

Your Health, Our Dependability...

IndiaFirst Money Back Health Insurance Plan



A Joint Venture of



Before you start reading

Important Note

IndiaFirst Money Back Health Insurance Plan is referred to as the Plan throughout the brochure.

How will this brochure help you?

This brochure gives you details of how the plan works throughout its lifetime. It's an important document to refer to.

To help your understanding

We've done our best to explain everything as simply as possible; however you're likely to come across some terms you're unfamiliar with. Where possible, we've explained these.

We have used plain language that's easy to understand and believe this brochure is a good place to start when considering an investment.

Contents

	Pg. No.		
Introduction	2	15. Protection from market fluctuations	10
Executive summary	2	16. Charges under this plan	11
1. About your plan	2	17. Missing your premium	13
2. Term of the plan	2	18. Discontinuing your plan	14
3. People involved in the plan	3	19. Cancelling your plan	14
4. Premium paying modes	3	20. Moving between plans - Portability option	14
5. Calculation of sum assured	3	21. Loan benefits	15
6. Amount you can invest	4	22. Valuation of units	15
7. Hospitalisation Benefit	4	23. Allocation of premiums to units	16
8. Other Benefits	6	24. Broad risks	16
9. Maturity Benefits	7	25. Exclusions	17
10. Tax Benefits	7	26. Prohibition from accepting rebate	19
11. Death Benefits	8	27. Submission of false or incorrect information ...	19
12. Funds available	8	28. About IndiaFirst Life Insurance	20
13. Switching and premium redirection	9		
14. Partial withdrawals	10		

In this plan the investment risk in the investment portfolio is borne by the policyholder

Introduction

Your Health, Our Dependability...

Health is the most important asset you have. Every aspect of your life is dependent on your good health. When you work hard to meet your aspirations, sometimes you tend to forget about your health. The modern day stress, eating habits, sedate life style and family conditions all cause serious damage to your health.

You should always be careful about your health. Take simple and effective steps to ensure your wellness. But should something happen, do you have enough money to meet the raising health care costs?

Most of us ignore health insurance because we just don't want to incur premium costs when we get nothing in return except when there is a serious health problem. We think we are healthy and don't need health insurance until we get old or sick.

But how about a Health Insurance Plan that helps you earn returns even if you don't have a claim? And in case you have a claim, it not only gives you comprehensive hospital benefits but also additional cash you saved extra for a rainy day like this?

Our IndiaFirst Money Back Health Insurance plan provides you both - a wide, comprehensive health insurance cover for you and your family; and also an excellent investment opportunity to systematically save, earn market returns to pool up the money which you may need for anything including health care..

Executive Summary

Key Features

- The cost of health cover will be guaranteed for the first year and thereafter will be reviewed every year.
- Reimbursement of all other medical expenses not covered in the hospitalization benefit, by creating a fund for you and your family
- You have the option to invest in 5 funds across different asset classes, where you choose the proportion of your investment based on your risk appetite.

- You can make the most of your investments by 'switching' or 'redirecting your premium' from one fund to another.
- Under Section 80D you can enjoy tax benefits on the morbidity charge you paid and also get a benefit under Section 80C for premium contribution allocated towards your market linked fund. You can also get tax benefits on the benefits you receive at maturity of your policy, under Section 10 (10D).

Risk Factors

- The premiums paid in unit linked plans are subject to investment risks associated with capital markets.
- The value of the units may go up or down based on the performance of the fund.
- Other factors influencing the capital market affect the value of the units. Hence you, as the policyholder are responsible for all your decisions.
- None of our funds offer a guaranteed or assured return.
- The past performance of our other funds does not necessarily indicate the future performance of any of these funds

1. What is the IndiaFirst Money Back Health Insurance Plan?

IndiaFirst Money Back Health Insurance Plan is a unit linked health plan, with an inbuilt savings component attached to it. This provides an indemnity based health cover that can be used by the policyholder and his family

2. What is the term of the plan?

Premium Payment Option	Premium Paying Term	Plan Term
Regular Premium	10 years	10 years
Single Premium	Onetime payment	5 years

3. Who are the people involved in the plan?

This plan can be taken as family floater, where more than one member of the family can be insured under the same plan i.e. primary life insured, spouse, maximum 2 children and maximum 2 parents of primary life insured. However, the Primary Life Assured has to be the policyholder, while the members will be referred as Other Life Assured.

This unit linked health plan may include the 'Primary Life Assured/ Policyholder', 'Other Life Assured', 'Nominee' and 'Appointee'

Who is a Primary Life Assured and who are Other Life Assured?

Primary Life Assured is the person, on whose life the plan depends. The benefit is paid out and the plan ends on the primary life assured's death.

The Other Life Assured are family members who can be insured as well, as long as they are Indian citizens.

	Primary Life Assured	Spouse and Parents	Children
Minimum age at the time of applying for the plan	18 years as on last birthday	18 years as on last birthday	90 days
Maximum age at the time of applying for the plan	60 years as on last birthday	65 years as on last birthday	24 years as on last birthday
Maximum age at end of the plan term	70 years as on last birthday	75 years as on last birthday	25 years as on last birthday

Who is a policyholder?

A policyholder is a person who holds the plan. You must be at least 18 years old as on your last birthday, at the time of applying for the plan to be a policyholder.

Who is a nominee?

A nominee is the beneficiary under the plan who receives the death benefit in case of the primary life assured's demise. The nominee is appointed by you, the policyholder. The nominee can even be a minor (i.e. below 18 years of age).

Who is an appointee?

An appointee is the person whom you may nominate at the time of applying for the plan in case your nominee is a minor. The appointee receives the death benefit in case of the primary life assured's demise in case the nominee is a minor at the time of death of the primary life assured.

Can there be any addition or deletion of family members under this plan?

Yes, you can add or delete family members under this plan.

- Addition of other members is only allowed at the plan anniversary in the event of marriage or child birth or legal adoption of a child
- Addition is allowed under regular premium option only
- Deletion of other members is allowed in case of death of any member or divorce or ineligibility of cover due to age

4. What are the premium paying modes available?

Regular Premium	Yearly
Single Premium	One-time payment only

5. How is the sum assured calculated?

You can choose the benefit (Sum Assured) from the options available.

	Individual	Family Floater
Minimum	₹ 150,000	₹ 150,000
Maximum	₹ 500,000	₹ 10,00,000

You may also choose a Sum Assured in multiples of ₹ 50,000 till ₹ 5 lacs. You can also choose a Sum Assured between 5 and 10 lacs, in multiples of 1 lac.

If you choose to insure one or more family members, the maximum benefit for the whole family is the chosen sum assured. Hence, the maximum cover for the entire family during the year is the sum assured amount chosen by the primary life assured. This can be claimed either by one member or all the members put together.

6. How much can you invest?

Your premium will depend on the Health Benefit (Sum Assured) chosen by you for yourself/family. The same will reflect in the Benefit Illustration. The minimum and the maximum premium for the primary life assured and the additional life assured are mentioned below:

For Principal Life	Age Band	Minimum Premium	Maximum Premium
Regular Premium	Up to age 45 years last birthday	10000	66600
	Between 46 and 60 years last birthday	14200	95200
Single Premium	Up to age 45 years last birthday	30000	200000
	Between 46 and 60 years last birthday	37500	250000

For Additional Lives	Minimum Premium	Maximum Premium
Regular Premium	900	47500
Single Premium	9400	475500

The method for premium calculation will be as follows:

- **For principal life under Regular Premium policies**

Premium for age up to 45 years last birthday [sum assured / 15] rounded down to a multiple of 100 Premium for age between 46 years last birthday and 60 years last birthday [sum assured / 10.5] rounded down to a multiple of 100.

