

Annexure : List of Ombudsman

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, AHMEDABAD-380 014. Tel.:- 079-27546840 Fax : 079-27546142 Email ins.omb@rediffmail.com	Gujarat , UT of Dadra & Nagar Haveli, Daman and Diu
BHOPAL	Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2 nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL(M.P.)-462 023. Tel.:- 0755-2569201 Fax : 0755-2769203 Email bimalokpalbhopal@airtelmail.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel.:- 0674-2596455 Fax : 0674-2596429 Email ioobbsr@dataone.in	Orissa
CHANDIGARH	Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building. Sector 17-D, CHANDIGARH-160 017. Tel.:- 0172-2706468 Fax : 0172-2708274 Email ombchd@yahoo.co.in	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir , UT of Chandigarh
CHENNAI	Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018. Tel.:- 044-24333668 /5284 Fax : 044-24333664 Email chennaiinsuranceombudsman@gmail.com	Tamil Nadu, UT– Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
NEW DELHI	Shri Surendra Pal Singh, Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002. Tel.:- 011-23239633 Fax : 011-23230858 Email iobdelraj@rediffmail.com	Delhi & Rajasthan
GUWAHATI	Shri D.C. Choudhury, Insurance Ombudsman, Office of the Insurance Ombudsman, "Jeevan Nivesh", 5 th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM). Tel.:- 0361-2132204/5 Fax : 0361-2732937 Email ombudsmanghy@rediffmail.com	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1 st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004. Tel : 040-65504123 Fax: 040-23376599 Email insombudhyd@gmail.com	Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry
KOCHI	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015. Tel : 0484-2358759 Fax : 0484-2359336 Email iokochi@asianetindia.com	Kerala , UT of (a) Lakshadweep , (b) Mahe – a part of UT of Pondicherry
KOLKATA	Ms. Manika Datta, Insurance Ombudsman, Office of the Insurance Ombudsman, 4th Floor, Hindusthan Bldg. Annexe, 4, C.R.Avenue, Kolkatta – 700 072. Tel: 033 22124346/(40) Fax: 033 22124341 Email:iombsbpa@bsnl.in	West Bengal , Bihar , Jharkhand and UT of Andaman & Nicobar Islands , Sikkim
LUCKNOW	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6 th Floor, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001. Tel : 0522 -2231331 Fax : 0522-2231310 Email insombudsman@rediffmail.com	Uttar Pradesh and Uttaranchal
MUMBAI	Insurance Ombudsman, Office of the Insurance Ombudsman, S.V. Road, Santacruz(W), MUMBAI-400 054. Tel : 022-26106928 Fax : 022-26106052 Email ombudsmanmumbai@gmail.com	Maharashtra , Goa

IndiaFirst Medclaim Plan
UIN 143N021V01

Definitions

Below are some words/ expressions used in this Plan along with their meaning for your easy reference.

Word/ Expression	Meaning
Accident	An unexpected and unforeseen incident caused by violent, external and visible means which causes Injury
Acute condition	A medical condition that can be cured by Treatment
Age	Age as on last birthday
Annexure	Any Annexure attached to this Plan as changed/ modified from time to time
Application Form	The proposal form completed and submitted by you based on which we have issued this Plan to you
Appointee	The person who receives the proceeds or the benefits under the Plan when the Nominee is less than 18 years of Age
Business Day	Any usual working day of our corporate office in Mumbai
Cashless facility	A facility extended by Us to You / Your family members where the payments of the costs of treatment undergone by You/ Your family members in accordance with the policy terms and conditions, are directly made to the network provider by Us to the extent of pre-authorized approval.
Charges	Any fee that we may levy from time to time under this Plan subject to prior intimation to you and with the prior approval of the Regulatory Authority
Chronic condition	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 ongoing 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.
Condition Precedent	A policy term or condition upon which Our liability under the policy is conditional upon.
Congenital Anomaly	A condition(s) which is present since birth and which is abnormal with reference to form, structure or position.
Contribution	Our right to call upon other insurers, liable to You / Your family members, to share the cost of an indemnity claim on a ratable proportion.
Cumulative Bonus	Any increase in the sum assured / Mallus granted by Us without an associated increase in premium.
Date of Risk Commencement	The date from which the Hospitalization Benefit is activated under the Plan as specified in the Plan Schedule
Day care centre	Any institution established for day care treatment of sickness 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:- Has qualified nursing staff under its employment Has qualified medical practitioner (s) in charge Has a fully equipped operation theatre of its own where surgical procedures are carried out- Maintains daily records of patients and will make these accessible to the Insurance Company's authorized personnel.
Day Care Procedure	Day care treatment refers to medical treatment, and/or surgical procedure which is: i. Undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and

84	Endoscopic extirpation of lesion of lower bowel using fiberoptic sigmoidoscope	184	Open operations on synovial membrane of joint
85	Endoscopic extirpation of lesion of sigmoid colon using rigid sigmoidoscope	185	Open operations on semilunar cartilage
86	Manipulation of rectum	186	Stabilising operations on joint
87	Excision of lesion of anus	187	Release of contracture of joint
88	Destruction of lesion of anus	188	Soft tissue operations on joint of toe
89	Excision of haemorrhoid	189	Debridement and irrigation of joint
90	Destruction of haemorrhoid	190	Therapeutic endoscopic operations on semilunar cartilage
91	Dilation of anal sphincter	191	Therapeutic endoscopic operations on cavity of knee joint
92	Drainage through perineal region	192	Amputation of toe
93	Excision of pilonidal sinus	193	Radiotherapy delivery
94	Arteriovenous shunt	194	Delivery of chemotherapy for neoplasm
95	Combined operations on varicose vein of leg	195	Delivery of oral chemotherapy for neoplasm
96	Ligation of varicose vein of leg	196	Excision of dental lesion of jaw
97	Injection into varicose vein of leg	197	Incision of kidney
98	Transluminal operations on varicose vein of leg	198	Excision of bone
99	Therapeutic transluminal operations on vein	199	Fixation of bone of face
100	Therapeutic endoscopic operations on calculus of kidney	200	Corrective surgery for entropion and ectropion

