

SARAL SURAKSHA BIMA, MANIPALCIGNA PROSPECTUS

I. What are the key highlights of the product?

Basic Covers:

- Death
- Permanent Partial Disablement
- Permanent Total Disablement

Optional Covers:

- Temporary Total Disablement
- Hospitalisation Expenses due to Accident
- Education Grant

Cumulative Bonus

II. What are the Basic Covers?

- a) Death:** We shall pay the benefit equal to 100% of Sum Insured, specified in the policy schedule, on death of the insured person, due to an Injury sustained in an Accident during the Policy Period, provided that the Insured Person's death occurs within 12 months from the date of the Accident. Where claim payment has been made owing to disappearance of insured person following an accident, if after the payment of accidental death claim, it is found that the insured person has survived the accident, then the policyholder has to refund the payment back to the company in consideration of the obligatory guarantee as provided during the claim.
- b) Permanent Total Disablement:** We shall pay the benefit equal to 100% of Sum Insured, specified in the policy schedule, if an insured Person suffers Permanent Total Disablement of the nature specified below, solely and directly due to an Accident during the Policy Period, provided that the Permanent Total Disablement occurs within 12 months from the date of the 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.
- c) Permanent Partial Disablement:** We shall pay the following percentage of Sum Insured, specified in the policy schedule, if the Insured Person suffers Permanent Partial Disablement of the nature specified below solely and directly due to an Accident during the Policy Period provided that the Permanent Partial Disablement shall occur within 12 months of the date of the Accident.

	Loss Covered	Percentage of Sum Insured
1.	Loss of Use/ Physical Separation: One entire hand One entire foot Loss of Sight of one eye Loss of toes - all Great both phalanges Great - one phalanx Other than great if more than one toe lost	50% 50% 50% 20% 5% 2% 1%
2.	Loss of Use of both ears	50%
3.	Loss of Use of one ear	20%
4.	Loss of four fingers and thumb of one hand	40%
5.	Loss of four fingers	35%
6.	Loss of thumb - both phalanges - one phalanx	25% 10%
7.	Loss of Index finger - three phalanges two phalanges one phalanx	10% 8% 4%
8.	Loss of middle finger - three phalanges two phalanges one phalanx	6% 4% 2%
9.	Loss of ring finger - three phalanges two phalanges one phalanx	5% 4% 2%
10.	Loss of little finger - three phalanges two phalanges one phalanx	4% 3% 2%
11.	Loss of metacarpus - first or second (additional) third, fourth or fifth (additional)	3% 2%
12.	Any other permanent partial disablement	Percentage as assessed by the independent Medical Practitioner

Maximum amount payable in respect of multiple nature of disablements shall be restricted to sum insured chosen by the policyholder.

Note:

- a) The base sum insured chosen and cumulative bonus, if any, is applicable cumulatively for all the three covers specified under II.(a), II.(b) and II.(c) above i.e, there is a single sum insured for all the three covers namely, Accidental death, Permanent total disability and Permanent Partial Disability.
- b) If the accident occurs during the policy period, benefits covered under II.(a), II.(b) and II.(c) above are payable, even if death or Permanent Total Disablement or Permanent Partial Disablement or any combination thereof occurs after the completion of policy period, but within 12 months from the date of accident.

III. What are the Optional Covers?

- a) **Temporary Total Disablement:** If the Insured Person sustains an Injury in an Accident during the Policy Period and which completely incapacitates the Insured Person from engaging in any employment or occupation of any description whatsoever which the Insured Person was capable of performing at the time of the Accident (Temporary Total Disablement), We shall pay the benefit of 0.2% of the Base Sum Insured per week, till the time the insured person is able to return to work, provided that:
 - (i) The period of temporary total disablement shall exceed four consecutive weeks from the date of accident, however, the benefit shall be reckoned from the date of accident and shall be payable for the entire duration of disablement.
 - (ii) The compensation payable under this benefit mentioned under Section III.(a) 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 Sum Insured.
 - (iii) 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.
 - (iv) The compensation 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.
 - (v) During the course of payment under this benefit, the company shall have right to call for a certification from an independent medical practitioner with regard to the continuity of temporary total disability specified under this section.
 - (vi) The insured shall notify the company immediately on resuming to his occupation/employment. Where it is found that the insured resumed to his occupation/employment without notifying to the company and received the compensation under this cover, the company shall have right to claim the recovery of such benefit paid.

