Manipal Cigna
Health Insurance

EVERY DETAIL MATTERS TO YOUR HEALTH.

FIND THEM LISTED IN YOUR POLICY TERMS & CONDITIONS

ManipalCigna Lifestyle Protection - Critical Care

Customer Information Sheet

Title	Description Please refer to the Plan and Sum Insured you have opted to understand the available benefits under your Plan in brief	Refer to the following Policy Section number in the Policy Wording for more details on each Cover
What am I Covered for? This section lists the benefits available on your Policy	**Identify your Plan:** **Basic Cover - Coverage for 15 Critical Illnesses** **Enhanced Cover - Coverage for 30 Critical Illnesses** **Your Sum Insured** - As opted by you and specified on the Schedule to this Policy **I. Critical Illness Cover**: If an Insured person is diagnosed to be suffering with a covered Critical Illness while the Policy is in force, then we will pay the Sum Insured as opted under the Policy to the Insured person. The Policy covers the following Critical Illnesses / surgeries depending on the Cover opted. 1. Cancer of Specified Severity 2. Myocardial Infarction (First Heart Attack – of Specific Severity) 3. Open Chest CABG 4. Open Heart Replacement or Repair of Heart Valves 5. Coma of Specified Severity 6. Kidney Failure Requiring Regular Dialysis 7. Stroke Resulting in Permanent Symptoms 8. Major Organ / Bone Marrow Transplant 9. Permanent Paralysis of Limbs 10. Motor Neuron Disease with Permanent Symptoms 11. Multiple Sclerosis with Persisting Symptoms 12. Primary (Idiopathic) Pulmonary Hypertension 13. Aorta Graft Surgery 14. Deafness 15. Loss of Sight 16. Coronary Artery Disease 17. Aplastic Anaemia 18. End Stage Lung Failure 19. End Stage Liver Failure 20. Third Degree Burns 21. Fulminant Hepatitis 22. Alzheimer's Disease 23. Bacterial Meningitis 24. Benign Brain Tumor 25. Apallic Syndrome 26. Parkinson's Disease 27. Medullary Cystic Disease 28. Muscular Dystrophy 29. Loss of Speech 30. Systemic Lupus Erythematous **II. Medical Second Opinion** Available to all Insured Persons once during the lifetime of an Insured Person for a particular Critical Illness. **III. Access to Online Wellness Program** - Available to all customers	II.1 II.2 II.3
What are the Major Exclusions in the Policy? This section provides a brief list of conditions which will not be covered under the Policy permanently	• Any Illness, sickness or disease other than those specified as Critical Illness, as mentioned in the Policy. • Any Pre-existing Disease or any complication arising therefrom. • Any Critical Illness directly or indirectly associated with AIDS/HIV. • Any Critical Illness arising out of use, abuse or as a consequence of drug, alcohol or hallucinogen. • Any condition directly or indirectly caused by or associated with any sexually transmitted disease. • Any Critical Illness directly or indirectly caused due to self-injury or suicide. • Any treatment/surgery for change of sex. • All expenses arising from foreign invasion & warlike operations. • Any Critical Illness caused by ionizing radiation or contamination by radioactivity from any nuclear fuel. • Congenital anomalies, inherited disorders or any complications or conditions arising therefrom. • Expense for injury of insured whilst engaging in any adventure sports. • Cosmetic or plastic surgery to improve physical appearance. • Critical Illness resulting from the Insured person committing any breach of law. • Failure to seek or follow Medical Advice. • Birth control procedures and hormone replacement therapy. • Any treatment arising from or traceable to pregnancy. Please refer to the Policy Wording for the complete list of exclusions.	IV

Title	Description Please refer to the Plan and Sum Insured you have opted to understand the available benefits under your Plan in brief	Refer to the following Policy Section number in the Policy Wording for more details on each Cover
Waiting & Survival Period This section lists the applicable period before you can make a Claim for the covered Critical Illnesses	a. First 90 days of waiting period will be applicable in respect of any Critical Illness whose signs or symptoms first occur within 90 days of the Inception date of the first Policy. b. The Sum Insured is payable only upon the Insured surviving 30 days from the diagnosis of the Illness or undergoing the Surgical Procedure for the first time.	III.1 III.2
Payout Basis This section lists the manner in which the proceeds of the Policy will be paid to you	a. In case of Lumpsum Payout for Critical Illnesses - the full Sum Insured opted will be paid upon the first diagnosis of the covered Critical illnesses. b. In case of Staggered Payout for Critical Illnesses - 25% of Sum Insured will be paid immediately on Claim event and 75% + additional 10% of Sum Insured will be paid in 60 equal monthly instalments starting from the next month.	V.6
Cost Sharing	Not Applicable	
Renewal Conditions This section lists the terms of Renewals and Revival under the Policy	a. The Policy will automatically terminate at the end of the Policy Period. b. A Grace Period of 30 days for Single and Yearly payment mode will be available to renew the policy with continuation of cover. c. The Policy would be considered as a fresh Policy if there would be a break of more than 30 days between the previous Policy Expiry Date and current Policy Inception Date. d. Renewals will not be denied except on grounds of misrepresentation, fraud, non-disclosure or non-cooperation by the Insured. e. Alterations in the Policy such as increase/decrease in Sum Insured, change in plan 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. **Revival Period:** For instalment (Half-yearly and Quarterly) premium policies, the revival period shall be 30 days and for monthly premium payment mode, the revival period shall be 15 days from the due date of next instalment.	VI.14
Renewal Benefits	Not Applicable	
Cancellation The section explains the Policy Cancellation process in brief	a. Cancellations may be intimated to us by giving 15-day notice wherein we shall refund the premium for the unexpired term on the short period scale as mentioned in the Policy Wordings enclosed in the kit. The Premium shall be refunded only if no Claim has been made under the Policy. b. No refund will be processed for cancellation of policies with premium payment mode as Half-yearly, Quarterly and Monthly. c. This Policy can be cancelled on grounds of misrepresentation, fraud, non-disclosure of material fact or non-cooperation by You, upon giving 15 days' notice without refund of premium.	VI.13
How to Claim This section gives a brief on the procedure to make a Claim	In the event of a claim arising out of any Critical Illnesses covered under this Policy, the claim documents must be submitted to reach Our branch or Head Office within sixty (60) days of the date of first diagnosis of the Critical Illness/date of Surgical Procedure, as the case may be. • Claim form duly filled and signed Part A and B wherever applicable; • Medical Certificate confirming the diagnosis of Critical Illness; • Certificate from attending Medical Practitioner confirming that the Claim does not relate to any Pre-existing Illness or Injury or any Illness or Injury which was diagnosed within the first 90 days of the Inception of the Policy. • Discharge Card/Death Summary from the Hospital, if applicable; • Investigation test reports confirming the diagnosis as specified under the definition of the respective Critical Illnesses; • First consultation letter and subsequent prescriptions; • Indoor case papers, if applicable; • KYC documents; • Specific documents listed under the respective Critical Illness • Any other necessary documents as may be required by us; • In the case where Critical Illness arises due to an accident, FIR copy or medico legal certificate will also be required. We may call for any additional necessary documents/information as required based on the circumstances of the Claim. For any Claims related query, information or assistance, you can contact Our Healthline 1800-102-4462 or visit Our website www.manipalcigna.com or email us at customercare@manipalcigna.com. Please refer to the Policy Wordings for complete process on Claims.	V

