

MANIPALCIGNA LIFESTYLE PROTECTION - ACCIDENT CARE PROSPECTUS

I. What is ManipalCigna Lifestyle Protection - Accident Care?

We will provide coverage to an Insured Person who suffers an Injury solely and directly due to an Accident that occurs anywhere in the world, during the Policy Period and such Injury solely and directly results in Death or Disablement of the Insured Person within 365 days from the date of the Accident.

The policy also offers coverage towards other contingencies arising out of an Accident which are available under optional benefits.

Standard Covers

- Accidental Death
- Permanent Partial Disablement
- Orphan Benefit
- Funeral Expenses
- Permanent Total Disablement
- Emergency Ambulance Cover
- Loss of Employment
- Education Fund

Optional Covers

- Temporary Total Disablement
- Broken Bones Benefit
- Burns Benefit
- Coma Benefit

II. What are the Plan details available under this Policy?

Coverage towards Accidental Death or Disablement is provided under three Plan Options as specified below

Plan A - Basic Cover

- Accidental Death
- Emergency Ambulance Cover
- Funeral Expenses

Plan B - Enhanced Cover

- Accidental Death
- Emergency Ambulance Cover
- Permanent Total Disablement
- Funeral Expenses
- Education Fund

Plan C - Comprehensive Cover

- Accidental Death
- Education Fund
- Loss of Employment
- Permanent Total Disablement
- Emergency Ambulance Cover
- Funeral Expenses
- Permanent Partial Disablement
- Orphan Benefit

Optional Covers as specified below can be chosen to supplement coverage under Plan A, B or C.

- Temporary Total Disablement
- Burns Benefit
- Broken Bones Benefit
- Coma Benefit

III. What are Standard Covers available in the Policy?

III.1 Accidental Death

If the Insured Person suffers an Injury solely and directly due to an Accident that occurs during the Policy Period and such Injury solely and directly results in the death of the Insured Person within 365 days from the date of the Accident, We will pay 100% of opted Sum Insured as specified in the Policy Schedule. Where such Death occurs while the Insured Person is a fare paying passenger on a common carrier, We will pay 200% of opted Sum Insured as specified in the Policy Schedule.

Table of Benefits	% of the Sum Insured payable
a. Accidental Death	100%
b. Accidental Death (Common Carrier)	200%

Once a claim has been accepted and paid under this Benefit then this Policy will automatically terminate in respect of that Insured Person.

III.2 Permanent Total Disablement

If the Insured Person suffers an Injury solely and directly due to an Accident that occurs during the Policy Period and such Injury solely and directly results in the Permanent Total Disablement of the Insured Person which is of the nature specified in the table below, within 365 days from the date of the Accident, We will pay the Sum Insured as specified in the table below. Where such Permanent Total Disablement occurs while the Insured Person is a fare paying passenger on a common carrier, We will pay 200% of opted Sum Insured as specified in the table below.

Table of Benefits	% of the Sum Insured payable
2. a. Type of Permanent Total Disablement	
i) Total and irrecoverable loss of sight of both eyes	100%
ii) Loss by physical separation or total and permanent loss of use of both hands or both feet	100%
iii) Loss by physical separation or total and permanent loss of use of one hand and one foot	100%
iv) Total and irrecoverable loss of sight of one eye and loss of a Limb	100%
v) Total and irrecoverable loss of hearing of both ears and loss of one Limb/loss of sight of one eye	100%
vi) Total and irrecoverable loss of hearing of both ears and loss of speech	100%
vii) Total and irrecoverable loss of speech and loss of one Limb/loss of sight of one eye	100%
viii) Permanent total and absolute disablement (not falling under the above) disabling the Insured Person from engaging in any employment or occupation or business for remuneration or profit, of any description whatsoever	100%
2. b. Permanent Total Disablement (of the nature listed under II 2a. which occurs due to an Accident while the Insured Person is a fare paying passenger on a common carrier)	200%

Once a claim has been accepted and paid under this Benefit then this Policy will automatically terminate in respect of that Insured Person.

Claims in respect of Common Carrier benefit are limited to Death II.1 & Permanent Total Disability II.2 only.