Note: For the purpose of this benefit, "week" is a period of seven consecutive calendar days.

- b) **Hospitalisation Expenses due to Accident:** We shall indemnify medical expenses incurred for hospitalisation arising due to accident during the policy period, up to the limit of 10% of the base sum insured, specified in the policy schedule.

The hospitalisation expenses shall cover the following:

- i. Room, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home,
- ii. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor / surgeon or to the hospital.
- iii. Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities, and such other similar expenses.
(Expenses on Hospitalisation for a minimum period of 24 hours are admissible. However, this time limit of 24 hours shall not apply when the treatment does not require hospitalisation as specified in the terms and conditions of policy contract, where the treatment is taken in the Hospital and the Insured is discharged on the same day.)
- iv. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses.
- v. The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure carried out to treat the accidental injury covered under the policy.
- vi. Expenses incurred on hospitalization due to accident, under AYUSH (as defined in IRDAI (Health Insurance) Regulations, 2016) systems of medicine shall be covered without any sub-limits.

The following other expenses necessitated due to injury shall also be covered under the optional cover specified under Section III.(b):

- i. Dental treatment.
- ii. Plastic surgery.
- iii. All the day care treatments.
- iv. Expenses incurred on road Ambulance subject to a maximum of Rs.2000/- per hospitalization.

Note: The expenses that are not covered under the section III.(b) are placed under List-I of Annexure-B of the Policy Terms and Conditions. The list of expenses that are to be subsumed into room charges, or procedure charges or costs of treatment are placed under List-II, List-III and List-IV of Annexure-B respectively, in the Policy Terms and Conditions.

- c) **Education Grant:**

Following an admissible claim of the insured person under the policy towards Death or Permanent Total Disability of the insured person, We shall pay a one-time educational grant of 10% of the Base Sum insured (specified in the policy schedule), per child to all dependent children of the Insured provided that:

- a. Such Dependent Child/ Children(s) is/are pursuing an educational course as a full time student in an educational institution.
- b. Age of the child or children as the case shall not be more than 25 completed years.

Note:

- i. The benefits payable under each of the optional covers III.(a), III.(b) and III.(c) are independent and over and above the base sum insured.
- ii. Claim admissibility under the optional covers "Temporary total disablement" and "hospitalization due to accident" is independent of claim admissibility under the base covers.

IV. Cumulative Bonus

Sum insured (excluding cumulative bonus) shall be increased by 5% in respect of each claim free policy year, provided the policy is renewed without a break subject to maximum of 50% of the sum insured. If a claim is made in any particular year, the cumulative bonus accrued may be reduced at the same rate at which it has accrued.

Notes:

- i. The cumulative bonus is applicable only in respect of base covers referred in Section II.(a), II.(b) and II.(c). Addition or reduction of cumulative bonus will be done only if claim made under base covers.

- ii. The CB shall be added and available individually to the insured persons under the policy, if no claim has been reported. CB shall reduce only in case of claim from the same Insured Person.
- iii. CB shall be available only if the Policy is renewed/ premium paid within the Grace Period.
- iv. If a claim is made in the expiring Policy Year, and is notified to Us after the acceptance of Renewal premium any awarded CB shall be withdrawn.

V. What are the features of the product?

I. Eligibility

The minimum entry age under this policy is 3 months for children and 18 years for adults.

The maximum age at entry for children is 25 years.

The maximum age at entry for adults is 70 years.