Legal disclaimer: The information mentioned above is illustrative and not exhaustive. Information must be read in conjunction with the product brochures and Policy document. In case of any conflict between the Prospectus and the Policy document the terms and conditions mentioned in the Policy document shall prevail.

ManipalCigna Lifestyle Protection - Critical Care

Policy Terms and Conditions

I. PREAMBLE & OPERATING CLAUSE

This is a legal contract between You and Us subject to the receipt of full premium, Disclosure to Information Norm (including the information provided by You in the Proposal Form and the terms, conditions and exclusions of this Policy.

If any Claim arising as a result of Critical Illness that occurred during the Policy Period becomes payable, then We shall pay the Benefits in accordance with terms, conditions and exclusions of the Policy.

II. BENEFITS UNDER THE POLICY

II.1 Critical Illness Cover

If an Insured Person is diagnosed to be suffering from a Critical Illness (as defined below) while the Policy is in force then We will pay the Sum Insured subject to the following conditions -

- The Critical Illness, which the Insured Person is suffering from, occurs or manifests itself during the Policy Period as a first incidence; and
- The Insured Person survives for at least 30 days from the date of diagnosis of the Critical Illness.

For the purpose of this Policy, Critical Illness shall mean any Illness, medical event or Surgical Procedure as specifically defined below whose signs or symptoms first commence at least 90 days after the Inception of Policy Period.

1. Cancer of Specified Severity

A malignant tumour characterised 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 leukaemia, lymphoma and sarcoma.

The following are excluded:

1. 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
2. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
3. Malignant melanoma that has not caused invasion beyond the epidermis;
4. 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
5. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
6. Chronic lymphocytic leukaemia less than RAI stage 3
7. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification
8. 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;
9. All tumors in the presence of HIV infection.

2. Myocardial Infarction (First Heart Attack – of Specific Severity)

The first occurrence of heart attack or myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

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

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 Chest CABG

The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary arter(s)by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures.The diagnosis must be supported by a coronary angiography and the realization of Surgery has to be confirmed by a cardiologist.

The following are excluded:

a. Angioplasty and/or any other intra-arterial procedures;

4. Open Heart Replacement or Repair of Heart Valves

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.

5. Coma of Specified Severity

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

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

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

The condition has to be confirmed by a specialist Medical Practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

6. 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.

7. Stroke Resulting in Permanent Symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist Medical Practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

a. Transient ischemic attacks (TIA);
b. Traumatic Injury of the brain;
c. Vascular disease affecting only the eye or optic nerve or vestibular functions.

8. Major Organ / Bone Marrow Transplant

The actual undergoing of a transplant of:

a. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
b. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist Medical Practitioner.

The following are excluded:

i. Other stem-cell transplants;
ii. Where only islets of langerhans are transplanted.

9. 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.

10. 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.

11. Multiple Sclerosis with Persisting Symptoms

The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

a. investigations including typical MRI which unequivocally confirm the diagnosis to be multiple sclerosis and;

b. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

c. other causes of neurological damage such as SLE and HIV are excluded.

12. Primary (Idiopathic) Pulmonary Hypertension

I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac 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.

II. 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.

III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

13. Aorta Graft Surgery

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

You understand and agree that We will not cover:

a) Surgery performed using only minimally invasive or intra arterial techniques.

b) Angioplasty and all other intra arterial, catheter based techniques, "keyhole" or laser procedures.

14. Deafness

Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means “the loss of Page 19 of 92 hearing to the extent that the loss is greater than 90decibels across all frequencies of hearing” in both ears.

15. Loss of Sight

The total and irreversible loss of sight in both eyes as a result of Illness or Injury. The blindness must be confirmed by an Ophthalmologist.

The blindness must not be able to be corrected by medical procedure.

16. Coronary Artery Disease

The narrowing of the lumen of at least one coronary artery by a minimum of 75% and of two others by a minimum of 60%, as proven by coronary arteriography, regardless of whether or not any form of coronary artery Surgery has been performed. Coronary arteries herein refer to left main stem, left anterior descending circumflex and right coronary artery.

17. Aplastic Anaemia

Chronic persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:

a. Blood product transfusion;

b. Marrow stimulating agents;

c. Immunosuppressive agents; or

d. Bone marrow transplantation.

The diagnosis must be confirmed by a haematologist using relevant laboratory investigations including Bone Marrow Biopsy resulting in bone marrow cellularity of less than 25% which is evidenced by any two of the following-

a) Absolute neutrophil count of less than 500/mm³ or less

b) Platelets count less than 20,000/mm³ or less

c) Reticulocyte count of less than 20,000/mm³ or less

Temporary or reversible Aplastic Anaemia is excluded.

18. End Stage Lung Failure

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

a. FEVI test results consistently less than 1 litre measured on 3 occasions, 3 months apart; and

b. Requiring continuous and permanent supplementary oxygen therapy for hypoxemia; and

c. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO2 < 55mm Hg); and

d. Dyspnea at rest.

19. End Stage Liver Failure

Permanent and irreversible failure of liver function that has resulted in all three of the following:

a. Permanent jaundice; and

b. Ascites; and

c. Hepatic encephalopathy.