- **For principal life under Single Premium policies**

Premium for age up to 45 years last birthday [sum assured /5] rounded down to a multiple of 100 Premium for age between 46 years last birthday and 60 years last birthday [sum assured /4] rounded down to a multiple of 100.

- **For additional lives under Regular Premium policies**

Extra Premium is equal to the morbidity charge at the inception of life cover rounded down to a multiple of 100.

- **For additional lives under Single Premium policies**

Extra Premium is equal to 10 times the morbidity charge at the inception of policy rounded down to a multiple of 100.

For full family floater the morbidity premium will be calculated by applying a rebate of 35% for any additional life.

The premium for the standard primary and additional lives are given in the Annexure -3.

7. What are the Hospitalization Benefits under this plan?

Hospitalization Benefits provide cover against medical expenses that require a minimum of 24 hours hospitalization. Hospitalization benefits are based on indemnity (actual occurrence of the event), subject to a limit of the annual sum assured.

The maximum cover during the plan term is restricted to 5 times the annual sum assured. The sum assured will be the basic sum assured at the beginning of every plan year, irrespective of the claims made in the previous year. In case you claim the maximum amount before the expiry of the plan term, then plan will be ceased and fund value will be paid immediately

All medical expenses with date of admission to the hospital or Day Care Procedures falling within a policy year will be aggregated for the purpose of comparison with the annual limit of that policy year. Any unutilized limit shall not be carried forward to the next policy year.

Additionally, there are some illnesses/ conditions/ diseases, where there may be a waiting period involved. Waiting period is applicable from the Policy Commencement Date (or revival date if there has been a break in cover and the policy has been revived). During the waiting period, no benefit will be payable in respect of hospitalizations due to the conditions or surgical procedures or any conditions thereof specified in annexure 2.

The following expenses are covered under this plan -

- Hospitalization of the insured up to 1 per cent of the annual sum assured, with a maximum limit of ₹ 5,000 per day
- ICU / ICCU expenses are covered up to 2 per cent of the annual sum assured or ₹ 10,000 per day whichever is less
- Room, boarding and nursing expenses as charged by the hospital where the insured underwent medical treatment
- Fees for doctor, surgeon, anesthetist, medical practitioner, consultant and specialist
- Inpatient Hospitalization is covered. Inpatient hospitalization will mean being hospitalized for a minimum of 24 hours on the recommendation of a registered Medical Practitioner to seek medical intervention due to disease or bodily injury.
- The term Medical Practitioner shall mean qualified allopathic (i.e. conventional) medical practitioner holding a valid and subsisting license, granted by the appropriate licensing authority, registered with the Medical Council of India, acting within his scope of license and who is neither the insured himself nor related to the insured by blood or marriage.

The term Medical Practitioner will include surgeons, anaesthetists, consultants, pathologists, radiologists, radiation oncologists and specialists

The plan will cover the following benefits up to the limits in the following table:

In case of family floater, sum assured will be only one sum assured which will be applicable for all members.

Single rooms in all network hospitals	1% of the annual SA
Twin sharing rooms in all network hospitals	Actual room rent
Co-pay for Hospitalisation in out of network hospitals or in rooms with rents high than the eligible amount. The co-pay in this plan means the percentage of the admissible medical expenses (including pre and post hospitalization) which is to be paid by the policyholder. The balance amount shall be paid by the Company subject to annual limit. Hospitalization for any urgent medical and/or surgical treatment taken at a Hospital for acute cardiac or accident or trauma to avoid serious impairment of health or death of an Insured Person(s) treated at an out of network hospital would be treated as within network claims and no co-pay would be applicable. These claims would be considered only to the extent of twin sharing room in an out of network hospital. In case where the insured person(s) has opted for any higher level of room type other than twin sharing room, co-pay of 20% will be applicable	80% of the admissible medical expenses for that event of hospitalization.
Nursing Care	The Basic Sum Assured
Surgery, including the surgeons', anaesthetists' and other doctors' fees.	At actual subject to maximum of 25% of eligible hospitalization expenses (excluding the doctor's charges) Where eligible hospitalization expenses are the hospitalization expenses payable as per the policy terms and conditions i.e. the total hospital bill minus the non medical expenses such as telephone expenses meal charges laundry charges, etc

Investigation charges including pathology, radiology and other diagnostic tests	The Basic Sum Assured
Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, diagnostic materials, dialysis, cost of pacemaker and similar expenses	The Basic Sum Assured
Cancer treatment including chemotherapy and radiotherapy	The Basic Sum Assured
Artificial limb	INR 25,000 or 10% of the annual SA opted for whichever is lower.
Ambulance charges	Upto a maximum of INR 1000 per year
Ectopic Pregnancy	At actuals subject to a max. of INR 30,000 per annum
Cataract	At actuals subject to a max. of 10% of the annual SA or INR 20,000 per annum
Knee and joint replacements	At actual subject to a max. of 50% of the SA or INR 1.5 lakh per knee whichever is lower
Cash Less or Non- Cash Less Service Facility	The primary life insured has the option to avail cash less service facility in network hospitals as specified by the company / Third Party Administrator (TPA). However if the primary life insured do not wish to avail cash less facility or the member is hospitalised in any hospital other than the specified network hospitals or cash less facility has been disapproved by the company/TPA, the company will reimburse the medical expenses as mentioned below subject to receipt of all information and documentation as required by the Company

8. Other benefits under IndiaFirst Money Back Health Insurance Plan?

Can you claim for day care procedures?

Yes, this plan covers 195 day care procedures as listed in Annexure 1.

Day Care Procedure means the course of medical treatment or surgical procedure carried out in hospitals or specialized day care centres, on the recommendation of a Medical Practitioner and which requires hospitalization for less than 24 hours. Medical expenses incurred for covered Day Care Procedures, radiotherapy, intervention radiology, radio frequency ablation treatment, lithotripsy and dialysis, all on the recommendation of a registered Medical Practitioner. The treatments or procedures customarily are usually performed by Medical Practitioner in OPD or Clinic and Casualty setting shall not be payable even if performed as inpatient or Day Care Procedure.

Can you reimburse expenses incurred pre and post hospitalization?

Yes, medical expenses incurred for 30 days pre hospitalization for the illness leading to hospitalization or Day Care Procedure may be reimbursed. However, hospitalization or the day care procedure should be on the recommendation of a registered Medical Practitioner.

Similarly, any medical expenses incurred for 60 days post hospitalization, for the same illness that led to hospitalization or the Day Care Procedure on the recommendation of a registered Medical Practitioner is payable to you.

This maximum amount that may be payable/ claimed is 3% of the admissible medical expenses, where admissible medical expense is the total claim amount payable after deducting all the non-medical expenses, co-payments, amount in excess of the sub limits, etc. Any expenses incurred for illness unrelated to the specific illness or injury which leads to hospitalization or Day Care Procedure will not be reimbursed or re-paid.

All pre and post hospitalisation claims will be payable subject to the defined maximum limit and subject to Inpatient hospitalisation or Day Care Procedures claim being settled.

Any medical expenses unrelated to the specific illness or injury which leads to the hospitalisation shall not be payable as pre and post hospitalisation expenses. The coverage on investigatory procedures will be covered only if they are related to and lead to inpatient hospitalisation or covered Day Care Procedure.

9. What do you receive at the end of the plan term?

You, the primary life assured receive the fund value at the end of the plan term.

What are the payment options at the end of the plan term?

On maturity you may choose to -

- Receive the entire fund value as a lumpsum payment
- Defer your maturity payment through the 'Settlement Option'

You may choose to receive this payment in installments over a period of time specified by you. This period is called the Settlement Period. During this period, fund management and administration charges will be charged. Also during this period there will be no health benefit cover and so there will be no deduction of morbidity charges.

When does the settlement period start?

Your settlement period starts from the date of maturity and can be applicable for a maximum period of five years. However, you have to opt for the Settlement Option at least three months prior to the date of maturity.

