



Your Family, Your Health... Our Promise!

IndiaFirst Mediclaim Plan

A Joint Venture of
 Bank of Baroda  Legal & General  Andhra Bank



Before you start reading

Important Note

IndiaFirst Mediclaim 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.

Contents

	Pg. No.		Pg. No.
Introduction	2	10. Life Assured's Demise.....	8
Executive Summary	2	11. Tax Benefits	8
1. About your Plan	2	12. Missed Premium.....	8
2. Term of the Plan	2	13. Cancelling your Plan	8
3. People involved in the Plan.....	3	14. Plan Portability.....	8
4. Premium Payment Modes	3	15. Broad Risks with your Plan.....	9
5. Sum Assured	3	16. Plan Exclusions.....	9
6. Calculation of Premium.....	4	17. Prohibition from Accepting Rebate	11
7. Hospitalization Benefits	4	18. Submission of False or Incorrect Information...11	
8. Other Benefits.....	6	19. About IndiaFirst Life Insurance.....	12
9. Maturity Benefit.....	7		

Introduction

Your Family, Your Health... Our Promise!

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. 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 in spite of this, should something happen, do you have enough money to meet the rising health care costs? Most of us ignore health insurance or don't pay much attention to it, because we just don't want to incur premium costs and spend time preparing for an event that we believe will never affect us.

Keeping the above in mind, we have developed a comprehensive yet simple and efficient health insurance plan that adapts itself to your changing needs.

Our IndiaFirst Mediclaim Plan provides health insurance coverage to you and your family under a single plan. It not only provides cashless hospitalization benefits and coverage for specific treatments without hospitalization; but is also most convenient in case of claims.

You just need to swipe your Health Card like you do your credit card and our Call Center will instantly authorize the payment after checking the eligibility. This is one of its kind facilities offered in India and is most convenient in case of medical emergencies.

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.
- Two in one benefit of life cover + health cover - you can simply opt for life cover under IndiaFirst Term Rider under this plan
- Premium rate is guaranteed for next three years.
- Enjoy tax benefits 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

1. What is IndiaFirst Mediclaim Plan?

IndiaFirst Mediclaim Plan is a non linked comprehensive health insurance plan for you and your family. It is an indemnity based health cover that allows you to choose the benefits depending upon your need.

Benefits	Plan Options	
	Easy Health	Premier Health
Hospitalization Expenses	√	√
Day Care Treatment	√	√
Life Time Renewability	ffl	ffl
Additional Coverage:		
Optional Life Cover	ffl	ffl
Maternity Benefit	-	ffl
Domiciliary Benefit	-	ffl
Organ Donor Coverage	ffl	ffl

You can choose any one of the two options available at the time of applying for the plan, by indicating your choice on the proposal form. However, you can upgrade from Easy Health to Premier Health at the time of reviewing the rate of the plan. Medical tests, if necessary may be required while upgrading the benefits depending on underwriting requirements.

2. What is the term of the plan?

This is a five year regular premium plan where the premium will be guaranteed for three years and will be reviewed thereafter at the end of every three years.

3. Who are the people involved in the plan?

This plan can be taken as an individual plan or as a family floater, where the spouse, maximum two children, parents or parents-in-law of the primary life assured can also be covered under the same plan.

This plan may include the 'Primary Life Assured', 'Policyholder', 'Other Life Assured', 'Nominee' and 'Appointee'.

	Primary Life Assured	Spouse and Parents/in law	Children
Minimum age at the time of applying for the plan	18 years old as on the last birthday	18 years old as on the last birthday	3 months as on the last birthday
Maximum age at the time of applying for the plan	65 years old as on the last birthday	65 years old as on the last birthday	20 years as on the last birthday provided they are dependent on parent.
Maximum age at end of the plan term	Lifetime renewable	Lifetime renewable	Children above 25 years should take a fresh plan immediately to enjoy the advantage of continuity

Who is a Policyholder?

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

Who is a Nominee?

Nominee is the beneficiary under the plan who receives the death benefit, if any, in case of the life assured's unfortunate demise. The nominee is appointed by you, the policyholder or life assured and 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, if any, in case of the life assured's unfortunate demise if the nominee is a minor at the time of the death.