Liver disease secondary to alcohol or drug abuse is excluded.

20. Third Degree Burns

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

21. Fulminant Hepatitis

A sub-massive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:

a. Rapid decreasing of liver size;

b. Necrosis involving entire lobules, leaving only a collapsed reticular framework;

c. Rapid deterioration of liver function tests;

d. Deepening jaundice; and

e. Hepatic encephalopathy.

Acute Hepatitis infection or carrier status alone does not meet the diagnostic criteria.

22. 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. 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 Neurologist and supported by Our appointed Medical Practitioner.

The following conditions are however not covered:

a. non-organic diseases such as neurosis and psychiatric Illnesses;

b. alcohol related brain damage; and

c. any other type of irreversible organic disorder/dementia.

23. 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. This diagnosis must be confirmed by:

a. The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and

b. A consultant neurologist.

Bacterial Meningitis in the presence of HIV infection is excluded.

24. Benign Brain Tumor

I. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.

II. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.

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.

III. The following conditions are excluded:

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.

25. Apallic Syndrome

Universal necrosis of the brain cortex with the brainstem remaining intact. The diagnosis must be confirmed by a Neurologist acceptable to Us and the condition must be documented for at least one month.

26. Parkinson's Disease

The unequivocal diagnosis of progressive, degenerative idiopathic Parkinson's disease by a Neurologist acceptable to Us.

The diagnosis must be supported by all of the following conditions:

a. the disease cannot be controlled with medication;

b. signs of progressive impairment; and

c. inability of the Insured Person to perform at least 3 of the 6 activities of daily living as listed below (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:

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 and maintain an adequate level of cleanliness and personal hygiene;

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 lying position in a bed to a sitting position in 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, food from a plate or bowl to the mouth once food has been prepared and made available.

vi. **Mobility:** The ability to move indoors from room to room on level surfaces at the normal place of residence Parkinsons disease secondary to drug and/or alcohol abuse is excluded.

27. Medullary Cystic Disease

A progressive hereditary disease of the kidneys characterised by the presence of cysts in the medulla, tubular atrophy and intestitial fibrosis with the clinical manifestations of anaemia, polyuria and renal loss of sodium, progressing to chronic renal failure. The diagnosis must be supported by renal biopsy.

28. Muscular Dystrophy

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 4 conditions:

a. Family history of muscular dystrophy;

b. Clinical presentation including absence of sensory disturbance, normal cerebrospinal fluid and mild tendon reflex reduction;

c. Characteristic electromygrom; or

d. Clinical suspicion confirmed by muscle biopsy.

The condition must result in the inability of the Insured Person to perform at least 3 of the 6 activities of daily living as listed below (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:

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 and maintain an adequate level of cleanliness and personal hygiene;

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 lying position in a bed to a sitting position in 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, food from a plate or bowl to the mouth once food has been prepared and made available.

vi. **Mobility:** The ability to move indoors from room to room on level surfaces at the normal place of residence

29. Loss of Speech

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

II. All psychiatric related causes are excluded

30. Systemic Lupus Erythematous

A multi-system, multifactorial, autoimmune disorder characterised by the development of auto- antibodies directed against various self-antigens. Systemic lupus erythe-matosus 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 specialising in Rheumatology and Immunology acceptable to Us, Other forms, discoid lupus, and those forms with only haematological and joint involvement are however not covered:

The WHO lupus classification is as follows:

- **Class I:** Minimal change – Negative, normal urine.
- **Class II:** Mesangial – Moderate proteinuria, active sediment.
- **Class III:** Focal Segmental – Proteinuria, active sediment.
- **Class IV:** Diffuse – Acute nephritis with active sediment and/or nephritic syndrome.
- **Class V:** Membranous – Nephrotic Syndrome or severe proteinuria.

II.2 Medical Second Opinion:

You may choose to secure a second opinion from Our Network of Medical Practitioners, if an Insured Person is diagnosed with the covered Critical Illness during the Policy Period. The expert opinion would be directly sent to the Insured Person.

You understand and agree that You can exercise the option to secure an expert opinion, provided:

(a) We have received a request from You to exercise this option.

(b) That the expert opinion will be based only on the information and documentation provided by the Insured Person that will be shared with the Medical Practitioner

(c) This benefit can be availed once, by each Insured person during the lifetime of a policy for a particular Critical Illness or for multiple illnesses if the policy is still in force for that particular Insured Person.

(d) This benefit is only a value added service provided by Us and does not deem to substitute the Insured Person's visit or consultation to an independent Medical Practitioner.

(e) The Insured Person is free to choose whether or not to obtain the expert opinion, and if obtained then whether or not to act on it.

(f) We shall not, in any event be responsible for any actual or alleged errors or representations made by any Medical Practitioner or in any expert opinion or for any consequence of actions taken or not taken in reliance thereon.

(g) The expert opinion under this Policy shall be limited to covered Critical Illnesses as listed on the Policy and not be valid for any medico legal purposes.

(h) 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.

All Claims under this benefit can be made as per the process defined under Section V.12.

II.3 Access to Online Wellness Program

ManipalCigna Health Insurance's customized health and wellness program is available to all customers. It caters to the varied health needs of customers through specialized tools. The service is available on our Website to all customers taking forward our proposition of being their partner in 'illness and wellness'. It consists of online customized programs like Health Risk Assessment, Lifestyle Management Programs, Nutrition Programs, access to health articles through the ManipalCigna Website.

III. WAITING PERIODS & SURVIVAL PERIOD

We shall not be liable to make any payment under this Policy directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following as set out below. All these waiting periods shall be applicable individually for each Insured Person and claims shall be assessed accordingly.

III.1 First 90 Days Waiting Period

We shall not be liable to make any payment in respect of any Critical Illness whose signs or symptoms first occur within 90 days of the Inception Date of the first Policy.

III.2 Survival Period

The benefit payment shall be subject to survival of the Insured Person for at least 30 days following the first diagnosis of the Critical Illness/undergoing the Surgical Procedure for the first time.

