ManipalCigna
Health Insurance

EVERY DETAIL MATTERS TO YOUR HEALTH.

FIND THEM LISTED IN YOUR POLICY TERMS & CONDITIONS

ManipalCigna ProHealth Cash

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 under Your Policy	**Basic Plan -**		
	a. **Sickness Hospital Cash Benefit**	A Daily Cash Benefit as specified in the Policy Schedule will be payable	**II.1 a.**
	b. **Accident Hospital Cash Benefit**	2 times the Daily Cash Benefit as specified in the Policy Schedule will be payable.	**II.1 b.**
	c. **ICU Cash Benefit**	3 times the Daily Cash Benefit as specified in the Policy Schedule will be payable from day 2 onwards, subject to a maximum of 15 days per Insured Person per Policy Year.	**II.1 c.**
	d. **Worldwide Cover**	3 times the Daily Cash Benefit as specified in the Policy Schedule will be payable	**II.1 d.**
	Enhanced Plan - In addition to the benefits under Basic plan, the following benefits will be available.		
	a. **Convalescence Benefit**	5 times the Daily Cash Benefit as specified in the Policy for Hospitalisation which is more than 10 continuous days.	**II.2 a.**
	b. **Companion Benefit**	50% of the Daily Cash Benefit as specified in the Policy Schedule will be payable.	**II.2 b.**
	c. **Compassionate Benefit**	10 times the Daily Cash Benefit as specified in the Policy Schedule will be payable to the Nominee, in case of the Insured Person's death due to **Accident** during hospitalization.	**II.2 c.**
	Any Daily Cash benefits under this Policy will not be payable in cases of a Single day hospitalization. The maximum benefit available under this Policy under all the benefits put together will be limited to 450 days in a lifetime of an Insured Person.		
	Optional Covers		
	a. **Day Care Treatment Benefit**	Lower of 5 times the Daily Cash Benefit or Rs.25,000 will be payable in case the Insured Person undergoes any of the listed Day Care Treatments. This is limited to a maximum of 5 Day Care Treatments including 1 surgery for Cataract per Insured Person per Policy Year.	**II.3 a.**
	b. **Accidental Death & Permanent Total Disability**	We will pay the opted Sum Insured as specified in the Policy Schedule in case an of the Insured Person's Accidental Death or Permanent Total Disablement of the nature specified in the Policy within 12 months from the date of the Accident	**II.3 b.**
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	• Stem cell implantation/surgery. • Birth control procedures, hormone replacement therapy and voluntary termination of pregnancy. • Artificial life maintenance, including life support machine use. • Any treatment received in convalescent homes, convalescent hospitals, health hydros, nature cure clinics or similar establishments. • Ailments requiring treatment due to drug abuse/alcohol and treatment for de-addiction, or rehabilitation. • Any Hospitalization of the Insured Person committing any breach of law with criminal intent. • Expense for Injury of Insured Person whilst engaging in any adventure sports. • Expenses caused by ionizing radiation or contamination by radioactivity from any nuclear fuel. • All expenses arising from foreign invasion and warlike operations, whether war be declared or not.		**IV.1**
	For the Optional Cover of Accidental Death & Permanent Total Disability • Bacterial infections. • Medical or surgical treatment except as necessary solely and directly as a result of an Accident. • Hernia. • Any change of profession after inception of the Policy which results in the enhancement of Our risk under the Policy, if not accepted and endorsed by Us. • Death or disablement relating to childbirth/ pregnancy; • Working in underground mines, tunneling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaging in hazardous activities. • Ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form)/nuclear waste/chemical or biological attack.		**IV.2**
	Please refer to the Policy wording for the complete list of exclusions.		

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 sections lists the applicable period (days/ months) before you can make a claim for any diseases /treatment	a. First 30 days from the Policy Inception date, for all illnesses except accidents. b. Two Year Waiting Period will be applicable for specific illnesses. c. 48 months waiting period will be applicable for any Pre-existing diseases/Illness/Injury/conditions d. A personal waiting period may apply to individuals depending upon declarations on the Proposal Form and existing health conditions. Please refer to the "Special Conditions" Column on Your Policy Schedule to identify if any personal waiting period is applied to Your Policy.	**III**
Payout Basis This section lists the manner in which the proceeds of the Policy will be paid to you	The payout under this Policy is on per day benefit basis.	
Cost Sharing	The policy does not have any voluntary or mandatory cost sharing mechanisms.	
Renewal Conditions This section lists the terms of renewals & revival under the Policy	a. This Policy is ordinarily renewable for lifetime upon mutual consent, subject to application of Renewal and realization of Renewal premium. b. A Grace Period of 30 days 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 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-co-operation by the Insured Person. e. Alterations in the Policy such as 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. Revival Period for instalment premium policies with term of 2 or 3 years: The revival period shall be 15 days from the due date of next instalment.	**VI.15**
Renewal Benefits	There are not separate renewal benefits on the policy.	
Cancellation The section explains the Policy cancellation process in brief	Cancellations may be intimated to Us by giving 15 days' written notice wherein We shall refund the premium for the unexpired term on the short period scale as set out in the Policy wordings enclosed in the kit. The premium shall only be refunded only if no claim (paid/outstanding) has been made under the Policy. We may cancel the Policy on grounds of misrepresentation, fraud, non-disclosure of material fact or non-cooperation by You, upon giving 15 days' written 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 Hospitalization, the Insured Person must notify Us either at the call centre or in writing, within 48 hours of admission in a Hospital but not later than discharge from the Hospital. In case of a Accidental Death or Permanent Total Disablement claim, We must be notified either at Our call centre or in writing within 10 days from the date of occurrence of the Accident. 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 ProHealth Cash

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 an Illness or Injury that occurred during the Policy Period becomes payable, then We shall pay the Benefits as listed below in accordance with terms, conditions and exclusions of the Policy.

II. PLAN BENEFITS

The Policy will provide coverage under two Plan options, namely, the Basic Plan and the Enhanced Plan.