- a. Dependent Children in the age group of 3 months to 25 years can be covered under a family policy provided they are dependent.
- b. If the child above 18 years of age is financially independent, he or she shall be ineligible for coverage in the subsequent renewals. Policy is renewable for Lifetime.

ii. Coverage on Individual and Family basis

Covering the following relationships - Self, Lawfully Wedded Spouse, Dependent Children, Parents and Parents in law.

iii. Policy Period

You can buy the policy for one year. 'One Policy Year' shall mean a period of one year from the inception date of the policy.

iv. Sum Insured

a. Individual Plan

Sum Insured will range from Rs. 2.50 Lacs to a maximum of Rs. 10 Crores (in multiples of Rs. 50,000/-)

Eligibility of Sum Insured will be up to a maximum of 10 times of Annual Income of the Proposer or Earning member to be Insured, where the Proposer is not the Insured.

b. Family Cover

Family Member	Sum Insured
Earning member	As per the Sum Insured opted
Non-earning Spouse	60% of Sum Insured of Earning member
Dependent Children	30% of the Sum Insured of Earning member
Dependent parents/parent in laws	30% of the Sum Insured of Earning member

Note: Non-earning dependants will not be eligible for coverage under Section 'Temporary Total Disablement'.

v. Discounts under the Policy

1. Family discount - of 15% for covering 2 or more family members under the same policy under the individual policy option.
2. Online Renewal discount - of 3% on the premium from next renewal, if the premium is received through NACH or standing instruction (where payment is made either by direct debit of bank account or credit card).
3. Worksite marketing discount - of 10% will be available on policies which are sourced through worksite marketing.

vi. Loadings and Underwriting

We may apply a loading of 25% for an Insured person with existing disability of $\geq 40\%$. This loading will be applied from the first policy date including subsequent renewal (s) with Us. We will inform you about the applicable risk loading through a counter offer letter and We will only issue the Policy once We receive your consent and applicable additional premium. Maximum loading applicable on a policy shall be 100% per Insured Person. There will be no loadings based on individual claims experience.

vii. Premiums

The Premium charged on the policy will depend on Sum Insured of the Insured Person.

Premium can be paid on Yearly, Half yearly, Quarterly or Monthly basis. Premium payment mode can only be selected at the inception of the Policy or at the renewal of the Policy.

In case of premium payment modes other than Yearly, a loading will be applied on the premium.

Loading grid applicable for Half yearly, Quarterly and Monthly payment mode.

Premium payment mode	% Loading on premium
Monthly	5.5%
Quarterly	3.5%
Half yearly	2.5%

For detailed premium chart please refer Annexure "Rate Chart".

If we receive any amount in excess of the required premium, we will refund the excess without paying any interest on the excess amount.

If we receive any amount lesser than the required premium, the same shall not be adjusted towards the premium and no interest shall be paid on the amount. You will not be entitled to any benefits or claims under the policy unless you pay the full premiums in time.

The premium payment mode can be changed only on a policy anniversary by sending a request at least one month in advance. Change in premium payment mode is subject to:

1. Payment of premium and loading, if any.
2. Minimum premium requirement for the requested premium payment mode, if any.
3. Availability of the requested premium payment mode on the day of implementation of request.
4. Premium rates/ tables applicable for the changed premium payment mode will be the same as the premium rates/ tables applicable on the date of commencement of policy.

viii. Renewal Terms:

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

- i. The Company shall endeavour to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- ii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- iii. At the end of the policy period, the policy shall terminate and can be renewed within the Grace period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.

- iv. No loading shall apply on renewals based on individual claims experience.
- v. The cover for the Insured shall terminate immediately in the event of admissible claim and settlement of 100% Sum Insured under Coverage Death or Permanent Total Disability and no Renewal of contract will be permissible.
- vi. The insured may also avail an optional cover or opt out of the optional cover at the time of renewal.

Premium Payment in Instalments

If the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in the policy Schedule, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy).