IV. PERMANENT EXCLUSIONS

We shall not be liable to make any payment under this Policy towards a covered Critical Illness, directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

1. Any Illness, sickness or disease other than those specified as Critical Illnesses under this Policy;
2. Any claim with respect to any Critical Illness diagnosed or which manifested prior to Policy Inception Date
3. Any Pre-existing Disease or any complication arising therefrom.
4. Any Critical Illness directly or indirectly caused due to or associated with human T-call Lymph tropic virus type III (HTLV-III or IITLB-III) or Lymphadinopathy Associated Virus (LAV) and its variants or mutants, Acquired Immune Deficiency Syndrome (AIDS) whether or not arising out of HIV, AIDS related complex syndrome (ARCS) and all diseases/illness/injury caused by and/or related to HIV;
5. Any condition directly or indirectly caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilus, Gonorrhoea, Genital Herpes, Chalmydia, Pubic Lice and Trichomoniasis, whether or not arising out of conditions listed under 3 above.
6. Any Critical Illness arising out of use, abuse or consequence or influence of any substance, intoxicant, drug, alcohol or hallucinogen;
7. Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner,
8. Any Critical Illness directly or indirectly caused due to intentional self-injury, suicide or attempted suicide; whether the person is medically sane or insane
9. Any Critical Illness directly or indirectly, caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defense, rebellion, revolution, insurrection, military or usurped power;
10. Any Critical Illness caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
11. Working in underground mines, tunneling or involving electrical installations with high tension supply, or as jockeys or circus personnel;
12. Congenital Anomalies, inherited disorders or any complications or conditions arising therefrom including any developmental conditions of the Insured;
13. Insured Persons whilst engaging in a speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports in so far as they involve the training for or participation in competitions or professional sports, or involving a naval, military or air force operation;
14. Participation by the Insured Person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
15. Any loss resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy;
16. Any Critical Illness based on certification/diagnosis/treatment from persons not registered as Medical Practitioners, or from a Medical Practitioner who is practicing outside the discipline that he is licensed for, or any diagnosis or treatment that is not scientifically recognized or Unproven/Experimental Treatment, or is not Medically Necessary or any kind of self-medication and its complications;
17. Any treatment/surgery for change of sex, cosmetic or plastic surgery or any elective surgery or cosmetic procedure that improve physical appearance, surgical and non-surgical treatment of obesity, including morbid obesity (unless certified to be life threatening) and weight control programs, or treatment of an optional nature including complications/illness arising as a consequence thereof;
18. Any Critical Illness arising or resulting from the Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanor or civil commotion with criminal intent;
19. In the event of the death of the Insured Person within the stipulated survival period as set out above.
20. Failure to seek or follow Medical Advice.
21. Birth control procedures and hormone replacement therapy.
22. Any treatment arising from or traceable to pregnancy (including voluntary termination), miscarriage (unless due to an accident), childbirth, maternity (including Caesarian section), abortion or complications of any of these. This exclusion will not apply to ectopic pregnancy.

V. CLAIM PROCEDURE

V.1 Conditions Preceding

The fulfilment of the terms and conditions of this Policy (including the realization of premium by their respective due dates) in so far as they relate to anything to be done or complied with by You or any Insured Person or any person acting on their behalf, including complying with the following steps, shall be the Condition Precedent to the admissibility of a claim.

Completed claim forms and the necessary processing documents must be furnished to Us within the stipulated timelines for all claims. Failure to furnish this documentation within the time required shall not invalidate nor reduce any claim if We are satisfied that it was not reasonably possible for the required forms/documents to be submitted within such time.

The due notification, submission of necessary documents and compliance with requirements as provided under the claims process under this Section, shall be essential failing which We shall not be bound to accept a claim.

V.2 Policyholder/Insured Person's Duty at the Time of Claim

On occurrence of an event which may lead to a claim under this Policy, the following shall be complied with:

(a) Forthwith notify, file and submit the claim in accordance to the claim procedure set out under Section V.3 and V.4 as mentioned below.

(b) Follow the directions, advice or guidance provided by a Medical Practitioner. We shall not be obliged to make any payment(s) that are brought about or contributed to, as a consequence of failure to follow such directions, advice or guidance.

(c) If so requested by Us, the Insured Person must submit himself/herself 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.

(d) Allow the Medical Practitioner or any of Our representatives to inspect the medical and Hospitalization records, investigate the facts and examine the Insured Person.

(e) Assist and not hinder or prevent Our representatives in the pursuance of their duties for ascertaining the admissibility of the claim, its circumstances and its quantum under the provisions of the Policy.

V.3 Claim Intimation

Upon the discovery or occurrence of any event that may give rise to a Claim under this Policy, You / Insured Person or the Nominee as the case may be shall undertake the following:

Notify Us either at the call center or in writing, within 10 days of from the date of diagnosis of such Critical Illness. The following details are to be provided to Us at the time of intimation of Claim:

- Policy Number
- Name of the Policyholder
- Name of the Insured Person in whose relation the Claim is being lodged
- Name of Critical Illness Event
- Name and address of the attending Medical Practitioner and Hospital (if admission has taken place)
- Date of Admission if applicable
- Any other information, documentation as requested by Us

V.4 Claim Documents

In the event of a claim arising out of any of the listed Critical Illnesses covered under this Policy, the claim documents shall be submitted to Us within ninety (60) days of the date of first diagnosis of the Critical Illness/date of Surgical Procedure, as the case may be.

The following documents shall be submitted in original for assessment and upon request We will return the original documents.

- Claim form duly filled and signed Part A and B wherever applicable;
- Medical Certificate confirming the diagnosis of Critical Illness;
- Certificate from attending Medical Practitioner confirming that the claim does not relate to any Pre-existing Illness or Injury or any Illness or Injury which was diagnosed within the first 90 days of the Inception of the Policy.
- Discharge Card/Death Summary from the Hospital, if applicable;
- Investigation test reports confirming the diagnosis as specified under the definition of the respective Critical Illnesses;
- First consultation letter and subsequent prescriptions;
- Indoor case papers if applicable;
- KYC documents;
- Specific documents listed under the respective Critical Illness
- Any other necessary documents as may be required by Us;
- In the cases where Critical Illness arises due to an accident, FIR copy or medico legal certificate will also be required wherever conducted. We may call for any additional necessary documents/information as required based on the circumstances of the claim.

