

GROUP CRITICAL ILLNESS INSURANCE POLICY

POLICY WORDINGS

This is *Your* Group Critical Illness Insurance Policy, which has been issued by *Us*, relying on the Information disclosed by *You* in *Your* Proposal for this *Policy* or its preceding *Policy/Policies* of which this is a *Renewal*. The terms set out in this *Policy* and its Schedule will be the basis for any claim or benefit under this *Policy*.

1. DEFINITIONS

For the purpose of easy understanding of this *Policy*, *We* have defined the terms below which will be applicable wherever they appear in this *Policy*. Where relevant, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same.

- 1.1 Accident** means sudden, unforeseen and involuntary event caused by external, visible and violent means
- 1.2 Activities of Daily Living** means daily self-care activities within an individual's place of residence, in outdoor environment or both.
The *Activities of Daily Living* are:
- i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
 - ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
 - iv. Mobility: the ability to move indoors from room to room on level surfaces;
 - v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
 - vi. Feeding: the ability to feed oneself once food has been prepared and made available.
- 1.3 Age** means the completed age in years as at the Commencement Date.
- 1.4 Authority** means the Insurance Regulatory and Development Authority of India established under the provisions of section 3 of the Insurance Regulatory and development authority Act, 1999 (41 of 1999).
- 1.5 Bank Rate** means Bank Rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.

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- 1.6 Cashless Facility** - means a facility extended by the Insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the Network Provider by the Insurer to the extent pre-authorization is approved.
- 1.7 Complaint or Grievance** means written expression (includes communication in the form of electronic mail or other electronic scripts), of dissatisfaction by a *Complainant* with insurer, distribution channels, intermediaries, insurance intermediaries or other regulated entities about an action or lack of action about the standard of service or deficiency of service of such insurer, distribution channels, intermediaries, insurance intermediaries or other regulated entities.
- 1.8 Complainant** means a *Policyholder* or prospect or any beneficiary of an insurance *Policy* who has filed a *Complaint* or *Grievance* against an insurer or a distribution channel.
- 1.9 Condition Precedent** means a *Policy* term or condition upon which the Insurer's liability under the *Policy* is conditional upon.
- 1.10 Congenital Anomaly** means a condition which is present since birth, and which is abnormal with reference to form, structure or position.
- a) Internal Congenital Anomaly: *Congenital Anomaly* which is not in the visible and accessible parts of the body.
 - b) External Congenital Anomaly: *Congenital Anomaly* which is in the visible and accessible parts of the body
- 1.11 Disclosure To Information Norm:** The *Policy* shall be void and all premium paid thereon shall be forfeited to *Us* in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- 1.12 Dependents** - means the persons named in the *Policy Schedule* who are the *Primary Insured Person's*:
- i) Spouse – The *Primary Insured's* legally married spouse as long as she continues to be married to the *Primary Insured*.
 - ii) Children – The *Primary Insured's* children as long as they are financially dependent on him/her with no source of independent income and have not established their own independent households.
 - iii) Parents – The *Primary Insured's* natural parents or parents that have legally adopted him
 - iv) Siblings – The *Primary insured's* siblings as long as they are unmarried and financially dependent on him/her with no source of independent income and have not established their own independent households.
 - v) Parents in Law – The *Primary Insured's* Parents in Law.

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- 1.13 Educational Institute** - means any accredited institution that provides education or training, including but not limited to, any technical / vocational school.
- 1.14 Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a *Policy* in force without loss of continuity benefits such as waiting periods and coverage of *Pre-Existing Diseases*. Coverage is not available for the period for which no premium is received.
- 1.15 Hospital** means any institution established for in-patient care and day care treatment of *Illness* and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act Or complies with all minimum criteria as under:
- i) has qualified nursing staff under its employment round the clock;
 - ii) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
 - iii) has qualified *Medical Practitioner(s)* in charge round the clock;
 - iv) has a fully equipped operation theatre of its own where *Surgical Procedures* are carried out;
 - v) maintains daily records of patients and makes these accessible to the *Our* authorized personnel;
- 1.16 Hospitalization** means admission in a *Hospital* for a minimum period of twenty-four (24) consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than twenty-four (24) consecutive hours.
- 1.17 Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
- (a) Acute condition - Acute condition is a disease, *Illness* or *Injury* that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ *Illness*/ *Injury* which leads to full recovery
 - (b) Chronic condition - A chronic condition is defined as a disease, *Illness*, or *Injury* that has one or more of the following characteristics:
 - i) it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
 - ii) it needs ongoing or long-term control or relief of symptoms
 - iii) it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 - iv) it continues indefinitely
 - v) it recurs or is likely to recur
- 1.18 Injury** means accidental physical bodily harm excluding *Illness* or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a *Medical Practitioner*.

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- 1.19 Insured Person (Insured)** means a person whose name specifically appears in the *Policy Schedule/Certificate* and with respect to whom the premium has been received by *Us*.
- 1.20 Medical Advice** means any consultation or advice from a *Medical Practitioner* including the issuance of any prescription or follow-up prescription.
- 1.21 Medical Practitioner** is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homoeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license. *Medical Practitioner* should not be the *Insured Person* or his/her immediate Family Member or anyone who is living in the same household as the *Insured Person*.
- 1.22 Network Provider** - means hospital enlisted by an Insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.
- 1.23 Nominee/ Assignee** means the person named in the *Policy Schedule/Certificate* who is nominated by the *Policyholder/Insured Person*, to receive the benefits under this *Policy* in accordance with the terms of the *Policy*, if the *Policyholder/Insured Person* is deceased.
- 1.24 Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
- 1.25 Policy** means this policy document together with the *Policy Schedule, Your Proposal Form* including any attachment like endorsement, rider, condition, warranty, declaration etc.
- 1.26 Policyholder** means the person or entity named in the *Policy Schedule* as the Policyholder.
- 1.27 Policy Period** means the period commencing from *Policy* start date and time as specified in the Schedule and terminating at midnight on the *Policy* end date as specified in the Schedule to this *Policy*.
- 1.28 Policy Schedule** means the document attached to and forming part of this *Policy* mentioning the details of the *Insured Persons*, the *Sum Insured*, the *Policy Period* and the limits, conditions etc. to which benefits under the *Policy* are subject to including any annexures and / or endorsements.
- 1.29 Pre-Existing Disease** means any condition, ailment or *Injury* or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which *Medical Advice* / treatment was received within forty-eight (48) months prior to the first *Policy* issued by the insurer and renewed continuously thereafter.
- 1.30 Primary Insured** means the person who has been first enrolled by group *Policyholder* as a member under this *Policy* and who in turn has included his/her family members.

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- 1.31 Relaxation Period** - means the specified period of time immediately following the premium instalment due date during which a payment can be made to continue a Policy in force without loss of continuity of waiting periods and coverage of Pre-existing diseases.
- 1.32 Renewal** means the 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 gaining credit for *Pre-Existing Diseases*, time-bound exclusions and for all waiting periods.
- 1.33 Sum Insured** means the sum as specified in the *Policy Schedule/ Certificate* against each of the *Insured Persons/cover*. It is *Our* maximum liability for the *Insured Person* for any and all benefits claimed for during the *Policy Period*.
- 1.34 Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an *Illness or Injury*, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a *Hospital* or day care centre by a *Medical Practitioner*.
- 1.35 Unproven/Experimental treatment** means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.
- 1.36 We/Our/Us** means DHFL General Insurance Limited.
- 1.37 You/Your/Policyholder** - means the *Policyholder* or *Primary Insured* named in the *Policy Schedule*.

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2. SCOPE OF COVER

2.1 SECTION A

2.1.1 CRITICAL ILLNESS

We will pay the *Sum Insured* as stated in the *Policy Schedule*/ Certificate of Insurance if the *Insured Person* is diagnosed to be suffering from a specified Critical Illness and all the following conditions are satisfied subject to other provisions, terms & conditions and limitations of the *Policy*.

- (a) The *Insured Person* is diagnosed with a Critical Illness specifically listed and defined in this *Policy*; and
- (b) Such Critical Illness occurs or manifests itself as a first incidence; and
- (d) Such Critical Illness manifests after number of days specified in the *Policy Schedule* as waiting period from inception of first *Policy* / Certificate of insurance with *Us*; and
- (e) The *Insured Person* survives such Critical illness by number of days specified in the *Policy Schedule* as survival period or more, from the date of diagnosis/date of undergoing the *Surgical Procedure*.

For this Benefit, Critical Illness means the following *Illnesses* /*Surgical Procedures* to the extent described below:

2.1.1.1 CANCER OF SPECIFIED SEVERITY

- I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.
- II. The following are excluded –
 - i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behaviour, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
 - ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
 - iii. Malignant melanoma that has not caused invasion beyond the epidermis;
 - iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0

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- v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- vi. Chronic lymphocytic leukaemia less than RAI stage 3
- vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
- ix. All tumors in the presence of HIV infection.

2.1.1.2 MYOCARDIAL INFARCTION (First Heart Attack of Specified Severity)

- I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:
 - i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
 - ii. New characteristic electrocardiogram changes
 - iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
- II. The following are excluded:
 - i. Other acute Coronary Syndromes
 - ii. Any type of angina pectoris
 - iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

2.1.1.3 OPEN CHEST CABG

- I. The actual undergoing of heart *Surgery* to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of *Surgery* has to be confirmed by a cardiologist.
- II. The following are excluded:
 - i. Angioplasty and/or any other intra-arterial procedures

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2.1.1.4 OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES

- I. The actual undergoing of open-heart valve *Surgery* is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of *Surgery* has to be confirmed by a specialist *Medical Practitioner*. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

2.1.1.5 AORTA GRAFT SURGERY

- I. The actual undergoing of *Surgery* for a disease or injury of the aorta needing excision and surgical replacement of the diseased part of the aorta with a graft. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches.
- II. Realization of the aortic *Surgery* has to be confirmed by a specialist *Medical Practitioner* (Cardiologist/Cardiac Surgeon).
- III. The following are excluded:
 - i. Any other minimally invasive *Surgical Procedure* like insertion of stents or endovascular repair

2.1.1.6 CARDIOMYOPATHY

- I. A diagnosis of cardiomyopathy by a Specialist *Medical Practitioner* (Cardiologist). There must be clinical impairment of heart function resulting in the permanent loss of ability to perform physical activities to at least Class three (3) of the New York Heart Association classification of functional capacity (Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms), for at least six (6) months. The diagnosis of Cardiomyopathy has to be supported by echocardiographic findings of compromised ventricular performance.
- II. The following are excluded:
 - i. Cardiomyopathy secondary to alcohol or drug abuse.
 - ii. All other forms of heart disease, heart enlargement and myocarditis.

2.1.1.7 PRIMARY (IDIOPATHIC) PULMONARY HYPERTENSION

- I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catheterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.
- II. The NYHA Classification of Cardiac Impairment are as follows:
 - i. Class III: Marked limitation of physical activity. Comfortable at rest, but less

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- than ordinary activity causes symptoms.
- ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
 - III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

2.1.1.8 CORONARY ARTERY DISEASE

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

2.1.1.9 PULMONARY ARTERY GRAFT SURGERY

- I. The undergoing of *Surgery* requiring median sternotomy on the advice of a Cardiologist for disease of the pulmonary artery to excise and replace the diseased pulmonary artery with a graft.
- II. The following is excluded:
 - i. Any other surgical procedure for example the insertion of stents or endovascular repairs.