If the Basic Plan is specified to be applicable under the Policy Schedule for an Insured Person, then only the Covers provided under Section II.1 shall be in force (in addition to any Optional Cover opted by You, if any, under Section II.3) under the Policy. If the Enhanced Plan is specified to be applicable under the Policy Schedule for an Insured Person, then both the Basic Plan Covers set out under Section II.1 and the Enhanced Plan Covers set out under II.2 shall be in force (in addition to any Optional Covers opted by You, if any, under Section II.3) under the Policy.

Any Claim under the Policy will trigger only after a deductible of one day (24 continuous hours of Hospitalisation) and will become payable from day two of Hospitalisation.

All benefits will be available for a maximum of 60 / 90 / 180 days per Policy Year as per the maximum limit opted for each Insured Person in a single Policy Year with a lifetime limit of 450 days including all Daily Cash Benefits put together under II.1.a to d below.

II.1 BASIC PLAN

a. Sickness Hospital Cash Benefit

If the Insured Person is Hospitalized during the Policy Period for Medically Necessary treatment of an **Illness** that occurred during the Policy Period, We will pay the Daily Cash Benefit specified in the Policy Schedule for each continuous and completed period of 24 hours of Hospitalisation.

b. Accident Hospital Cash Benefit

If the Insured Person is Hospitalized during the Policy Period for Medically Necessary treatment due to an **Injury** that occurred during the Policy Period, We will pay 2 times the Daily Cash Benefit amount specified in the Policy Schedule for each continuous and completed period of 24 hours of Hospitalisation.

c. ICU Cash Benefit

If the Insured Person is Hospitalized in an Intensive Care Unit (ICU) during the Policy Period for Medically Necessary treatment of an **Illness Or** an **Injury** that occurred during the Policy Period, We will pay 3 times the Daily Cash Benefit amount specified in the Policy Schedule for each continuous and completed period of 24 hours of Hospitalisation.

Coverage under this benefit is limited to a maximum of 15 days per Insured Person per Policy Year.

d. Worldwide Cover

If the Insured Person is Hospitalized in a Hospital room Or Intensive Care Unit (ICU) outside India during the Policy Period for Medically Necessary treatment of an **Illness or** an **Injury** that has occurred during the Policy Period, We will pay 3 times the Daily Cash Benefit amount specified in the Policy Schedule for each continuous and completed period of 24 hours of Hospitalisation.

II.2 Enhanced Plan Covers (in addition to Basic Plan Covers under II.1)

a. Convalescence Benefit

If the Insured Person is Hospitalized during the Policy Period for Medically Necessary treatment of an **Illness Or an Injury** that occurred during the Policy Period and the continuation of such Hospitalisation is Medically Necessary for at least 10 consecutive days, then We will pay a lump sum amount equal to 5 times the Daily Cash Benefit amount specified in the Policy Schedule for each continuous and completed period of 24 hours of Hospitalisation.

This benefit is available only once per Insured Person, per Policy Year.

b. Companion Benefit

If the Insured Person is Hospitalized during the Policy Period for Medically Necessary treatment of an **Illness** Or an **Injury** that occurred during the Policy Period, We will pay additional 50% of the Hospital Cash Benefit specified in the Policy Schedule for each continuous and completed period of 24 hours of Hospitalisation in respect of an accompanying person to take care of the Insured while he is hospitalised.

c. Compassionate Benefit

If the Insured Person is Hospitalized during the Policy Period for Medically Necessary treatment of an **Injury** due to an Accident that occurred during the Policy Period and the Insured Person dies during the course of such Hospitalisation, We will pay the Nominee a lump sum amount equal to 10 times the Daily Cash Benefit amount specified in the Policy Schedule for each continuous and completed period of 24 hours of Hospitalisation.

II.3 Optional Covers

The following optional Covers shall apply under the Policy for an Insured Person if specifically mentioned in the Policy Schedule to be applicable and shall apply to all the Insured Persons under a single policy without any individual selection. All benefits available under Optional Covers are in addition to the benefits opted under the respective plan.

a. Day Care Treatment Benefit

If the Insured Person requires and avails a Medically Necessary Day Care Treatment (as defined under Annexure II below) during the Policy Period, We will pay a lump sum benefit amount which is the lower of 5 times the Daily Cash Benefit specified in the Policy Schedule or Rs.25,000, to the Insured Person for such Day Care Treatment provided the Insured Person is admitted in the Hospital for such Day Care Treatment for less than 24 hours.

The benefit under this Section shall be available for a maximum of 5 Day Care Treatments per Insured Person per Policy Year. In case of Cataract, coverage is limited to 1 surgery in a Policy year per Insured Person.

b. Accidental Death and Permanent Total Disability Cover

If the Insured Person suffers an Injury solely and directly due to an Accident that occurs during the Policy Period and such Injury solely and directly results in death or Permanent Total Disablement of the Insured Person which is of the nature specified in the table below, within 365 days from the date of the Accident, We will pay the Accident Sum Insured as specified in the Policy Schedule to the Insured Person in case of Permanent Total Disablement or to the Nominee in case of death.

Type of Permanent Total Disablement

i) Total and irrecoverable loss of sight of both eyes
ii) Loss by physical separation or total and permanent loss of use of both hands or both feet
iii) Loss by physical separation or total and permanent loss of use of one hand and one foot
iv) Total and irrecoverable loss of sight of one eye and loss of a Limb
v) Total and irrecoverable loss of hearing of both ears and loss of one Limb/loss of sight of one eye
vi) Total and irrecoverable loss of hearing of both ears and loss of speech
vii) Total and irrecoverable loss of speech and loss of one Limb/loss of sight of one eye
viii) Permanent total and absolute disablement (not falling under the above) disabling the Insured Person from engaging in any employment or occupation or business for remuneration or profit, of any description whatsoever

For the purpose of Permanent Total Disability

- **Limb** means a hand at or above the wrist or a foot above the ankle;
- **Physical separation of one hand** or **foot** means separation at or above wrist and/or at or above ankle, respectively.