  In case You delay submission of claim documents, then in addition to the documents mentioned above, You are also required to provide Us the reason for such delay in writing. We will accept such requests for delay up to an additional period of 30 days from the stipulated time for such submission. We will condone delay on merit for delayed Claims where the delay has been proved to be for reasons beyond Your/Insured Persons control.

V.5 Scrutiny of Claim Documents

a. We shall scrutinize the claim and accompanying documents. Any deficiency of documents shall be intimated within 5 days of their receipt.

b. If the deficiency in the necessary claim documents is not met or are partially met in 10 working days of the first notification, We shall send a reminder of the same and every 10 (ten) days thereafter.

c. We will send a maximum of 3 (three) reminders following which We will send a closure letter.

V.6 Claim Assessment

We will pay fixed compensation as per the Sum Insured stated in the Policy, once the Insured Person suffers Illness/Injury/medical condition which shall lead to the diagnosis of any of the named Critical Illnesses.

For Lump sum Pay out the full Sum Insured will be paid at one time and the claim will be settled. In case of Staggered Pay out option, on occurrence of a covered Critical Illness Event - 25% of Sum Insured will be paid as Lump sum. The balance 75% + Additional 10% of Sum Insured will be paid in 60 equated monthly instalments starting from beginning of the next month.

Claim payment for policies with Monthly, Quarterly and Half-Yearly Premium Payment Mode:

- In case of a claim, an amount equivalent to the balance of the instalment premiums payable, in that policy year would be recoverable from the claim amount payable in respect of the Insured person.

V.7 Re-opening of Claim

We may allow a closed claim to be re-opened depending on the validity and the circumstances of the claim.

V.8 Claims Investigation

We may investigate claims at Our own discretion to determine the validity of claim. Such investigation may be concluded within 15 days from the date of assigning the claim for investigation and not later than 6 months from the date of receipt of Notification of Claim. Verification carried out, if any, will be done by individuals or entities authorised by Us to carry out such verification/ investigation(s) and the costs for such verification / investigation shall be borne by Us.

V.9 Settlement & Repudiation of a Claim

We shall settle the claim within 30 days from the date of receipt of last necessary document in accordance with the provisions of Regulation 27 of IRDAI (Health Insurance) Regulations, 2016.

In the case of delay in the payment of a claim We shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.

However, where the circumstances of a claim warrant an investigation in Our opinion, We shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, We shall settle the claim within 45 days from the date of receipt of last necessary document.

In case of delay beyond stipulated 45 days We shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

V.10 Representation against Rejection

Where a rejection is communicated by Us, the claimant may if so desired within 15 days represent to Us for reconsideration of the decision.

V.11 Payment Terms

a. All claims will be payable in India and in Indian rupees.

b. Once a claim has been paid in respect of any of the Insured Persons, cover in respect of that person shall terminate and no further renewals will be available for that Insured Person under this Policy. The Policy shall however continue for the other members (if any).

c. We will not be liable for any claims which are incurred from the due date of instalment till the date and time of revival of the Policy.

d. Additionally in the event of any claim being lodged under the Policy for any cause whatsoever, all subsequent premium instalments shall immediately become due and payable notwithstanding anything to the contrary contained hereinabove. We shall have the right to recover and deduct any or all the pending instalments from the claim amount due under the Policy.

e. The payment of claim will be made to You. In the unfortunate event of Your death, We will pay the nominee (as named in the Policy Schedule) and in case of no nominee to the legal heir of the Insured Person who holds a succession certificate or indemnity bond to that effect, whichever is available and whose discharge shall be treated as full and final discharge of Our liability under the Policy.

V.12 Claim Process for Medical Second Opinion

(a) Receive Request for Expert Opinion on Critical Illness

You can submit Your request for a expert opinion by calling Our call centre or register request through email.

(b) Facilitating the Process

We will schedule an appointment or facilitate delivery of Medical Records of the Insured Person to a Medical Practitioner. Medical Second Opinion is available only in the event of the Insured Person being diagnosed with Covered Critical Illness.

VI. TERMS AND CONDITIONS

VI.1 Duty of Disclosure to Information Norms

The Policy shall be null and void and We shall have no liability to make any payment of claims and the premium paid shall be forfeited to Us in the event of untrue or incorrect statements, misrepresentation, mis-description or non-disclosure of any material particulars in the proposal form, personal statement, declaration, claim form declaration, medical history on the claim form and connected documents, or any material information having been withheld by You/Insured Person or any one acting on their behalf or non-cooperation by You/Insured Person, under this Policy.

VI.2 Material Change

Material information to be disclosed includes every matter that You are aware of, or could reasonably be expected to know, that relates to questions in the proposal form and which is relevant to Us in order to accept the risk of insurance and if so on what terms. You must exercise the same duty to disclose those matters to Us before the Renewal, extension, variation, endorsement or reinstatement of the Policy.

VI.3 Observance of Terms and Conditions

The due observance and fulfilment of the terms and conditions of the Policy (including the realisation of premium by their respective due dates and compliance with the specified procedure on all claims) in so far as they relate to anything to be done or complied with by You or any of the Insured Persons, shall be the Condition Precedent to Our liability under this Policy.

VI.4 Reasonable Care

You/Insured Person understand and agree to take all reasonable steps in order to safeguard against any accident, Injuries or Illnesses that may give rise to any claim under this Policy.

VI.5 Alterations in the Policy

This Policy constitutes the complete contract of insurance between You and Us. No change or alteration will be effective or valid unless approved in writing which will be evidenced by a written endorsement, signed and stamped by Us.

VI.6 Change of Policyholder

The policyholder may be changed only at the time of Renewal of the Policy. The new policyholder must be a member of the Insured Person's immediate family. Such change would be solely subject to Our discretion and payment of premium. The renewed Policy shall be treated as having been renewed without break.

The policyholder may be changed upon request in case of his demise, his moving out of India or in case of divorce during the Policy Period.

VI.7 No Constructive Notice

Any knowledge or information of any circumstance or condition in relation to You/ Insured Person which is in Our possession and not specifically informed by You/ Insured Person shall not be held to bind or prejudicially affect Us notwithstanding subsequent acceptance of any premium.

VI.8 Geography

The geographical scope of this policy applies to events within India. All admitted or payable claims shall be settled in India in Indian Rupees.