59	Reconstruction of ossicular chain	159	Freeing of tendon
60	Extirpation of lesion of middle ear	160	Adjustment to length of tendon
61	Therapeutic operations on septum of nose	161	Excision of sheath of tendon
62	Therapeutic operations on turbinate of nose	162	Excision of muscle
63	Surgical arrest of bleeding from internal nose	163	Repair of muscle
64	Operations on unspecified nasal sinus	164	Release of contracture of muscle
65	Operations on adenoid	165	Excision of mandible
66	Therapeutic endoscopic operations on pharynx	166	Fixation of mandible
67	Microtherapeutic endoscopic operations on larynx	167	Decompression of fracture of spine
68	Therapeutic fiberoptic endoscopic	168	Denervation of spinal facet joint of vertebra
69	Partial excision of lip	169	Manipulation of spine
70	Extirpation of lesion of lip	170	Extirpation of lesion of bone
71	Dental operations as a result of accidents	171	Angulation periarticular division of bone
72	Extirpation of lesion of tongue	172	Primary open reduction of fracture of bone and intramedullary fixation
73	Extirpation of lesion of palate	173	Primary open reduction of fracture of bone and extramedullary fixation
74	Excision of tonsil	174	Secondary open reduction of fracture of bone
75	Excision of salivary gland	175	Closed reduction of fracture of bone and internal fixation
76	Extirpation of lesion of salivary gland	176	Fixation of epiphysis
77	Open extraction of calculus from salivary duct	177	Skeletal traction of bone
78	Fiberoptic endoscopic extirpation of lesion of oesophagus	178	Therapeutic puncture of bone
79	Fiberoptic endoscopic extirpation of lesion of upper gastrointestinal tract	179	Prosthetic interposition reconstruction of joint
80	Therapeutic endoscopic operations on duodenum	180	Excision reconstruction of joint
81	Artificial opening into jejunum	181	Fusion of joint of toe
82	Therapeutic endoscopic operations on jejunum	182	Primary open reduction of traumatic dislocation of joint
83	Endoscopic extirpation of lesion of colon	183	Primary closed reduction of traumatic dislocation of joint under GA

	ii. Which would have otherwise required a hospitalization of more than 24 hours Any other procedures which are not mentioned in the appended list below and do not require 24 hour hospitalization due to advancement in Medical Technology, could be considered under Day Care Procedure. However, claims under such Day Care Procedures would have to be mandatorily preauthorized by the Insurance Company.
Dependent Child	A dependent child refers to a child (natural or legally adopted), who is financially dependent on the primary life insured and does not have his / her independent sources of income.
Domiciliary Hospitalization	Any treatment of the patient taken at home due to lack of accommodation in the hospital/ nursing home or the patient's condition being such that he/ she cannot be shifted to the hospital for medical treatment for a period exceeding three days. It is made available, based on the treating physician or doctor's recommendations based on the merits of each case.
Death Benefit	The amount which is payable on the Primary Life Insured's or Other Life Insured's death as specified in the Plan Document
Disclosure to information norm	The Plan shall be void and the proportionate risk premium for the uncovered complete months of the remaining period will be refunded provided no claim has been settled earlier, in the event of misrepresentation, mis-description or non-disclosure of any material fact
Disease	An alteration in the state of the body or of some of its organs, interrupting or disturbing the performance of the functions, and causing or threatening pain and weakness or physical disorder and certified by a Medical Practitioner to that effect.
Emergency Care	Management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of Your / Your family members health.
Family Members	You, your spouse, two children and parents/ in-laws entitled for the benefits under this Plan.
Family Floater	Use of the Sum Insured by any or all the Members of the Plan for one or more claim during the Plan Term
Financial Year	A period of 12 months, starting from 1 st April every calendar year and ending on 31 st March the following calendar year. Example: 1 st April, 2013 to 31 st March, 2014 is considered one Financial Year.
Grace Period	Specified period of time immediately following the premium due date during which a payment can be made to renew or continue the plan in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases..
Hospital	Any institution established for in-patient care and day care treatment of sickness and / or injuries and which has been registered as a hospital with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND / OR must comply with all minimum criteria as under: <ul style="list-style-type: none">▪ has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and 15 inpatient 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 will make these accessible to the Our authorized personnel
Illness	A sickness or a disease or pathological condition leading to the impairment

	of normal physiological function which manifests itself during the Policy Period and requires medical treatment.
Injury	Accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
Inpatient Hospitalization	Treatment for which the You / Your family member has to stay in a hospital for more than 24 hours for a covered event.
Intensive Care Unit	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.
Maternity expense / treatment	Maternity expense / treatment shall include the following Medical treatment Expenses: i. Medical Expenses for a delivery (including complicated deliveries and caesarean sections) incurred during Hospitalization; ii. The lawful medical termination of pregnancy(excluding Voluntary termination of pregnancy) during the Policy Period limited to 2 deliveries or terminations or either during Your / Your family members lifetime; Maternity expense / treatment shall not include Pre-natal and post-natal Medical Expenses for delivery or termination.
Medical Advise	Any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription
Medical Condition	Any Injury, Illness or Disease
Medical Expenses	Expenses that 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
Medically Necessary	Any treatment, tests, medication, or stay in hospital or part of a stay in hospital which <ul style="list-style-type: none"> ▪ Is required for the medical management of the illness or injury suffered by the insured ▪ 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
Medical Practitioner	Is a 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.
Medical Treatment Charges	The usual and customary costs of medically necessary treatment
Network Hospitals	All such Hospitals/ nursing home, day care centers or other providers that we/ the TPA (third party administrator) have mutually agreed with, to provide services like cashless access, to Policyholders. The list is available with us/ the TPA and is subject to change from time to time. We will provide you with the updated list of Network Hospitals on request.
Newborn Baby	Babies born to you and your spouse during the Policy Period Aged between 1 day and 90 days.

28	Connection between lacrimal apparatus and nose	128	Excision of band of vagina
29	Operations on nasolacrimal duct	129	Extirpation of lesion of vagina
30	Operations on muscles of eye	130	Operations on pouch of Douglas
31	Extirpation of lesion of conjunctiva	131	Excision of cervix uteri
32	Repair of conjunctiva	132	Destruction of lesion of cervix uteri
33	Extirpation of lesion of cornea	133	Abdominal excision of uterus
34	Closure of cornea	134	Dilatation and Curettage of uterus
35	Incision of cornea	135	Therapeutic endoscopic operations on uterus
36	Excision of sclera	136	Therapeutic endoscopic operations on ovary
37	Buckling operations for attachment of retina	137	Operations on broad ligament of uterus
38	Excision of iris	138	Microscopically controlled excision of lesion of skin
39	Filtering operations on iris	139	Photodynamic therapy of skin
40	Incision of iris	140	Curettage of lesion of skin
41	Extirpation of ciliary body	141	Photodestruction of lesion of skin
42	Extracapsular extraction of lens	142	Flap operations to relax contracture of skin
43	Incision of capsule of lens	143	Split autograft of skin
44	Insertion of Prosthesis of lens	144	Suture of skin of head or neck
45	Operations on vitreous body	145	Extirpation of nail bed
46	Operations on retinal membrane	146	Excision of nail
47	Photocoagulation of retina for detachment	147	Partial excision of chest wall
48	Destruction of lesion of retina	148	Puncture of pleura
49	Fixation of retina	149	Extirpation of lesion of fascia
50	Evaluation of retina	150	Division of fascia
51	Destruction of subretinal lesion	151	Release of fascia
52	Operations on posterior segment of eye	152	Excision of ganglion
53	Excision of external ear	153	Re-excision of ganglion
54	Extirpation of lesion of external ear	154	Operations on bursa
55	Exenteration of mastoid air cells	155	Minimally Invasive tendon transposition
56	Attachment of bone anchored hearing prosthesis	156	Excision of tendon
57	Repair of eardrum	157	Primary repair of tendon
58	Drainage of middle ear	158	Secondary repair of tendon