- i. Grace Period of 15 days would be given to pay the instalment premium due for the policy.
 - ii. During such grace period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company.
 - iii. No interest will be charged If the instalment premium is not paid on due date.
 - iv. In case of instalment premium due not received within the grace period, the policy will get cancelled.
 - v. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
 - vi. The company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.
- a. Where We have discontinued or withdrawn this product/plan You will have the option to Renew under the nearest substitute policy being issued by Us, provided however benefits payable shall be subject to the terms contained in such other policy which has been approved by IRDAI. We will notify You regarding withdrawal of this product and the options available at the time of Renewal of this Policy.
 - b. Insured Persons shall disclose to Us in writing of any material change in his/her health condition or Occupation at the time of seeking Renewal of this Policy, irrespective of any claim arising or made. The terms and condition of the existing policy will not be altered.
 - c. We may in Our sole discretion, revise the Renewal premium payable under the Policy or the terms of cover, provided that the Renewal premiums are approved by IRDAI and in accordance with the IRDAI guidelines and regulations as applicable from time to time. Renewal premiums will not alter based on individual claims experience. We will intimate You of any such changes at least 3 months prior to date of such revision or modification coming into effect.
 - d. Alterations like increase/decrease in Sum Insured or addition/deletion of Insured Persons, will be allowed at the time of Renewal of the Policy. You can submit a request for the changes by filling the proposal form before the expiry of the Policy. We reserve Our right to carry out underwriting in relation to acceptance or rejection of the request for changes on Renewal. The terms and conditions of the existing Policy will not be altered.

You may pay the premium through National Automated Clearing House (NACH)/ Standing Instruction (SI) provided that:

- i. NACH/ Standing Instruction Mandate form is completely filled & signed by You.
- ii. The Premium amount which would be auto debited & frequency of instalment is duly filled in the mandate form.
- iii. New Mandate Form is required to be filled in case of any change in the Policy Terms and Conditions whether or not leading to change in Premium.
- iv. You need to inform us at least 15 days prior to the due date of instalment premium if You wish to discontinue with the NACH/ Standing Instruction facility.
- v. Non-payment of premium on due date as opted by You in the mandate form subject to an additional renewal/ revival period will lead to termination of the policy.

ix. Free Look Period

The Free Look Period will be applicable on the new policy and not on renewals.

1. The insured will be allowed a period of fifteen days from date of receipt of the Policy to review the terms and conditions of the Policy, and to return the same if not acceptable.
2. If the insured has not made any claim during the Free Look Period, the insured shall be entitled to
 - a) a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or;
 - b) where the risk has already commenced and the option of return of the Policy is exercised by the insured, a deduction towards the proportionate risk premium for period of cover or;
 - c) where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

x. Cancellations

- a) The Insured may cancel this Policy by giving 15 days' written notice, and in such an event, the Company shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below:

Policy Cancellation Within (Months)	Policy Cancellation Within (Days)	Refund Grid as % of Premium
		Policy Year-1
0 - 1 Months	0 - 30 Days	85.0%
1 - 3 Months	31 - 90 Days	75.0%
3 - 6 Months	91 - 181 Days	50.0%
6 - 9 Months	182 - 272 Days	30.0%
9 - 12 Months	273 - 365 Days	0.0%

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy.

- b) We may cancel the Policy at any time on grounds of mis-representation, non-disclosure of material facts, fraud by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representation, non-disclosure of material facts or fraud.
- c) No refund will be processed for cancellation of policies with Premium Payment Mode as Half-yearly, Quarterly or Monthly.

xi. Nomination

The insured person is required at the inception of the policy, to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee (as named in the Policy Schedule/Policy Certificate/Endorsement (if any)) and in case there is no subsisting nominee, to the legal heirs or legal representatives of the

policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

xii. Automatic Termination of Insurance

This policy shall automatically terminate upon the Insured Person's death or payment of 100% Sum Insured. However, the cover shall continue for the remaining Insured Persons till the end of Policy Period. The other insured persons may also apply to renew the policy. In case, the other insured person is minor, the policy shall be renewed only through any one of his/her natural guardian or guardian appointed by court. All relevant particulars in respect of such person (including his/her relationship with the insured person) must be submitted to the company along with the application.