The benefits as specified above will be payable provided that:

a. The Permanent Total Disablement is proved to Our satisfaction; and a disability certificate issued by a Civil Surgeon or the equivalent appointed by the District/State or Government Board; and
b. The Permanent Total Disablement continues for a period of at least 180 days from the commencement of the Permanent Total Disablement; provided that We must be satisfied at the expiry of the 180 days that there is medically no reasonable scope of improvement.
c. If the Insured Person dies before a claim has been admitted under this Benefit, then no amount will be payable under this Benefit; however it will be payable under Accidental Death and will be payable as per the coverage opted provided such intimation of death has been made to Us.
d. If We have admitted a claim for Permanent Total Disablement in accordance with this Benefit, then We shall not be liable to make any payment under the Policy on the death of the Insured Person, if the Insured Person subsequently dies.
e. Once a claim has been accepted and paid under this Benefit then cover under this Section of the Policy shall immediately and automatically cease in respect of that Insured Person. In case the

Claim is in respect of Accidental Death, full coverage under the Policy will cease.

f. If a claim arises under Accidental Death & Permanent Total Disability under this Policy and the Insured Person has changed his occupation without Us being notified in writing, then Our maximum liability under this Benefit will be limited to the amount of Sum Insured that would have been available for the actual premium paid as per the new occupation.

III. Waiting Periods

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

III.1. Pre-existing Disease waiting Period

All Pre-existing Diseases / Illness / Injury / conditions as defined in the Policy, will not be covered until 48 months of continuous covers have elapsed since inception of the first Policy with Us.

This clause will not apply to coverage under Accidental Death & Permanent Total Disability Cover wherever opted.

III.2. First 30 Days Waiting Period

A waiting period of 30 days from the Inception Date of the Policy will be applicable for all hospitalisation claims except in case of accidents.

This clause will not apply to coverage under Accidental Death & Permanent Total Disability Cover wherever opted.

III.3. Two Year Waiting Periods

A waiting period of 24 months shall apply to the treatment of the following, whether medical or surgical, along with their complications :

a. Cataract,
b. Hysterectomy for Menorrhagia or Fibromyoma or prolapse of Uterus unless necessitated by malignancy myomectomy for fibroids,
c. Knee Replacement Surgery (other than caused by an Accident), Non-infectious Arthritis, Gout, Rheumatism, Osteoarthritis and Osteoporosis, Joint Replacement Surgery (other than caused by Accident), Prolapse of Inter-vertebral discs(other than caused by Accident), all Vertebrae Disorders, including but not limited to Spondylitis, Spondylitis, Spondylolisthesis,
d. Varicose Veins and Varicose Ulcers,
e. Stones in the urinary uro-genital and biliary systems including calculus diseases,
f. Benign Prostate Hypertrophy, all types of Hydrocele, Congenital Internal Anomaly,
g. Fissure, Fistula in anus, Piles, all types of Hernia, Pilonidal sinus, Haemorrhoids and any abscess related to the anal region,
h. Chronic Suppurative Otitis Media (CSOM), Deviated Nasal Septum, Sinusitis and related disorders, Surgery on tonsils/Adenoids, Tympanoplasty and any other benign ear, nose and throat disorder or surgery.
i. gastric and duodenal ulcer, any type of Cysts/ Nodules/ Polyps/ internal tumours/ skin tumours, and any type of Breast lumps(unless malignant), Polycystic Ovarian Diseases,
j. Any surgery of the genito-urinary system unless necessitated by malignancy.

III.4. Personal Waiting Period:

A special waiting period not exceeding 48 months, may be applied to individual Insured Persons depending upon declarations on the Proposal Form and existing health conditions. Such waiting periods shall be specifically stated in the Policy Schedule and will be applied only after receiving Your specific consent.

IV. PERMANENT EXCLUSIONS

IV.1. We shall not be liable to make any payment under this Policy for or in respect of any claim caused by, based on, arising out of or howsoever attributable to any of the following:

Any hospitalization for or arising out of:

1. Stem cell implantation/surgery, harvesting, storage or any kind of treatment using stem cells.
2. Dental treatment, dentures or surgery of any kind unless necessitated due to an accident and requiring minimum 24 hours Hospitalization or treatment of irreversible bone disease involving the jaw which cannot be treated in any other way, but not if it is related to gum disease or tooth disease or damage.
3. Circumcision unless necessary for treatment of a disease, illness or injury.
4. Birth control procedures, contraceptive supplies or services including complications arising due to supplying services, hormone replacement therapy and voluntary termination of pregnancy during the first 12 weeks from the date of conception, surrogate or vicarious pregnancy.
5. 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.
6. Alopecia, baldness, wigs, or toupees and hair fall treatment,.
7. Laser surgery for treatment of focal error correction other than for focal error of +/- 7 or more and is Medically Necessary.
8. All sexually transmitted diseases including but not limited to Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis. This exclusion does not include HIV/ AIDS.
9. Artificial life maintenance, including life support machine use when in a vegetative state..
10. Sleep Apnea Syndrome, general debility, ageing, convalescence, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, run down condition or rest cure, congenital external anomalies or defects, sterility, fertility, infertility including IVF and other assisted conception procedures and its complications, subfertility, impotency, venereal disease, puberty, menopause or intentional self-injury, suicide or attempted suicide(whether sane or Insane), ailment requiring treatment due to abuse of any substance, intoxicant, drug, alcohol or hallucinogen and treatment for de-addiction, or rehabilitation.
11. Any treatment received in convalescent homes, convalescent hospitals, health hydros, nature cure clinics or similar establishments.
12. A stay without undertaking any treatment or any other purpose other than for receiving eligible treatment of a type that normally requires a stay in the hospital.
13. Any Cosmetic Surgery, aesthetic treatment(including but not limited to xanthelesema, syringoma, acne and alopecia) unless forming part of treatment for cancer or burns, surgery for sex change or treatment of obesity/morbid obesity (unless certified to be life threatening) or treatment/surgery /complications/illness arising as a consequence thereof.
14. Treatment received outside India excepted as covered under Worldwide Cover.
15. X-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment even if the same requires confinement at a Hospital.
16. Organ transplant surgery involving organs not harvested from a human body.
17. Any form of Non-Allopathic treatment, Naturopathy, hydrotherapy, Ayurvedic, Homeopathy, Acupuncture, Reflexology, Chiropractic treatment or any other form of indigenous system of medicine.
18. Any condition caused by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.
19. A condition, caused by or arising from or attributable to 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), civil war, public defence, rebellion, revolution, insurrection, military or usurped power, active participation in strikes, riot or civil commotion.
20. Any Hospitalization of the Insured Person due to him committing any breach of law with criminal intent.
21. Any Certification / Diagnosis / Treatment by a family member, or a person who stays with the Insured Person, or from persons not registered as Medical Practitioners under the respective Medical Councils, 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 Treatments or pharmacological regimens, or any form of clinical trials or any kind of self-medication and its complications.
22. Any treatment arising out of engaging in 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 or involving a naval military or air force operation.
23. Any treatment arising out of engaging in flying or taking part in aerial activities (including cabin) except as a fare-paying passenger in a regular scheduled airline or air charter company.