Annexure C: Day Care Procedures

SL No	Procedure	SL No	Procedure
1	Therapeutic Drainage of spinal canal	101	Percutaneous puncture of kidney
2	Operations on spinal nerve root	102	Extracorporeal fragmentation of calculus of kidney
3	Excision of peripheral nerve	103	Therapeutic ureteroscopic operations on ureter
4	Destruction of peripheral nerve	104	Extracorporeal fragmentation of calculus of ureter
5	Extirpation of lesion of peripheral nerve	105	Operations on ureteric orifice
6	Microsurgical repair of peripheral nerve	106	Percutaneous ureteric stent procedures
7	Carpal tunnel release	107	Open drainage of bladder
8	Canal of guyon release	108	Endoscopic extirpation of lesion of bladder
9	Cubital tunnel release	109	Endoscopic operations to increase capacity of bladder
10	Neurostimulation of peripheral nerve	110	Urethral catheterisation of bladder
11	Excision of sympathetic nerve	111	Vaginal operations to support outlet of female bladder
12	Chemical destruction of sympathetic nerve	112	Therapeutic endoscopic operations on outlet of female bladder
13	Radiofrequency controlled thermal destruction of sympathetic nerve	113	Endoscopic resection of outlet of male bladder
14	Operations on thyroglossal tissue	114	Excision of urethra
15	Excision of parathyroid gland	115	Repair of urethra
16	Excision of Breast Space Occupying Lesion	116	Therapeutic endoscopic operations on urethra
17	Extirpation of lesion of orbit	117	Operations on urethral orifice
18	Incision of orbit	118	Extirpation of lesion of scrotum
19	Therapeutic operations on eyebrow	119	Extirpation of lesion of testis
20	Therapeutic operations on canthus	120	Operations on hydrocele sac
21	Extirpation of lesion of eyelid	121	Operations on epididymis
22	Excision of redundant skin of eyelid	122	Operations on varicocele
23	Reconstruction of eyelid	123	Extirpation of lesion of penis
24	Correction of deformity of eyelid	124	Closed reduction of fracture of bone and internal fixation
25	Correction of ptosis of eyelid	125	Operations on Bartholin gland
26	Incision of eyelid	126	Extirpation of lesion of vulva
27	Operations on lacrimal gland	127	Extirpation of lesion of female perineum

Nominee	The person nominated by you to receive the Death Benefit
Non - Network Hospitals	Any Hospitals/ nursing home, day care center and other providers that are not part of the network recognized by us / the TPA
Notification of claim	Process of notifying a claim to Us or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.
OPD treatment	OPD treatment is one in which You visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. You are not admitted as a day care or in-patient.
Other Life Insured	Other family members listed as Life Insured(s) in the Schedule other than the Primary Life Insured. They may include your spouse, two children and either parents or in-laws.
Plan	This IndiaFirst Medclaim Plan which includes this Plan wording (as may be amended from time to time), the Application Form, the Sales Illustration, Annexures, and the Plan Schedule forms a part of this Plan. The Plan is the entire contract of insurance between you and us.
Plan Commencement Date	The date on which the Plan starts as shown in the Plan Schedule in Annexure A
Plan Maturity Date	The date on which the Plan Term expires as specified in the Plan Schedule
Plan Schedule	The schedule attached to this Plan as Annexure A
Plan Term	The period which commences on the Plan Commencement Date and ends on the Plan Maturity Date as specified in the Plan Schedule
Plan Year	A period of 12 consecutive months starting from the Plan Commencement Date and ending on the day immediately preceding its annual anniversary and each subsequent period of 12 consecutive months thereafter during the Plan Term. Example: If the Plan Commencement Date is 18 th September, 2012 the first Plan Year would be - 18 th September, 2012 to 17 th September, 2013.
Policyholder	The proposer under the Plan or the owner of the Plan who is paying the premium and is the Primary Life Insured.
Post-Hospitalization Expenses	Medical Expenses incurred immediately after You / Your family members are Hospitalised, provided that: i. Such Medical Expenses are incurred for the same condition for which You / Your family members Hospitalisation was required, and ii. The In-patient Hospitalization claim for such Hospitalization is admissible by Us.
Portability	Right accorded to an individual health insurance policy holder (including family cover) to transfer the credit gained by You / Your family members for pre-existing conditions and time bound exclusions if You choose to switch from one insurer to another insurer or from one plan to another plan of the same insurer, provided the previous policy has been maintained without any break.
Pre-Existing Condition	Any condition for which the Life Insured had signs or symptoms of an illness, prior to the Plan Commencement Date, whether or not the Life Insured was aware of such condition, and which would have caused any ordinary careful person to seek treatment, diagnosis or care; or in case any medical advice or treatment was recommended by or received from a doctor; or if the Life Insured has undergone medical tests or investigations.
Pre-Hospitalization Expenses	Medical Expenses incurred immediately before You / Your family members is Hospitalised, provided that: i. Such Medical Expenses are incurred for the same condition for which You / Your family members Hospitalisation was required, and ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

Premium Paying Term	The number of years, during which you will pay the Regular Premium as specified in the Plan Schedule
Primary Life Insured	The Policyholder under this Plan is the Primary Life Insured as named in the Plan Schedule. On the Primary Life Insured's death, the death benefit is paid out by us and any other dependent member may become the new Policyholder provided he/she is more than 18 years old and paying the premium.
Qualified nurse	Person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
Reasonable Charges	Charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved .
Regular Premium	The amount which is payable by you during the Plan Term at regular intervals as specified in the Plan Schedule
Regulations	The applicable laws as amended from time to time which are applicable to this Plan
Regulatory Authority	The Insurance Regulatory and Development Authority or such other authority or authorities, as may be designated/ appointed under the applicable laws and regulations as having the authority to oversee and regulate life insurance business in India
Renewal	Terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.
Room Rent	Amount charged by a hospital for the deductibles occupying of a bed and associated medical expenses.
Sales Illustration	An illustration showing the premium under the Plan provided to you at the time of application
Sum Insured	Maximum benefit payable under the Plan towards all the Medical Expenses incurred during a Plan Year. The amount is mentioned in the Plan Schedule.
Surgery / Surgical Procedures	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
Surrendering the Plan	Terminating or cancelling or stopping the Plan before the Plan Maturity Date. Surrendering a Plan will occur in case of non-payment of the Premium due before the expiry of the Notice Period or if you wish to terminate/ cancel the Plan. You need to write to us and inform us in this case. There is no surrender benefit under this plan.
Third Party Administrator (TPA)	An agency which has been licensed by the IRDA to work as a TPA and whom we have engaged for a fee or remuneration to provide health benefit services to Member(s) under this Plan
Trauma	Any physically inflicted Injury due to accident or a consequence of external violent causes.
Unproven/Experimental treatment	Treatment, including drug Experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.
Waiting Period	The initial period from the Plan Commencement Date or Date of Revival of this Plan during which the Member is required to wait for the risk cover to start for the illnesses or treatments listed under point no.7. Any incidence of illness/ treatment listed under point no. 7, during the Waiting Period, will make the Member ineligible, forever, for the Benefit, due to the same illness.