xiii. Endorsements

The Policy will allow the following endorsements during the term of the Policy. Any request for endorsement must be made by You in writing. Any endorsement would be effective from the date of the request as received from You, or the date of receipt of premium, whichever is later.

i) Non-Financial Endorsements - which do not affect the premium

- Rectification in Name of the Proposer / Insured Person.
- Rectification in Gender of the Proposer/ Insured Person.
- Rectification in Relationship of the Insured Person with the Proposer.
- Rectification of Date of Birth of the Insured Person.
- Change/Updation in the contact details viz., Phone No., E-mail Id, etc.
- Updation of alternate contact address of the Proposer.
- Change in Nominee Details.

ii) Financial Endorsements - which result in alteration in premium

- Deletion of Insured Member on Death or Separation or Policyholder/Insured Person Leaving the Country- only if no claims are paid / outstanding.
- Addition of Member (Newly Wedded Spouse or Adopted Child 3 months and above).
- Rectification in Gender of the Proposer/ Insured Person.
- Rectification of Date of Birth of the Insured Person.

All endorsement requests may be assessed by the underwriting team and if required additional information/documents may be requested.

xiv. Grievance Redressal

Grievance - In case of any grievance, the insured person may repetition contact the company through.

- i. Website: www.manipalcigna.com
- ii. Toll Free: 1800-102-4462
- iii. E-mail: customercare@manipalcigna.com, Senior Citizens may write to us at - Seniorcitizensupport@ManipalCigna.com
- iv. Fax: 022-40825222
- v. Courier: Any of Our Branch office or Corporate office at the addresses available on Our website.

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance

If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at ManipalCigna Health Insurance Company Limited, Limited, 401/402, Raheja Titanium, Western Express Highway, Goregaon East, Mumbai-400063, India or email headcustomercare@manipalcigna.com.

For updated details of grievance officer, kindly refer the link <https://www.manipalcigna.com/grievance-redressal>

Grievance may also be lodged at IRDAI Integrated Grievance Management System - <https://igms.irda.gov.in/>.

Insurance Ombudsman -The insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance. The contact details of the Insurance Ombudsman offices have been provided as Annexure-A.

For the latest list of Insurance Ombudsman, please refer website: <http://ecoi.co.in/ombudsman.html>

You may also approach the Insurance Ombudsman if your complaint is open for more than 30 days from the date of filing the complaint.

xv. Pre-Policy Medical Check-up

We may require You to undergo a medical check-up based on any pre-existing disease or any other adverse medical history declared. We may ask such member to undergo specific tests, as deemed fit, irrespective of Age/ Sum Insured/Gender or Optional Cover opted. Medical tests will be facilitated by us and conducted at Our network of diagnostic centres. We will contact You and fix up an appointment for the Medical Examination to be conducted at a time convenient to You.

Wherever required we may request for additional tests to be conducted based on the declarations on the proposal form and the results of any medical tests that we have received.

Full cost of all such tests will be borne by us for all accepted proposals. In case of rejected proposals or where a counter offer is not accepted by the customer, we will bear the cost for such tests.