IV.2. The following exclusions shall be applicable in respect of the Benefit specified under **Accidental Death & Permanent Total Disability** Section II.3(b).

This Policy does not provide benefits for any death, disablement, expenses or loss incurred as a result of any Injury attributable to the following:

1. Any payment in case of more than one claim under the Policy during any one Policy Period by which Our maximum liability in that period would exceed the Sum Insured in respect of the Optional Cover.
2. Suicide or attempted Suicide, intentional self-inflicted injury, acts of self-destruction whether the Insured Person is medically sane or insane.
3. Certification by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person's Family.
4. Death or disablement arising out of or attributable to 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), participation in any naval, military or air-force operation, civil war, public defence, rebellion, revolution, insurrection, military or usurped power.
5. Benefit under Accidental Death, Permanent Total Disablement arising from Bacterial infections (except pyogenic infection which occurs through an Accidental cut or wound due to Accident).
6. Benefit under Accidental Death, Permanent Total Disablement arising from Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
7. Any change of profession after inception of the Policy which results in the enhancement of Our risk under the Policy, if not accepted and endorsed by Us on the Policy Schedule.
8. Death or disablement 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.
9. Death or disablement arising from or caused due to or as a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen.
10. Death or disablement resulting, contributed or aggravated or prolonged by childbirth or from pregnancy or a consequence thereof including ectopic pregnancy unless specifically arising due to accident;
11. Death or disablement caused by participation of 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.
12. 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 unless specifically declared and accepted under the Policy.
13. Working in underground mines, tunneling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaged in Hazardous Activities unless specifically declared and accepted under the Policy.
14. Death or disablement arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.

- Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
- Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.

V. CLAIM PROCESS & MANAGEMENT

V.1 Conditions Preceding

The fulfillment 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 the 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 time lines for all claims. Failure to furnish this documentation within the time set out hereunder shall not invalidate nor reduce any claim if the claimant can satisfy Us that it was not reasonably possible for the claimant to submit the required forms/ documents within such time.

The timely notification, submission of the necessary documents and compliance with requirements as provided under this Section, shall be essential failing which We shall not be bound to accept or make payment of a claim under this Policy.

V.2 Your/ 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>> 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 of the Insured Person, investigate the facts and examine the Insured Person as also verify the certificate of disability issued in respect of an Insured Person, if any.
(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 Notification of Claim

In the event of a Hospitalization claim under the Policy, We must be notified either at Our call centre or in writing within 48 hours of the Hospitalization but not later than discharge from the Hospital.

In case of an Accidental Death or Permanent Total Disablement claim under Section II.3(b) of the Policy, We must be notified either at Our call centre or in writing within 10 days from the date of occurrence of the Accident.

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;
- Nature of Illness/Injury;
- Name and address of the attending Medical Practitioner and Hospital;
- Date of Admission;
- Any other information as requested by Us.

V.4 Claim Documents and Submission

Hospitalization Claims under Basic & Enhanced Plan Covers – Section II.1

The following documents are required to be submitted to Us within 15 days from the date of discharge from the Hospital.

a. Duly completed and signed claim form prescribed by Us;
b. Hospital discharge summary;
c. Operation theatre notes, if applicable;
d. Hospital main bill/receipt;
e. MLC/ FIR report/Post Mortem Report, if applicable;
f. Death Summary, Death Certificate, if applicable.

We will accept copies of the documents, verified and attested by the Hospital in case the same are submitted towards another indemnity claim.

Accidental Death or Disablement Claims - Section II.3 (b):

The following documents are required to be submitted to Us within 30 days from the date of occurrence of the Accident.

In case of Accidental Death under Section II.3 (b):

- Duly completed and signed claim form prescribed by Us;
- Copy of FIR/Panchnama/Police Inquest Report;
- Original Death certificate issued by the office of Registrar of Birth & Deaths;
- Death summary issued by a Hospital;
- Post Mortem Report (if conducted);
- Identity proof of Nominee or Original Succession Certificate/Original Legal Heir Certificate or any other proof to Our satisfaction for the purpose of a valid discharge in case nomination is not filed by deceased.

In case of Permanent Total Disablement under Section II.3(b):

- Duly completed and signed claim form as prescribed by Us;
- Copy of FIR/ Panchnama/Police Inquest Report;
- Original treating Medical Practitioner's certificate describing the disablement;
- Original Discharge summary from the Hospital;
- Photograph of the Insured Person reflecting the disablement;
- Prescriptions and consultation papers of the treatment;
- Disability certificate issued by civil surgeon or equivalent appointed by the District/State or Government Board.

Any other medical, investigation reports, inpatient or consultation treatment papers, as applicable. The above list is indicative and We may call for any additional documents as required based on the circumstances of the claim.
Our branch offices shall give due acknowledgement of collected documents to the Insured Person. In case the Insured Person delays submission of claim documents as specified above, then in addition to the documents mentioned above, he/she is also required to provide us the reason for such delay in writing.