Can you secure your funds during the settlement period?

You may choose to move your investment into our Liquid1 Fund (or any other fund allowed under this plan) before you enter the settlement period.

Who bears the investment risk during the settlement period?

The investment risks will be borne by you, the policyholder during the settlement period.

Are you allowed to make switches or partial withdrawals during the settlement period?

No. Switches or partial withdrawals are not allowed during the settlement period. However, the Fund Value can be withdrawn in case of hospitalization /other health related needs.

10. Tax benefits under this plan

Currently you are eligible for the below mentioned tax benefits. These are subject to change from time to time. However, you are advised to consult your tax consultant.

Tax benefits on the premiums paid

You are eligible for tax deductions on health morbidity charge paid under Section 80D of the Income Tax Act, 1961. Also you get a benefit under Section 80C for premium contribution allocated towards your market linked fund.

Tax benefits on the maturity amount and withdrawals

You may receive full tax benefits on the maturity and withdrawal amounts under Section 10(10) D, of the Income Tax Act, 1961. But this applies only if the premium in any year during the plan term does not exceed 20% of the sum assured

Death Benefits

Death benefits are tax free under Section 10(10) D of the Income Tax Act, 1961.

11. What happens in case of the life assured's demise?

- The nominee will receive a lump sum amount in the unfortunate event of the primary life assured's demise. The lump sum amount will be the fund value as well as the proportionate morbidity charge for the uncovered period. The amount will be paid out to the appointee if the nominee is a minor. On death of the primary life assured, death benefit is paid and the policy terminates for all other individuals immediately.
- In the unfortunate demise of the other life assured member, the plan will continue to be in force for the other life assured members and the proportionate morbidity charge for the uncovered period will be added back to the fund.

12. What are the different fund options available?

We provide you with five fund options. You may choose what percentage of premium you would like to allocate to each of these funds.

Fund Name	What does the Fund do?	Asset Allocation			Risk Profile
		Equity	Debt	Money Market	
Equity1 (SFIN: ULIF 009010910 EQUY1 FUND143)	Provides you a high real rate of return in the long term by investing more in equity investments. There is a high probability though, of negative returns in the short term.	80% to 100%	0%	0% to 20%	High
Balanced1 (SFIN: ULIF 011010910 BALAN1 FUND143)	Provides you investment returns that exceed the rate of inflation in the long term. There is a moderate probability though, of negative returns in the short term.	50% to 70%	30% to 50%	0% to 20%	Medium
Debt1 (SFIN: ULIF 010010910 DEBT01 FUND143)	Provides you investment returns that exceed the rate of inflation in the long term. There is a low probability of negative returns in the short term.	0%	70% to 100%	0% to 30%	Moderate
Index Tracker (SFIN: ULIF 012010910 INDTRA FUND143)	Provides you with long term appreciation by investing in equity investments. We will try to track the S&P CNX Nifty Index returns by investing a significant portion of the fund in the securities of S&P CNX Nifty Index in a similar proportion/weightage as the Index. There is a high probability though, of negative returns in the short term.	90% to 100%	0%	0% to 10%	High

Fund Name	What does the Fund do?	Asset Allocation			Risk Profile
		Equity	Debt	Money Market	
Value (SFIN: ULIF 013010910 VALUE FUND0143)	Provides you moderate to high real rate of return in the long term by investing more in equity investments. We will try to provide long term capital appreciation through investment in equity shares that are relatively undervalued to their expected long term high earnings and growth potential. There is a high probability though, of negative returns in the short term.	70% 0% to 100%	0%	High to 30%	
Liquid1* (SFIN: ULIF 014010910 LIQUID1 FND143)	The Liquid1 Fund aims to provide protection of the capital value and investment returns (net of charges) at all times.	0%	0% to 20%	80% to 100%	Low

*The Liquid 1 Fund is only available for Settlement Options and for the Systematic Transfer of Fund benefit.

13. How do you move from one fund to another?

You can move from one fund to another either by switching or by redirecting your premium.

What is switching?

Under switching you may move some or all your units from one unit linked fund to another.

Are there any limits for switching?

Minimum switching amount	₹ 5,000
Maximum switching amount	Fund Value

What are the charges for switching between funds?

You are allowed two free switches every month, i.e., 24 free switches a year. However, the unused free switches cannot be carried forward to the next month/ year.

What is premium redirection?

Under premium redirection you can redirect your future investments towards a different fund or set of funds. However, under the premium redirection option your past allocation of premium does not change.

Example: At the age of 30, you choose to invest your premiums in an Equity1 fund, which is prone to high returns in the long term and high risk in the short term. Five years down the line, you have additional responsibilities and do not wish to take high risks with your investments. You can change your investment preference by redirecting future premiums to Debt1 or Balanced1 funds which have low to moderate risks in the short term. You may continue to keep your existing investment in Equity1 fund.

14. Are partial withdrawals allowed?

If you have paid your premiums for the first 5 years, you can withdraw your money partially after the fifth plan year.

Partial Withdrawal is not allowed prior to completion of 5 plan years.

However, in case of any hospitalization or day care benefit exceeds the sum assured eligible or in case of any ineligible hospitalization benefit, the balance amount or applicable the amount as the case may be can be taken from the fund value subject to withdrawal cap of up to cap of 10% of the fund value in a year. The amount paid from the fund will be treated as part of claim and not as withdrawal.

Are there any limits on partial withdrawals?

Minimum withdrawal	₹ 5,000
Maximum withdrawal - Regular Premium	Up to 25% of the fund value, only if your fund is left with a minimum balance equal to 110% of your annual premium after the withdrawal
Maximum withdrawal - Single Premium	Not applicable

Example: You can withdraw up to ₹ 20,000 if you pay an annual premium of ₹ 15,000 and have accumulated a fund value of ₹ 80,000 over a few years (25% of the fund value).

There are no partial withdrawal charges applicable.

15. How can you protect your investments from market fluctuations?

You can protect your investments from market fluctuations by transferring your money to a 'Liquid1' fund during the last three years of your plan. A reminder about this option will be sent to you three years prior to the end of your plan term with further details about the same.

How does the transfer of investments to the Liquid1 fund actually happen?

3 per cent of your investment in each of the plan funds will be automatically switched to the Liquid1 fund in each of the last 36 monthly anniversaries prior to end of the plan term.

How are funds deployed under the Liquid1 fund?

Fund Name	What does the Fund do?	Asset Allocation			Risk Profile
		Equity	Debt	Money Market	
Liquid1 (SFIN: ULIF 014010910 LIQUID1 FND143)	Provides steady investment returns achieved through high investment in money market securities. There is a low probability of negative returns in the short term.	0%	0% to 20%	80% to 100%	Low

16. What are the charges under this plan?

Type of Charge	Charge Details			Description
Premium Allocation Charge	Year	Regular Premium Charge	Regular Premium Charge for Staff*	We deduct the shown percentage (in the table to the left) from your premium as Premium Allocation Charge. This is deducted before we make any investments or before we apply any other charge.
	1	13%	2%	
	2 years onwards	2%	0%	
	Single Premium is subject to a 2% allocation charge at the time of payment. Employees of IndiaFirst Life Insurance Company, Bank of Baroda and Andhra Bank will receive an enhanced allocation rate as mentioned above provided no commission will be paid under the plan.			
Fund Management Charge (FMC)	Fund Name	Annual Rate		We deduct FMC and applicable service tax on a daily basis from the fund value before calculation of the NAV (Net Asset Value).
	Equity1	1.35% p.a.		
	Balance1	1.35% p.a.		
	Debt1	1.35% p.a.		
	Index Tracker	1.35% p.a.		
	Value	1.35% p.a.		
	Liquid1	1.35% p.a.		
Policy Administration Charge	<p>For regular premium, the charges are 1.8% of first year's premium per annum inflating by 5% every plan year. This is subject to a maximum of ₹ 6,000 per annum.</p> <p>For single premium business, the charges are 1.20% of the single premium for the first five years and 0% thereafter. This is subject to a maximum of ₹ 6,000 per annum.</p>			<p>We deduct a monthly administration charge by cancelling units in advance. We do this at the beginning of each monthly anniversary of the plan.</p>
Morbidity Charges	<p>Morbidity charges will be calculated on the basis of annual sum assured. Morbidity charge will depend on age of the primary life insured and other members if family floater is taken. Morbidity charge for every member will be calculated for the full sum assured and added for getting total morbidity charge.</p>			<p>This total annual morbidity charge will be deducted from the fund by way of cancellation of units at the beginning of each policy year. The morbidity charge is guaranteed for one year and reviewable every year end of the policy based on expected medical inflation and, experience of the portfolio.</p>