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Kolkata	Insurance Ombudsman Office of the Insurance Ombudsman North British Bldg., 29, N.S. Road, 3rd floor, Kolkata – 700 001. Tel.: 033-22134869 Fax: 033-22134868 E-mail : iombkol@vsnl.net	West Bengal , Bihar , Jharkhand and UT of Andaman & Nicobar Islands , Sikkim
Lucknow	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Bhawan, Phase 2, 6th floor, Nawal Kishore Road, Hazratganj, Lucknow – 226 001. Tel.: 0522-2201188 Fax: 0522-2231310 E-mail: ioblko@sancharnet.in	Uttar Pradesh and Uttaranchal
Mumbai	Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Seva Annexe, 3rd floor, S.V. Road, Santacruz (W), Mumbai – 400 054. PBX: 022-26106928 Fax: 022-26106052 E-mail: ombudsman@vsnl.net	Maharashtra , Goa

Annexure B: List of Ombudsman

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
Ahmedabad	Insurance Ombudsman Office of the Insurance Ombudsman, 2nd floor, Ambica House, Nr. C. U. Shah College, 5 Navyug Colony, Ashram Road, Ahmedabad – 380014. Tel.: 079-27546150 Fax:079-27546142 E-mail: insombahd@rediffmail.com	Gujarat , UT of Dadra & Nagar Haveli, Daman and Diu
Bhopal	Insurance Ombudsman Office of the Insurance Ombudsman Janak Vihar Complex, 2nd floor, Malviya Nagar, Bhopal. Tel.: 0755-2769201/02 Fax: 0755-769203 E-mail: bimalokpalbhopal@airtelbroadband.in	Madhya Pradesh & Chhattisgarh
Bhubaneswar	Insurance Ombudsman Office of the Insurance Ombudsman 62, Forest Park Bhubaneswar – 751 009. Tel.: 0674-2596461 (Direct) Secretary No.: 0674-2596455 Tele Fax: 0674-2596429 E-mail: ioobbsr@dataone.in	Orissa
Chandigarh	Insurance Ombudsman 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 Fax: 0172-2708274 E-mail: ombchd@yahoo.co.in	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir , UT of Chandigarh
Chennai	Insurance Ombudsman Office of the Insurance Ombudsman Fatima Akhtar Court, 4th floor, 453 (old 312) Anna Salai, Teynampet, Chennai – 600 018. Tel.: 044-24333678 Fax: 044-24333664 E-mail: insombud@md4.vsnl.net.in	Tamil Nadu, UT– Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
New Delhi	Insurance Ombudsman Office of the Insurance Ombudsman 2/2 A, Universal Insurance Bldg., Asaf Ali Road, New Delhi – 110 002. Tel.: 011-23239611 Fax: 011-23230858 E-mail: iobdelraj@rediffmail.com	Delhi & Rajasthan
Guwahati	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Nivesh, 5th floor, Nr. Panbazar Overbridge, S.S. Road, Guwahati – 781 001. Tel.: 0361-2131307 Fax: 0361-2732937 E-mail: omb_ghy@sify.com	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
Hyderabad	Insurance Ombudsman 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.: 040-23325325 Fax: 040-23376599 E-mail: hyd2_insombud@sancharnet.in	Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry
Ernakulam	Insurance Ombudsman Office of the Insurance Ombudsman 2nd Floor, CC	Kerala , UT of (a) Lakshadweep , (b) Mahe

We, Us or Our	IndiaFirst Life Insurance Company Limited
You or Your	The person named as the Policyholder in the Plan Schedule

Executive Summary

Key Features

- Comprehensive health insurance plan for you and your family
- Instant access to international medical advice through the network of 'Best Doctor' service
- Quick swipe and Instant payment through the Health card has never been so easy before.
- Enhanced health cover benefits for every claim free year without any charge
- No more unnecessary hospitalization - avail complete medical care without staying overnight for 200 day care procedures!
- Break free from limited reimbursements - your actual expenses now get reimbursed.
- Premium rate is guaranteed for next three years.
- Enjoy tax benefits under section 80 D of Income Tax Act, 1961 on the health premium you pay. You will also get tax benefits on the rider premium if any.

Risk Factors

- This is a non-participating health insurance Plan
- There is no maturity or survival benefit payable under this Plan

Interpretation

This Plan is divided into numbered parts for ease of reference and reading only. Except as otherwise stated, these divisions and the corresponding headings do not limit the Plan or its interpretation in any way.

Words of one gender will include the other gender and the singular will include the plural and vice versa, unless the context otherwise requires. Defined words need not appear in the same form.

1. About the IndiaFirst Mediclaim Plan

In a Nutshell

This Plan is a non-linked, non-participating health Plan which is available on a Regular Premium basis. It provides an indemnity based health cover that can

be used by you and/ or your family Members. The benefits are also payable in case of the Primary Life Insured's or Other Life Insured's unfortunate death (Sum Insured under IndiaFirst Term Rider, if opted for + the proportionate health premium for the uncovered complete months of the remaining period). This Plan does not give you any other rights to participate in our assets, surplus or profits in any manner whatsoever.

2. Benefits under the Plan

We will pay the following benefits under the scenarios/ circumstances described below during the Plan Term subject to the terms and conditions specified below.

2.1 Hospitalization Benefit

The Plan covers reasonable and customary medical expenses incurred towards hospitalization during the Plan Term for the disease, illness, medical condition or Injury contracted or sustained by the member(s) subject to terms, conditions, limitations and exclusions as mentioned below -

- Our total liability in a Plan Year is limited to the Sum Insured
- In case of hospitalization as an in-patient on the advice of a Medical Practitioner during the Plan Term because of an illness or accidental physical Injury, for more than 24 continuous hours, we will reimburse the expenses incurred by you. However, this is subject to the Waiting Period and exclusions.
- Additionally, there are some illnesses/ conditions/ diseases, where there is a Waiting Period involved. Waiting Period is applicable from the Plan Commencement Date. During the Waiting Period, no benefit will be payable in respect of hospitalization due to the conditions or surgical procedures or any conditions thereof specified in point no 7.
- We will reimburse the actual medical expenses subject to a maximum reimbursement limit per Member in a Plan Year, if the hospitalization is due to one of the following illnesses/ procedures/ ailments/ group of illnesses –