VI.9 Multiple Policies

In cases where the Insured Person is covered under more than one critical illnesses policy then the amount payable will be independent of payments received under other similar policies.

VI.10 Special Provisions

Any special provisions subject to which this Policy has been entered into and endorsed in the Policy or in any separate instrument shall be deemed to be part of this Policy and shall have effect accordingly.

VI.11 Records to be Maintained

You or the Insured Person, as the case may be shall keep an accurate record containing all relevant medical records relevant to the Critical Illness or Surgical Procedure in respect of which a claim has been made under this Policy and shall allow Us or Our representative(s) to inspect such records. Such information shall be furnished to Us as may be required by Us under this Policy at any time during the Policy Period and up to three years after the Policy expiration, or until final adjustment (if any) and resolution of all claims under this Policy.

VI.12 Free Look Period

A period of 15 days from the date of receipt of the Policy document is available to review the terms and conditions of this Policy. You have the option of cancelling the Policy by stating the reasons for cancellation in writing. If there are no claims reported (paid/outstanding) under the Policy then We shall refund the full premium without any retention of premium towards stamp duty or prorated premium. All rights under this Policy shall immediately stand extinguished on the free look cancellation of the Policy.

The free look period as provided in this Section shall not be available on the Renewal of this Policy.

VI.13 Cancellation

Request for cancellation shall be notified to Us by giving 15 days' written notice in which case We shall refund the premium for the unexpired term as per the short period scale mentioned below.

Premium shall be refunded only if no claim has been made under the Policy.

1 Year		2 years		3 years	
Policy in force up to	**Refund %**	**Policy in force up to**	**Refund %**	**Policy in force up to**	**Refund %**
1 month	75%	1 month	85%	1 month	90%
3 months	50%	3 months	75%	3 months	85%
6 months	25%	6 months	60%	6 months	75%
More than 6 months	NIL	12 months	50%	12 months	60%
		15 months	30%	15 months	50%
		18 months	20%	18 months	35%
		Above 18 months	NIL	24 months	30%
				30 months	15%
				Above 30 months	NIL

You further understand and agree that We may cancel the Policy by giving 15 days' notice in writing by Registered Post Acknowledgment Due / recorded delivery to Your last known address on grounds of misrepresentation, fraud, non-disclosure of material fact or for non-co-operation by You without any refund of premium.

In case of Annual instalment premium policies, We will calculate the amount of premium to be retained by Us, considering the full term of the policy as per the short period scale above. Where the premium received on the policy is more than the amount to be retained then, such additional premium shall be refunded.

No refund will be processed for cancellation of policies with premium payment mode as Half-yearly, Quarterly and Monthly.

Wherever such Instalment premium received as on the cancellation request date is lower than the amount to be retained by Us, the cancellation will be effected without any refund of premium.

An individual Policy with a single insured shall automatically terminate in case of Your death or upon the payment of the Sum Insured in accordance with Section II. In case of a Policy with multiple Insured Persons, the Policy shall continue to be in force for the remaining Insured Persons up to the expiry of current Policy Period until the death of such Insured Persons or upon the payment of the Sum Insured in accordance with Section II. The Policy may be Renewed on an application by another adult Insured Person under the Policy or any other Member who satisfies the criteria to be a Policyholder whenever such is due for Renewal. All relevant particulars in respect of such person (including his/her relationship with You) must be given to Us along with the application.

VI.14 Grace Period, Revival & Renewal

A. Grace Period:

The Policy may be Renewed by mutual consent for life subject to application of renewal and realization of renewal premium and in such event the Renewal premium should be paid to Us on or before the date of expiry of the Policy and in no case later than the Grace Period of 30 days (for Single and Yearly premium payment mode) from the date of expiry of the Policy. We will not be liable to pay for any claim arising out of an Injury /Illness/condition that occurred manifested or diagnosed during the period between the expiry of previous policy and date of inception of subsequent policy. The provisions of Section 64VB of the Insurance Act shall be applicable. All policies Renewed within the Grace Period shall be eligible for continuity of cover.

B. Revival Period:

For instalment (Half-yearly and Quarterly) premium policies, the revival period shall be 30 days and for monthly premium payment mode, the revival period shall be 15 days from the due date of next instalment. We will not be liable for any claims which are incurred from the due date of instalment till the date and time of revival of the Policy.

You may pay the premium through National Automated Clearing House (NACH)/ Standing nstruction (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.

C. Renewal Terms:

a. The Policy will automatically terminate at the end of the Policy Period.

b. The Policy would be considered as a fresh policy if there would be break of more than 30 days for Single, Yearly, Half- yearly and Quarterly payment mode and 15 days for monthly payment mode, between the previous Policy expiry date and current Policy start date.

c. Renewals will not be denied except on grounds of misrepresentation, fraud, non-disclosure or non-co-operation by You.

d. 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 IRDA. We will notify You regarding withdrawal of this product and the options available at the time of renewal of this Policy.

e. Insured Person shall disclose to Us in writing of any material change in his/her health condition 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.

f. 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 IRDA and in accordance with the IRDA 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.

g. Alterations like increase/decrease in Sum Insured or change in plan, 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.

h. For any enhanced Sum Insured opted on renewals waiting periods as mentioned below shall apply afresh for this enhanced limit from the effective date of such enhancement.

i. Where an Insured Person is added to this Policy, either by way of endorsement or at the time of Renewal, all waiting periods under Section III will be applicable considering such Policy Year as the first year of Policy with Us.

j. Once a claim has been paid in respect of any of the Insured Persons during a policy year, the Policy will terminate on payment of claim and no further renewals will be available under this Policy.

Discounts under the policy:

You can avail of the following discounts on the applicable premium on your policy.

i. Family Discount:

You can avail a discount of 10% for covering more than 2 family members under the same policy.

ii. Long Term policy discount:

You can avail of a long term discount of 7.5% and 10% on selecting a 2 and 3 years policy respectively. Long Term discount will apply only in case of Single Premium Policies.

iii. Direct Policy Discount:

You can avail of a 10% discount if you buy this Policy from Us without any intermediary.

iv. Worksite Marketing Discount:

A discount of up to 10% will be available on polices which are sourced through worksite marketing channel. This discount and Direct Policy discount are mutually exclusive.