III.3 Permanent Partial Disablement

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

Table of Benefits	% of the Sum Insured payable
a. Permanent Partial Disablement	
i) Total and irrecoverable loss of sight of one eye	50%
ii) Loss of one hand or one foot	50%
iii) Loss of all toes - any one foot	10%
iv) Loss of toe great - any one foot	5%
v) Loss of toes other than great, if more than one toe lost, each	2%
vi) Total and irrecoverable loss of hearing in both ears	50%
vii) Total and irrecoverable loss of hearing in one ear	15%
viii) Total and irrecoverable loss of speech	50%
ix) Loss of four fingers and thumb of one hand	40%
x) Loss of four fingers	35%
xi) Loss of thumb- -both phalanges	25%
xii) Loss of thumb- one phalanx	10%
xiii) Loss of index finger-three phalanges	10%
- two phalanges	8%
- one phalanx	4%
xiv) Loss of middle/ring/little finger-three phalanges	6%
- two phalanges	4%
- one phalanx	2%

III.4 Emergency Ambulance Cover

If We have accepted a claim under this Policy, then We will provide a lumpsum benefit towards Ambulance Expenses as per the limits specified in the table below. For the purpose of availing this benefit the Insured Person must have availed of Medically Necessary transportation through a registered Ambulance Service Provider to a Hospital immediately following the Accident.

Sum Insured	Ambulance Benefit
Up to Rs. 25 Lacs	Rs. 2,000
>Rs. 25 Lacs up to Rs. 50 Lacs	Rs. 3,000
>Rs. 50 Lacs up to Rs. 3 Cr	Rs. 5,000
Above Rs. 3 Cr	Rs. 10,000

III.5 Orphan Benefit

If We have accepted a claim under Section III.1 for an Insured Person who is a Parent and while as a result of the same Accident, the spouse (who may or may not be an Insured Person) has also died, then in addition to any amount payable under Section III.1, We will pay an amount equal to the opted Sum Insured of the Insured Person, towards the Dependent Child irrespective of whether the Dependent Child is also an Insured Person.

Where both parents are covered with us the Sum Insured payable will be the higher among the two Insured Parents.

Any Claim towards orphan benefit that becomes admissible where the dependent child is a minor, the Orphan benefit shall be payable to the Legal Guardian.

III.6 Loss of Employment

If We have accepted a claim under Section III.2 or III.3 that results in a condition due to which the Insured Person is totally disabled from engaging in his/her employment and loses his source of income generation through engaging in his/her primary occupation, then a monthly payout according to the below terms shall be paid by Us to the Insured Person in addition to the benefit payable under Section III.2 or III.3

- In case of Salaried Insured Persons: A monthly income for 3 months, based on the last 3 months salary slip of the previous employer of the Insured Person. This payout is limited to base monthly net income excluding overtime, bonuses, tips, commissions or any other special compensation
- In case of Self Employed Insured Persons: A monthly income for 3 months, based on the last income tax returns filed by the Insured Person with the income tax department. This payout will consider net income from primary occupation only and does not include income of other sources.

Benefit for loss of employment shall be in addition to the Sum Insured and available only once during the lifetime of an Insured Person.

III.7 Funeral Expenses

If We have accepted a claim under Section III.1 in respect of an Insured Person, then in addition to any amount payable under Section III.1, We will make a onetime payment as per the amount specified in the table below, towards the funeral/cremation expenses of that Insured Person.

Sum Insured Opted	Funeral Benefit
Up to Rs. 50 Lacs	Rs. 5,000
Above Rs. 50 Lacs	Rs. 10,000

III.8 Education Fund

If We have accepted a claim under Sections III.1 or III.2 in respect of an Insured Person, then in addition to any amount payable under these Sections, We will make a onetime payment equal to the 10% of Sum Insured per surviving dependent child of the Insured Person, for a maximum of 2 children,

subject to a maximum limit of Rs.10,00,000 per Policy subject to the terms below.

This benefit shall be payable subject to the dependent child being less than 25 years of age as on date of occurrence of the event and provided that the dependent child is pursuing an educational course as a full time student at an accredited educational institution and does not have any independent source of income.

IV. What are the Optional covers available in the Policy?

The Policy can be extended to include the following optional covers by paying applicable additional premium. Wherever opted, such Optional Covers shall apply to all Insured Persons under a single policy without any individual selection. All covers available under optional benefits are in addition to the Standard Covers opted under the respective Plan. Wherever a claim qualifies under more than one benefit we will pay for all such eligible covers opted and in force at the time of such claim under the Policy.

IV.1 Temporary Total Disablement

If the Insured Person suffers an Injury solely and directly due to an Accident that occurs during the Policy Period and such Injury solely and directly results in the Temporary Total Disablement of the Insured Person within 365 days from the date of the Accident, We will pay an amount equal to the lesser of 1% of the Sum Insured and Rs.25,000 per week for the duration of the Temporary Total Disablement provided that We shall not be liable to make payment under this benefit for more than a total of 100 weeks in respect of any one Injury calculated from the date of commencement of the Temporary Total Disablement, subject always to the availability of the Sum Insured. Minimum absence from work must be for 7 consecutive days, post which if the Insured Person is disabled for a part of the week, then only a proportionate part of the weekly benefit will be payable.

