensed passenger carrying commercial aircraft operating on a regular scheduled route will be covered under this product as per Board Approved Underwriting Policy.

6. Participation by the Insured Member in a criminal or unlawful act with criminal intent.

7. Engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping, horse racing or any kind of race.

8. Nuclear contamination, the radio-active, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.

9. Biological, chemical and radioactive contamination.

10. Hospitalization for treatment of accidental injuries which does not warrant Hospitalization, Domiciliary Hospitalization and OPD treatment are excluded.

11. Hospitalization / Treatment taken outside the geographical limits of India shall be excluded.

12. Hospitalization primarily for diagnostics and evaluation purpose.

Annexure IX

Wellness Benefit Program

Below listed Benefits will be made available under Wellness Benefit Program

1) Doctor on Call

Upon Insured Member's request, we will facilitate an appointment, through our empaneled Service Provider, with a Medical Practitioner who can help Insured Member 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 Insured Member to become more aware of his/her health and proactively manage it, We will, through periodic communications like e-mailers, blogs, videos, webinar and online platform provide him/her 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 Insured Member's 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 the Insured Member.

4) Pharmacy (Home Delivery)

Upon Insured Member's 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 the Insured Member.

5) **Vital/Physical Activity Monitoring Services**

Upon member's request, We will facilitate, through Our Empanelled Service Provider, the integration of his/her 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 his/her vitals as reported by the device. It can provide periodic updates and reports of Insured Member's health status. The cost of the device will have to be borne by the Insured Member.

6) Reminder Notifications

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

7) Medical Wallet

Upon Insured Member's request, We will arrange, through Our Empanelled Service Provider, for a medical wallet. This will be a digital cloud service which will allow the Insured Member to store all his/her 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 he/she may share the login and access codes, easing his/her need to physically carry documents with himself/herself.

8) Report Aggregation

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

9) Home Care Services

Upon Insured Member's request, We will facilitate, through our Empaneled Service Provider, Home Care Services for him/her in case he/she 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 – Wheelchair, Patient Bed, Oxygen Cylinder etc.
h) Doctor Visit
i) Elderly care and senior living assistance related to their health conditions.

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

10) Ambulance Arrangement Services

Upon Insured Member's request, We will facilitate, through Our Empanelled Service Provider, ambulance services for his/her 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 the insured member.

11) Pick up and drop services for consultation

Upon Insured Member's request, We will facilitate, through Our Empanelled Service Provider, Pick-up and Drop Service, for his/her 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 Insured Member.

12) Prioritizing Appointments

Upon Insured Member's request, We will facilitate through Our Empanelled Service Provider, prioritization of his/her appointment, based on the urgency, with the Network Providers 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 beborne by the Insured Member. These may include the following but not limited to:

a) Doctor's services
b) Nursing services
c) Dietitian services

13) Mental wellbeing

Upon Insured Member's 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 the Insured Member.

14) Physiotherapy

Upon Insured Member's 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 the Insured Member.

15) Childcare/Children's activities

Upon Insured Member's 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 the Insured Member.

16) Out-Patient (OPD) Services

Upon Insured Member's 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 the Insured Member.

17) Fitness

Upon Insured Member's 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 the Insured Member.

Terms and Conditions applicable to Wellness Benefit Program

1) Any Information provided by the Insured Member 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. Insured Member needs 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 Member 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 Member.

4) We 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 Member 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 Member's visit or consultation to an Independent Medical Practitioner. The Insured Member 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.