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 end of the plan anniversary in the event of marriage or child birth or legal adoption of a child. Addition of a new member is subject to underwriting and the waiting period for those

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

Primary Life Assured is the person on whose life the plan depends. The Other Life Assured are the family members i.e. spouse, children & parent or parent-in-law who can also be covered.

members will apply afresh from the date of their joining this plan. Premium for additional life will be as per our underwriting decision.

- Deletion of other members is allowed in case of death of any member or divorce or ineligibility of cover due to reaching of age

4. What are the premium paying modes available?

You may pay your premium monthly or yearly. Monthly premium payment is accepted only through ECS or Direct Debit.

5. How is the sum assured calculated?

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

	Easy Health	Premier Health
Sum Assured	₹ 2,00,000/ ₹ 3,00,000/ ₹ 4,00,000/ ₹ 5,00,000/ ₹ 7,00,000/ ₹ 10,00,000	₹ 10,00,000/ ₹ 15,00,000 / ₹ 20,00,000/ ₹ 25,00,000

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 do you have to pay?

Your premium will depend on the Health Benefit (Sum Assured) chosen by you for yourself/ your family. The premium payable will also depend on the age of the Primary Life Assured (under individual plan) and on the age of all members (under the family floater option).

However, for additional members covered under the family floater option, you will enjoy a rebate on the health premium for each member. The health premium is a tabulated premium rate with no benefit illustration. All applicable premiums are subject to service tax as per Government service tax law.

	Yearly	Monthly
Minimum Premium	₹ 2,000	₹ 200
Maximum Premium	No Limits	

The following premium frequency factor for monthly policies will apply on Annual Premium

Premium Frequency	Factor to be applied to annual premium
Monthly	0.0870

7. What are the hospitalization benefits under this plan?

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

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

Additionally, there are some illnesses/ conditions/ diseases, where there may be 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 Annexure 2.

The following expenses are covered under this plan -

- Hospitalization/ ICU/ ICCU expenses as charged by the hospital where the insured underwent medical treatment
- 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, i.e., 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 will mean 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.

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

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	✓	✓

Minimum Stay in the Hospital	24 hours, except for specified day care procedures.	✓	✓
Day Care Treatment	200 day care procedures as mentioned in Annexure 1	✓	✓
Two Year Waiting Period	Applicable for specified surgeries as mentioned in Annexure 2	✓	✓
Ectopic Pregnancy	Maximum limit or actual expenses, whichever is lower	₹ 30,000 maximum limit	₹ 50,000 maximum limit
Pre & Post Hospitalization Benefit	Actual expenses incurred <ul style="list-style-type: none"> • Pre Hospitalization Benefit: 30 days • Post Hospitalization Benefit: 60 days 	✓	✓
Maternity Benefit (if opted)	Waiting period of 2 years for the female life and payable up to a maximum of ₹ 1,00,000 only. Benefit will be paid provided both the primary life assured and the spouse are covered. The maternity benefit is only available under family floater scheme and under Premier Health option. You have the option to select this benefit. The premium for this benefit will be charged only to the female lives provided you have chosen this option.	NA	✓
Domiciliary Benefit	Covered as per the definition given below subject to maximum of 5% of the basic sum insured	-	✓
Waiting Period	First 30 days and claims arising out of any Medical Condition or for conditions where signs and symptoms are observed during the first 30 days, resulting in a hospitalization after the 30 day waiting period is excluded from the scope of cover. However, no waiting period is applicable for accidental injuries	✓	✓
Cost of Artificial Limbs	Payable as per actual expenses, subject to a maximum of 10% of the annual SA or INR 25,000, whichever is lower. The expense of the artificial limb would be payable only once during the entire term of the plan and payable for a single limb only	✓	✓
Organ Donor Coverage	Hospitalization expense of Organ Donor	✓	✓
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, if the pre existing illness, if any is disclosed at inception. In case, it is not disclosed, it will be permanently excluded under the plan	✓	✓

No Claim Bonus (NCB)	5% of basic sum assured in a claim free year subject to a maximum increase of 20%. In case of a claim, the NCB would reduce by 5% subject to a minimum of base sum assured.	✓	✓
Underwriting Requirements	Individual Underwriting as per underwriting manual	✓	✓
Portability	Allowed (The plan benefits can be transferred to any other health insurance plan of IndiaFirst or any other insurer if the facility is available), subject to underwriting guidelines	✓	✓

8. Other benefits under IndiaFirst Mediclaim Plan

Can you Claim for Treatment without getting Hospitalized for 24 hours?