V.5 Scrutiny of Claim Documents

a. We shall scrutinize the claim and accompanying documents. Any deficiency of documents shall be intimated to the claimant within 5 days of their receipt.
b. If the deficiency in the claim documents is not met or are partially met in 10 working days of the first intimation, We shall remind the claimant of the same every 10 (ten) days thereafter.
c. We will send a maximum of 3 (three) reminders pursuant to Section V.5(b).

V.6 Claim Assessment

We will pay fixed benefit amounts as specified in the Schedule to this Policy in accordance with the terms of this Policy. We are not liable to make any reimbursements of Medical Expenses or pay any other amounts not specified in the Policy.

V.7 Claims Investigation

We may investigate claims at our own discretion to determine validity of a claim. Such investigation shall 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 claim intimation. Verification carried out, if any, will be done by individuals or entities authorized by Us to carry out such verification/ investigation(s) and the costs for such verification / investigation shall be borne by the Us.

V.8 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.9 Representation against Rejection

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

V.10 Claims falling in 2 policy periods

If a hospitalisation claim event falls within two policy periods, the claims shall be paid taking into consideration the available number of days in the two policy periods provided that the Policyholder has renewed the Policy with Us for the subsequent year. The admissible claim amount shall be reduced to the extent of premium to be received for the Renewal/due date of premium of health insurance policy, if not received earlier.

V.11 Claim Payment Terms

- All claims will be payable in India and in Indian rupees.
- The payment will be made to You or the Insured Person. In the unfortunate event of the Insured Person's death, We will pay the Nominee (as named in the Policy Schedule) and in case there is no Nominee alive, to the Insured Person's legal heir 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.
- In case of benefits provided under Sections II.1 of the Policy, the benefits shall become payable by Us only after the completion of the first 48 hours of every event of Hospitalization of the Insured Person.
- Per Day Benefit under Sickness Hospital Cash, Accident Hospital Cash, ICU Cash & Worldwide Cover are mutually exclusive. In case of the Insured Person's Hospitalization comprises of both ICU stay and regular room stay, only ICU Cash Benefit will be payable for the actual days spent in the ICU and Sickness Hospital Cash Benefit or Accident Hospital Cash Benefit(as the case maybe) will be payable for the other days of hospitalisation.
- Benefits under Sickness Hospital Cash, Accident Hospital Cash, ICU Cash will automatically become invalid for the number of days where Worldwide Cover triggers.
- Maximum per day benefits available under <<Section II.1 & Section II.2>>, will be limited to 60/ 90/ 180 days per Insured Person per Policy year as Opted by the Insured and as specified in the Schedule to this Policy. If all claims in a Policy Year do not meet the opted Maximum Coverage Limit, then it is agreed and understood that there will be no carry-over of days to the subsequent Policy Year or any future renewals of the Policy.
- Our maximum liability to make payment for any and all claims under this Policy during the lifetime of an Insured Person shall not exceed 450 days per Insured Person.
- If a claim arises under Accidental Death &Permanent Total Disability Cover under this Policy and the Insured Person has changed his occupation without Us being notified in writing, then Our maximum liability under this Benefit will be limited to the amount of Sum Insured that would have been available for the actual premium paid as per the new occupation.

VI. TERMS AND CONDITIONS

VI.1 Duty of Disclosure

The Policy shall be null and void and no benefit shall be payable 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 Your/their behalf, under this Policy. You further understand and agree that We may at Our sole discretion cancel the Policy and the premium paid shall be forfeited to Us.

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 applicable premium(if any). 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 be binding on Us or prejudicially affect Us notwithstanding Our subsequent acceptance of any premium.

VI.8 Geography

The geographical scope of this Policy applies to events within India other than for the benefits under Worldwide Cover under <<Section II.1(d)>> However, all admitted or payable Claims under this Policy shall be settled in India in Indian rupees.

VI.9 Multiple Policies

In cases where the Insured Person is covered under more than one

hospital cash policy/ fixed benefits policy, then the amount payable under this Policy 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 Schedule or in any separate instrument shall be deemed to be part of this Policy and shall have binding effect on You/ Insured Person 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 Illness or Injury 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 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 to Us 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 of the Policy Period as per the short period scale mentioned below.
Premium shall be refunded only if no claim has been made under the Policy.

		Refund Grid as % of Premium		
Policy Cancellation Within (Months)	**Policy Cancellation Within (Days)**	**Policy Year-1**	**Policy Year-2**	**Policy Year-3**
0 - 1 Months	0 - 30 Days	85.00%	87.50%	89.00%
1 - 3 Months	31 - 90 Days	75.00%	80.00%	82.50%
3 - 6 Months	91 - 181 Days	50.00%	70.00%	75.00%
6 - 9 Months	182 - 272 Days	30.00%	60.00%	70.00%
9 - 12 Months	273 - 365 Days	0.00%	50.00%	60.00%
12 - 15 Months	366 - 456 Days	NIL	35.00%	55.00%
15 - 18 Months	457 - 547 Days		25.00%	45.00%
18 - 21 Months	548 - 638 Days		15.00%	40.00%
21 - 24 Months	639 - 730 Days		0.00%	30.00%
24 - 27 Months	731 - 821 Days		NIL	25.00%
27 - 30 Months	822 - 912 Days			15.00%
30 - 33 Months	913 - 1003 Days			5.00%
33 - 36 Months	1004 and more Days			0.00%

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.
An individual Policy with a single Insured Person shall automatically terminate in case of the Insured Person's death or if the Insured Person is no longer a resident of India. 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 or exhaustion of Maximum Coverage Limit opted 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 & Revival Period
i. 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 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.

ii. Revival Period:
For instalment premium policies, 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.

VI.15 Renewal Terms:
a. The Policy will automatically terminate at the end of the Policy Period.
b. Renewals will not be denied except on grounds of misrepresentation, fraud, non-disclosure or non-co-operation by You.
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 start date.
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 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.
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 above 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.

Discounts under the Policy
You can avail of the following discounts on the premium on Your Policy.

a. Family Discount
You can avail a discount of 10% for covering 3 or more family members under the same policy.

b. 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.

c. Worksite Marketing Discount
A discount of 10% will be available on polices which are sourced through worksite marketing channel.

d. Online Renewal Discount
A discount of 3% p.a. if the customer chooses for NACH or standing instruction (where payment is made either by direct debit of bank account or credit card) option, applicable from next renewal of the policy.