2.1.1.10 STROKE RESULTING IN PERMANENT SYMPTOMS

- I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist *Medical Practitioner* and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least three (3) months has to be produced.
- II. The following are excluded:
 - i. Transient ischemic attacks (TIA)
 - ii. Traumatic *Injury* of the brain
 - iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

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2.1.1.11 MOTOR NEURONE DISEASE WITH PERMANENT SYMPTOMS

- I. Motor neuron disease diagnosed by a specialist Medical Practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least (three) 3 months.

2.1.1.12 PERMANENT PARALYSIS OF LIMBS

- I. Total and irreversible loss of use of two or more limbs as a result of *Injury* or disease of the brain or spinal cord. A specialist *Medical Practitioner* must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than three (3) months.

2.1.1.13 BACTERIAL MENINGITIS

- I. Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least six (6) weeks. This diagnosis must be confirmed by:
 - i. The presence of bacterial infection in cerebrospinal fluid by lumbar puncture;
 - ii. A Neurologist.

2.1.1.14 BENIGN BRAIN TUMOR

- I. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.
- II. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.
 - i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least Ninety (90) consecutive days or
 - ii. Undergone surgical resection or radiation therapy to treat the brain tumor.
- III. The following conditions are excluded:
Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

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2.1.1.15 ENCEPHALITIS

- I. It is a severe inflammation of brain tissue, resulting in permanent neurological deficit lasting for a minimum period of thirty (30) days. This must be certified by a Specialist *Medical Practitioner* (Neurologist).
- II. The permanent neurological deficit must result in an inability to perform at least three (3) of the *Activities of Daily Living* either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons.

2.1.1.16 MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS

- I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
 - i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
 - ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least six (6) months.
- II. Other causes of neurological damage such as SLE and HIV are excluded.

2.1.1.17 MAJOR HEAD TRAUMA

- I. Accidental head *Injury* resulting in permanent Neurological deficit to be assessed no sooner than three (3) months from the date of the *Accident*. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The *Accident* must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.
- II. The Accidental Head Injury must result in an inability to perform at least three (3) of the following Activities of daily living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word “permanent” shall mean beyond the scope of recovery with current medical knowledge and technology.
- III. The *Activities of Daily Living* are:
 - i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
 - ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
 - iv. Mobility: the ability to move indoors from room to room on level surfaces;
 - v. Toileting: the ability to use the lavatory or otherwise manage bowel and

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bladder functions so as to maintain a satisfactory level of personal hygiene;
vi. Feeding: the ability to feed oneself once food has been prepared and made available.

- IV. The following are excluded:
- i. Spinal cord *Injury*;

2.1.1.18 PROGRESSIVE SUPRANUCLEAR PALSY

- I. A diagnosis of progressive supranuclear palsy by a Specialist *Medical Practitioner* (Neurologist). There must be permanent clinical impairment of eye movements and motor function for a minimum period of thirty (30) days.

2.1.1.19 APALLIC SYNDROME

- I. Universal necrosis of the brain cortex with the brainstem remaining intact. The Diagnosis must be confirmed by a Neurologist and condition must be documented for at least thirty (30 days) with no hope of recovery.

2.1.1.20 SPINAL STROKE

- I. Death of spinal cord tissue due to inadequate blood supply or haemorrhage within the spinal column resulting in permanent neurological deficit with persisting clinical symptoms.
- II. Evidence of permanent neurological deficit lasting for at least three (3) months has to be produced.

2.1.1.21 KIDNEY FAILURE REQUIRING REGULAR DIALYSIS

- I. End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist Medical Practitioner.

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2.1.1.22 END STAGE LUNG FAILURE

- I. End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:
 - i. FEV1 test results consistently less than 1 litre measured on three (3) occasions three (3) months apart; and
 - ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
 - iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO₂ < 55mmHg); and
 - iv. Dyspnea at rest.

2.1.1.23 END STAGE LIVER FAILURE

- I. Permanent and irreversible failure of liver function that has resulted in all three of the following:
 - i. Permanent jaundice; and
 - ii. Ascites; and
 - iii. Hepatic encephalopathy.
- II. Liver failure secondary to drug or alcohol abuse is excluded.

2.1.1.24 MAJOR ORGAN / BONE MARROW TRANSPLANT

- I. The actual undergoing of a transplant of:
 - i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
 - ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist *Medical Practitioner*.
- II. The following are excluded:
 - i. Other stem-cell transplants
 - ii. Where only islets of langerhans are transplanted

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2.1.1.25 COMA OF SEPCIFIED SEVERITY

- I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
 - i. no response to external stimuli continuously for at least ninety-six (96) hours;
 - ii. life support measures are necessary to sustain life; and
 - iii. permanent neurological deficit which must be assessed at least thirty (30) days after the onset of the coma.
- II. The condition has to be confirmed by a specialist *Medical Practitioner*. Coma resulting directly from alcohol or drug abuse is excluded.

2.1.1.26 PNEUMONECTOMY

- I. The undergoing of *Surgery* on the advice of an appropriate Specialist *Medical Practitioner* to remove an entire lung for disease or traumatic *Injury*.
- II. The following conditions are excluded:
 - i. Removal of a lobe of the lungs (Lobectomy)
 - ii. Lung resection or incision

2.1.1.27 APLASTIC ANAEMIA

- I. A Chronic persistent bone marrow failure which results in total aplasia of the bone marrow and requires treatment with at least two of the following:
 - i. Regular blood product transfusion
 - ii. Marrow stimulating agents
 - iii. Immunosuppressive agents
 - iv. Bone marrow transplantation
- II. The diagnosis and suggested line of treatment must be confirmed by a Specialist *Medical Practitioner* (Haematologist) using relevant laboratory investigations including Bone Marrow Biopsy. Two out of the following three values should be present:
 - i. Absolute Neutrophil count of 500 per cubic millimetre or less;
 - ii. Absolute Reticulocyte count of 20,000 per cubic millimetre or less;
 - iii. Platelet count of 20,000 per cubic millimetre or less.
- III. Temporary or reversible Aplastic Anaemia is excluded.

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2.1.1.28 BLINDNESS

- I. Total, permanent and irreversible loss of all vision in both eyes as a result of *Illness* or *Accident*.
- II. The Blindness is evidenced by:
 - i. corrected visual acuity being 3/60 or less in both eyes or;
 - ii. the field of vision being less than 10 degrees in both eyes.
- III. The diagnosis of blindness must be confirmed and must not be correctable by aids or *Surgical Procedure*.

2.1.1.29 DEAFNESS

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

2.1.1.30 LOSS OF SPEECH

- I. Total and irrecoverable loss of the ability to speak as a result of *Injury* or disease to the vocal cords. The inability to speak must be established for a continuous period of twelve (12) months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.
- II. All psychiatric related causes are excluded.

2.1.1.31 LOSS OF LIMBS

- I. The physical separation of **two** or more limbs, at or above the wrist or ankle level limbs as a result of *Injury* or disease. This will include medically necessary amputation necessitated by *Injury* or disease. The separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted *Injury*, alcohol or drug abuse is excluded.

2.1.1.32 THIRD DEGREE BURNS

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

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2.1.1.33 PRIMARY PARKINSON'S DISEASE

- I. The unequivocal diagnosis of progressive, degenerative idiopathic Parkinson's Disease (all other forms of Parkinsonism are excluded) by a Neurologist acceptable to us.
- II. The diagnosis must be supported by all of the following conditions:
 - i. The disease cannot be controlled with medication;
 - ii. Signs of progressive impairment; and
 - iii. Inability of the *Insured Person* to perform at least three (3) of the six (6) *Activities of Daily Living* for a continuous period of at least one hundred eighty (180) days.
- III. The following conditions are excluded:
 - i. Drug induced or toxic causes of Parkinsonism.

2.1.1.34 MULTIPLE SYSTEM ATROPHY

- I. A diagnosis of multiple system atrophy by a Specialist *Medical Practitioner* (Neurologist). There must be evidence of permanent clinical impairment for a minimum period of thirty (30) days of bladder control with postural hypotension and any 2 of the following:
 - i. Rigidity
 - ii. Cerebellar Ataxia
 - iii. Peripheral Neuropathy

2.1.1.35 ALZHEIMER'S DISEASE

- I. Alzheimer's Disease is a progressive degenerative *Illness* of the brain, characterized by diffuse atrophy throughout the cerebral cortex with distinctive histopathological changes.
- II. Deterioration of loss of intellectual capacity, as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease, resulting in progressive significant reduction in mental and social functioning, requiring the continuous supervision of the Insured Person. The diagnosis must be supported by the clinical confirmation of a Neurologist.
- III. The diagnosis must be supported by inability of the *Insured Person* to perform at least three (3) of the six (6) *Activities of Daily Living* for a continuous period of one hundred and eighty (180) days.
- IV. The following are excluded:
 - i. Non-organic diseases
 - ii. Alcohol related brain damage; and
 - iii. Any other type of irreversible organic disorder/dementia.

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2.1.1.36 CREUTZFELDT-JAKOB DISEASE

- I. A Diagnosis of Creutzfeldt-Jakob disease must be made by a Specialist *Medical Practitioner* (Neurologist). There must be permanent clinical loss of the ability in mental and social functioning to do all of the following: remember, reason and perceive, understand, express and give effect to ideas for a minimum period of thirty (30) days to the extent that permanent supervision or assistance by a third party is required.
- II. The following are excluded:
 - i. Other type of dementia

2.1.1.37 SYSTEMIC LUPUS ERYTHEMATOSUS

- I. A multi-system, multifactorial, autoimmune disease characterized by the development of autoantibodies directed against various self-antigens. Systemic Lupus Erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification). The final diagnosis must be confirmed by a Specialist *Medical Practitioner* (Rheumatologist and Immunologist) supported by a positive antinuclear antibody test.

The WHO Classification of Lupus Nephritis is as follows:

- Class I: Minimal change Lupus Glomerulonephritis- Negative, normal urine.
 - Class II: Mesangial Lupus Glomerulonephritis- Moderate Proteinuria, active sediment
 - Class III: Focal Segmental Proliferative Lupus Glomerulonephritis- Proteinuria, active sediment.
 - Class IV: Diffuse Proliferative Lupus Glomerulonephritis- Acute nephritis with active sediment and / or nephritic syndrome.
 - Class V: Membranous Lupus Glomerulonephritis- Nephrotic Syndrome or severe proteinuria
- II. The following are excluded:
 1. Other forms, discoid lupus, and those forms with only haematological and joint involvement.

2.1.1.38 GOOD PASTURE'S SYNDROME

- I. Good Pasture's syndrome is an autoimmune disease in which antibodies attack the lungs and kidneys, leading to permanent lung and kidney damage. The permanent damage should be for a continuous period of at least thirty (30) days.
- II. The Diagnosis must be proven by Kidney biopsy and confirmed by a Specialist *Medical Practitioner* (Rheumatologist).