There are a few other charges that may be applicable on your plan if you choose to utilize some of the options available -

Type of Charge	Charge Details			Description
Discontinuance Charge	Where policy is discontinued during the policy year	Discontinuance charge for plans having annualised premium up to ₹ 25,000	Discontinuance charge for plans having annualised premium above ₹ 25,000	The Discontinuance Charge is a percentage of the annualized premium we hold back, on discontinuation of the plan. No discontinuance value is payable before the completion of five plan years. Discontinuance charge is not applicable from the fifth plan year onwards.
	1	Lower of 20%* (AP or FV) subject to maximum of ₹ 3000	Lower of 6%* (AP or FV) subject to maximum of ₹ 6000	
	2	Lower of 15%* (AP or FV) subject to maximum of ₹ 2000	Lower of 4%* (AP or FV) subject to maximum of ₹ 5000	
	3	Lower of 10%* (AP or FV) subject to maximum of ₹ 1500	Lower of 3%* (AP or FV) subject to maximum of ₹ 4000	
	4	Lower of 5%* (AP or FV) subject to maximum of ₹ 1000	Lower of 2%* (AP or FV) subject to maximum of ₹ 2000	
	5 and above	NIL	NIL	
	* Where AP is the Annualized Premium and FV is the Fund Value on the date of discontinuance. There is no discontinuance charge for Single Premium plans.			
Switching Charge	You may make two free switches a month/ 24 free switches in any plan year. We currently do not levy a switching charge. However we reserve the right to introduce charges.			We levy the switching charge through cancellation of units.
Partial Withdrawal Charge	There are no partial withdrawal charges applicable.			
Revival Charge	There will be no revival charge			

What are the additional charges applicable?

Revival Charges	There will be no revival charge
Switching Charge, Premium Redirection Charge	Currently no charges are applicable.

How are charges recovered?

Premium allocation charges are recovered from the premium you pay us. It is deducted upfront from the premium before any other charge deduction or investment allocation. In case of other charges we will recover the same by cancellation of units at the prevailing unit price.

The cancellation of units will be effected in the same proportion as the value of units held in each fund, if you hold units in more than one fund.

Is service tax applicable? If yes, who bears it?

Yes. Service Tax is applicable on Morbidity and Fund Management Charges. The charges mentioned above are exclusive of service tax and applicable cess. Service tax will have to be borne by you, the policyholder.

17. Your options if you miss paying your premiums

If you miss paying your premiums, you are entitled to exercise one of the following options -

- **Option 1:** Revival of the plan, or
- **Option 2:** Complete withdrawal from the plan

In case you have not paid your premiums, we will

send you a notice within a period of 15 days from the date of discontinuance of the plan and ask you to exercise the options mentioned above, within a period of 30 days. You have to exercise the preferred option within a period of 30 days from the date of receipt of notice.

If we have not received any communication from your end within 30 days from receipt of the notice by you, we will believe you to have chosen option 2 for complete withdrawal from the plan without any risk cover.

During this period your plan will be in force and morbidity and other charges will continue to be applied. In case of the primary life assured's death, during this period (i.e. before exercising any of the above options) the death/hospitalization benefit is payable.

What are your options to revive the plan?

You may revive your plan within a specified period by

- Simply paying the pending premium amount for all lives covered
- Begin the payment of premiums

You may revive your plan by paying the Premium Allocation Charges and any medical costs. The revival is subject to satisfactory medical and financial underwriting.

We will believe you to have exercised the second option of complete withdrawal from the plan without any risk cover, if you do not exercise any of the options within the specified period of 30 days. This will be treated as discontinuance of plan. In case of Family Floater, the revival has to be made for all insured person(s). Alteration of sum assured or premium at the time of revival are not permitted.

Is there a grace period for missed premiums?

We provide you a grace period of 30 days under regular premium policy. This period starts from the due date of each premium payment. All your plan benefits continue during this grace period.

18. Can you discontinue your plan?

Yes. You have the flexibility to discontinue your plan.

You will have a maximum period of 30 days from the receipt of the notice from us to exercise the following options.

Option1: Revival of the plan, or

Option2: Complete withdrawal from the plan without any morbidity cover.

If we have not received any communication from your end within 30 days from the receipt of the notice by you, we will believe it as your consent to exercise option 2 for complete withdrawal from the plan without any morbidity cover.

Discontinuance within first 5 years of the plan

The fund value of the plan will be credited to the discontinued plan fund, after deducting discontinuance charges, if any and after adding the proportionate morbidity charges for the uncovered period if you do so within the first 5 years. The amount of the discontinued plan will be refunded only upon the completion of the fifth plan year after deducting discontinuance charges on the date of discontinuance. However, the discontinuance fund can be withdrawn in case of hospitalization/ other health related needs. The income earned on the fund value will be transferred to the discontinued plan fund. The minimum return on the fund will be 3.50% p.a. compounded or as prescribed by IRDA from time to time.

In case of the primary life assured's death after the fund value of the policy is credited to the discontinuance policy fund, the discontinuance policy fund value as on date of receiving intimation of death will be paid.

At any point of time if the fund value becomes insufficient to pay for the charges the policy will terminate with immediate effect unless the policyholder pays additional premium as agreed with the insurer.

Discontinuance after first 5 years of the Plan

If you choose to discontinue your plan after five plan years, the fund value as on date of discontinuance plus the proportionate morbidity charges for the uncovered

period will be payable to you.

The fund value of the discontinued policy shall be a part of the segregated fund chosen till the policyholder exercises his/ her option or till the expiry of thirty days of notice period whichever is earlier. During this period the policy is deemed to be in force and morbidity and other charges will continue to apply.

If the surrender value falls below 110% of the one full year premium for regular premium contract at any time on or after the date of discontinuance, the policyholder will be advised to pay additional premium as agreed with the insurer failing which the policy will be terminated by paying the surrender value subject to the condition that surrender value payable will not be less than one full year's premium

19. Can you cancel your plan?

Yes you can cancel your plan if you disagree with any of the terms and conditions within the first 15 days (free look period) of the receipt of your plan document. You can return the plan to us, while stating your reasons for the same.

Do you get any refund when you cancel your plan?

Yes. We will refund an amount equal to the -

Premium paid less:

i. Pro-rata morbidity charge

ii. Any stamp duty paid

iii. Expenses incurred on medical examination, if any

This amount is adjusted by the fund performance between the date of receipt of premium and the date of cancellation.

20. Can you move from this plan to any other plan of IndiaFirst Life Insurance?

If at any point you would like to opt out of this plan you have the flexibility to invest into another IndiaFirst Unit Linked plan¹. This option is available for existing policyholders after completion of five plan years from the plan commencement date.

¹ Only applicable on plans where option is available; not applicable on pension plans.

Under this option, you can transfer your plan benefits (surrender, maturity etc.) without any allocation charges and no commission payable i.e. without involving any intermediary fully to another plan wherein portability option is available.