VI.16. Premium calculation
Premium will be calculated based on the Plan, Daily Cash Benefit, Age, Policy Tenure, Optional Covers and Maximum Coverage Limit selected.

VI.17 Loadings & Special Conditions
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 Medical Condition/Diagnosis shall not exceed 100%. A loading of 25% may be applied for persons opting for

Accidental Death & Permanent Total Disability who have an existing disability of more than 25% or persons engaged in high risk occupations like circus personnel, jockeys etc. The overall Risk loading per Insured Person shall not exceed 150%.
These loadings will be applied from the Inception Date of the first Policy including subsequent Renewal(s) with Us. There will be no loadings based on individual claims experience.

For Example:
An Individual having Diabetes and on regular medication for the same.

Age	Diabetes Type	Medication	FBS	PPS	HbA1c	Loading /Decision
45	Type II	Yes	82	104	6.0 (normal)	15%
45	Type II	Yes	82	104	7.2 (fair control)	20%
45	Type II	Yes	100	140	8 (slightly raised)	25%
45	Type II	Yes	100	140	8.8 (requiring attention)	Reject

(Please note that this example is for enumerative purposes only, the decisions may vary based on age, co morbidities etc.)

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 for change in terms and applicable additional premium.
In case, You neither accept the counter offer nor revert to Us within 7 working days in writing, We shall cancel Your application and refund the premium paid deducting any expense towards medical tests. Your Policy will not be issued unless We receive Your written consent.

VI.18 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 after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

VI.19 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.20 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.21 Limitation of Liability
If a claim is rejected or partially settled and is not the subject of any pending suit or other proceeding or arbitration, as the case may be, within thirty six 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. 22 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, in respect of the Sum Insured under this Policy shall in all cases be complete, valid and construe as an effectual discharge in favour of Us.

VI. 23 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.24 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
Fax: 022 40825222
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 email 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/

Definitions

1. **Accident** or **Accidental** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Age** or **Aged** means age on the last birthday, and which means completed years as on the Inception Date
3. **Non-Allopathic Treatments** means forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.
4. **Annexure** means a document attached and marked as Annexure to this Policy
5. **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.

6. **Condition Precedent** means a Policy term or condition upon which Our liability under the Policy is conditional upon.
7. **Congenital Anomaly** means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

i. **Internal Congenital Anomaly** means Congenital Anomaly which is not in the visible and accessible parts of the body;
ii. **External Congenital Anomaly** means Congenital Anomaly which is in the visible and accessible parts of the body.

8. **Cosmetic Surgery** means Surgery or Medical Treatment that modifies, improves, restores or maintains normal appearance of a physical feature, irregularity, or defect.
9. **Daily Cash Benefit** means the per day Sum Insured Unit opted under the Plan and specified in the Schedule to this Policy.
10. **Day Care Centre** means any institution established for Day Care Treatment of Illness and/or Injuries or a medical set -up within a Hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified Medical Practitioner AND must comply with all minimum criteria as under:-

a. has qualified nursing staff under its employment
b. has qualified medical practitioner(s) in charge
c. has a fully equipped operation theatre of its own where surgical procedures are carried out
d. maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

11. **Day Care Treatment** means medical treatment, and/or surgical procedure which is:

i) Undertaken under General or Local Anaesthesia in a Hospital/Day Care Centre in less than 24 hrs because of technological advancement, and
ii) Which would have otherwise required a hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition. For the list of Day Care Treatments please refer Annexure II attached to and forming part of this Policy.

12. **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.
13. **Deductible:** is a cost-sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies, which will apply before any benefits are payable by the insurer. A deductible does not reduce the sum insured.
14. **Dental Treatment** means a treatment related to teeth or structures supporting teeth including, examinations, fillings (where appropriate), crowns, extractions and surgery.
15. **Disclosure to Information Norm** The Policy shall be void and all premium paid thereon shall be forfeited to Us, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
16. **Expiry Date** is the date on which this Policy expires as specified in the Policy Schedule.
17. **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.
18. **Hazardous Activities** means any sport or activity, which is potentially dangerous to the Insured Person whether he is trained or not. Such sport/activity includes stunt activities of any kind, adventure racing, base jumping, biathlon, big game hunting, black water rafting, BMX stunt/obstacle riding, bobsleighing/using skeletons, bouldering, boxing, canyoning, cavin/pot holing, cave tubing, rock limbing/ trekking/ mountaineering, cycle racing, cyclo cross, drag racing, endurance testing, hand gliding, harness racing, hell skiing, high diving (above 5 meters), hunting, ice hockey, ice speedway, jousting, judo, karate, kendo, lugging, risky manual labor, marathon running, martial arts, micro - lighting, modern pentathlon, motor cycle racing, motor rallying, parachuting, paragliding/ parapenting, piloting aircraft, polo, power lifting, power boat racing, quad biking, river boarding, scuba diving, river bugging, rodeo, roller hockey, rugby, ski acrobatics, ski doo, ski jumping, ski racing, sky diving, small bore target shooting, speed trials/time trials, triathlon, water ski jumping, weight lifting or wrestling any type.
19. **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 56(1) of the said Act OR complies with all minimum criteria as under:

- has at least 10 in-patient beds, in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- has qualified nursing staff under its employment round the clock;
- 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 these accessible to the insurance company's authorized personnel.