D. Premium calculation

The Premium charged on the Policy will depend on the Plan, Sum Insured, Policy Tenure, Age, and Gender, Additionally the health status of the individual will also be considered.

The premium should always be paid in advance for a full Policy Year. However for your convenience, we may allow you other modes of payment of premium. Premium can be paid on Single, Yearly, Half yearly, Quarterly and 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 Single and 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	5.50
Quarterly	3.50
Half yearly	2.50

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.

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.

VI.15 Loadings

We may apply a risk loading on the premium payable (excluding statutory levies and taxes) on the Policy based upon the health status of the persons proposed for insurance and declarations made in the Proposal Form. Maximum loading applicable per Insured Person shall not exceed 100%. These loadings will be applied from the Inception Date of the first Policy including subsequent Renewal(s) with Us.

Following loadings may be applied on the policy for the medical conditions listed below if they are accepted at the time of underwriting.The loadings are applicable on individual ailments only and will be applied when they have a direct bearing on the covered Critical Illnesses.

List of Acceptable Medical Ailments (subject to other co-existing medical conditions) if they directly affect the Critical Illnesses Covered	Applicable Underwriting Loading (In Percentage)
Anaemia - Blood Disorder	20
Asthma - Breathing Disorder and Associated Respiratory Disorder	20
Prostrate Disease / Disorders	20
Benign Tumors	20
Diabetes Mellitus	20
Dyslipidemia	20
Epilepsy - Ailments with Steroid Treatment	20
Fatty Liver - Liver Disorder	20
Circulatory System Disease	20
Hypertension	20
Arthritis or Joint Disorder	20
Ovarian Cysts, Genito-urinary Tract Infection	20
Spinal or Vertibral Disorder	20
Hormonal Disorder	20
Gastro-intestinal System Disorder (Include among others - Liver, Gall Bladder, Hepatitis)	20
Nervous System Disorder	20
Kidney Infections	20
High BMI associated with Comorbidity	20
Physical Defect	20
Congenital Ailment	20

Medical Test Results (associated with co-existing medical conditions - if they directly affect the critical Illness covered)	Range of Loading Percent (For more than 10 percentile deviation from normal test values)
Haemogram	10
Blood Sugar	10
Urine routine	10
Kidney Function Test	10
Complete Lipid Profile	10
Liver Function Test	10
Carcino Embryonic Antigen	In case of deviation from normal values, proposal will be declined.
Prostate Specific Antigen	In case of deviation from normal values, medical test to be clinically correlated and evaluated on a case to case basis. If deviation is accepted then loading will be 20
Thyroid Profile	10
C Reactive Protein	10
Tread Mill Test	In case of deviation from normal values, medical test to be clinically correlated and evaluated on a case to case basis. Minor Variations loading will be 10. If deviation is accepted then loading will be 20
USG Abdomen & Pelvis	In case of deviation from normal values, medical test to be clinically correlated and evaluated on a case to case basis. Minor Variations loading will be 10. If deviation is accepted then loading will be 20
X-Ray Chest	In case of deviation from normal values, medical test to be clinically correlated and evaluated on a case to case basis. Minor Variations loading will be 10. If deviation is accepted then loading will be 20

HIV	In case of deviation from normal values, proposal will be declined.
Hepatitis B Surface Antigen	In case of deviation from normal values, proposal will be declined.
Pap Smear	In case of deviation from normal values, proposal will be declined.
2D Echo	In case of deviation from normal values, medical test to be clinically correlated and evaluated on a case to case basis. Minor Variations loading will be 10. If deviation is accepted then loading will be 20
High BMI	Related to Age - 10
Other Specific Individual Medical Tests conducted	In case of deviation from normal values, medical test to be clinically correlated and evaluated on a case to case basis. Minor Variations loading will be 10. If deviation is accepted then loading will be 20

Normal Test Values will be as per the medical test reports provided in the reports.

We shall inform You about the applicable risk loading through a counter offer letter and You would need to revert with written consent and additional premium (if any), within 7 working days of the issuance of such counter offer letter. In case, You neither accept the counter offer nor revert to Us within 7 working days, We shall cancel Your application and refund the premium paid. Your Policy will not be issued unless We receive Your consent.

VI.16 Communications & Notices

Any communication or notice or instruction under this Policy shall be in writing and will be sent to:

a. Your address as specified in Policy Schedule;

b. To Us, at the address specified in the Policy Schedule;

c. No insurance agents, brokers, other person or entity is authorised to receive any notice on behalf of Us unless explicitly stated in writing by Us;

d. Notice and instructions will be deemed served 10 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

VI.17 Electronic Transactions

You agree to comply with all the terms, conditions as We shall prescribe from time to time, and confirms that all transactions effected facilities for conducting remote transactions such as the internet, World Wide Web, electronic data interchange, call centres, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, in respect of this Policy, or Our other products and services, shall be legally binding when done in compliance with Our terms for such facilities.

Sales through such electronic transactions shall ensure that all conditions of Section 41 of the Insurance Act, 1938 prescribed for the proposal form and all necessary disclosures on terms and conditions and exclusions are made known to You. A voice recording in case of tele-sales or other evidence for sales through the World Wide Web shall be maintained and such consent will be subsequently validated/confirmed by You.

VI.18 Fraudulent Claims

If any claim is found to be fraudulent, or if any false declaration is made, or if any fraudulent devices are used by You or the Insured Person or anyone acting on their behalf to obtain any benefit under this Policy then this Policy shall be void and all claims being processed shall be forfeited for all Insured Persons. All sums paid under this Policy shall be repaid to Us by You on behalf of all Insured Persons who shall be jointly liable for such repayment.

VI.19 Limitation of Liability

If a claim is rejected and is not the subject of any pending suit or other proceeding or arbitration, as the case may be, within twelve months from the date of such rejection or settlement, the claim shall be deemed to have been abandoned and Our liability shall be extinguished and shall not be recoverable thereafter.

VI.20 Complete Discharge

We will not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy. The payment made by Us to You/Insured Person or to Your nominee/legal representative, as the case may be, of the Sum Insured under the Policy shall in all cases be complete, valid and construe as an effectual discharge in favour of Us.