This option must be exercised at least 30 days before the date of the receipt of maturity benefit or surrender benefit under the plan. The terms and conditions as specified in the opted plan document will apply to you, the policyholder opting for the 'Portability Option'. The new plan will be offered only on the life of the policyholder or primary life assured under the existing plan.

21. Can you avail of a loan under this plan?

Yes. You can avail of a loan under this plan.

Before completion of 5 plan years

The maximum loan amount will not exceed 40% of the surrender value in those policies where equity accounts for more than 60% of the total share and will not exceed 50% of the surrender value of those policies where debt instrument accounts for more than 60% of the total share. In case, surrender value at any time is less than the outstanding loan plus accrued interest, the plan terminates. The company is allowed to charge interest at the rate of State Bank of India base rate plus 7.00% on such loan.

On or after completion of 5 years

No loan is allowed.

22. How do we value units in your plan?

We will value your units in line with the unit linked guidelines issued by the IRDA. As per the prevailing guidelines of the Authority, Unit Price will be calculated as follows² -

Market value of the investment held by the fund

Plus: value of current assets

Less: value of current liabilities and provisions, if any,
Divided: by the number of units existing on the valuation date (before creation/redemption of units).

When divided by the total number of units in the fund at the valuation date (before any units are redeemed), we get the unit price of the fund under consideration.

23. Allocation of premiums to units

When and how does your premium get allocated to units in your plan?

The allotment of units to you, the policyholder will be done only after we receive the premium amount. The premium allocation to the units varies according to the following situations -

New Business	We will allocate new units on the day we receive the premium if we receive it before 3:00 p.m. They are allocated the next day if we receive them after 3:00 p.m.
Renewal Premium	We will allocate the premium on the due date, whether or not it has been received before the due date (This assumes that the full premium is received on the due date). We will keep the renewal premium received before the due date in the deposit account. It will not earn any returns until the renewal premium due date. On the due date, we will use the same for unit funds.

²Effective from 18th August, 2011

How do we value your units at the time of renewals and redemptions of your premiums?

We will value your units in line with the unit linked guidelines issued by the IRDA.

For renewal premium / fund switch request received till 3:00 p.m.	We will apply the closing unit price of the day on which your renewal premium/ fund switch request is received. This can happen only if we receive it by 3.00 p.m. along with a local cheque or a demand draft payable at par at the place where the premium is received.
For renewal premium/ fund switch request received after 3:00 p.m.	We will apply the closing unit price of the next business day if we receive your renewal premium after 3.00 p.m. This has to be accompanied with a local cheque or a demand draft payable at par at the place where the premium is received.
For outstation cheques/ demand drafts	If the cheque you issue for premium renewal is an outstation cheque / demand draft, we will apply the closing unit price of the day on which cheques / demand draft is realised.

Note: We will not accept any amount less than the due regular premium payable stated in the contract.

24. Broad Risks with your plan

Is your plan prone to risks? If yes, who bears the risk?

Yes your plan does carry risks.

- The premiums paid in unit linked plans are subject to investment risks associated with capital markets. The unit price of the units may go up or down based on the performance of the fund. Other

factors influencing the capital market may affect the unit price. Hence you, as the policyholder are responsible for all your decisions

- IndiaFirst Life Insurance Company Limited is the name of our insurance company. IndiaFirst Money Back Health Insurance Plan is only the name of our plan and does not in any way indicate the quality of the plan, its future prospects or returns
- In case installment premium under regular premium contract is not sufficient to deduct morbidity or other charges then insurance company will advise the policyholder to increase the premium and if policyholder does not agree to increase the premium then the policy will be foreclosed and the amount of fund, if any will be paid as per terms of the product.
- The morbidity charges are annually reviewable. Insurance company will set new morbidity charges on an annual basis which will apply to the entire portfolio of insured lives. The current rates do not account for the expected cost of future medical inflation and will increase each year to take account for this. Insurer will also review the rates annually based on, but not limited to, the experience on this or similar products in the Indian market including changes to the cost of providing medical cover and utilization of benefits or any other aspect of the product affecting the expected cost of providing insurance cover.

Do you get guaranteed returns from any of the funds mentioned in your plan?

- No. None of our funds (Equity1, Debt1, Balanced1, Liquid1, Index Tracker, Value fund) offer a guaranteed or assured return
- Equity1 fund, Debt1 fund, Balanced1 fund, Index tracker fund, Value fund and Liquid1 fund are the names of the funds offered currently with IndiaFirst Money Back Health Insurance Plan. They do not indicate the quality of the respective funds, their future prospects or returns, in any manner.

Does the past performance of your plan guarantee future performance as well?

The past performance of our other funds does not necessarily indicate the future performance of any of these funds.

25. What is not covered under IndiaFirst Money Back Health Insurance Plan?

Exclusions for hospitalization cover

The company will not be liable to make any payments under this plan in respect of any expenses incurred by any insured person(s) in connection with or in respect of the following -

- Pre-Existing Medical Conditions (unless the Pre-Existing Medical Condition has been declared to and accepted by us at the time of application) until the Insured Person has been continuously insured for a period of 48 months after which time Pre-Existing Conditions will be covered by the policy. If exclusion in respect of a specific condition has been imposed any such exclusion will remain in-force until removed by us.
- Hospitalization/ medical expenses not directly related to the specific illness or injury for which hospitalization took place and include expenses not approved by the attending doctor. The requirement of approval of expenses by the attending doctor relates to exclusion of the medical expenses incurred by the insured but not prescribed by the attending physician for the particular cause of hospitalization.
- Any treatment not performed by a Medical Practitioner
- Expenses which are not for actual, necessary and reasonable during the course of the treatment of the illness or physical injury, or any elective surgery or treatment which is not medically necessary
- Sterility, treatment whether to effect or to treat infertility, any fertility, sub fertility or assisted conception procedure, surrogate or vicarious pregnancy, birth control, contraceptive supplies or services including complication arising due to supplying services.
- Any diagnosis or treatment arising from or traceable to pregnancy or child birth, miscarriage, abortion or complications of any of these including caesarean section, medical termination of pregnancy and/or any treatment related to pre and post natal care of the mother or the new born. However, this exclusion will not apply to Ectopic pregnancy proved by diagnostic means and certified to be life threatening by the attending medical practitioner
- Hospitalization for correction of birth defects or congenital anomalies (in-born irregularity) Any sexually transmitted diseases or any condition directly or indirectly caused by or associated with Human Immune Deficiency Virus (HIV) or any Syndrome or condition of a similar kind commonly referred to as AIDS (Acquired Immune Deficiency Syndrome)
- Dental treatment or surgery of any kind unless necessitated by an Accident
- Cost of spectacles, contact lenses, hearing aids and the cost of treatment for vision correction
- Self affected injuries or conditions (attempted suicide) and or the treatment directly or indirectly arising from alcoholism or drug abuse and any illness or physical injury which may be suffered after consumption of intoxication liquors or drugs
- Non-allopathic methods of surgery and treatment.
- Hospitalization for donation of an organ
- Medical or surgical treatment for weight reduction or weight improvement regardless of whether the same is caused (directly or indirectly) by a medical condition
- Psychiatric, mental disorders (including mental health treatments), Parkinson and Alzheimer's disease, general debility or exhaustion ("run-down conditions"), stem cell implantation or surgery, or growth hormone therapy
- Medical expenses relating to any hospitalization

primarily for diagnostic, X-ray or any other primarily for diagnostic, X-ray or any other investigations