20. **Hospitalisation** or **Hospitalized** 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.
21. **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.
22. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
23. **Inception Date** means the inception date of this Policy as specified in the Policy Schedule
24. **In-patient** means an Insured Person who is admitted to hospital and stays for at least 24 hours for the sole purpose of receiving treatment.
25. **In-patient Care** means treatment for which the Insured Person has to stay in a hospital for more than 24 hours for a covered event.
26. **Intensive Care Unit** means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
27. **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.
28. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
29. **Medical Expense:** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
30. **Medically Necessary** means any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which:

- Is required for the medical management of the Illness or Injury suffered by the Insured Person;
- Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity;
- Must have been prescribed by a Medical Practitioner;
- Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

31. **Medical Practitioner** 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.
32. **New Born Baby** means baby born during the Policy Period and is aged up to 90 days
33. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognised modes of communication.
34. **Policy** means this document, the Proposal Form, Policy Schedule, Add-On Benefit Details (if applicable) and the Annexures which form part of the Policy contract including endorsements, as amended from time to time which form part of the Policy contract and shall be read together.
35. **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.
36. **Policy Year** means a period of 12 consecutive months commencing from the Inception Date.
37. **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.
38. **Pre-existing Disease** means any condition, ailment or injury or disease:

- 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

- 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

39. **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.
40. **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 credits for pre-existing diseases, time-bound exclusions and all waiting periods.
41. **Surgery** or **Surgical Procedure** means manual and/ or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a Hospital or Day Care Centre by a Medical Practitioner.
42. **Unproven/Experimental Treatment** means treatment, including drug Experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.
43. **We or Our** or **Us/ Insurer** means ManipalCigna Health Insurance Company Limited.
44. **You** or **Your** means the person named in the Policy Schedule as the policyholder and who has concluded this Policy with Us.

Annexure 1 : List of Ombudsmen Offices

Areas of Jurisdiction	Office of the Insurance Ombudsman
Gujarat , UT of Dadra and Nagar Haveli, Daman and Diu	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
Karnataka	Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in
Madhya Pradesh and Chhattisgarh	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
Odisha	Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in
Punjab, Haryana, Himachal Pradesh, Jammu and Kashmir, UT of 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
Tamil Nadu, UT-Pondicherry Town and Karaikal (which are part of UT of Pondicherry)	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
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
Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	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
Andhra Pradesh, Telangana and UT of Yanam – a part of the UT of Pondicherry	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
Rajasthan	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

Kerala, UT of (a) Lakshadweep, (b) Mahe – a part of UT of Pondicherry	Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam-682015. Tel.: 0484 - 2358759/2359338 Fax: 0484-2359336 Email: bimalokpal.ernakulam@ecoi.co.in
West Bengal, UT of Andaman and Nicobar Islands, Sikkim	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
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.	Office of the Insurance Ombudsman, 6th Floor, JeevanBhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in
Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane	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
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.	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
Bihar, Jharkhand.	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
Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region	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

ANNEXURE - II:

List of Day Care Treatments covered under Day Care Treatment Benefit are as follows:

1) Tympanoplasty
2) Mastoidectomy
3) Operations on the turbinates (nasal concha)
4) Operation of cataract
5) Tonsillectomy
6) Surgical treatment hemorrhoids
7) Lithotripsy/ Nephrolithotomy for renal calculus
8) Coronary angiography
9) Haemodialysis
10) Chemotherapy
11) Adenoidectomy
12) Division of the anal sphincter (sphincterotomy)
13) Reduction of dislocation under GA
14) Radiotherapy
15) Cystoscopic removal of stones
16) Therapeutic curettage
17) Appendectomy with/ without Drainage
18) Surgical treatment of anal fistulas
19) Excision of single breast lump
20) Surgery for ligament tear

ManipalCigna Critical Illness Add On Cover

Terms and Conditions

I. General Provisions

1. It is agreed and understood that the Add On Cover can only be bought along with the Underlying Plan and cannot be bought in isolation or as a separate product.
2. The Add On Cover is subject to the terms and conditions stated below and the Policy terms, conditions and applicable endorsements of the Underlying Plan.
3. The Add On Cover shall be available under your policy only if the same is specifically opted and specified in the Policy Schedule.
4. All applicable Terms and Conditions of the Underlying Policy shall apply to the Add On Cover.

II. Definitions

1. **Add On Cover** means ManipalCigna Critical Illness Add On Cover
2. **Critical Illness** means the following:

a) Cancer of Specified Severity

A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, 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.

b) 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:

1. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (for e.g. typical chest pain)
2. New characteristic electrocardiogram changes
3. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

1. Other acute Coronary Syndromes
2. Any type of angina pectoris.
3. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

c) Open Chest CABG

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

The following are excluded:

1. Angioplasty and/or any other intra-arterial procedures.

d) 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.

e) Coma of Specified Severity

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

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

   i. no response to external stimuli continuously for at least 96 hours;

   ii. life support measures are necessary to sustain life; and

   iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

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

f) 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.

g) 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 extra cranial 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:

1. Transient ischemic attacks (TIA)
2. Traumatic injury of the brain
3. Vascular disease affecting only the eye or optic nerve or vestibular functions.

h) Major Organ/Bone Marrow Transplant

The actual undergoing of a transplant of:

1. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
2. 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

i) 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.

j) 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.

k) Multiple Sclerosis with Persisting Symptoms

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

   1. investigations including typical MRI findings which unequivocally

confirm the diagnosis to be multiple sclerosis and;

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

II. Other causes of neurological damage such as SLE and HIV are excluded.

3. Underlying Policy - means the Insurance Policy or any other insurance plan issued by ManipalCignaHealth Insurance including its terms and conditions, any annexure thereto and the Schedule (as amended from time to time), the statements in the proposal form or the Customer Information Sheet and the Policy wording (including endorsements, if any) and to which this Add On Cover is attached.

III. Coverage

a) We will pay a fixed lump sum amount, to the Insured Person suffering from a disease/ Illness/ Injury or medical condition which shall lead to the diagnosis of the named Critical Illnesses or the performance of any of the named Surgical Procedures listed and defined under this Add on.

i. Cancer of Specified Severity

ii. Myocardial Infarction (First Heart Attack of Specific Severity)

iii. Open Chest CABG

iv. Open Heart Replacement or Repair of Heart Valves

v. Coma of Specified Severity

vi. Kidney Failure Requiring Regular Dialysis

vii. Stroke Resulting in Permanent Symptoms

viii. Major Organ/Bone Marrow Transplant

ix. Permanent Paralysis of Limbs

x. Motor Neuron Disease with Permanent Symptoms

xi. Multiple Sclerosis with Persisting Symptoms

b) The Sum Insured will be payable once in a lifetime of an Insured subject to the following conditions:

i. The Critical Illness is specifically listed and defined in this Cover;

ii. The Critical Illness experienced by the Insured person is the first incidence of that Critical Illness;

iii. The Insured Person survives for at least 30 days following the diagnosis of Critical Illness;

iv. The Insured Person is at least 18 years of age at the time of taking the Cover.

v. Coverage will not apply to persons between the age group of 18 to 23 years who are covered as “Child”.

vi. Once a claim has been accepted and paid for a particular Critical Illness for that particular Insured, the cover shall cease in respect of that Insured Person.