Illness	Plan Options	
	Easy Health	Premier Health
Ectopic Pregnancy	Maximum limit of Rs 30,000 or actual expenses, whichever is lower	Maximum limit of Rs 30,000 or actual expenses, whichever is lower
Maternity Benefit, if	Not Applicable	Waiting period of 2 years for the female life

opted		and payable up to a maximum of Rs. 1,00,000 only Covered only under Family Floater Package.
Domiciliary Benefit	Not Applicable	Maximum limit of 5% of the Basic Sum Insured and subject to fulfillment of eligibility criteria
Artificial limb	Actual expenses, subject to a maximum of 10% of the Sum Insured or Rs. 25,000, whichever is lower and provided the insured has had an accident requiring implant within the policy validity period and is insured at the time of fitting the artificial limb and subject to the claim being admissible under the policy terms and conditions. This benefit is not affected by the cap on duration for post hospitalization expenses. The expense of the artificial limb would be payable only once during the entire term of the policy and payable for a single limb only	Actual expenses, subject to a maximum of 10% of the Sum Insured or Rs. 25,000, whichever is lower and provided the insured has had an accident requiring implant within the policy validity period and is insured at the time of fitting the artificial limb and subject to the claim being admissible under the policy terms and conditions. This benefit is not affected by the cap on duration for post hospitalization expenses. The expense of the artificial limb would be payable only once during the entire term of the policy and payable for a single limb only

- We will also pay actual expenses in case of any Hospitalization / Covered Day Care Procedures if the treatment has been undertaken in any Hospital as mentioned below:

Benefits	Detailed Benefits	Plan Options	
		Easy Health	Premier Health
Hospitalization Benefit	Reimbursement of Actual Expenses 1. Room, boarding and nursing expenses. 2. Surgeon, Anesthetists, Medical Practitioner, Consultants, Specialists fee 3. Operation theatre charges 4. Anesthesia, blood, oxygen, medicines and drugs etc. 5. Diagnostics and laboratory tests	√	√
Day Care Treatment	200 day care procedures as mentioned in Annexure C	√	√
Pre & Post Hospitalization Benefit	Actual expenses incurred ▪ Pre Hospitalization Benefit: 30 days ▪ Post Hospitalization Benefit: 60 days	√	√
Organ Donor Coverage	Hospitalization expense of Organ Donor, within the overall sum insured of the donee (Recipient)	√	√
Ambulance Charges	Actual expense, subject to a licensed ambulance service being used for transfer of patient from home to hospital leading to hospitalization or from hospital to hospital/ diagnostic center.	√	√
Pre Existing Illness	Covered after 36 months of applying for the plan, subject to the pre existing illness, if any, explicitly disclosed at the inception of the policy and accepted by the company. In case	√	√

harmless from any costs, expenses, claims, awards or judgments arising out of or in relation to the original Plan document.

15.3 Issuing Notices

We also have the discretion to issue either individual notices to you or publish general notices on our website.

16. Governing Laws and Jurisdiction

All claims, disputes or differences arising under or in connection with this Plan will be governed by and construed in accordance with Indian law and determined by the Indian Courts.

17. Grievance Redressal

You may contact us at any of the following touch points in case of any grievance or complaint. –

Customer Care
301, B Wing, The Qube, Infinity IT Park,
Dindoshi-Filmcity Road,
Malad (East), Mumbai – 400097
Contact No.: 1800 209 8700
Email Id: customer.first@indiafirstlife.com

A written communication giving reasons of either redressing or rejecting the complaint will be sent within 14 days of receipt of the complaint.

In case you are not satisfied with our resolution provided or have not received any response within 14 days, you may email us at grievance.redressal@indiafirstlife.com or write to

our 'Grievance Officer' at the above mentioned address.

An acknowledgment to all complaints received will be sent within 3 working days of receipt of the complaint/grievance.

In case however, you are not satisfied with our decision/ resolution, you may approach the nearest Ombudsman from the list of Ombudsman mentioned in Annexure B below if your grievance pertains to –

- An insurance claim that has been rejected or dispute of a claim on legal construction of the Plan
- Delay in settlement of claim
- Dispute with regard to premium
- Non receipt of your insurance document

The complaint should be made in writing duly signed by the complainant or by his legal heirs with full details of the complaint and the contact information of complainant. As per provision 13(3) of the Redressal of Public Grievances Rules 1998, the complaint to the Ombudsman can be made -

- Only if the grievance has been rejected by Our Grievance Redressal Machinery (Customer Care Executive)
- Within a period of one year from the date of rejection by us
- If it is not simultaneously under any litigation

14.2 Making Untrue/ Incorrect Statements or Withholding Information

If you or the Life Insured or the Nominee or anyone acting on your or their behalf advances any claim knowing the claim to be false, dishonest or fraudulent, then the Company reserves the right to terminate the Plan and refund the proportionate risk premium for the uncovered complete months of the remaining period.

14.3 False Disclosure about Age

The Life Insured's Age has been admitted on the basis of the declaration made by the Life Insured/ proposer in the Application Form and/ or in any statement or declaration to the Application Form based on which this Plan has been issued. If the Life Insured's Age is found to be different from that declared, we may, at any time during the Plan Term, adjust the Premiums or any benefits applicable under the Plan as we deem fit. If the Life Insured's Age at the Date of Commencement is found to be higher than the maximum, or lower than the minimum entry Age that was permissible under the Plan at the time of its issue, the Plan will be voidable at our option.

14.4 Cancellation of Policy

This policy would be cancelled, and no claim or refund would be due to you if:

- you have not correctly disclosed details about your current and past health status
- OR
- have otherwise encouraged or participated in any fraudulent claims under the policy.

Provisions of Section 45, Insurance Act, 1938

The Plan is subject to the provisions of Section 45 of the Insurance Act 1938 which states as follows –

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 Plan, 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 policyholder and that the policyholder 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 the age of the life insured was incorrectly stated in the proposal.

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. Provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bonafide insurance agent employed by 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.

15. General Conditions

15.1 Our rights to review, revise, delete or alter the terms and conditions of the Plan

We may review, revise, delete and/ or alter any of the terms and conditions of the Plan – with the prior approval of the Regulatory Authority by sending you prior written notice of 30 days.

15.2 What happens in case of loss of a Plan document?

If the Plan document is lost or misplaced, you will give us a written request stating the fact and the reason of the loss. We will issue you a duplicate Plan document if we are satisfied that the Plan document is lost. On the issue of the duplicate Plan document, the original Plan document immediately and automatically ceases to have any validity.

You agree to indemnify us and hold us free and

	of non disclosure of pre existing conditions, the same would be permanently excluded under the plan or the Policy may be cancelled on grounds of material non-disclosure and lack of utmost good faith, at the discretion of the Insurance Co.		
No Claim Bonus (NCB)	5% of basic sum insured in a claim free year subject to a maximum increase of 20%. In case of a claim, the NCB would be reduced by 5% subject to a minimum of base sum insured.	√	√
Portability	Allowed (The plan benefits can be transferred from any other Insurer to any health insurance plan of IndiaFirst or to any other insurer if the facility is available), subject to underwriting guidelines	√	√

- In case of any hospitalization spreading over two Plan Years including pre and post hospitalization as per limits mentioned, we will reimburse medical expenses up to the Sum Insured for the year of admission. For example:

Plan Year: 1st January, 2013 - 31st December, 2013
 Sum Insured: Rs. 3,00,000
 Claims till 27th December, 2013: Rs. 2,50,000
 Subsequent Hospital admission date: 28th December, 2013
 Hospital discharge date: 5th January, 2014

Available Sum Insured for this admission: Rs. 50,000 (Rs. 3,00,000 – Rs. 2,50,000)
 Any unutilized limit will not be carried forward to the next Plan Year.