- Any experimental or unproven procedures or treatments, devices or pharmacological regimens of any description (not recognized by Indian Medical Council)
- Stay in hospital for domestic reason where no active regular treatment is given by a Doctor
- Charges for services received in convalescent home and nursing homes, nature cure clinics and similar establishments
- Circumcision unless necessary for treatment due to an accident
- Plastic surgery or cosmetic surgery unless necessary as a part of medically necessary treatment certified by the attending Medical Practitioner for reconstruction following an Accident or illness
- Any treatment related to sleep disorder or sleep apnea syndrome
- Medical Expenses incurred due to Ventral/ Incisional Hernia unless the Company has paid the first operation
- Expenses for any routine or prescribed medical check up or examination, external and or durable Medical/Non-medical equipment of any kind used for diagnosis and/or treatment and/or monitoring and/or maintenance and/or support including CPAP, CAPD, Infusion pump, oxygen concentrator etc., ambulatory devices that is walker, crutches, belts, collars, caps, splints, stings, braces, stockings, gloves, hand soaps etc. of any kind, Diabetic footwear glucometer/thermometer and similar related items and also any medical equipment, which are subsequently used at home
- Any kind of service charges, surcharges, admission fees, registration charges etc. levied by the hospital
- Any natural peril (including but not limited to avalanche, earthquake, volcanic eruptions, or any

kind of natural hazard), nuclear disaster, radioactive contamination and / or release of nuclear or atomic energy

- War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, terrorism, rebellion, active participation in strikes, riots or civil commotion, revolution, insurrection or military or usurped power, and full time service in any of the armed forces
- Naval or military operations (including duties of peace time) of the armed forces or air force and participation in operation requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels and the like
- Participation in any hazardous activity or sports including but not limited to racing scuba diving, aerial sports, bungee jumping or mountaineering, activities such as hang-gliding, ballooning, and any other hazardous activities or sports unless agreed by special endorsement
- Expenses incurred for procurement of a replacement organ, transportation costs of the replacement organ and associated administration costs and all costs incurred by the donor
- Any Insured Person committing or attempting to commit a criminal or illegal act while sane or insane
- Expenses for services or treatment which are paid for by any other party or which are claimable under workmen's compensation insurance. In such case, we will reimburse/ re-pay the difference between the expenses that would have been reimbursable by the Company had there been no other insurer or workmen's compensation insurance involved and the amount already reimbursed or reimbursable by other party or by workmen's compensation insurance
- Non Medical expenses including Personal comfort and convenience items or services such as telephone, television, personal attendant or barber or beauty services, diet charges, food , cosmetics,

napkins, toiletry items, guest services and similar incidental expenses or services

- Associated with the failure of seeking timely medical advice
- Any hospitalization or medical expenses incurred outside of Republic of India
- Only one coronary angiography is payable in a policy year except in case where a Coronary Intervention has been undergone after the first angiography.

The company shall, at the end of 5 years, have the right to revise the above exclusions by way of inserting new conditions or by altering or deleting existing conditions subject to IRDA's approval.

26. You are prohibited from accepting rebate in any form.

Prohibition of Rebate: Section 41 of the Insurance Act, 1938 states

- No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the Policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.
- Any person making default in complying with the provisions of this section shall be punishable with a fine which may extend to five hundred rupees.

27. What happens in case of submission of information which is false or incorrect?

Indisputability Clause: Section 45 of the Insurance Act, 1938 states

- No policy of Life Insurance shall, after the expiry of two years from the date on which it was effected, be called in question by an Insurer on the ground

that a statement made in the proposal for insurance or any report of a medical officer or referee or friend of the Insurer or in any other document leading to the issue of the Policy, was inaccurate or false, unless the insurer shows such statement Was on material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policy holder and that the policy holder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose. Provided that nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms and conditions of the policy are adjusted on subsequent proof that that the age of the life insured was incorrectly stated in the proposal.

28. About IndiaFirst Life Insurance

IndiaFirst Life Insurance Company is a joint venture between Bank of Baroda, Andhra Bank and Legal and General (UK).

Bank of Baroda is one of the largest public sector bank in the country with an enviable network of over 3050 branches that spreads across the geography of India and over 70 branches across 22 countries globally! This behemoth financial institution is over 100 years old and has been built on financial prudence, corporate governance and most importantly - the trust of valuable customers like you.

Andhra Bank has been serving the Indian customer for over 85 years and currently has a network of over 1557 branches. The bank has developed best in class deposit and lending schemes for its valued customers.

Both the banks are nationalized and provide best in class products and services to every Indian citizen.

Legal & General is one of UK's leading financial institutions with a heritage of over 150 years. It provides life assurance, pensions, investments and general insurance plans to over 5.5 million customers across UK. It brings rich fund management and insurance experience to India.

Annexure

Morbidity Charge per ₹ 1,000 Sum Assured

Age Band/ SA in years	150000	200000	250000	300000	350000	400000	450000	500000	600000	700000	800000	900000	1000000
0 - 5	15.5282	14.7846	14.5046	14.1949	13.7934	13.3923	13.2650	12.9877	12.6154	12.4923	12.2442	11.9026	10.8185
6 - 10	9.7026	9.2385	9.0585	8.8667	8.6154	8.3654	8.2872	8.1108	7.8795	7.8022	7.6481	7.4342	6.7569
11 - 15	10.2051	9.7154	9.5262	9.3231	9.0593	8.7962	8.7145	8.5323	8.2872	8.2044	8.0423	7.8188	7.1062
16 - 20	11.1282	10.6000	10.4000	10.1795	9.8901	9.6000	9.5111	9.3108	9.0436	8.9560	8.7769	8.5333	7.7554
21 - 25	12.7282	12.1231	11.8954	11.6410	11.3099	10.9769	10.8752	10.6492	10.3436	10.2418	10.0385	9.7590	8.8692
26 - 30	14.2051	13.5308	13.2738	12.9897	12.6198	12.2500	12.1368	11.8831	11.5410	11.4286	11.2019	10.8889	9.8969
31 - 35	14.5643	13.8858	13.6114	13.333	12.9576	12.70601	12.5574	12.3299	11.9786	11.8526	11.6262	11.2759	10.2463
36 - 40	14.8615	14.1692	13.8892	13.6051	13.2220	12.9654	12.8137	12.5815	12.2231	12.0945	11.8635	11.5060	10.4554
41 - 45	18.6667	17.7769	17.4215	17.0718	16.5758	16.2731	16.1060	15.7785	15.3333	15.1692	14.8654	14.4410	13.1262
46 - 50	25.3333	24.6000	24.1046	23.6513	23.1780	22.7385	22.4991	22.2800	21.8436	21.6242	21.2038	20.5812	18.7200
51 - 56	30.7487	29.8462	29.2677	28.6923	28.1363	27.5731	27.3026	27.0338	26.5077	26.2352	25.7250	24.9812	22.7077
57 - 60	42.3795	41.1538	40.3385	39.5436	38.7736	38.0077	37.6342	37.2708	36.5359	36.1758	35.4558	34.4239	31.3077
61 - 65	60.5744	58.8231	57.6554	56.5231	55.4286	54.3346	53.8017	53.2738	52.2154	51.7033	50.6981	49.2188	44.7446
66 - 68	72.8513	70.7154	69.3292	67.9795	66.6286	65.3385	64.6906	64.0462	62.7923	62.1648	60.9538	59.1726	53.7923
69 - 71	81.5795	79.2077	77.6431	76.1179	74.6330	73.1846	72.4376	71.7354	70.3256	69.6220	68.2712	66.2752	60.2492
72 - 75	99.0564	96.1846	94.2831	92.4308	90.6242	88.8654	87.9624	87.1077	85.3974	84.5407	82.9019	80.4769	73.1600

Annexure 1:

Serial No.	Name of the Procedure
1.	Therapeutic Drainage of spinal canal
2.	Operations on spinal nerve root
3.	Excision of peripheral nerve
4.	Destruction of peripheral nerve
5.	Extirpation of lesion of peripheral nerve
6.	Microsurgical repair of peripheral nerve
7.	Carpal tunnel release
8.	Canal of guyon release
9.	Cubital tunnel release
10.	Neurostimulation of peripheral nerve
11.	Excision of sympathetic nerve
12.	Chemical destruction of sympathetic nerve
13.	Radiofrequency controlled thermal destruction of sympathetic nerve
14.	Operations on thyroglossal tissue
15.	Excision of parathyroid gland
16.	Excision of Breast Space Occupying Lesion
17.	Extirpation of lesion of orbit
18.	Incision of orbit
19.	Therapeutic operations on eyebrow
20.	Therapeutic operations on canthus
21.	Extirpation of lesion of eyelid
22.	Excision of redundant skin of eyelid
23.	Reconstruction of eyelid
24.	Correction of deformity of eyelid
25.	Correction of ptosis of eyelid
26.	Incision of eyelid
27.	Operations on lacrimal gland
28.	Connection between lacrimal apparatus and nose
29.	Operations on nasolacrimal duct
30.	Operations on muscles of eye

Serial No.	Name of the Procedure
31.	Extirpation of lesion of conjunctiva
32.	Repair of conjunctiva
33.	Extirpation of lesion of cornea
34.	Closure of cornea
35.	Incision of cornea
36.	Excision of sclera
37.	Buckling operations for attachment of retina
38.	Excision of iris
39.	Filtering operations on iris
40.	Incision of iris
41.	Extirpation of ciliary body
42.	Extracapsular extraction of lens
43.	Incision of capsule of lens
44.	Insertion of Prosthesis of lens
45.	Operations on vitreous body
46.	Operations on retinal membrane
47.	Photocoagulation of retina for detachment
48.	Destruction of lesion of retina
49.	Fixation of retina
50.	Evaluation of retina
51.	Destruction of subretinal lesion
52.	Operations on posterior segment of eye
53.	Excision of external ear
54.	Extirpation of lesion of external ear
55.	Exenteration of mastoid air cells
56.	Attachment of bone anchored hearing prosthesis
57.	Repair of eardrum
58.	Drainage of middle ear
59.	Reconstruction of ossicular chain
60.	Extirpation of lesion of middle ear

Serial No.	Name of the Procedure
61.	Therapeutic operations on septum of nose
62.	Therapeutic operations on turbinate of nose
63.	Surgical arrest of bleeding from internal nose
64.	Operations on unspecified nasal sinus
65.	Operations on adenoid
66.	Therapeutic endoscopic operations on pharynx
67.	Microtherapeutic endoscopic operations on larynx
68.	Therapeutic fiberoptic endoscopic operations on lower respiratory tract
69.	Partial excision of lip
70.	Extirpation of lesion of lip
71.	Dental operations as a result of accidents
72.	Extirpation of lesion of tongue
73.	Extirpation of lesion of palate
74.	Excision of tonsil
75.	Excision of salivary gland
76.	Extirpation of lesion of salivary gland
77.	Open extraction of calculus from salivary duct
78.	Fiberoptic endoscopic extirpation of lesion of oesophagus
79.	Fiberoptic endoscopic extirpation of lesion of upper gastrointestinal tract
80.	Therapeutic endoscopic operations on duodenum
81.	Artificial opening into jejunum
82.	Therapeutic endoscopic operations on jejunum
83.	Endoscopic extirpation of lesion of colon
84.	Endoscopic extirpation of lesion of lower bowel using fiberoptic sigmoidoscope

Serial No.	Name of the Procedure
85.	Endoscopic extirpation of lesion of sigmoid colon using rigid sigmoidoscope
86.	Manipulation of rectum
87.	Excision of lesion of anus
88.	Destruction of lesion of anus
89.	Excision of haemorrhoid
90.	Destruction of haemorrhoid
91.	Dilation of anal sphincter
92.	Drainage through perineal region
93.	Excision of pilonidal sinus
94.	Arteriovenous shunt
95.	Combined operations on varicose vein of leg
96.	Ligation of varicose vein of leg
97.	Injection into varicose vein of leg
98.	Transluminal operations on varicose vein of leg
99.	Therapeutic transluminal operations on vein
100.	Therapeutic endoscopic operations on calculus of kidney
101.	Percutaneous puncture of kidney
102.	Extracorporeal fragmentation of calculus of kidney
103.	Therapeutic ureteroscopic operations on ureter
104.	Extracorporeal fragmentation of calculus of ureter
105.	Operations on ureteric orifice
106.	Percutaneous ureteric stent procedures
107.	Open drainage of bladder
108.	Endoscopic extirpation of lesion of bladder
109.	Endoscopic operations to increase capacity of bladder
110.	Urethral catheterisation of bladder

Serial No.	Name of the Procedure
111.	Vaginal operations to support outlet of female bladder
112.	Therapeutic endoscopic operations on outlet of female bladder
113.	Endoscopic resection of outlet of male bladder
114.	Excision of urethra
115.	Repair of urethra
116.	Therapeutic endoscopic operations on urethra
117.	Operations on urethral orifice
118.	Extirpation of lesion of scrotum
119.	Extirpation of lesion of testis
120.	Operations on hydrocele sac
121.	Operations on epididymis
122.	Operations on varicocele
123.	Extirpation of lesion of penis
124.	Closed reduction of fracture of bone and internal fixation
125.	Operations on Bartholin gland
126.	Extirpation of lesion of vulva
127.	Extirpation of lesion of female perineum
128.	Excision of band of vagina
129.	Extirpation of lesion of vagina
130.	Operations on pouch of Douglas
131.	Excision of cervix uteri
132.	Destruction of lesion of cervix uteri
133.	Abdominal excision of uterus
134.	Dilatation and Curettage of uterus
135.	Therapeutic endoscopic operations on uterus
136.	Therapeutic endoscopic operations on ovary
137.	Operations on broad ligament of uterus

Serial No.	Name of the Procedure
138.	Microscopically controlled excision of lesion of skin
139.	Photodynamic therapy of skin
140.	Curettage of lesion of skin
141.	Photodestruction of lesion of skin
142.	Flap operations to relax contracture of skin
143.	Split autograft of skin
144.	Suture of skin of head or neck
145.	Extirpation of nail bed
146.	Excision of nail
147.	Partial excision of chest wall
148.	Puncture of pleura
149.	Extirpation of lesion of fascia
150.	Division of fascia
151.	Release of fascia
152.	Excision of ganglion
153.	Re-excision of ganglion
154.	Operations on bursa
155.	Minimally Invasive tendon transposition
156.	Excision of tendon
157.	Primary repair of tendon
158.	Secondary repair of tendon
159.	Freeing of tendon
160.	Adjustment to length of tendon
161.	Excision of sheath of tendon
162.	Excision of muscle
163.	Repair of muscle
164.	Release of contracture of muscle
165.	Excision of mandible
166.	Fixation of mandible
167.	Decompression of fracture of spine

Serial No.	Name of the Procedure
168.	Denervation of spinal facet joint of vertebra
169.	Manipulation of spine
170.	Extirpation of lesion of bone
171.	Angulation periarticular division of bone
172.	Primary open reduction of fracture of bone and intramedullary fixation
173.	Primary open reduction of fracture of bone and extramedullary fixation
174.	Secondary open reduction of fracture of bone
175.	Closed reduction of fracture of bone and internal fixation
176.	Fixation of epiphysis
177.	Skeletal traction of bone
178.	Therapeutic puncture of bone
179.	Prosthetic interposition reconstruction of joint
180.	Excision reconstruction of joint
181.	Fusion of joint of toe
182.	Primary open reduction of traumatic dislocation of joint
183.	Primary closed reduction of traumatic dislocation of joint under GA
184.	Open operations on synovial membrane of joint
185.	Open operations on semilunar cartilage
186.	Stabilising operations on joint
187.	Release of contracture of joint
188.	Soft tissue operations on joint of toe
189.	Debridement and irrigation of joint
190.	Therapeutic endoscopic operations on semilunar cartilage
191.	Therapeutic endoscopic operations on cavity of knee joint
192.	Amputation of toe

Serial No.	Name of the Procedure
193.	Radiotherapy delivery
194.	Delivery of chemotherapy for neoplasm
195.	Delivery of oral chemotherapy for neoplasm

Annexure 2 : Waiting Period

30 days waiting period:

Any Medical Condition except accidental injuries.