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2.1.1.39 PROGRESSIVE SCLERODERMA

- I. A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally confirmed by a Specialist *Medical Practitioner* and supported by biopsy and serological evidence. The disorder must have reached systemic proportions to involve the heart, lungs or kidneys.
- II. The following conditions are excluded:
 - i. Localized scleroderma (linear scleroderma or morphea);
 - ii. Eosinophilic fasciitis; and
 - iii. CREST syndrome.

2.1.1.40 MEDULLARY CYSTIC DISEASE

- I. A progressive hereditary disease of the kidneys characterized by the presence of multiple cysts in the medulla, tubular atrophy and interstitial fibrosis with the clinical manifestations of anaemia, polyuria and renal loss of sodium, progressing to chronic renal failure.
- II. The diagnosis must be confirmed by a Specialist *Medical Practitioner* supported by renal biopsy.

2.1.1.41 MUSCULAR DYSTROPHY

- I. Muscular Dystrophy is a disease of the muscle causing progressive and permanent weakening and atrophy of certain muscle groups based on three (3) out of four (4) of the following conditions:
 - 1) Family history of the other affected individuals
 - 2) Clinical presentation including absence of sensory disturbances, normal cerebrospinal fluid and mild tendon reflex reduction;
 - 3) Characteristic electromyogram; or
 - 4) Clinical suspicion confirmed by muscle biopsy
- II. The diagnosis of Muscular Dystrophy must be confirmed by a Neurologist, and confirmed with the appropriate laboratory, biochemical, histological, and electromyographic evidence.
- III. The disease must result in the permanent inability of the Insured Person to perform (whether aided or unaided) at least three (3) of the six (6) "Activities of Daily Living" for a continuous period of six (6) months.

2.1.2 MEDICAL SECOND OPINION

If the *Insured Person* is diagnosed with any covered critical illness during the *Policy Period* and opts to obtain medical Second opinion before any *Surgical Procedure / Surgery / Course of treatment*, We will organize the same by *Our* service provider provided:

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- a) We have received a request from *You* to exercise this option immediately not exceeding two (2) days after *You* had given intimation of the Claim under Benefit 2.1.1/2.2.2.
- b) That the Second opinion will be based only on the information and documentation provided by the *Insured Person* that will be shared with the *Specialist Medical Practitioner*.
- c) This benefit can be availed only once (each for section 2.1.1 and 2.2.2) by *Insured Person* during the lifetime of a *Policy* provided *Policy* is renewed continuously without any break.
- d) This benefit is only a value-added service provided by *Us* and does not deem to substitute the *Insured Person's* visit or consultation to an independent *Medical Practitioner*.
- e) The *Insured Person* is free to choose whether or not to obtain the Second opinion, and if obtained, then whether or not to act on it.
- f) We shall not, in any event, be responsible for any actual or alleged errors or representations made by *Medical Practitioner* in any Medical Second opinion or for any consequence of actions taken or not taken in reliance thereon.
- g) The Second opinion under this *Policy* shall be limited to covered Critical Illnesses as listed in the *Policy Schedule* and not be valid for any medico legal purposes.
- h) We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the *Medical Practitioner*.

Service Provider - means any person, clinic, organization or institution that has been empaneled with Us to provide Medical Second Opinion.

2.1.3 **HEALTH CHECKUP**

Health checkup benefit will be available for each *Insured Person* (≥ 18 years of Age) at the end of every two (2) claim free policy years.

A) Locations where *Our* network providers are available

- a) Health check Up benefit shall be available on cashless basis at *Our* network providers only.
- b) We will arrange for the *Insured Person's* Health Checkup at *Our* network provider as per the grid below.
- c) We will provide the Original Copies of all the reports to *You*, while retaining a copy of the same with *Us*.

<i>Age / Sum Insured</i>	Up to 10 Lac	11-35 Lac	36-50 Lac
18 - 45 yrs.	Set-I	Set-II	Set-II
46-55 yrs.	Set-II	Set-III	Set-IV
Above 55 yrs.	Set-III	Set-III	Set-IV

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Set	List of Medical Tests
Set-I	Complete Blood Count, ESR, Blood Group, Total Cholesterol, SGPT, Sr. Creatinine, FBSL, ECG, Urine Routine
Set-II	Complete Blood Count, ESR, Blood Group, Total Cholesterol, SGOT, SGPT, Bilirubin, Sr. Creatinine, FBSL, PPBSL, ECG, Urine Routine, Consultation on the reports
Set-III	Complete Blood Count, ESR, Blood Group, Lipid Profile, SGOT, SGPT, Bilirubin, Sr. Creatinine, BUN, HbA1c, ECG, Urine Routine, Consultation on the reports
Set-IV	Complete Blood Count, Blood Group, Lipid Profile, Bilirubin, Sr. Creatinine, HbA1c, 2D-Echo, Urine Routine, Consultation on the reports, PAP smear (Females)/PSA (Males)

B) Locations where *Our* network providers are not available:

- The benefit will be available on reimbursement basis if, there is no network provider within the municipal limits of the insured's City of residence.
- The *Insured Person* can opt for Health Checkup at any of the Diagnostic Center of his choice near to his/her residence.
- We will pay the amount towards the cost of health check up to the limit defined in the below grid or at actuals, whichever is lesser.

Age / Sum Insured	Up to 10 Lac	11-35 Lac	36-50 Lac
18 - 45 yrs.	₹ 750	₹ 1000	₹ 1000
46-55 yrs.	₹ 1000	₹ 1500	₹ 2500
Above 55 yrs.	₹ 1500	₹ 1500	₹ 2500

Note:

- If this benefit is not claimed within a year from the date it becomes applicable, then this benefit cannot be carried forwarded further.
- This benefit will not be applicable, if the *Policy* is not renewed further.

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2.1.4 CHILD TUITION BENEFIT

We will pay the applicable *Sum Insured* for the said benefit as stated in the *Policy Schedule*/ Certificate of Insurance if the Primary *Insured Person* suffers from a specified Critical Illness as defined in section 2.1.1, 2.2.2 or Accidental Death (under section 2.2.3, if opted) and the said benefit becomes admissible and payable under this *Policy*. We will pay the benefit to *Your Eligible Child* who is a full-time student in any recognized Educational Institute at the time of such Accidental Death or Critical Illness.

We will pay this benefit to the bank account of Eligible child(ren). In case the child is a minor, the benefit will be given to the joint account of the legal guardian and the minor child. Also, in case of more than one child, the payable amount will be divided equally between the eligible children.

2.2 SECTION B

2.2.1 ADDITIONAL CRITICAL ILLNESS

We will pay the applicable *Sum Insured* for the said benefit as stated in the *Policy Schedule*/ Certificate of Insurance if the *Insured* is diagnosed to be suffering from a specified Critical Illness as mentioned under this section and all the following conditions are satisfied subject to other provisions, terms & conditions and limitations of the *Policy*.

- a) The *Insured Person* is diagnosed with a Critical Illness specifically listed and defined under this SECTION in this *Policy*; and
- b) Such Critical Illness, occurs or manifests itself as a first incidence; and
- c) Such Critical Illness manifests after number of days specified in the *Policy Schedule* as waiting period from inception of first *Policy* / Certificate of insurance with *Us*; and
- d) The *Insured Person* survives such Critical illness by number of days specified as survival period in the *Policy Schedule* or more, from the date of diagnosis.

For this Benefit, Critical *Illness* means the following *Illnesses /Surgical Procedures* to the extent described below:

2.2.1.1 EARLY STAGE CANCER –

- A. Early Stage Cancer - which shall mean the presence of one of the following malignant conditions:
 - i. Chronic Lymphocytic Leukaemia classified as RAI stage I or II;
 - ii. Hodgkin's lymphoma Stage I by the Cotswolds classification staging system.
- B. Carcinoma-in-situ: Carcinoma-in-situ shall mean a histologically proven, localized pre-invasion lesion where cancer cells have not yet penetrated the basement membrane or involved (in the sense of infiltrating and / or actively destroying) the surrounding tissues or stroma.

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Note:

- i) The diagnosis must be based on histopathological features and confirmed by a Pathologist.
- ii) Exclusion:
 - a. Cancer with stage of T0 and Tx according to the TNM classification, are excluded.
 - b. Clinical diagnosis or Cervical Intraepithelial Neoplasia (CIN) classification which reports CIN I and CIN II (where there is severe dysplasia without carcinoma in situ) are specifically excluded.
 - c. Carcinoma in Situ of the Skin and Prostate are specifically excluded.

2.2.1.2 ANGIOPLASTY

- I. Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50% of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG).
- II. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.
- III. Diagnostic angiography or investigation procedures without angioplasty/stent insertion are excluded.

2.2.2 SECOND CRITICAL ILLNESS

We will pay the applicable *Sum Insured* for the said benefit as stated in the *Policy Schedule/ Certificate of Insurance* if the *Insured* is diagnosed to be suffering from a Second Critical Illness and if all of the following conditions are satisfied subject to other provisions, terms and conditions and limitations of the *Policy*.

- a) The *Insured Person* is diagnosed with a Second Critical Illness specifically listed and defined in this *Policy*; and
- b) Such Critical Illness occurs or manifests itself as a first incidence; and
- c) Such Critical Illness should not belong to the same group of Critical Illness diagnosed and paid under Section 2.1.1; and
- d) The *Insured Person* survives the Critical illness by number of days specified as survival period in the *Policy Schedule* or more, from the date of diagnosis/date of undergoing the *Surgical Procedure*.

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Special Condition:

- 1) The second critical illness claim should not be from the same group of Critical Illness under which the first Critical Illness claim was paid.
- 2) The second critical illness claim should be diagnosed one (1) year after the diagnosis of the First Critical Illness.
- 3) This benefit can be availed only once by *Insured Person* during the lifetime of a *Policy* provided *Policy* is renewed continuously without any break.
- 4) After a Cancer claim, if the *Insured* claims for second critical illness from Group IV, then the date of diagnosis of such second critical illness must be at least four (4) years after the date of diagnosis of the immediately preceding Cancer.
- 5) After a claim for End Stage Lung Disease, if the *Insured* claims for Pneumonectomy as second critical illness, then the date of actual undergoing of Pneumonectomy must be at least four (4) years after the date of diagnosis of the immediately preceding End Stage Lung Disease.