2.2 Death Benefit

In the event of the Primary Life Insured's death

We will pay the Death Benefit to the Nominee, in the event of Primary Life Insured's unfortunate death on or after the Date of Risk Commencement and before the Plan Maturity Date provided all the due Premium(s) have been paid under the Plan.

In event of the Primary Life Insured's unfortunate demise, the proportionate health premium will be payable to the Nominee for the uncovered complete months of the remaining period provided no health claims having been made under the policy for the deceased member during the year of death. Any Member who is more than 18 years and paying the premium can choose to be the new Primary Life Insured and the Plan will

continue for the remaining Members. A lump sum amount equal to the sum insured under IndiaFirst Term Rider, if opted for will also be payable in case of the Primary Life Insured's unfortunate demise under the Plan.

In the event of the Other Dependent Life Insured's death

In case of the unfortunate demise of the Other Dependent Life Insured, the Plan will continue to be in force for the remaining life insured's and a proportionate health premium for the deceased Member will be refunded for the uncovered complete months of the remaining period provided no claims having been made under the policy for the deceased member during the year of death.

A lump sum amount equal to the sum insured under IndiaFirst Term Rider, if opted for will also be payable in case of the Other Dependent Life Insured's unfortunate demise under the Plan.

2.3 Maturity Benefit/ Survival Benefit

There is no maturity/ survival benefit under this Plan.

2.4 Renewal/ Review

However you may like to continue the cover for you and your family members at the end of the term through renewal. The premium may be reviewed at the end of every three years. We may also modify the terms and conditions at the time of reviewing the premium. In case of any change, the same will be communicated to you before effecting the change.

3. Other Benefits

3.1 Day Care Procedures

Minimum 24 hours Inpatient Hospitalization is not required in case of hospitalization on the recommendation of a Medical Practitioner, due to any of the 200 Day Care Procedures listed in Annexure C. The list of Day Care Procedures is subject to revision at the end of the Plan Term with prior approval from the IRDA. These expenses will be reimbursed in the same manner as mentioned above.

Any other procedures which are not mentioned in the appended list below and not requiring 24 hour hospitalization due to advancement in Medical Technology, could be considered under Day Care Procedure. However, claims under such Day Care Procedures would have to be mandatorily preauthorized by the Insurance Company

The treatments or procedures customarily and usually performed by Medical Practitioners in the Out Patient Departments or clinics and casualty settings would not be payable even if performed as inpatient or Day Care Procedures.

3.2 Pre and Post Hospitalization

Medical expenses incurred due to an illness in 30 days immediately before the date of admission and 60 days immediately after the date of discharge would be reimbursed, provided that:

- Such Medical Expenses were incurred for the same condition for which the Insured Person was Hospitalized
- We have accepted an inpatient Hospitalization/Day Care claim.
- The maximum amount that may be payable/claimed is the actual admissible medical expenses subject to a maximum of Sum Insured

3.3 Domiciliary Treatment

Domiciliary Hospitalization benefit may be reimbursed under the Premier Health option subject to a maximum of 5% of basic sum insured. This will only be reimbursed if the life insured has been under medical treatment for more than three days for such illness/ disease/ injury which in the normal course would require care and treatment at a hospital/ nursing home.

Domiciliary Hospitalization Benefit may be reimbursed under any of the following circumstances -

- The condition of the patient is such that he/she cannot be moved to the hospital/ nursing home or

- The patient cannot be moved to hospital / nursing home for lack of accommodation therein

However, Domiciliary Hospitalization Benefits are not applicable under the following -

- Expenses incurred for Pre and Post Hospitalization treatment and
- Expenses incurred for treatment of any of the following diseases or procedures:-
 - Asthma
 - Bronchitis
 - Chronic Nephritis and Nephritic Syndrome
 - Diarrhoea and all type of Dysenteries including Gastroenteritis
 - Diabetes Mellitus and Insipidus
 - Epilepsy
 - Hypertension
 - Influenza, Cough and Cold
 - All Psychiatric or Psychosomatic Disorders
 - Pyrexia of unknown Origin for less than 10 days
 - Tonsillitis and Upper Respiratory Tract infection including Laryngitis and pharyngitis
 - Arthritis, Gout and Rheumatism
 - Physiotherapy
 - Maternity and its related complications
 - Rest cure and palliative care for terminally ill persons
 - Cost of any appliances or equipment

3.4 How can you avail the Best Doctors service under the Plan?

You can avail the Best Doctors service at any time during the first Plan Year. The Best Doctors service offered provides you access to the best minds in the field of medicine to help you get the right answers about the medical condition, diagnosis and treatment.

Best Doctors offers the following services -

- Inter Consultation Service:** Expert medical consultation provides a comprehensive medical review by the experienced medical team and expert physicians through detailed analysis of medical history/ course of treatment undertaken
- Ask the Expert:** Provides access to the Best Doctors experts when you have questions about your health condition and treatment options, empowering you to make informed decisions
- FindBestCare Service:** A service whereby Best Doctors, on your behalf, makes appointments, organises all details regarding medical treatment, including arranging for

hospitals or cash less facility has been disapproved by the company/ TPA, the Primary Life Insured or Member has to notify the company in writing, within 7 days of the hospitalization of the Member. The company will reimburse the medical expenses as mentioned in Section 2 subject to the Primary Life Insured providing or causing to be provided to the company within 60 days of discharge from the hospital, any and all information and documentation as required by the company.

12.2 Documents to be submitted at the time of making a claim

The following documents need to be submitted to Us at the time of making a claim -

- Copies of the policy schedule.
- Signed claim form.
- First consultation letter.
- Original Hospital final bill with detailed breakdown of various billing sub heads.
- All original payment receipts issued by Hospital against the settlement of Hospital Final Bill. Original and complete discharge card/death summary mentioning in detail the present and past medical history with duration and line of treatment/cause of death
- Original investigation bills/receipts with corresponding original Investigation report and prescription/request.
- Original Pharmacy bill with corresponding prescription/request
- Copies of identity and age proofs of insured hospitalized.
- Pre/ Post Hospitalization bills with corresponding prescription/ request, if any
- Copy of Bank pass book/statement of policyholder's (of nominee in case of death of Policyholder) personal account along with cancelled Cheque.

The above documents are essential for settling your claim. All the documents must be duly attested by the Policyholder or Insured Person. The company reserves the right to call for any documents in addition to the above and it is binding on the insured to submit all the requirements raised.