Two year waiting period:

- 1) Deviated Nasal Septum/ Nasal & Paranasal Sinus Disorders
- 2) Diseases of Tonsils/ Adenoids
- 3) Surgery of Thyroid Gland excluding for the reason of Malignancy
- 4) All types of Hernias
- 5) Hydrocoele /Varicocele/ Spermatocele
- 6) Piles/ Fissure/ Fistula-in-Ano/ Rectal Prolapse
- 7) Benign Prostatic Hypertrophy
- 8) Gynaecological disorders or procedure such as Menstrual Irregularities, Dysfunctional Uterine Bleeding, Hysterectomy (excluding for the reason of Malignancy), Uterine Fibroid, etc. Calculus Diseases
- 9) Prolapsed Intervertebral Disc
- 10) Retinopathy / Retinal Detachment
- 11) Peripheral Vascular Disease due to Diabetes / Diabetic Foot
- 12) Renal Failure due to Diabetes
- 13) Osteoporosis/ Pathological Fracture
- 14) Cataract
- 15) Treatment for degenerative joint conditions 16. Blood pressure disorders
- 16) Treatment for benign breast disorders like fibroadenoma, fibrocystic disease etc
- 17) Treatment for Carpal tunnel syndrome
- 18) Treatment for Peripheral Vascular disease including varicose veins

Annexure 3 :

Regular Premium for Principal Life													
Sum assured	150000	200000	250000	300000	350000	400000	450000	500000	600000	700000	800000	900000	1000000
Premium (Age band 0 -45)	10,000	13,300	16,600	20,000	23,300	26,600	30,000	33,300	40,000	46,600	53,300	60,000	66,600
Premium (Age band 46 -60)	14,200	19,000	23,800	28,500	33,300	38,000	42,800	47,600	57,100	66,600	76,100	85,700	95,200
Single Premium for Principal Life													
Sum assured	150000	200000	250000	300000	350000	400000	450000	500000	600000	700000	800000	900000	1000000
Premium (Age band 0 -45)	30,000	40,000	50,000	60,000	70,000	80,000	90,000	100,000	120,000	140,000	160,000	180,000	200,000
Premium (Age band 46 -60)	37,500	50,000	62,500	75,000	87,500	100,000	112,500	125,000	150,000	175,000	200,000	225,000	250,000
Regular Premium for Additional Lives													
Age Band/ SA	150000	200000	250000	300000	350000	400000	450000	500000	600000	700000	800000	900000	1000000
90 days - 5 years	1,500	1,900	2,300	2,700	3,100	3,400	3,800	4,200	4,900	5,600	6,300	6,900	7,000
6 - 10 years	900	1,200	1,400	1,700	1,900	2,100	2,400	2,600	3,000	3,500	3,900	4,300	4,300
11 - 15 years	900	1,200	1,500	1,800	2,000	2,200	2,500	2,700	3,200	3,700	4,100	4,500	4,600
16 - 20 years	1,000	1,300	1,600	1,900	2,200	2,400	2,700	3,000	3,500	4,000	4,500	4,900	5,000
21 - 25 years	1,200	1,500	1,900	2,200	2,500	2,800	3,100	3,400	4,000	4,600	5,200	5,700	5,700
26 - 30 years	1,300	1,700	2,100	2,500	2,800	3,100	3,500	3,800	4,500	5,200	5,800	6,300	6,400
31 - 35 years	1,400	1,800	2,200	2,500	2,900	3,300	3,600	4,000	4,600	5,300	6,000	6,500	6,600
36 - 40 years	1,400	1,800	2,200	2,600	3,000	3,300	3,700	4,000	4,700	5,500	6,100	6,700	6,700
41 - 45 years	1,800	2,300	2,800	3,300	3,700	4,200	4,700	5,100	5,900	6,900	7,700	8,400	8,500
46 - 50 years	2,400	3,100	3,900	4,600	5,200	5,900	6,500	7,200	8,500	9,800	11,000	12,000	12,100
51 - 56 years	2,900	3,800	4,700	5,500	6,400	7,100	7,900	8,700	10,300	11,900	13,300	14,600	14,700
57 - 60 years	4,100	5,300	6,500	7,700	8,800	9,800	11,000	12,100	14,200	16,400	18,400	20,100	20,300
61 - 65 years	5,900	7,600	9,300	11,000	12,600	14,100	15,700	17,300	20,300	23,500	26,300	28,700	29,000
Single Premium for Additional Lives													
Age Band/ SA	150000	200000	250000	300000	350000	400000	450000	500000	600000	700000	800000	900000	1000000
90 days - 5 years	15,100	19,200	23,500	27,600	31,300	34,800	38,800	42,200	49,200	56,800	63,600	69,600	70,300
6 - 10 years	9,400	12,000	14,700	17,200	19,600	21,700	24,200	26,300	30,700	35,500	39,700	43,400	43,900
11 - 15 years	9,900	12,600	15,400	18,100	20,600	22,800	25,400	27,700	32,300	37,300	41,800	45,700	46,100
16 - 20 years	10,800	13,700	16,900	19,800	22,500	24,900	27,800	30,200	35,200	40,700	45,600	49,900	50,400
21 - 25 years	12,400	15,700	19,300	22,700	25,700	28,500	31,800	34,600	40,300	46,600	52,200	57,000	57,600
26 - 30 years	13,800	17,500	21,500	25,300	28,700	31,800	35,500	38,600	45,000	52,000	58,200	63,700	64,300
31 - 35 years	14,200	18,000	22,100	25,900	29,400	33,000	36,700	40,000	46,700	53,900	60,400	65,900	66,600
36 - 40 years	14,400	18,400	22,500	26,500	30,000	33,700	37,400	40,800	47,600	55,000	61,600	67,300	67,900
41 - 45 years	18,200	23,100	28,300	33,200	37,700	42,300	47,100	51,200	59,800	69,000	77,300	84,400	85,300
46 - 50 years	24,700	31,900	39,100	46,100	52,700	59,100	65,800	72,400	85,100	98,300	110,200	120,400	121,600
51 - 56 years	29,900	38,800	47,500	55,900	64,000	71,600	79,800	87,800	103,300	119,300	133,700	146,100	147,600
57 - 60 years	41,300	53,500	65,500	77,100	88,200	98,800	110,000	121,100	142,400	164,600	184,300	201,300	203,500
61 - 65 years	59,000	76,400	93,600	110,200	126,100	141,200	157,300	173,100	203,600	235,200	263,600	287,900	290,800

Disclaimer

Unit linked life insurance products are different from the traditional insurance products and are subject to risk factors. Premiums paid in unit linked life insurance policies are subject to investment risks associated with capital markets and NAVs of the units may go up or down, based on the performance of fund and factors influencing the capital market and the insured is responsible for his/her decisions.

IndiaFirst Life Insurance Company Limited is only name of the Insurance Company and IndiaFirst Money Back Health Insurance Plan is only the name of the unit-linked life insurance contract and does not in any way indicate the quality of the contract, its future prospects or returns.

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Under this plan, some benefits are guaranteed and some benefits are variable with returns based on the future performance of your Insurer carrying on life insurance business. If your policy offers guaranteed returns then these will be clearly marked "guaranteed" in the Sales/Benefit illustration table. If your policy offers variable returns then the Sales/Benefit illustrations will show two different rates of assumed future investment returns. These assumed rates of return are not guaranteed and they are not the upper or lower limits of what you might get back, as the value of your policy is dependent on a number of factors including future investment performance.

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