Covered Critical Illness		Basic	Essential	Enhanced	Elite	Choice
Group I – Cancer						
1	Cancer of Specific Severity	✓	✓	✓	✓	
Group II - Heart Related Illnesses						
2	Myocardial Infarction (First Heart Attack of Specific Severity)	✓	✓	✓	✓	
3	Open Chest CABG	✓	✓	✓	✓	
4	Pulmonary Artery Graft Surgery		✓	✓	✓	
5	Open Heart Replacement or Repair of Heart Valves			✓	✓	
6	Aorta Graft Surgery			✓	✓	
7	Cardiomyopathy			✓	✓	
8	Primary (Idiopathic) Pulmonary Arterial Hypertension			✓	✓	
9	Coronary Artery Disease				✓	
Group III - Nervous System & Related Illness						
10	Stroke Resulting in Permanent Symptoms	✓	✓	✓	✓	
11	Permanent Paralysis of Limbs	✓	✓	✓	✓	
12	Motor Neurone Disease with Permanent Symptoms		✓	✓	✓	
13	Coma of Specific Severity		✓	✓	✓	
14	Bacterial Meningitis			✓	✓	
15	Benign Brain Tumor			✓	✓	
16	Encephalitis			✓	✓	
17	Multiple Sclerosis with Persisting Symptoms			✓	✓	
18	Major Head Trauma			✓	✓	
19	Progressive Supranuclear Palsy			✓	✓	

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20	Primary Parkinson's Disease			✓	✓	
21	Multiple System Atrophy			✓	✓	
22	Alzheimer's Disease			✓	✓	
23	Apallic Syndrome				✓	
24	Spinal Stroke				✓	
25	Creutzfeldt-Jakob Disease				✓	
Group IV - Major Organ Related Illnesses						
26	Kidney Failure Requiring Regular Dialysis	✓	✓	✓	✓	
27	End Stage Liver Failure		✓	✓	✓	
28	End Stage Lung Disease		✓	✓	✓	
29	Major Organ / Bone Marrow Transplant		✓	✓	✓	
30	Systemic Lupus Erythematosus			✓	✓	
31	Aplastic Anaemia				✓	
32	Good Pasture's Syndrome				✓	
33	Progressive Scleroderma				✓	
34	Medullary Cystic Disease				✓	
Group V - Disability Related Illness						
35	Loss of Limbs	✓	✓	✓	✓	
36	Blindness		✓	✓	✓	
37	Deafness			✓	✓	
38	Loss of Speech				✓	
Group VI - Other Major Illness						
39	Third Degree Burns		✓	✓	✓	
40	Pneumonectomy				✓	
41	Muscular Dystrophy				✓	

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2.2.3 PERSONAL ACCIDENT

We will pay the applicable *Sum Insured* for the said benefit as specified in the *Policy Schedule/ Certificate of Insurance* against this Benefit, If the *Insured Person* suffers an *Injury* directly due to an *Accident* that occurs during the *Policy Period*, resulting in the *Insured Person's* death within twelve (12) months of the occurrence of the *Accident*.

We will also pay for Loss of Life if *Insured Person's* body cannot be located within twelve (12) months after the forced landing, stranding, sinking or wrecking of a conveyance in which *Insured Person* was a passenger or as a result of any Acts of God, in which case it shall be deemed, subject to all other terms and provisions of the *Policy*, that *Insured Person* has suffered loss of life within the meaning of the *Policy* due to an *Accident* that occurred during the *Policy Period*.

In case any claim is admitted under this Benefit, coverage under the *Policy* for that *Insured Person* shall immediately and automatically terminate.

Geographical Jurisdiction: Worldwide

2.2.4 LOSS OF JOB

We will pay, maximum three (3) Equated Monthly Installment (EMI) in respect of the covered loan as shown in the *Policy Schedule/ Certificate of Insurance* in the event of Loss of Job of the *Primary Insured* during the *Policy Period*. EMI must fall due in respect of the covered loan after the commencement of Loss of Job and prior to the reinstatement of employment with the same employer or new employer.

The covered Equated Monthly Installment (EMI) is subject to Specific Conditions as mentioned below:

- i. *Primary Insured* is a confirmed permanent employee (not on probation) of the organization and working on a full-time basis on salary.
- ii. *Primary Insured* is paying the EMI on a Regular basis i.e. the payment of EMI to the Bank/Financial Institution from whom the loan has been availed without any defaults and/or any penalties and/or interest and /or miscellaneous charges.
- iii. Submission of Sanction letter and Repayment Track Record or Bank account statement or Loan Account Statement reflecting EMI.
- iv. A claim under this section shall become admissible provided the period of termination, dismissal temporary suspension or retrenchment from employment shall not be less than thirty (30) consecutive days.
- v. This would be a onetime payment at the end of the continuous period of unemployment for which claim has been made and is admissible under the *Policy*.
- vi. If *You* have any other *Policy* from *Us* which provides this cover, *We* will deduct the amount paid under such policy from the amount payable under this policy and balance amount will be payable upto the sum insured.

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Specific Exclusions:

1. We will not pay in the event of termination, dismissal, temporary suspension or retrenchment from employment of the *Primary Insured Person* attributed to any dishonesty or fraud or poor performance on the part of the *Primary Insured Person* or willful violation of any rules of the employer or laws for the time being in force or any disciplinary action against the *Primary Insured Person* by the employer.
2. We will not pay in respect of:
 - i. Self-employed persons;
 - ii. Unemployment from a job which is casual, temporary, seasonal or contractual in nature
 - iii. Any voluntary unemployment except provided elsewhere under this section
 - iv. Unemployment at the time of inception of the *Policy Period* or arising within Ninety (90) days of inception of first *Policy* with *Us*.
 - v. Any unemployment from a job under which no salary or any remuneration is provided to the *Primary Insured*.
 - vi. Any suspension from employment on account of any pending enquiry being conducted by the employer/ Public Authority.
 - vii. Any unemployment due to resignation, retirement whether voluntary or otherwise except as provided elsewhere under this section.
 - viii. Any unemployment due to non-confirmation of employment after or during such period under which the *Primary Insured* was under probation.
 - ix. Second unemployment during the *Policy Period*.

Definition:

Loss of job means loss of employment of the *Primary Insured Person*:

1. on account of retrenchment or layoffs by the employer due to any of the following reasons;
 - i. Employer rules and regulations (Example, closure of a division or a department on account of poor financial health) or
 - ii. Action of any Public Authority or any laws for the time being in force, leading to closure of the Employer firm.
2. On account of the critical illness suffered which renders the *Primary Insured* completely unfit to pursue the job and certified to this extent by the Medical *Practitioner* and subject to claim being admissible under section 2.1.1/2.2.2.

EMI - means and includes the amount of monthly payment required to repay the principal amount of Loan and Interest by the *Primary Insured Person* as mentioned in the amortization chart in the loan agreement (or any amendments thereto) between the Bank/Financial Institution and the *Primary Insured* prior to the date of occurrence of the Insured Event under this *Policy*. For avoidance of doubt, it is clarified that any monthly

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payments that are overdue and unpaid by the *Primary Insured* prior to the occurrence of the Insured Event will not be considered for the purpose of this *Policy* and shall be deemed as paid by the *Primary Insured*.

3A. WAITING PERIODS

All waiting Periods shall apply individually for each *Insured Person* and claims shall be assessed accordingly

- 1. Waiting Period for Pre-Existing Conditions** - We will not pay for any treatment / Hospitalisation with respect to any *Pre-Existing Disease/Illness/Injury* or any complication arising from the same, during first forty eight (48) months from the inception of first *Policy* with Us.
- 2. Waiting Period for Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS)** - We will not pay for any treatment / Hospitalisation with respect to any illness / injury related to HIV / AIDS or any complication arising from the same, during first forty-eight (48) months from the inception of first *Policy* with Us.

3B. EXCLUSIONS

We will not make payment for a claim in respect of any *Insured Person* in any way resulting directly or indirectly from or attributable to any of the following unless specifically covered elsewhere in this *Policy*:

3.1 STANDARD EXCLUSIONS

3.1.1 Substance related and Abusive Disorders

Dependency on or abuse of intoxicants or hallucinogenic substances such as alcohol, drugs, nicotine or any other addictive substances and any *Illness* or *Injury* arising directly or indirectly from such dependency or abuse.

3.1.2 Breach of Law

Insured Person committing or attempting to commit a breach of law with criminal intent

3.1.3 Chemical and Nuclear Exposure

Nuclear weapons/materials, ionizing radiations , contamination by radioactive material, nuclear waste, nuclear fuel or from the combustion of nuclear fuel, chemical or biological weapons.

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3.1.4 War

War, invasion, act of foreign enemy, war like operations (whether war be declared or not), civil war, public defense, rebellion, revolution, insurrection, military or usurped acts.

3.2 EXCLUSIONS SPECIFIC TO THE POLICY WHICH CANNOT BE WAIVED

3.2.1 Pre-existing disease

A claim with respect to any Critical Illness diagnosed or which manifested prior to first *Policy Period* Start Date.

3.2.2 HTL Virus and related complex

Human T-cell Lymphotropic virus type III (HTLV-III or IITLB-III) or Lymphadenopathy Associated Virus (LAV) and its variants or mutants, unless leading to AIDS.

3.2.3 Sexually Transmitted Disease

Any sexually transmitted disease including but not limited to Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis.

3.2.4 Self-Inflicted Injuries or Attempted Suicide

Self-inflicted *Injury* or suicide, attempted suicide while sane or insane.

3.2.5 External Congenital Anomaly, Disease or defects

3.2.6 Dangerous Acts (Adventure/Professional Sports/Defense Operation)

- i) Participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing etc. in a professional nature.
- ii) Participation in any flying activity, except as a bonafide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.

3.2.7 Unrecognized Physician

Certification/diagnosis/treatment from persons not registered as *Medical Practitioners*, or from a *Medical Practitioner* who is practicing outside the discipline that he/she is licensed for.

3.2.8 Maternity and Pregnancy

Pregnancy (including voluntary termination), miscarriage (unless due to an *Accident*), childbirth, maternity (including Caesarian section), abortion or complications of any of these.

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4. GENERAL TERMS AND CONDITIONS

4.1 **CONDITIONS PRECEDENT TO THE POLICY**

4.1.1 **AGE**

A person shall be eligible to become an Insured Person if he is of an age group of five (5) years to sixty-five (65) years.

4.1.2 **CONDITION PRECEDENT**

This *Policy* requires fulfilment of the terms and conditions of this *Policy* at all times by *You* or any of the *Insured Persons*, payment of premium (including payment of instalment premium by the due dates as mentioned in the *Policy Schedule*) and *Disclosure To Information Norm*. This is a precondition to any liability under the *Policy*.

4.1.3 **DISCLOSURE TO INFORMATION NORM**

The *Policy* shall be void and all premium paid shall be forfeited to *Us*, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

In the event of untrue or incorrect statements, misrepresentation, mis-description or non-disclosure of any material particulars in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a Claim being fraudulent or any fraudulent means or device being used by the *Policyholder/ Insured Person* or any one acting on his/ their behalf to obtain a benefit under this *Policy*, *We* may cancel this *Policy* at *Our* sole discretion. In such a case, the premium paid shall be forfeited and any benefit paid under the *Policy* shall also be forfeited and (if appropriate) shall be recoverable.

4.1.4 **ELECTRONIC TRANSACTIONS**

The *Policyholder / Insured Person* agrees to adhere to and comply with all such terms and conditions as may be imposed for electronic transactions that *We* may prescribe from time to time which shall be within the terms and conditions of the contract, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of *Us*, for and in respect of the *Policy* or its terms, shall constitute legally binding and valid transactions when done in adherence to and in compliance with *Our* terms and conditions for such facilities, as may be prescribed from time to time which shall be within the terms and conditions of the contract. However, the terms of the condition shall not override provisions of any law(s) or statutory regulations including provisions of IRDAI regulations for protection of policyholder's interests.

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4.1.5 NO CONSTRUCTIVE NOTICE

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

4.2 CONDITIONS APPLICABLE DURING THE CONTRACT

4.2.1 ALTERATIONS TO THE POLICY

The proposal form, declaration, Certificate, and *Policy* constitutes the complete contract of insurance. This *Policy* cannot be changed by any one (including an insurance agent or broker) except *Us*. Any change that *We* make will be communicated to *You* by a written endorsement signed and stamped by *Us*.