Yes, this plan covers 200 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 centers, on the recommendation of a Medical Practitioner and which requires hospitalization for less than 24 hours. Medical expenses incurred for the following Day Care Procedures on the recommendation of a registered Medical Practitioner are covered - radiotherapy, intervention radiology, radio frequency ablation treatment, lithotripsy and dialysis. Treatments or procedures customarily and usually performed by Medical Practitioner in OPD or Clinic and Casualty setting will 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 inpatient 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. The coverage on investigatory procedures during pre hospitalization and post hospitalization will be covered only if they are related to and lead to inpatient hospitalization or covered Day Care Procedure, subject to the defined limit in terms of days and subject to Inpatient hospitalization or Day Care Procedures claim being settled. The maximum amount that may be payable/ claimed is the actual admissible medical expenses subject to a maximum of annual sum assured. 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.

Are Domiciliary Treatment Expenses Covered under the Plan?

Yes, domiciliary hospitalization benefit may be reimbursed under the Premier Health option subject to a maximum of 5% of base sum assured. Domiciliary Benefit will only be reimbursed if the life assured 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 hospitalisation benefits are not applicable under the following -

- Expenses incurred for pre and post hospitalisation treatment and
- Expenses incurred for treatment of any of the following diseases or procedures:-
 1. Asthma
 2. Bronchitis
 3. Chronic Nephritis and Nephritic Syndrome
 4. Diarrhoea and all type of Dysenteries including Gastroenteritis
 5. Diabetes Mellitus and Insipidus
 6. Epilepsy
 7. Hypertension
 8. Influenza, Cough and Cold
 9. All Psychiatric or Psychosomatic Disorders
 10. Pyrexia of unknown Origin for less than 10 days
 11. Tonsillitis and Upper Respiratory Tract infection including Laryngitis and pharyngitis
 12. Arthritis, Gout and Rheumatism
 13. Physiotherapy
 14. Maternity and its related complications
 15. Rest cure and palliative care for terminally ill persons
 16. Cost of any appliances or equipment

How can you Avail the Best Doctors Service under the Plan?

When you have an important medical decision to make for yourself/ your loved ones, you have many questions regarding the efficiency of the treatment. You start wondering whether the diagnosis/ medication suggested is right, the best treatment available, second opinion possible from the experts. 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. This plan provides best doctor service to you in the first plan year of your policy.

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
- **Find BestCare Service:** A service whereby Best Doctors, on your behalf, makes appointments, organises all details regarding medical treatment, including arranging for 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.

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.

Are there any Riders Available under the Plan?

Yes, you have the option to select IndiaFirst Term Rider for yourself and/or other life assured, under this plan.

In case of unfortunate demise of the primary life assured, a lump sum amount equal to the sum assured under IndiaFirst Term Rider will be payable to the nominee. However, the maximum sum assured under IndiaFirst Term Rider cannot be more than the sum assured (health benefit) under the base plan. For more details, you can refer to the IndiaFirst Term Rider sales literature.

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

There is no maturity benefit under this plan. However you may like to continue the cover for you and your family members at the end of the term through renewal. The health premium may vary due to the medical inflation while the premium may vary because of any of the following factors -

- Change in health premium
- Age of the life assured
- Claim experience.

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

- In case of the unfortunate demise of the Primary Life Assured, the proportionate premium will be payable to the nominee for the uncovered complete months of the remaining period. Any member who is major and paying the premium can be the new primary life assured and the plan will continue for the remaining members
- In case of the death of any other member the plan will continue to be in force for the remaining life assured and a proportionate morbidity charge for the deceased member will be refunded for the uncovered complete months of the remaining period
- A lump sum amount equal to the sum assured under IndiaFirst Term Rider, if any will also be payable in case of unfortunate demise of the life assured under the plan

11. 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 Benefit on the Premium Paid

You are eligible for tax deductions on health premium paid under Section 80D of the Income Tax Act, 1961. You can also get a tax benefit on the premium amount invested towards IndiaFirst Term Rider under Section 80C.

Death Benefit

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

12. What happens if you miss paying your premium?

Is there a Grace Period for Missed Premiums?