VI.21 Dispute Resolution

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

VI.22 Grievances Redressal Procedure

If You/Insured Person have a grievance that requires to be redressed, You/Insured Person may contact Us with the details of the grievance through:

Our Website: www.manipalcigna.com

E-mail: customercare@manipalcigna.com

Toll Free: 1800-102-4462

Contact No : + 91 22 61703600

Courier: Any of Our Branch office or corporate office during business hours.

You/Insured Person may also approach the grievance cell at any of Our branches with the details of the grievance during Our working hours from Monday to Friday.

If You/Insured Person are not satisfied with Our redressal of Your grievance through one of the above methods, You/ Insured Person may contact Our Head of Customer Service at the Grievance Cell, ManipalCigna Health Insurance Company Limited, 401/402, Raheja Titanium, Western Express Highway, Goregaon (East), Mumbai – 400063. or E-mail at headcustomercare@manipalcigna.com.

Further, If You/Insured Person are not satisfied with Our redressal of Your grievance through one of the above methods, You/Insured Person may approach the nearest insurance ombudsman for resolution of Your grievance. The contact details of ombudsman offices are attached as Annexure I to this Policy document.

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

IRDAI Integrated Grievance Management System - https://igms.irda.gov.in/

VII. Definitions

1. **Accident** or Accidental means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Age** or Aged is the means the completed age(in years) of the Insured Person as on his/her last birthday.
3. **Annexure** means a document attached and marked as Annexure to this Policy
4. **a) Acute condition-** Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/injury which leads to full recovery

   b) Chronic condition- A chronic condition is defined as a disease, illness or injury that has one or more of the following characteristics:-it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/or tests- it needs on-going or long term control or relief of symptoms- it requires your rehabilitation or for you to be specially trained to cope with it-it continues indefinitely-it comes back or is likely to come back.
5. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
6. **Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

- **Internal Congenital Anomaly** - Congenital anomaly which is not in the visible and accessible parts of the body
- **External Congenital Anomaly** - Congenital anomaly which is in the visible and accessible parts of the body

7. **Covered Relationships** shall include spouse, children, brother and sister of the Policyholder who are children of same parents, grandparents, grandchildren and parent in laws

   Dependent Child A dependent child refers to a child (natural or legally adopted), who is financially dependent on the Policy Holder, does not have his / her independent source of income, is up to the age of 25 years and unmarried.
8. **Disclosure to Information Norm** - The Policy shall be void and all premium paid hereon shall be forfeited to Us, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
9. **Expiry Date** is the date on which this Policy expires as specified in the Policy Schedule
10. **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available

for the period for which no premium is received.

11. **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 the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section of 56 (1) of the said Act OR complies with all minimum criteria as under:

- Has qualified nursing staff under its employment round the clock;
- Has at least 10 in-patient beds in towns having a population of less than 10,00,000 at least 15 in-patient beds in all other places
- Has qualified Medical Practitioner(s) in charge round the clock;
- Has a fully equipped operation theatre of its own where Surgical Procedures are carried out;
- Maintains daily records of patients and makes this accessible to insurance company's authorized personnel.

12. **Hospitalization or Hospitalised** 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.
13. **Illness** means sickness or disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the policy period and requires medical treatment.
14. **Inception Date** means the Inception date of this Policy as specified in the Policy Schedule
15. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
16. **Insured Person** means the person(s) named in the Policy Schedule, who is/are covered under this Policy, for whom the insurance is proposed and the appropriate premium paid.
17. **Medical Advice** means any consultation or advise from a Medical Practitioner including the issue of any prescription or follow-up prescription.
18. **Medical Practitioner** is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.
19. **Nominee** means the person named in the Policy Schedule who is nominated to receive the benefits under the Policy in accordance with the terms and conditions of the Policy, if the Policyholder is deceased.
20. **Notification of Claim** is the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
21. **Policy** means this Policy document, the proposal form, including endorsements and the Policy Schedule, as amended from time to time.
22. **Policy Period** means the period between the Inception Date and the Expiry date of the Policy as specified in the Policy Schedule or the date of cancellation of this Policy, whichever is earlier.
23. **Policy Year** means a period of 12 consecutive months commencing from the Inception Date.
24. **Policy Schedule** means the schedule attached to and forming part of this Policy mentioning the details of the Insured Persons, the Sum Insured, the period and the limits to which benefits under the Policy are subject to, including any annexures and/or endorsements, made to or on it from time to time, and if more than one, then the latest in time.
25. **Pre-existing Disease** means any condition, ailment or injury or disease:

a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement 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 policy issued by the insurer or its reinstatement.

26. **Qualified Nurse** is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
27. **Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of Grace Period for treating renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.
28. **Sum Insured** means, subject to terms, conditions and exclusions of this Policy, the amount representing Our maximum liability for any or all claims during the Policy Period specified in the Policy Schedule separately in respect of that Insured Person.
29. **Surgery/Surgical Procedure** means manual and/or operative procedure(s) required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a Hospital or day care centre by a Medical Practitioner.
30. **Unproven/Experimental Treatment** is treatment, including drug, experimental therapy, which is not based on established medical practice in India.
31. **We/ Our/ Us** means ManipalCigna Health Insurance Company Limited.
32. **You/ Your** means the person named in the Policy Schedule as the policyholder and who has concluded this Policy with Us.

ANNEXURE - I:

Ombudsmen Centres

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

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@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, 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@ecoi.co.in	Karnataka.
BHOPAL Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh and Chattisgarh.
BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.:- 0674-2596461/2596455 Fax:- 0674-2596429 Email:- bimalokpal.bhubaneswar@ecoi.co.in	Orissa.
CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Chandigarh.
CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in	Tamil Nadu and Pondicherry Town and Karaikal (which are part of Pondicherry).
DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in	Delhi.
GUWAHATI Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, “Moin Court”, Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana, Yanam and part of the Territory of Pondicherry.

JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 -2740363 Email:- bimalokpal.jaipur@ecoi.co.in	Rajasthan.
ERNAKULAM Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry.
KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, Kolkata - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
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@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in	State 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, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA Office of the Insurance Ombudsman, 1st Floor,Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	Bihar, 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@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

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401/402, Raheja Titanium, Western Express Highway, Goregaon East, Mumbai - 400063. IRDAI Registration No. 151 • CIN: U66000MH2012PLC227948