4.2.2 ARBITRATION

If *We* admit liability for any claim but any difference or dispute arises as to the amount payable for any claim the same shall be decided by reference to Arbitration. The Arbitrator shall be appointed in accordance with the provisions of the Arbitration and Conciliation Act, 1996 or any amendment thereto. No reference to Arbitration shall be made unless *We* have admitted *Our* liability for a claim in writing.

4.2.3 CANCELLATION OF POLICY

- a) *We* may cancel this *Policy*/Certificate on grounds of misrepresentation, fraud, non-disclosure of material facts, non-cooperation by *You* or anyone acting on *Your* behalf. When such cancellation of the *Policy*/Certificate will be on the grounds of misrepresentation, fraud, non-disclosure of material facts, it will be from inception date or the *Renewal* date (as the case may be) upon 15 days notice, delivered to or mailed to *Your* last address as shown in the records followed by an endorsement without refund of any premium. In case of cancellation of the *Policy*/certificate by *Us* on account of non-cooperation, *You* shall be entitled to refund of prorata premium for the unexpired portion of the *Policy* on the date of cancellation except for those *Insured Person(s)* for whom a claim has been paid or is payable under the *Policy*.
- b) *You* may cancel this *Policy*/Certificate at any time by sending fifteen (15) days notice in writing to *Us* stating when cancellation is to take effect. In the event of such cancellation, *We* shall retain premium for the period that this *Policy* has been in force calculated in accordance with the short period rate table. However, there will be no refund of premium in respect of the *Insured Person* for whom a claim has been paid or is payable under the *Policy*.

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By **DHFL** General Insurance

Period on Risk (in Months)	1 Year Policy Term	2 Year Policy Term	3 Year Policy Term	4 Year Policy Term	5 Year Policy Term
	Rate of Premium to be refunded	Rate of Premium to be refunded	Rate of Premium to be refunded	Rate of Premium to be refunded	Rate of Premium to be refunded
1	79%	87%	90%	92%	93%
2	71%	83%	88%	90%	91%
3	63%	79%	85%	88%	89%
4	55%	75%	82%	86%	88%
5	47%	71%	80%	84%	86%
6	39%	67%	77%	82%	85%
7	31%	63%	74%	80%	83%
8	23%	59%	72%	78%	81%
9	9%	55%	69%	76%	80%
10	1%	51%	66%	74%	78%
11	0%	47%	64%	72%	77%
12	0%	43%	61%	70%	75%
13		39%	58%	68%	73%
14		35%	56%	66%	72%
15		31%	53%	64%	70%
16		27%	50%	62%	69%
17		23%	48%	60%	67%
18		19%	45%	58%	65%
19		15%	42%	56%	64%
20		11%	40%	54%	62%
21		5%	37%	52%	61%
22		1%	34%	50%	59%
23		0%	32%	48%	57%
24		0%	29%	46%	56%
25			26%	44%	54%
26			24%	42%	53%
27			21%	40%	51%
28			18%	38%	49%
29			16%	36%	48%
30			13%	34%	46%
31			10%	32%	45%
32			8%	30%	43%

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Registered & Corporate Office: 402, 403 & 404, A&B Wing, 4th Floor, Fulcrum, Sahar Road, Next to Hyatt Regency, Andheri (E), Mumbai - 400 099
 Phone: 022 - 4001 8100/8200
 IRDAI Reg No.: 155
 PRODUCT UIN: DHFHLGP18027V011718

Group Critical Illness Insurance Policy - Policy Wordings
 Web: www.dhflinsurance.com
 Email: mycare@dhflinsurance.com

CIN: U66000MH2016PLC283275
 GSTIN: 27AAFCD7985H124

33			3%	28%	41%
34			0%	26%	40%
35			0%	24%	38%
36			0%	22%	37%
37				20%	35%
38				18%	33%
39				16%	32%
40				14%	30%
41				12%	29%
42				10%	27%
43				8%	25%
44				6%	24%
45				2%	22%
46				0%	21%
47				0%	19%
48				0%	17%
49					16%
50					14%
51					13%
52					11%
53					9%
54					8%
55					6%
56					5%
57					2%
58					0%
59					0%
60					0%

4.2.4 COMMUNICATIONS & NOTICES

- i) Any notice, direction or instruction under this *Policy* shall be in writing and if it is:
- To any *Insured Person*, then it shall be sent to *You* at *Your* last updated address as shown in *Our* records and *You* shall act for all *Insured Persons* for these purposes.
 - To *Us*, it shall be delivered to *Our* address specified in the Schedule.

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- ii) No insurance agents, brokers or other person or entity is authorised to receive any notice, direction or instruction on *Our* behalf unless *We* have expressly stated to the contrary in writing.
- iii) Notice and instructions will be deemed served ten (10) days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail after posting.
- iv) *You* must immediately bring to *Our* notice any change in the address or contact details. If *You* fail to inform *Us*, *We* shall send notice to the last known address and it would be considered that the notice has been sent to *You*.
- v) *You* shall immediately notify *Us* in writing in regard to change in occupation / business at *Your* own expense and *We* may adjust the scope of cover and/or premium after analyzing the risk of such a change, if necessary, accordingly.

Note: Please include Your Policy number for any communication with Us.

4.2.5 GEOGRAPHY

This *Policy* covers benefit arising out of diagnosis of Critical Illness anywhere in the world. All payments under this *Policy* will only be made in Indian Rupees.

4.2.6 INSTALMENT PREMIUM

In case premium is payable in instalments as specified in the *Policy Schedule*, instalments shall be payable on or before the due date for continuity of coverage under the *Policy*. *You* will have relaxation period of 15 days from the due date for payment of instalment. *We* will not charge interest on the instalment premium paid during the relaxation period and there will be no impact on coverage of Pre-Existing Disease and continuity of waiting periods. In case *We* do not receive the premium within the relaxation period, the *Policy* will be terminated and all claims that fall beyond the instalment due date will not be covered under the *Policy*. However, *We* will be liable to pay for the claims where the claim event occurred before the instalment due date. . In such case, all the subsequent premium instalments shall immediately become due and payable. *We* shall have the right to recover and deduct any or all the pending instalments from the claim amount due under the *Policy*.

IMPORTANT POINTS TO BE NOTED WHILE OPTING FOR INSTALMENT PREMIUM PAYMENT VIA ELECTRONIC CLEARING SERVICE (ECS)

1. Completely filled & signed Electronic Clearing Service Mandate Form is mandatory.
2. Ensure that the Premium amount which would be auto debited & frequency of instalment is duly filled in the ECS Mandate form.
3. New ECS Mandate Form is required to be filled in case of any change in the Premium due to change of Sum Insured / age / plan /coverages/revision in premium.
4. You need to inform us atleast 15 days prior to the due date of instalment premium if you wish to discontinue with the ECS facility.
5. Non-payment of premium on due date as opted by You in the mandate form subject to an additional 15 days of relaxation period will lead to termination of the policy.

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4.2.7 POLICY DISPUTES

Any and all disputes or differences concerning the interpretation of the coverage, terms, conditions, limitations and/ or exclusions under this *Policy* shall be governed by Indian law and shall be subject to the jurisdiction of the Indian Courts.

4.2.8 PROTECTION OF POLICY HOLDERS INTEREST

This *Policy* is subject to IRDA (Protection of Policyholders' Interest) Regulation, 2017 or any amendment thereof.

4.2.9 RECORDS TO BE MAINTAINED

You or the *Insured Person*, as the case may be shall keep an accurate record containing all relevant medical records pertaining to the treatment taken for any liability under the policy and shall allow *Us* or *Our* representative(s) to inspect such records. *You* or the *Insured Person* as the case may be, shall furnish such information as may be required by *Us* under this *Policy* at any time during the *Policy Period* and up to three years after the *Policy* expiration, or until final adjustment (if any) and resolution of all claims under this *Policy*.

4.2.10 REVISION & MODIFICATION OF PRODUCT

Any revision or modification will be done with the approval of the *Authority*. *We* shall notify *You* about revision / modification in the product including premium. Such information shall be given to *You* at least ninety (90) days prior to the effective date of modification or revision coming into effect.

4.2.11 TERMINATION OF POLICY

This *Policy* terminates on earliest of the following events-

- a. Cancellation of *Policy* as per the cancellation provision.
- b. On the *Policy* expiry date.

4.2.12 WITHDRAWAL OF THE PRODUCT

The product will be withdrawn only after due approval from the *Authority*. *We* will inform the Group Organiser /Administrator in the event *We* may decide to withdraw the product.

In such cases, where *Policy* is falling due for *Renewal* within 15 days from the date of withdrawal, *We* will provide the Group Organiser/Administrator one time option to renew the existing *Policy* with *Us* or migrate to modified or new similar health insurance *Policy* with *Us*. Any *Policy* falling due for *Renewal* after 15 days from the date of withdrawal will have to migrate to modified or new similar health insurance *Policy* with *Us*.

The Group Organiser/Administrator will inform individual members about such withdrawal of product by *Us*.

Individual members will also have an option to opt for similar health insurance *Policy* with *Us* subject to applicable Portability norms in vogue.

However, even if the Group Organiser/Administrator does not respond to *Our* intimation in case of such withdrawal, the *Policy* will stand withdrawn on the *Renewal* date.

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4.2.13 GROUP ADMINISTRATOR

The Group Administrator shall take all reasonable steps to cover their members or employees of the company and ensure timely payment of premium in respect of the persons covered. The Group administrator will collect premium from members wherever applicable as mentioned in the Group/Master *Policy* issued to the Group administrator. The Group administrator will neither charge more premium nor alter the scope of coverage offered under the Group/Master *Policy*

Group/Master *Policy* will be issued to the group administrator and all members wherever required will be provided with the certificate of insurance by *Us*. Wherever mutually agreed group administrator will issue the certificate of insurance to its member as per agreed terms and conditions and in the format prescribed by *Us* and shall keep the record of such issuance. *We* reserve the right to inspect the record at any time to ensure that terms and conditions of group *Policy* and provisions of IRDAI group guidelines contained in circular ref: 015/IRDA/Life/Circular/GI Guidelines/2005 dated 14th July 2005 and any amendments thereto are being adhered. *We* may also require submission of certificate of compliance from the auditors of the Group administrator.

The Group administrator will provide all possible help to its member and facilitate any service required under the *Policy* including claims. Notwithstanding this a member of the group covered under the *Policy* shall be free to contact *Us* directly for filing the claim or any assistance required under the *Policy*.

4.3 CONDITIONS WHEN A CLAIM ARISES

4.3.1 CLAIM PROCEDURE

4.3.1.1 POLICYHOLDER'S / INSURED PERSON'S DUTIES AT THE TIME OF CLAIM

On occurrence of an Event which will eventually lead to a Claim under this *Policy*, the *Policyholder/ Insured Person* shall:

- a) Forthwith intimate / file / submit a Claim in accordance with para 4.3.1.2 of this *Policy*.
- b) If so requested by *Us*, submit himself / herself for a medical examination including any Pathological / Radiological examination by *Independent Medical Practitioner* as often as it is considered reasonable and necessary. The cost of such examination will be borne by *Us*.
- c) Allow the *Medical Practitioner* or any of *Our* representatives to inspect the medical and *Hospitalization* records, investigate the facts and examine the *Insured Person*.
- d) Assist and not hinder or prevent *Our* representatives in pursuance of their duties for ascertaining the admissibility of the Claim under the *Policy*.