We provide you a grace period of 30 days for payment of all premiums under yearly modes and 15 days for monthly mode. This period starts from the due date of each premium payment. No benefits will

continue during this grace period. However, if you pay the due premium within the grace period then plan will continue without any break. If the premium is not received within this grace period then the policy will terminate and no cover will be provided.

What are your Options to Revive the Plan?

Revival is not allowed under IndiaFirst Mediclaim Plan

13. 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) if the plan is sold through any distributor other than Distance Marketing, or within 30 days if you take the plan through distance marketing, 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. If you have not made any claim during the grace period, We will refund an amount equal to the -

Premium paid less -

i. Pro-rata premium

ii. Any stamp duty paid

iii. Expenses incurred on medical examination, if any

14. 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 and invest into another health insurance plan of IndiaFirst Life Insurance Company or of any other insurance company, you have the flexibility to invest into another health insurance plan.

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 switch 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 30 days for yearly mode and 15 days for 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.

15. Broad risks with your plan

Is your Plan Prone to Risks? If yes, who Bears the Risk?

Yes, your plan does carry risks.

- IndiaFirst Life Insurance Company Limited is the name of our insurance company. IndiaFirst Medclaim Plan is only the name of our plan and does not in any way indicate the quality of the plan
- The health premium is guaranteed for 3 years and will be reviewed at the end of every 3 years
- Tax Benefits are subject to change as per Income Tax Act, 1961. Please check with your financial advisor for more details

16. What is not covered under IndiaFirst Medclaim 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 -

1. Any pre-existing illnesses, diseases, injuries, symptoms or impairments ("Pre-existing Conditions") from which the Life Assured is suffering prior to the Commencement Date of Insurance of the Life Assured 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 Assured 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 of the date of inception or revival of the policy, except for accidental injuries
3. Hospitalization/ Medical expenses not directly related to the specific illness or injury for which hospitalization 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 or treatment 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 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.
14. Non-allopathic methods of surgery and treatment
15. Hospitalization 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 hospitalization 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 plan
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 apnea syndrome
25. 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 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), 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 hospitalization 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 hospitalization or medical expenses incurred outside of Republic of India and Domiciliary Hospitalization
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

17. You are prohibited from accepting rebate in any form

Prohibition of Rebate: Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015 states

- No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take 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 bona fide insurance agent employed by the insurer.

- Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

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

Indisputability Clause: Section 45 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015 states

- No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later.
- A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival, of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud:
- Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based.

- Notwithstanding anything contained in subsection (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer:

Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive.

- A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued:
- Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based:
- Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.
- 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 of the policy are adjusted on subsequent proof that

the age of the life insured was incorrectly stated in the proposal.

19. 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 banks in the country with an enviable network of over 5200 branches that spreads across the geography of India and over 100 branches across 24 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 90 years and currently has a network of over 2500 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 175 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 1: Day Care Procedure

Any other procedure which is not mentioned in the below list and do not require 24 hour hospitalization due to advancement in Medical Technology will be considered under Day Care Procedure. However claim under such Day Care Procedures will have to be preauthorized by us. Any modification of the list of day care procedure is subject to IRDA approval.

SL No	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

SL No	Procedure
29	Operations on nasolacrimal duct
30	Operations on muscles of eye
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

SL No	Procedure
58	Drainage of middle ear
59	Reconstruction of ossicular chain
60	Extirpation of lesion of middle ear
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
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
85	Endoscopic extirpation of lesion of sigmoid colon using rigid sigmoidoscope

SL No	Procedure
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
111	Vaginal operations to support outlet of female bladder
112	Therapeutic endoscopic operations on outlet of female bladder

SL No	Procedure
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
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

SL No	Procedure
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
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

SL No	Procedure
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

SL No	Procedure
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
193	Radiotherapy delivery
194	Delivery of chemotherapy for neoplasm
195	Delivery of oral chemotherapy for neoplasm
196	Excision of dental lesion of jaw
197	Incision of kidney
198	Excision of bone
199	Fixation of bone of face
200	Corrective surgery for entropion and ectropion

Annexure 2: Waiting Period

From the time of inception of the cover, the policy will not cover the following conditions and its complications for duration of 24 months. This exclusion will not be applicable after two years, provided the policy has been continuously renewed with the Company without any break.

Sr. No.	Name of the Procedure
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	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/ Degenerative Joint Diseases
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

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