In the event of any doubt regarding the appropriateness or correctness of the diagnosis, we will have the right to call for an examination of the Insured Person(s) by a medical specialist appointed by the company. The expenses incurred for the medical examination of the Insured Person(s) for the purpose of this clause

will be solely borne by us. The evidence used from such examination, and the opinion of such Medical Practitioner as to such diagnosis will be considered binding on both the Policyholder and the company.

12.3 Payment of benefits in India Rupees

All benefits and other sums under this Plan will be payable in India and in Indian Rupees.

13. Portability

If at any point you would like to opt out of this Plan and invest into another health insurance plan of IndiaFirst Life Insurance Company or of any other insurance company, you have the flexibility to do so.

You have the flexibility to transfer the credit gained for pre-existing conditions and time bound exclusions under portability option (including family cover), if you choose to move from one insurer to another insurer or from one plan to another plan of the same insurer, provided the previous plan has been maintained without any break.

A break in a plan occurs when the premium due on a given plan is not paid on or before the premium renewal date or within grace period of 30 days from the premium due date in case of yearly / half yearly mode and 15 days from the premium due date in case of monthly mode. However, if you wish to opt for portability option, you must inform us at least 45 days before the premium renewal date of the plan. The terms and conditions for opting for Portability may be defined by us from time to time. Please contact us for details of the process when you wish to use this option.

14. Disclosures

14.1. Misrepresentation / Fraudulent disclosures

In issuing this Plan, we have relied on the truth, accuracy and completeness of information provided in the Application Form and the statements and declarations made by you which form a part of and are the basis of this Plan. If the information provided is found to be incorrect, the Company reserves the right to terminate the Plan and refund the proportionate risk premium for the uncovered complete months of the remaining period provided no claim has been settled earlier..

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.

29. 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.
30. 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.
31. Expenses incurred for procurement of a replacement organ, transportation costs of the replacement organ and associated administration costs. Expenses incurred by the donor would be covered for hospitalisation only and within the overall sum insured of the donee.
32. Any Insured Person committing or attempting to commit a criminal or illegal act while sane or insane.
33. 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.
34. Any hospitalisation or medical expenses incurred outside of Republic of India.
35. Only one coronary angiography is payable in a policy year except in case where a Coronary Intervention has been undergone after the angiography.
36. Medical Expenses incurred due to Ventral / Incisional Hernia unless the Company has paid for the first operation.

We will, at the end of three years i.e. at the time of reviewing the rates, have the right to revise the above exclusions by way of inserting new conditions or by altering or deleting existing conditions subject to prior approval from the IRDA. The Plan will be subject to and be governed by this Policy Document and the Terms and Conditions of the Schedule enclosed herewith including every endorsement or by way of a separate communication duly signed by the Authorized signatory provided you have given

the consent of the same. This separate communication will be treated as an Annexure to this Plan and will together form a single Contract.

9. Premiums: Missed Premiums and Lapsed Plan

9.1 Missing your Premiums

In case we do not receive payment of Regular Premiums on or before the due date -

- You have a Grace Period of 30 days for payment of all Premiums under six monthly and yearly mode and 15 days for monthly mode. This period starts from the due date of each premium payment.
- All your Plan benefits continue during this grace period.
- If the premium is not received within this grace period then the Plan will terminate and no cover will be provided.
- If any eligible claim occurred during the grace period we will pay the benefit after deducting the due premiums, if any.

9.2 What are your options to revive the Plan?

Revival is not allowed under IndiaFirst Mediclaim Plan

10. Loan

There are no loan benefits available under this Plan.

11. Surrendering your Plan

Can you surrender your Plan?

Yes. You have the flexibility to surrender your Plan. However, to enjoy the future benefits of health cover for you/ and your family, it is ideal that you should not break the flow of coverage.

There is no surrender value under this Plan.

12. Making a Claim

12.1 Steps to be followed for making a claim

You will have the option to avail cash less service facility in network hospitals as specified by the company/ Third Party Administrator (TPA). In case of a planned hospitalization of any Member, you have to seek pre-authorization from the Third Party Administrator (TPA) or from us prior to taking admission at any network hospital and in case of emergency hospitalization, you have to notify the TPA or to us in writing within 24 hours of the hospitalization of the Member.

However, if you do not wish to avail cash less facility or the Member is hospitalized in any hospital other than the specified network

hospital admission, physician appointments, accommodations, transportation, and customer service. The FindBestCare provides the best international facilities available for a medical condition in the world. Best Doctors further provides medical case monitoring to oversee the appropriateness of medical care.

We assume no responsibility for and will not be responsible for any actual or alleged errors, omissions or representations made by any Best Doctors experts or for any consequences of any action taken or not taken basis Best Doctors experts advice. Since this service is provided through an external benefit provider, we shall reserve the right to modify or withdraw this service with prior intimation to you.

3.5 Rider Benefit

The IndiaFirst Term Rider can be opted as an additional benefit along with this plan before the commencement of risk. In case you or Other Dependent Life Insured have opted for the IndiaFirst Term Rider, a lump sum amount equal to the sum insured under IndiaFirst Term Rider will be payable to the Nominee, in case of any Life Insured's unfortunate demise,. However, the maximum Sum Insured under IndiaFirst Term Rider cannot be more than the sum Insured (health benefit) under the Plan.

4. Nomination

4.1 Can you appoint a Nominee to receive the Death Benefit?

You may at any time during the Plan Term and while the Plan is in force, appoint a Nominee to receive the Death Benefit. If there is no Nominee or all Nominees have pre-deceased the Life Insured, the Death Benefit will be payable to your legal heirs or representatives.

4.2 If the Nominee is a minor

You will appoint an Appointee to receive the Death Benefit and to hold the Death Benefit until the Nominee attains 18 years of Age.

4.3 How is the nomination made or changed?

You are required to us to nominate or change a Nominee. The nomination or change will become effective only after we have accepted the nomination and changed the same in our records.

4.4 Our liability in a nomination

In accepting or recording a nomination or a change of Nominee, we do not accept any

responsibility or express any opinion as to its validity or legality.

5. Free Look Period

You can return the Plan to us within 15 days (Free Look Period) of receipt of the Plan Document, if the plan is sold through any distributor other than Distance Marketing, or within 30 days of receipt of the Plan Document if you have bought the plan through distance marketing, or if you disagree with any of the terms and conditions and if you have not availed of any claim benefit during this period, stating your reasons for the same. We will refund an amount equal to the - Premium Paid

Less:

- Proportionate Health premium for the covered period
- Any Stamp Duty Paid
- Expenses Incurred on Medical Examination, if any

6. Addition/ Removal of Member

6.1 Addition of Member

You, the Policyholder may opt to convert your Plan to a Family Floater Cover or add a Family Member to an existing Family Floater Cover. Inclusion of a new family Member will be allowed only under specific circumstances. Spouse will be allowed to be included only in the event of marriage and a child will be allowed to be included in the event of birth or legal adoption. This change will be carried out once we receive proof of the event having taken place and will be subject to the fulfillment of the underwriting norms in this regard. The cover for the new "Other Life Insured" will be effective for the purpose of this Plan from the next Plan Anniversary date. We will collect additional premium, as determined by us for the new Family Member(s) from the date of effect of insurance of the Member to the Plan. Any inclusion will be effected through endorsement in the schedule or by way of a separate communication duly signed by the Authorized signatory provided you have given the consent of the same. This separate communication will be treated as an Annexure to this Plan.