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4.3.1.2 **CLAIM INTIMATION**

Upon the occurrence of any insured event, Critical Illness/ Personal Accident/ Loss of Job, that may give rise to a claim under this *Policy*, then the *Policyholder / Insured Person*, must notify *Us* either at the call center or in writing, immediately and within seven (7) days of occurrence of such Event.

The following details are to be provided to *Us* at the time of intimation of Claim:

- a) *Policy* Number
- b) Name of the *Policyholder*
- c) Employee /Member Number
- d) Name of the *Insured Person* in whose relation the Claim is being lodged
- e) Name of Critical Illness
- f) Name and Address of the attending *Medical Practitioner* and *Hospital* (if admission has taken place)
- g) Date of Diagnosis of Critical Illness
- h) Incident/*Accident* details
- i) Date of occurrence and place of Incident/*Accident*
- j) Any other information, documentation as requested by *Us*

4.3.1.3 **CLAIMS DOCUMENTS**

In case of any Claim for the covered Benefit, the list of documents as mentioned below shall be provided by the *Policyholder/Insured Person*, immediately but not later than thirty (30) days of date of occurrence of an insured event, to avail the Claim.

Completed claim forms and processing documents must be furnished to *Us* within the stipulated timelines for all claims. *We* may consider the delay in extreme cases of hardship where it is proved to *Our* satisfaction that under the circumstances in which the *Insured Person* was placed, it was not possible for him or any other person to give documents.

List of Documents

4.3.1.3.1 **For Section 2.1.1, 2.2.1 and 2.2.2**

- a) Claim form, duly filled and signed
- b) Medical Certificate confirming the diagnosis of Critical Illness;
- c) Specific documents listed under the respective Critical Illness;
- d) Investigation test reports confirming the diagnosis as specified under the definition of the respective Critical Illnesses;
- e) First consultation letter and subsequent prescriptions;

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- f) In the cases where *Illness* arises due to an *Accident*, FIR copy or medico legal certificate
- g) Discharge Card/Death Summary from the *Hospital*, if applicable;
- h) Indoor case papers, if applicable;
- i) Photo Identity Proof - Voter ID, Passport, PAN Card, Driving License, Ration Card, Aadhar card, or any other proof accepted by the KYC norms
- j) Cancelled Cheque Copy

4.3.1.3.2 For Section 2.2.3

- a) Claim form, duly filled and signed
- b) Copy of Death Certificate (issued by the office of Registrar of Births and Deaths)
- c) Copy of First Information Report (FIR) / Panchnama / Final Police Report
- d) Copy of Medico Legal Certificate duly attested by the concerned *Hospital* duly attested by Police, if applicable
- e) Copy of *Hospital* record, if applicable
- f) Copy of Post Mortem report, if conducted /copy of viscera report duly attested by Police, wherever applicable
- g) Photo Identity Proof - Voter ID, Passport, PAN Card, Driving License, Ration Card, Aadhar card, or any other proof accepted by the KYC norms
- h) Cancelled Cheque Copy

4.3.1.3.3 For Section 2.1.4

- a) Copy of Birth Certificate
- b) Copy of School ID Card
- c) Proof to establish relationship – Passport/Education Certificate establishing proof of relationship of child with parents/Birth Certificate or Adoption papers (if adopted)

4.3.1.3.4 For Section 2.2.4

Insured Person must intimate *Us* within seven (7) days of date of his termination of employment or dismissal or temporary suspension or retrenchment of employment as the case may be.

- a) Claim form, duly filled and signed
- b) Certificate from the employer with the reason for termination / suspension / dismissal / retrenchment. In case of temporary

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suspension, the period of suspension should also be mentioned in such certificate.

- c) Appointment letter of the last organization from where termination has been done along with the terms and conditions of employment
- d) EMI confirmation statement from the Bank, from where the loan is granted.
- e) If currently employed, then new employment letter along with the terms and conditions of employment
- f) Last three (3) months salary slips
- g) Photo Identity Proof - Voter ID, Passport, PAN Card, Driving License, Ration Card, Aadhar card, or any other proof accepted by the KYC norms
- h) Cancelled Cheque Copy

4.3.1.3.5 For Section 2.1.3

- a) Copy of Medical Reports
- b) Original Bill
- c) Payment Receipt
- d) Photo Identity Proof - Voter ID, Passport, PAN Card, Driving License, Ration Card, Aadhar card, or any other proof accepted by the KYC norms
- e) Cancelled Cheque Copy

4.3.1.4 SCRUTINY OF CLAIM DOCUMENTS

- a) *We shall scrutinize the Claim and accompanying documents. Any deficiency of documents shall be intimated within five (5) days of their receipt.*
- b) *If the deficiency in the necessary Claim documents is not provided or partially provided within ten (10) working days of the first notification, We shall send a reminder every ten (10) days thereafter.*
- c) *We will send a maximum of three (3) reminders following which, We will send a rejection letter after 15 days from last reminder.*

4.3.1.5 CLAIM INVESTIGATION

*We may investigate Claims at Our own discretion to determine the validity of Claim. Such investigation will be concluded within thirty (30) days from the date of receipt of *Notification of Claim*. Verification carried out, if any, will be done by individuals or entities authorized by Us to carry out such verification/investigation(s) and the costs for such verification/ investigation shall be borne by Us.*

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4.3.1.6 SETTLEMENT AND REPUDIATION OF A CLAIM

We shall ordinarily settle a Claim including its rejection within thirty (30) days of the receipt of the last "necessary" documents as listed in the section 4.3.1.3. However, where the circumstances of a claim warrant an investigation We shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document/information.

In such cases, We shall settle the claim within 45 days from the date of receipt of last necessary document.

In case of delay in the payment beyond the stipulated timelines, We shall be liable to pay interest at a rate of two percent (2%) above the *Bank Rate* or as per the applicable / extant IRDAI regulation. Such interest shall be paid from the date of receipt of the last relevant and necessary document from the insured /claimant by insurer till the date of actual payment.

4.3.1.7 PAYMENT TERMS

- a) All Claims will be payable in India and in Indian rupees.
- b) Once We have paid a claim in respect of any of the *Insured Persons* under:
 - i) Section 2.1.1-
 - 1) For *Policy* without Second Critical Illness Cover - Coverage under this section shall automatically terminate for that *Insured Person*, however, coverage under optional cover (2.2.1/2.2.3/2.2.4), if opted shall continue till expiry of the *Policy*. *Policy* shall not be renewed thereafter. This *Policy* shall continue for other *Insured Persons* (if any) and shall be renewable.
 - 2) For *Policy* with Second Critical Illness Cover - *Policy* will continue and shall be available for further *Renewal*.
 - ii) Section 2.2.1- *Policy* will continue and shall be available for *Renewal* for that *Insured Person* and other *Insured Persons* (if any). However, once a claim is paid for a particular Critical Illness under this section, then the *Renewal* will not be available for that Critical Illness for which claim is already paid.
 - iii) Section 2.2.2- Coverage under this section shall automatically terminate for that *Insured Person*, however, coverage under optional cover (2.2.1/2.2.3/2.2.4), if opted shall continue till expiry of the *Policy*. *Policy* shall not be renewed thereafter. This *Policy*

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shall continue for other *Insured Persons* (if any) and shall be renewable.

- iv) Section 2.2.3 – *Policy* shall automatically terminate and no further *Renewals* will be available for that *Insured Person* under this *Policy*. However, the *Policy* shall continue for the other *Insured Persons* (if any).
- c) We will only make payment to the *Insured Person / Policyholder* under this *Policy*. The receipt of payment by the *Insured Person / Policyholder* shall be considered as a complete discharge of *Our* liability against any claim under this *Policy*. In the event of *Your* death, We will make payment to the *Nominee* or Assignee (as named in the Schedule).
- d) *Our* total liability in aggregate for all claims under the *Policy* for a specific *Insured Person* shall not exceed the respective *Sum Insured* of that *Insured Person*.
- e) In case of claims for death of the *Insured Person*, where name of *Nominee(s)* has not been provided, the claim payment shall be made as per Indian succession law.
- f) If premium is payable in instalments and not paid on or before the due date then We will not pay for any claim that occurs during the relaxation period unless the instalment premium is paid by *You* within the relaxation period. We shall have the rights to recover and deduct the pending installment premium towards the *Insured Person* who has claimed prior to the instalment due date from the claim amount due under the *Policy*.

4.3.1.8 CLAIM PROCESS FOR MEDICAL SECOND OPINION

- a) Request for Expert Opinion on Critical Illness - *You* can submit *Your* request for an expert opinion within two (2) days of intimation of the claim under section 2.1.1/2.2.2, by calling *Our* call center or register request through email/website.
- b) Facilitating the Process - We will schedule an appointment or facilitate delivery of Medical Records of the *Insured Person* to a *Medical Practitioner*. Medical Second Opinion is available only in the event of the *Insured Person* being diagnosed with covered Critical Illness (section 2.1.1 and section 2.2.2).

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4.3.2 COMPLETE DISCHARGE

Payment made by *Us* to *You /Assignee/Nominee/legal representative*, as the case may be, in respect of any benefit under the *Policy* shall in all cases be complete and construed as an effectual discharge in favor of *Us*.

4.3.3 DISCLAIMER OF CLAIM

If *We* shall disclaim liability to the *Insured* for any claim and if the *Insured* shall not, within twelve (12) calendar months from the date of receipt of the notice of such disclaimer notify *Us* in writing that he does not accept such disclaimer and intends to recover his claim from *Us*, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable under the *Policy*.

4.3.4 PHYSICAL EXAMINATION

Any *Medical Practitioner* authorized by *Us* shall be allowed to examine the *Insured Person* in case of any alleged disease/*Illness/Injury* requiring *Hospitalization*. Non-cooperation by the *Insured Person* will result into rejection of his/her claim. *We* will bear the cost towards performing such medical examination (at the specified location) of the *Insured Person*.

4.4 CONDITIONS FOR RENEWAL OF CONTRACT

4.4.1 CONTINUITY

You would have an option to migrate to *Our* individual critical illness insurance *Policy* if the group *Policy* is discontinued or if *You* are leaving the group on account of resignation, retirement, termination of employment or otherwise, subject to *Our* underwriting guidelines. Dependent children likewise when exiting on account of reaching upper *Age* limit will have an option to migrate to *Our* similar individual critical illness insurance plans subject to *Our* underwriting guidelines. *Insured Person* will be entitled for accrued continuity benefits as per prevailing portability guidelines issued by the regulator.

4.4.2 PORTABILITY

Individual members including the family members covered under this Group Critical Illness Insurance *Policy* shall have the right to migrate from such group *Policy* to a suitable individual critical illness insurance policy offered by *Us* provided that the member shall apply to port along with all the members of the family, if any, at least 45 days before the premium *Renewal* date of his/ her existing Group Critical Illness Insurance *Policy*. *Insured Persons* will be entitled for accrued continuity benefits as per prevailing portability guidelines issued by the regulator.