VI. What are the Exclusions under the Policy?

We shall not be liable to make any payments under this policy in respect of:

- (i) Any claim for death or disablement (whether of a permanent nature or of a temporary nature), hospitalisation of the insured person, directly or indirectly due to War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detention of all kinds.
- (ii) Any claim for death, disablement (whether of a permanent nature or of a temporary nature), hospitalization of Insured Person.
 - a. from intentional self-injury unless in self-defense or to save life, suicide or attempted suicide;
 - b. whilst under the influence of intoxicating liquor or drugs or other intoxicants except where the insured is not directly responsible for the injury / accident though under influence of intoxication.
 - c. whilst engaging in aviation or ballooning, or whilst mounting into, or dismounting from or travelling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any Scheduled Airlines in the world. [Standard type of aircraft means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline or whether such an aircraft has a single engine or multiengine;]
 - d. arising or resulting from the Insured Person committing any breach of law with criminal intent.
- (iii) Any claim for death, disablement (whether of a permanent nature or of a temporary nature), hospitalization of Insured Person due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
- (iv) Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:

- A. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self-sustaining process of nuclear fission) of nuclear fuel.
 - B. Nuclear weapons material.
 - C. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
 - D. Nuclear, chemical and biological terrorism.
- (v) Any loss arising out of the Insured Person's actual or attempted commission of or willful participation in an illegal act or any violation or attempted violation of the law.

Exclusions specific to section III.(b) "Hospitalisation Expenses due to Accident"

The Company shall not be liable to make any payments under this policy in respect of any expenses incurred by the insured person in connection with or in respect of:

i. Investigation & Evaluation (Code- Excl04)

- a) Expenses related to any admission primarily for diagnostics and evaluation purposes.
 - b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment.
- ii. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure (Code- Excl14).
- iii. Expenses incurred for treatment of accidental injuries which does not warrant hospitalization.
- iv. Any expenses incurred on Domiciliary Hospitalization and OPD treatment.
- v. Treatment taken outside the geographical limits of India.
- vi. All expenses listed in Annexure - B (List I) of the Policy.

VII. How can I buy the Policy?

- Step 1:** The product brochure, policy benefits, exclusions and premium details must be thoroughly understood and discussed with Our advisor/ Company representative, before buying the policy.
- Step 2:** Once the benefits of the policy are understood, the Proposal Form must be filled, wherein details of the prospective Insured Persons including medical information must be provided as accurately as possible.
- Step 3:** The proposal form with the required documents have to be submitted along with the premium.
- Step 4:** Based on the above information we will process Your proposal for Insurance and a policy kit containing the Customer Information Sheet, Policy Terms and associated documents will be sent to you.

In case we are unable to accept Your proposal We will intimate the same to You and refund any premium that has been collected.

Upon assessment if there is any change in terms or premium is loaded then We will inform You about any revised terms through a counter offer letter. We will issue the Policy only once you accept the counter offer. Where You do not agree to the counter offer we will cancel your proposal and refund any premium collected.

VIII. What is the claim process?

Duties of the claimant

- You must Intimate and submit a claim in accordance with the Claim Process defined in the Policy.
- You must follow the advice provided by a Medical Practitioner. We shall not be obliged to make any payment that is brought about as a consequence of failure to follow such advice.
- You must upon Our request, submit Yourself for a medical examination by Our nominated Medical Practitioner as often as We consider reasonable and necessary. The cost of such examination will be borne by Us.
- Provide Us with complete documentation and information that We have requested to establish admissibility of the claim, its circumstances and its quantum under the provisions of the Policy.

Notification of claim:

- i. Intimation about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening.
- ii. Claims for insurance benefits must be submitted to the Company not later than one (1) month after the completion of the treatment or after transportation of the mortal remains/ burial in the event of Death.
- iii. If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation in an Emergency, the company shall be informed within 24 hours of the admission of the insured person in Hospital.

Note: The Company will examine and relax the time limit mentioned herein above depending upon the merits of the case.