6.2 Removal of Member

The removal of a Family Member can occur due to death of the Insured Person(s) other than the Primary Life Insured or on divorce or on subsequent ineligibility of cover due to Age. Such revision will be carried out once we receive proof

of the event having occurred and will be subject to the fulfillment of the norms in this regard and will be effective immediately and the health premiums for the uncovered completed months for the member will be returned to the policyholder. The above changes (exclusions) will be effected through endorsement in the schedule or by way of a separate communication duly signed by the Authorized signatory provided you have given the consent of the same. This separate communication will be treated as an Annexure to this Plan.

7. Waiting Period

7.1 30 Days Waiting Period

While the Plan is in force, no Hospitalization Insurance Benefit will be payable for any claim which occurs or where the signs or the symptoms of Disease or Injury and/ or condition for the event has occurred within 30 days from the Plan Commencement Date resulting in hospitalization after 30 days from the Plan Commencement date. The Waiting Period will not be applicable where the claim occurs due to Injuries caused by an Accident.

7.2 2 Years Waiting Period

The following diseases will not be covered for 24 months from the Plan Commencement Date. This exclusion will not be applicable after two years, provided the policy has been continuously renewed with the company without any break.

1. Deviated Nasal Septum/ Nasal & Paranasal Sinus Disorders (except Malignancy), Treatment for Chronic Suppurative Otitis Media (CSOM) and Serous Otitis Media (Grommet Insertion)
2. Medical or Surgical management of diseases of Tonsils/ Adenoids (except Malignancy)
3. Surgery of Thyroid Gland excluding for the reason of Malignancy
4. All types of Hernias
5. Hydrocoele/ Varicocoele/ Spermatocele
6. Piles/ Fissure/ Fistula-in-Ano/ Rectal Prolapse/ Pilonidal Sinus
7. Benign Prostatic Hypertrophy
8. Treatment of all gynaecological conditions (Such as but not limited to Uterine Fibroid, Dysfunctional Uterine Bleeding, Hysterectomy, Uterine Prolapse, Endometriosis, Adenomyosis Uteri, Ovarian Cyst etc.) except those arising from malignancy or accidental injuries
9. Prolapsed Intervertebral Disc
10. Hypertension and related complications

11. Skin and all internal cysts/tumors/nodules/ polyps/ganglions/lipomas of any kind unless malignant
12. Calculus Diseases of any etiology
13. Retinopathy/ Retinal Detachment
14. Peripheral Vascular Disease due to Diabetes/ Diabetic Foot
15. All types of CRF and acute on chronic Renal Failures but not ARF, including Renal Failure due to Diabetes
16. Osteoporosis/ Pathological Fracture
17. Cataract
18. Treatment for degenerative joint conditions including joint replacement surgeries. However, joint surgeries necessitated due to accidents would not be a part of this exclusion.
19. Treatment for benign breast disorders like fibroadenoma, fibrocystic disease etc.
20. Treatment for Carpal tunnel syndrome
21. Treatment for Peripheral Vascular disease including varicose veins

8. Exclusions

Unless expressly stated to the contrary the Company shall not be liable to make any payment for any claim in respect of any Insured Person, when that claim is directly or indirectly caused by or arises from or is in any way related to any of the following –

1. Any pre-existing illnesses, diseases, injuries, symptoms or impairments (“Pre-existing Conditions”) from which the Life Insured is suffering prior to the Commencement Date of Insurance of the Life Insured are excluded for a period of 36 months and subsequent coverage is subject to pre-existing ailments being declared in the proposal for (or in the application for reinstatement of) insurance of the Life Insured and expressly accepted by the Company. Any Pre-existing Condition which qualifies under any general exclusion under the Policy Contract is excluded regardless of whether a declaration has been made to the Company. Complications arising out of pre-existing conditions would also be deemed as pre-existing.
2. Medical expenses incurred for treatment undertaken for disease or illness within 30 days from Plan Commencement Date or / and subsequent hospitalization for any disease / illness whose signs / symptoms have started within the first 30 days of the date of inception of the policy, except for accidental injuries.
3. Hospitalisation / Medical expenses not directly related to the specific illness or injury

for which hospitalisation took place and the expenses which are not approved by the attending doctor.

4. Any treatment not performed by a doctor
5. Expenses which are not for actual, necessary and reasonable expenses incurred in the treatment of the Illness or Physical Injury, or any elective surgery or treatment which is not medically necessary.
6. 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.
7. Any diagnosis or treatment arising from or traceable to pregnancy or child birth, miscarriage, abortion or complications of any of these including caesarean section, voluntary medical termination of pregnancy and/or any treatment related to pre and post natal care of the mother or the new born, unless specified otherwise under policy terms and conditions. However, this exclusion will not apply to Ectopic pregnancy proved by diagnostic means and certified to be life threatening by the attending medical practitioner.
8. Any medical or non-medical expenses incurred in respect of harvesting and storage of stem cells when carried out as a preventive measure against possible future ailments.
9. Hospitalization for correction of birth defects or congenital anomalies
10. 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).
11. Dental treatment or surgery of any kind unless necessitated by an Accident.
12. Cost of spectacles contact lenses hearing aids and the cost of treatment for vision correction.
13. Self inflicted 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.
14. Non-allopathic methods of surgery and treatment.
15. Hospitalisation for donation of an organ.
16. Medical or surgical treatment for weight reduction or weight improvement regardless

of whether the same is caused (directly or indirectly) by a medical condition.

17. 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.
18. Medical expenses relating to any Hospitalisation primarily for diagnostic, X-ray or any other investigations.
19. Any experimental or unproven procedures or treatments, devices or pharmacological regimens of any description.
20. Stay in Hospital for domestic reason where no active regular treatment is given by a Doctor.
21. Charges for services received in convalescent home and nursing homes, nature cure clinics and similar establishments.
22. Circumcision unless necessary for treatment due to an accident or ailment and subject to terms and conditions of the policy.
23. 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.
24. Any treatment related to sleep disorder or sleep apnoea syndrome.
25. Expenses for any routine or prescribed medical checkup or examination, external and or durable Medical / Non medical equipment of any kind used for diagnosis and/or treatment and/or treatment and/or monitoring and/or maintenance and/ or support including CPAP, CAPD, Infusion pump, oxygen concentrator etc, ambulatory devices like 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, administrative fees, biomedical waste fees, medical records charges and any luxury taxes.
26. Any kind of service charges, surcharges, admission fees, registration charges etc. levied by the Hospital.
27. 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,
28. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not),