4.4.3 RENEWAL TERMS

This *Policy* may be renewed by mutual consent every year and in such event, the *Renewal* premium shall be paid to *Us* on or before the date of expiry of the *Policy*. However, *We* shall not be bound to give notice that such *Renewal* premium is due. Also, *We* may exercise option of not renewing the *Policy* on grounds of fraud, misrepresentation, or

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suppression of any material fact either at the time of taking the *Policy* or any time during the currency of the *Policy and non-co-operation of the insured*.

A *Grace Period* of thirty (30) days is allowed for *Renewal* of the *Policy*. This will be counted from the next day following the expiry date, during which a payment can be made to renew the Group Critical Illness Insurance Policy without loss of continuity benefits such as waiting periods and coverage of *Pre-Existing Diseases*. Coverage is not available for the period for which no premium is received and Insurer has no liability for the claims arising during this period.

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5. **GRIEVANCE REDRESSAL PROCEDURE**

At DHFL General Insurance, *We* want your relationship with insurance to soar beyond what you've experienced yet. To understand, appreciate, and enjoy insurance—we're here for you. However, if *You* aren't satisfied—please feel free to connect with *Us* on the following channels.

- a. Call *Us* on our Toll Free XXXX XX XXXX (From 8 am to 8 pm) for any queries that *You* may have!
- b. Email *Your* policy related queries to XXXXXX@dhflinsurance.com
- c. For Senior Citizens, *We* have a special cell and *Our* Senior Citizen customers can email us at xxxxxx@dhflinsurance.com for priority resolution
- d. Visit *Our* website www.dhflinsurance.com to register & track *Your* queries
- e. Please walk in to any of *Our* branches or partner locations
- f. *You* can also dispatch *Your* letters to *Us* at:
 - i. Address Line 1, (placeholder text)
 - ii. Address Line 2, (placeholder text)
 - iii. Address Line 3, (placeholder text)
 - iv. City & District, (placeholder text)
 - v. State, (placeholder text)
 - vi. Pin Code, (placeholder text)

We request *You* to please mention *Your* complete details: Full Name, Policy Number and Contact Details in all *Your* communications, to enable *Our* customer experience expert to connect with *You* and provide *You* with the quickest possible solution.

We'll make sure to acknowledge *Your* service request within 3 working days—and try and resolve it to *Your* satisfaction within 15 working days. That's a promise!

Escalation

Level – 1:

While we attempt to give *You* best-in-class and prompt resolution for any concerns—sometimes it may not be perfect. If *You* felt that *You* weren't offered a perfect resolution, please feel free to share *Your* feedback to *Our* Customer Experience team at xxxxxx@dhflinsurance.com

Level – 2:

If *You* still are not happy about the resolution provided then *You* may write to *Our* Head Customer Experience and Grievance Redressal Officer at xxxxxx@dhflinsurance.com

If *Your* concern remains unresolved after having followed the above escalation procedure then *You* may please approach the Insurance Ombudsman for Redressal. To know who *Your* Insurance Ombudsman is – simply refer to the list below/overleaf.

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S. No.	CONTACT DETAILS	JURISDICTION OF OFFICE
1	<p>AHMEDABAD Office of the Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380 014. Tel.: 079 - 27546150 / 27546139 Fax: 079 - 27546142 Email: bimalokpal.ahmedabad@gbic.co.in</p>	State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu
2	<p>BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@gbic.co.in</p>	Karnataka
3	<p>BHOPAL Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@gbic.co.in</p>	States of Madhya Pradesh and Chattisgarh.
4	<p>BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@gbic.co.in</p>	State of Orissa

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5	CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@gbic.co.in	States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.
6	CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@gbic.co.in	State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).
7	DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23239633 / 23237532 Fax: 011 - 23230858 Email: bimalokpal.delhi@gbic.co.in	State of Delhi
8	GUWAHATI Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937 Email: bimalokpal.guwahati@gbic.co.in	States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.

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9	HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@gbic.co.in	States of Andhra Pradesh, Telangana and Union Territory of Yanam - a part of the Union Territory of Pondicherry
10	JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@gbic.co.in	State of Rajasthan
11	ERNAKULAM Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@gbic.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry
12	KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@gbic.co.in	States of West Bengal, Bihar, Sikkim and Union Territories of Andaman and Nicobar Islands

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14	MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@gbic.co.in	States of Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
15	NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514251 / 2514253 Email: bimalokpal.noida@gbic.co.in	States of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozabad, Gautam Budh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur
16	PATNA Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@gbic.co.in	States of Bihar and Jharkhand

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Annexure – 1 – Explanation / Glossary

2.1 - SECTION – A

2.1.1.1 CANCER OF SPECIFIED SEVERITY

Explanation:

Cancer is the uncontrolled growth of malignant cells, which if not treated, can lead to surrounding healthy tissue being invaded and destroyed. If the cancer is more advanced it may spread to other parts of the body via the bloodstream or lymphatic system.

Glossary:

- Epidermis – the outer layer of the skin
- Histologically –the diagnosis of cancer cells using a microscope
- Carcinoma in situ – this is an early stage cancer that has stayed in the same place from where it began and has not spread to neighboring tissue or organs
- Non-invasive – cancerous cells that have not spread into surrounding tissue
- Invasion – malignant cells that have spread into surrounding tissue
- Borderline malignancy – cells which are potentially malignant that have not spread to adjacent tissue
- Malignant tumor – a tumor that invades surrounding tissue and can spread to other parts of the body
- Gleason score – is a grading system to measure the severity of prostate cancer cells under a microscope
- Lymphoma – cancer of the lymphatic system, including Hodgkin and non-Hodgkin lymphoma
- Leukaemia – Type of blood cancer
- Malignant Melanoma - Melanoma is a type skin cancer that develops from the pigment-containing cells.
- Non-melanoma skin cancer –These include basal cell carcinoma and squamous cell carcinoma which are usually curable.
- Sarcoma – cancer of the bone, cartilage, fatty tissue, muscle or nerves
- Pre-malignant tumor– cells that may develop into a malignant tumor
- RAI Staging – It's a method used to stage Chronic Lymphocytic Leukaemia
- TNM classification – It is a cancer staging notation system with alphanumeric staging and is made up of 3 parts:
 - Tumor(T) – size and spread of the tumor
 - Nodes(N) – whether there has been spread to any lymph nodes
 - Metastases(M) – whether there has been further spread to distant organs

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2.1.1.2 MYOCARDIAL INFARCTION (First Heart Attack of Specified Severity)

Explanation:

Myocardial Infarction occurs when blood flow stops to a part of the heart causing damage to the heart muscle.

Glossary:

- Acute – sudden in onset
- Angina – Angina is chest pain or discomfort caused when heart muscle doesn't get enough oxygen-rich blood
- Infarction specific enzymes /troponins – These are chemicals which are found elevated in the blood whenever there is heart muscle cell death.
- Electrocardiogram (ECG) – a test which measures the electrical activity of the heart. An ECG records the hearts rhythm and activity on a moving strip of paper or a line on a screen

2.1.1.3 OPEN CHEST CABG

Explanation:

A coronary artery bypass graft (CABG) involves taking a blood vessel from another part of the body – usually the chest, leg or arm – and attaching it to the coronary artery above and below the narrowed area or blockage. This new blood vessel is known as a graft.

Glossary:

- Angioplasty – It's a minimum invasive procedure which opens blocked arteries and restores normal blood flow to heart muscle using stents.
- Coronary artery – an artery that supplies blood to the heart

2.1.1.4 OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES

Explanation:

Blood circulation in body is controlled by heart valves. If these valves are damaged due to disease / *Injury*, they will not function properly. Heart valve *Surgery* is used to repair or replace diseased heart valves.

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2.1.1.5 AORTA GRAFT SURGERY

Explanation:

Aorta graft surgery may be needed to correct a weakening or bulging in the aorta or if the aorta has narrowed due to a build-up of fatty deposits

Glossary:

- Aorta – the largest artery of the body, arising from the heart and supplying oxygenated blood to all parts of the body
- Branches – smaller vessel that arise from the main vessel
- Endovascular repair – a minimally invasive procedure to repair a diseased portion of the vessel
- Graft – a piece of living tissue that is surgically transplanted to repair or replace diseased or damaged tissue
- Stent – A stent is a metal or plastic tube inserted into the lumen of an anatomic vessel or duct to keep the passageway open
- Abdominal aorta – It is largest artery in the abdominal cavity which is part of aorta.
- Thoracic aorta - The thoracic aorta is a part of the aorta located in the thorax.

2.1.1.6 CARDIOMYOPATHY

Explanation:

Cardiomyopathy refers to diseases of the heart muscle wherein the heart muscle becomes enlarged, thick, or rigid.

Glossary:

- New York Heart Association (NYHA) functional classification system – It is a criterion used by Cardiologists for classifying the extent of heart failure.

2.1.1.7 PRIMARY (IDIOPATHIC) PULMONARY HYPERTENSION

Explanation:

The pulmonary artery is a large vessel that carries deoxygenated blood from the heart to the lungs.

Pulmonary hypertension (PH or PHTN) is an increase of blood pressure in the pulmonary artery, pulmonary vein, or pulmonary capillaries, together known as the lung vasculature, leading to shortness of breath, dizziness, fainting, leg swelling and other symptoms.

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Glossary:

- Cardiac catheterization –Cardiac catheterization is a test to check your heart. This test uses a thin, flexible tube called a catheter that is inserted into the heart through blood vessels.
- New York Heart Association (NYHA) functional classification system – It is a criterion used by Cardiologists for classifying the extent of heart failure.
- Pulmonary – Condition related to the lungs

2.1.1.8 CORONARY ARTERY DISEASE

Glossary:

- Coronary artery – an artery that supplies blood to the heart

2.1.1.10 STROKE RESULTING IN PERMANENT SYMPTOMS

Explanation:

Strokes occur due to problems with the blood supply to the brain: either the blood supply is blocked or a blood vessel within the brain ruptures, causing brain tissue to die.

Glossary:

- Haemorrhage – commonly known as bleeding
- A transient ischemic attack (TIA) happens when blood flow to part of the brain is blocked or reduced, often by a blood clot. After a short time, blood flows again and the symptoms will resolve within twenty-four (24) hours.

2.1.1.11 MOTOR NEURONE DISEASE WITH PERMANENT SYMPTOMS

Explanation:

Motor neurone disease (MND) is the name given to a group of diseases in which the nerve cells (neurones) controlling the muscles that enable us to move, speak, breathe and swallow undergo degeneration and die.

Glossary:

- Spinal muscular atrophy (SMA) is a genetic disease that attacks nerve cells, called motor neurons, in the spinal cord. These cells communicate with your voluntary muscles - the ones you can control, like in your arms and legs. As the neurons die, the muscles weaken. This can affect walking, crawling, breathing, swallowing, and head and neck control.
- Bulbar Palsy also known as Progressive Bulbar Palsy is a pathological condition in which the nerve cells which are responsible for movement get

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affected. Person suffers from Slurred speech, difficulty in chewing and swallowing food.

- Amyotrophic lateral sclerosis (ALS) is a progressive neurological disease that causes dysfunction of the nerves that control muscle movement. The person will have difficulty in carrying out daily activities, including walking, increased clumsiness and weakness in the feet, hands, legs and ankles, cramping and twitching in the arms, shoulders or tongue.
- Primary lateral sclerosis (PLS) is a rare, neuromuscular disorder that affects the central motor neurons and is characterized by painless but progressive weakness and stiffness of the muscles of the legs.