Documents to be submitted:

Basic documents required for all claims

- i. Duly completed claim form
- ii. Photo Identity Proof of the insured person
- iii. Copy of FIR/ Panchnama /Police Inquest Report (wherever these reports are required as per the circumstance of the Accident) duly attested by the concerned Police Station
- iv. Copy of Medico Legal Certificate (wherever it is required as per the circumstance of the Accident) duly attested by the concerned Hospital
- v. Income Proof (not required for hospitalization and TTD benefit claims)
 - Last 3 months Salary Slip/Form 16 for salaried persons
 - Last financial years ITR for self-employed persons

Documents required in case of Death covered under Section II.(a) Death

- i. Original Death certificate issued by the office of Registrar of Birth & Deaths;
- ii. Death summary issued by the Hospital;
- iii. Post Mortem Report;
- iv. Identity proof of Nominee or Original Succession Certificate/Original Legal Heir Certificate or any other proof to the satisfaction of the Company

for the purpose of a valid discharge in case nomination is not filed by deceased.

Documents required in case of Permanent Total Disablement (PTD) / Permanent Partial Disablement (PPD), covered under Sections II.(b) and II.(c)

- i. Original treating Medical Practitioner's certificate describing the disablement.
- ii. Original Discharge summary from the Hospital.
- iii. Photograph of the Insured Person reflecting the disablement;
- iv. Prescriptions and consultation papers of the treatment; Disability certificate issued by civil surgeon or equivalent appointed by the District/ State or Government Board.
- v. Any other medical, investigation reports, inpatient or consultation treatment papers, as applicable.

Documents required in case of Temporary Total Disablement (TTD), covered under Section III.(a)

- i. Original treating Medical Practitioner's certificate confirming the disability.
- ii. Original Discharge summary from the Hospital.
- iii. Any other medical, investigation reports, inpatient or consultation treatment papers, as applicable.
- iv. Leave/Absence Certificate from Employer (If Employed).
- v. Medical Practitioner's certificate confirming the Injury and advising rest/ unfit to work for specified number of days.
- vi. Fitness Certificate issued by the treating doctor.
- vii. Photograph of the Insured Person reflecting the disablement.

Documents required for coverage under Section III.(b) - Hospitalisation Expenses due to Accident:

- i. Discharge Summary from The Hospital
- ii. Medical & Investigation reports
- iii. Prescriptions, and consultation papers of the treatment
- iv. Any other medical, investigation reports, as applicable

Documents required for coverage under Section III.© - Education Grant:

- i. Proof to establish relationship - Passport/Education certificate establishing proof of relationship of child with parents/Birth Certificate.
- ii. Photo Identity Proof of Child.
- iii. Age proof of Child.
- iv. Bonafide Certificate issued by the educational institution confirming that he/she is a full time student of the institution.

IX. What are the plan benefits?

Name	Saral Suraksha Bima, ManipalCigna
Product Type	Individual
Category of Cover	All the covers are benefit based except the optional cover "Hospitalisation Expenses due to Accident" which is indemnity based.
Sum insured	On Individual basis - SI shall apply to each individual family member
Policy Period	1 year
Base covers	<ol style="list-style-type: none">i. Deathii. Permanent total disablementiii. Permanent partial disablement
Optional covers	<ol style="list-style-type: none">i. Temporary total disablementii. Hospitalisation Expenses due to Accidentiii. Education grant
Cumulative bonus	Sum insured (excluding CB) shall be increased by 5% in respect of each claim free policy year, provided the policy is renewed without a break subject to maximum of 50% of the sum insured.

Disclaimer:

This is only a summary of the product features. The actual benefits available shall be described in the policy, and will be subject to the policy terms, conditions and exclusions.

For more details on risk factors, terms and conditions read the sales brochure and speak to Your advisor before concluding a sale.

Prohibition of Rebates (Under Section 41 of the Insurance Act, 1938)

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the prospectus or tables of the insurers.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Insurance is a subject matter of solicitation

Annexures:

Illustration of Benefits

Rate Chart

 **Your Health Relationship Manager Has The Answer**  Be it claims assistance or guidance, contact your Health RM anytime. **1800-102-4462**  customercare@manipalcigna.com  www.manipalcigna.com

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401/402, Raheja Titanium, Western Express Highway, Goregaon (East), Mumbai – 400063. IRDAI Registration No. 151 | CIN: U66000MH2012PLC227948