In case of a floater policy, We will provide for a 100% reinstatement of Sum Insured once during the lifetime of the Policy for the other adult Insured Person in the Policy.

“Reinstatement of Sum Insured” for the purpose of this Policy means the amount reinstated in accordance with the terms and conditions as stated above under this Policy.

Discounts

1. Family Discount: Discount of 10% on the premium for covering 3 or more individuals with individual sum insured.
2. Long Term Discount: Long term discount, on the premium, of 7.5% for selecting a 2 year policy term and 10% for selecting 3 year policy term. The discount is available only with 'Single' premium payment mode.
3. Direct Policy Discount: Discount of 10% on the premium for policies issued directly without the involvement of any intermediary.
4. Worksite Marketing Discount: Discount of up to 10%, on the premium, will be available on polices sourced through worksite marketing channel.
5. Social Media Discount: Discount of 2.5%, on the premium will be available on policies sourced through online channel and policyholder opts to post the pre-defined marketing message to all contacts in his social media account.

IV. Waiting Periods

We shall not be liable to make any payment under this Add On Cover directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

a) **First 90 days Waiting Period:** Any Critical Illness or Injury which was diagnosed or existed within the first ninety (90) days of the Add On Cover start date will not be covered.

b) **Pre-existing disease Waiting period:** Any Pre-existing Critical Illness as defined in the Policy until the specified months of continuous covers have elapsed since inception of the first Policy with Us. Waiting period for the specified months as mentioned in the Schedule against this Benefit shall apply.

Pre-existing disease for the purpose of this waiting period is defined as below:

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.

c) Personal Waiting Period: A special Waiting Period not exceeding 48 months, may be applied to Insured Persons depending upon declarations on the proposal form and existing health conditions. Such waiting periods shall be specifically stated in the Schedule and will be applied only after receiving the Insured Person's specific consent.

V. Survival Period

The benefit payment shall be subject to survival of the Insured Person for more than 30 days post the first diagnosis of the Critical Illness/ undergoing for the first time of the Surgical Procedures/ for the first time of occurrence of medical events.

VI. Cancellations

Request for Cancellation shall be intimated to Us from Your side by giving 15 days' 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 upto	**Premium Refund %**	**Policy in force upto**	**Premium Refund %**	**Policy in force upto**	**Premium Refund %**
1 month	75%	1 month	87.5%	1 month	90%
3 months	50%	3 months	75%	3 months	85%
6 months	25%	6 months	62.5%	6 months	75%
More than 6 months	NIL	12 months	50%	12 months	60%
		15 months	37.50%	15 months	50%
		18 months	25%	18 months	35%
		Above 18 months	NIL	24 months	30%

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.

Where the Policy has been issued for two years and a claim for Critical Illness becomes payable in the first year the cover shall cease and any premium collected for the second year in respect of a particular Insured Person will be refunded after deduction of applicable discounts and commissions (if any).

VII. Permanent Exclusions

We shall not be liable to make any payment under this Add On Cover, 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 specified as Critical Illness, as mentioned in the Schedule;
2. 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;
3. Any Critical Illness arising out of use, abuse or consequence or influence

of any substance, intoxicant, drug, alcohol or hallucinogen;

4. Any Critical Illness directly or indirectly caused due to Intentional self-injury, suicide or attempted suicide.
5. Any treatment/surgery for change of sex or any cosmetic surgery or treatment/surgery /complications/illness arising as a consequence thereof;
6. All expenses directly or indirectly, caused by or arising from or attributable to 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), civil war, public defense, rebellion, revolution, insurrection, military or usurped power;
7. Any Critical Illness caused by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel;
8. Congenital anomalies or any complications or conditions arising therefrom;
9. Insured Persons whilst engaging in 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 or involving a naval military or air force operation;
10. Any loss resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy;
11. Any Critical Illness based on Certification / Diagnosis / Treatment by a family member, or a person who stays with the Insured Person, or from persons not registered as Medical Practitioners under the respective Medical Councils, 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 experimental or unproven or any kind of self-medication and its complications;
12. 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;
13. Any critical illness arising or resulting from the Proposer or any of his family members committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanor or civil commotion;

In the event of death of the Insured within the stipulated survival period applicable under each category.

Applicable exclusions of the Underlying Policy will apply in addition to the Add On exclusions.

VIII Claim Process:

In the event of a claim arising out of any of the listed Critical Illnesses covered under this Add on, the Insured Person shall submit the claim documents to Us within ninety (90) days of date of first diagnosis of the Illness/ date of surgical procedure or date of occurrence of the medical event, as the case may be.

Insured Person shall submit the following documents in original for assessment and upon request we will return the Original documents.

1. Claim Form Duly Filled and Signed- Part A and B
2. Original Discharge Certificate/ Card from the hospital/ Doctor
3. Original investigation test reports confirming the diagnosis, Indoor case papers if applicable
4. Any other documents as may be required by Us
5. In the cases where Critical Illness arises due to an accident, FIR copy or medico legal certificate will be required.

In the unfortunate event of the death of the Insured Person post the survival period, someone claiming on his behalf must inform Us in writing immediately.

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.

Manipal Cigna
Health Insurance

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**

Corporate Office: ManipalCigna Health Insurance Company Limited (Formerly known as CignaTTK Health Insurance Company Limited)
401/402, Raheja Titanium, Western Express Highway, Goregaon East, Mumbai - 400063. IRDAI Registration No. 151 • CIN: U66000MH2012PLC227948