2.1.1.12 PERMANENT PARALYSIS OF LIMBS

Glossary:

Paralysis is a loss of muscle function in part of your body.

2.1.1.13 BACTERIAL MENINGITIS

Explanation:

Bacterial meningitis is an infection to the membrane of the brain and spinal cord caused by a bacterial infection.

Glossary:

- Meninges – membranes that cover and protect the brain and spinal cord.
- Permanent neurological deficit – Refers to abnormal function of a body area due to weaker function of the brain, spinal cord, muscles, or nerves which is permanent in nature. Symptoms would include impairment or loss of sight or hearing, spasticity, epilepsy/seizures, cognitive impairment (cognition involves perception, reasoning, and problem solving abilities).

2.1.1.14 BENIGN BRAIN TUMOR

Explanation:

A benign tumour is an abnormal growth of cells that is not cancerous and cannot spread to other parts of the body.

Glossary:

- Benign – non-malignant
- Cyst – a sac like structure containing fluid or semi solid material
- Meninges – membranes that cover and protect the brain and spinal cord.

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2.1.1.15 ENCEPHALITIS

Explanation:

- Encephalitis is an acute inflammation of the brain tissue.

Glossary:

- Permanent neurological deficit – Refers to abnormal function of a body area due to weaker function of the brain, spinal cord, muscles, or nerves which is permanent in nature. Symptoms would include impairment or loss of sight or hearing, spasticity, epilepsy/seizures, cognitive impairment (cognition involves perception, reasoning, and problem solving abilities).

2.1.1.16 MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS

Explanation:

Multiple sclerosis is a condition which can affect the brain and/or spinal cord leading to problems with vision, arm or leg movement, sensation or balance.

Glossary:

- Clinical impairment – any abnormality leading to loss of the function of, a body part, organ, or system; and may be either temporary or permanent in nature.
- Magnetic Resonance Imaging (MRI) – a scan that uses magnetic fields and radio waves to produce detailed images of the inside of the body
- Motor Function - individual's ability to control voluntary postures and movement patterns.
- Sensory Function - individual's ability to correctly sense skin stimulation, sounds, proprioception, taste and smell, and visual images.

2.1.1.17 MAJOR HEAD TRAUMA

Glossary:

- Permanent neurological deficit – Refers to abnormal function of a body area due to weaker function of the brain, spinal cord, muscles, or nerves which is permanent in nature. Symptoms would include impairment or loss of sight or hearing, spasticity, epilepsy/seizures, cognitive impairment (cognition involves perception, reasoning, and problem solving abilities).

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2.1.1.18 PROGRESSIVE SUPRANUCLEAR PALSY

Explanation:

Progressive supranuclear palsy is a progressive, incurable brain disease affecting parts of the brain that control walking, eye movements, balance, speech and swallowing.

2.1.1.19 APALLIC SYNDROME

Explanation:

This is a condition of patients with severe brain damage who were in a coma but progressed to a wakeful unconscious state, rather than true awareness. The person can still respond to stimulation in varying degrees, as compared to a person in a coma who cannot.

2.1.1.20 SPINAL STROKE

Explanation:

A spinal stroke is caused when the blood supply to the spinal cord is disrupted which can cause tissue damage. The main symptoms are muscle weakness in the legs, unusual feeling in the legs and bowel and bladder problems.

Glossary:

- Haemorrhage – commonly known as bleeding
- Permanent neurological deficit – Refers to abnormal function of a body area due to weaker function of the brain, spinal cord, muscles, or nerves which is permanent in nature. Symptoms would include impairment or loss of sight or hearing, spasticity, epilepsy/seizures, cognitive impairment (cognition involves perception, reasoning, and problem solving abilities).
- Spinal cord – bundle of nerve fibers and tissue enclosed in the spine connecting brain to all parts of the body.

2.1.1.21 KIDNEY FAILURE REQUIRING REGULAR DIALYSIS

Explanation:

The Kidneys are the organs that filter waste products from the blood. When the kidneys fail to function correctly, a build-up of waste material can cause life threatening problems.

Glossary:

- Chronic – persisting for a long time
- End stage – the end phase of the disease stage
- Dialysis – a procedure to remove waste products and excess fluid from the blood.

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2.1.1.22 END STAGE LUNG FAILURE

Explanation:

Respiration is a process which provides continuous oxygen supply to our body. Oxygen enters our lungs. It goes to the blood vessels deep in our lungs and then on to all parts of body. End stage lung failure results from diseases and conditions which affects the flow of air and blood into and out of lungs.

Glossary:

- Supplementary oxygen therapy – Medical treatment that provides oxygen supply for you to breathe.
- FEV1 – forced expiratory volume at one second is the volume of air that can be blown out in one second after fully breathing in.

2.1.1.23 END STAGE LIVER FAILURE

Explanation:

The liver is an important organ, which filter the blood coming from the digestive tract, before passing it to the rest of the body and it also detoxifies chemicals and metabolizes drugs.

Glossary:

- Ascites – excess fluid in the abdomen
- Encephalopathy – abnormal brain function
- Jaundice – yellowing of the skin and whites of the eyes caused by elevated levels of bilirubin, a substance made from the breakdown of old red blood cells that is normally removed by the liver.

2.1.1.24 MAJOR ORGAN / BONE MARROW TRANSPLANT

Explanation:

A major organ transplant may be required if any organ is severely damaged or diseased.

2.1.1.25 COMA OF SEPCIFIED SEVERITY

Explanation:

A coma is a prolonged state of unconsciousness during which the comatose patient is unresponsive to the environment.

Glossary:

- Stimuli – A stimulus (plural stimuli) is a detectable change in the internal or external environment.

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- Life Support Measures – equipment's which are used to assist with breathing, drinking and feeding
- Unconsciousness – not awake and aware of and responding to one's environment.
- Permanent neurological deficit – Refers to abnormal function of a body area due to weaker function of the brain, spinal cord, muscles, or nerves which is permanent in nature. Symptoms would include impairment or loss of sight or hearing, spasticity, epilepsy/seizures, cognitive impairment (cognition involves perception, reasoning, and problem solving abilities).

2.1.1.26 PNEUMONECTOMY

Explanation:

Pneumectomy means the surgical removal of a lung.

2.1.1.27 APLASTIC ANAEMIA

Explanation:

Aplastic anaemia is when bone marrow fails to produce blood cells.

Glossary:

Anaemia – Reduced level of Haemoglobin in the blood

2.1.1.28 BLINDNESS

Explanation:

Blindness means a significant loss of sight in both eyes to the extent that the person can only see an object up to three (3) feet away and that a person with perfect eyesight could see if it were sixty (60) feet away.

Glossary:

- Visual aid – Device that helps improve vision, for example a pair of glasses or contact lenses

2.1.1.29 DEAFNESS

Explanation:

Deafness is a permanent loss of hearing in both ears where the condition cannot be cured.

Glossary:

- Pure tone audiogram – Pure tone audiometry (PTA) is the key hearing test used to identify hearing threshold levels of an individual, enabling determination of the degree, type and configuration of a hearing loss.

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2.1.1.30 LOSS OF SPEECH

Explanation:

Loss of speech means the loss of language or the ability to communicate, typically due to brain damage.

Glossary:

Irrecoverable – cannot be improved.

2.1.1.32 THIRD DEGREE BURNS

Explanation:

Damage to the skin or deeper tissues caused by sun, hot liquids, fire, electricity or chemicals.

2.1.1.33 PRIMARY PARKINSON'S DISEASE

Explanation:

Parkinson's disease a progressive degenerative disorder of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movement affecting elderly people.

Glossary:

- Muscle rigidity – the inability for muscles to relax
- Tremor – involuntary, rhythmic movement of muscles that are most common in the hands, arms and legs.

2.1.1.34 MULTIPLE SYSTEM ATROPHY

Explanation:

Multiple System Atrophy is a progressive disease of the nervous system. Symptoms are varied and include muscle weakness, swallowing difficulties and increasingly severe impairment of physical function.

Glossary:

- Postural hypotension – a sudden drop in blood pressure when standing up or stretching.

2.1.1.35 ALZHEIMER'S DISEASE

Explanation:

Alzheimer's disease progressive mental deterioration that can occur in middle or

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old age, due to generalized degeneration of the brain. The condition gradually worsens, which can lead to changes in personality and makes routine tasks difficult.

Glossary:

- Dementia – a decline in memory or other thinking skills severe enough to reduce a person's ability to perform everyday activities

2.1.1.36 CREUTZFELDT-JAKOB DISEASE

Explanation:

Creutzfeldt-Jakob disease (CJD) is a fatal Neurodegenerative disease.

2.1.1.37 SYSTEMIC LUPUS ERYTHEMATOSUS

Explanation:

Systemic lupus erythematosus (SLE) is a disease of Immune System where an individual's own body will start to attack healthy cells, tissue and organs.

2.1.1.38 GOOD PASTURE'S SYNDROME

Explanation:

It is a disease of Immune System in which antibodies attack the basement membrane of lungs and kidneys, leading to bleeding from the lungs and kidney failure

Glossary:

Antibody: Cell that is used by the immune system to neutralize pathogens such as bacteria and viruses.

2.1.1.39 PROGRESSIVE SCLERODERMA

Explanation:

Scleroderma is a group of progressive diseases that results in the hardening of the skin.

2.1.1.40 MEDULLARY CYSTIC DISEASE

Explanation:

Medullary cystic kidney disease is a condition in which small, fluid-filled sacs called cysts form in the centre of the kidneys. These cysts scar the kidneys and cause them to malfunction. Over time, Medullary cystic kidney disease can lead to kidney failure.

Glossary:

- Cyst – a sac like structure containing fluid or semi solid material

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2.1.1.41 MUSCULAR DYSTROPHY

Explanation:

Muscular dystrophy (MD) is an inherited genetic condition that gradually causes the muscles to weaken, leading to an increasing level of disability. Muscular dystrophy gets worse over time and often begins by affecting a particular group of muscles, before affecting the muscles more widely.

2.2 - SECTION – B

2.2.1.3 EARLY STAGE CANCER

Explanation:

Cancer is the uncontrolled growth of malignant cells, which if not treated, can lead to surrounding healthy tissue being invaded and destroyed. If the cancer is more advanced it may spread to other parts of the body via the bloodstream or lymphatic system.

Glossary:

- Histologically –the diagnosis of cancer cells using a microscope
- Carcinoma in situ – this is an early stage cancer that has stayed in the same place from where it began and has not spread to neighboring tissue or organs
- Lymphoma – cancer of the lymphatic system, including Hodgkin and non-Hodgkin lymphoma
- Leukaemia – Type of blood cancer
- RAI Staging – It's a method used to stage Chronic Lymphocytic Leukaemia
- TNM classification – It is a cancer staging notation system with alphanumeric staging and is made up of 3 parts:
 - Tumor(T) – size and spread of the tumor
 - Nodes(N) – whether there has been spread to any lymph nodes
 - Metastases(M) – whether there has been further spread to distant organs

2.2.1.4 ANGIOPLASTY

Explanation:

Angioplasty – It's a minimum invasive procedure which opens blocked arteries and restores normal blood flow to heart muscle using stents.

Glossary:

Coronary artery – an artery that supplies blood to the heart.

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