In case of salaried persons this weekly benefit shall in no case exceed the Insured Persons base weekly income excluding overtime, bonuses, tips, commissions or any other special compensation.

For the purpose of this benefit, Temporary Total Disablement means a disablement of an Insured Person such that he/she is totally disabled from engaging in any employment or occupation or business for remuneration or profit, of any description whatsoever on a temporary basis and a disability certificate is issued by a Civil Surgeon or the equivalent appointed by the District/State or Government Board.

IV.2 Burns Benefit

If the Insured Person suffers from Burns due to an Injury solely and directly due to an Accident that occurs during the Policy Period, We will pay the amount specified in the table below to the Insured Person subject to the following:

- The Burns are not self-inflicted by the Insured Person in any way; and
- A Medical Practitioner has confirmed the diagnosis of the burn and the percentage of surface area in writing.

For the purpose of this benefit, Burns means any burns suffered by the Insured Person as specifically defined in the table below.

Table of Benefits Burns	% of the Sum Insured payable
1. Head	
a. Third degree burns of 8% or more of the total head surface area	100%
b. Second degree burns of 8% or more of the total head surface area	50%
c. Third degree burns of 5% or more, but less than 8% of the total head surface area	80%
d. Second degree burns of 5% or more, but less than 8% of the total head surface area	40%
e. Third degree burns of 2% or more, but less than 5% of the total head surface area	60%
f. Second degree burns of 2% or more, but less than 5% of the total head surface area	30%
2. Rest of the body	
a. Third degree burns of 20% or more of the total body surface area	100%
b. Second degree burns of 20% or more of the total body surface area	50%
c. Third degree burns of 15% or more, but less than 20% of the total body surface area	80%
d. Second degree burns of 15% or more, but less than 20% of the total body surface area	40%
e. Third degree burns of 10% or more, but less than 15% of the total body surface area	60%
f. Second degree burns of 10% or more, but less than 15% of the total body surface area	30%
g. Third degree burns of 5% or more, but less than 10% of the total body surface area	20%
h. Second degree burns of 5% or more, but less than 10% of the total body surface area	10%

Where a claim for 100% Sum Insured has been paid under this coverage under this benefit shall lapse and the policy will continue for the balance period for the other covers, however no further renewals will be permitted.

IV.3 Broken Bones Benefit

If the Insured Person suffers from Broken Bones due to an Injury solely and directly due to an Accident that occurs during the Policy Period, We will pay percentage the of Sum Insured as specified in the table below.

For the purpose of this benefit, Broken Bones means the breakage of such bones of the Insured Person evidenced by a Fracture and are specifically defined in the table below excluding any form of hair line fracture.

Table of Benefits	% of Sum Insured Payable
Injury to vertebral body resulting in spinal cord damage	100%
Pelvis	100%
Skull (excluding nose and teeth)	30%
Chest (all ribs and breast bone)	50%
Shoulder (collar bone and shoulder blade)	30%
Arm	25% or Rs. 5 Lacs whichever is lower
Leg	25% or Rs. 5 Lacs whichever is lower
Vertebra - vertebral arch (excluding coccyx)	30% or Rs. 5 Lacs whichever is lower
Wrist (collies or similar fractures)	10% or Rs. 5 Lacs whichever is lower
Ankle (Potts or similar fracture)	10% or Rs. 5 Lacs whichever is lower
Coccyx	5% or Rs. 1 Lac whichever is lower

Hand	3% or Rs. 1 Lac whichever is lower
Finger	3% or Rs. 1 Lac whichever is lower
Foot	3% or Rs. 1 Lac whichever is lower
Toe	3% or Rs. 1 Lac whichever is lower
Nasal bone	3% or Rs. 1 Lac whichever is lower

Where a claim for 100% Sum Insured has been paid under this coverage under this benefit shall lapse and the policy will continue for the balance period for the other covers, however no further renewals will be permitted.

IV.4 Coma Benefit

If the Insured Person suffers from a Coma due to an Injury solely and directly due to an Accident that occurs during the Policy Period, We will pay an amount equal to 25% of Sum Insured in respect of that Insured Person.

Add on - ManipalCigna Health 360 - OPD

Along with this Product You can also avail the ManipalCigna Health 360 (MCIHLIA23023V012223) or its subsequent revisions. Please ask for the Prospectus and Proposal Form of the same at the time of purchase. All terms and conditions of applicable rider including Health declaration wherever applicable will apply

OPD: Package 1: Coverage for doctor consultations on cashless basis within the OPD Sum Insured

Package 2: Coverage for doctor consultations and prescribed diagnostics on cashless basis within the OPD Sum Insured

Package 3: Coverage for doctor consultations, prescribed diagnostics and pharmacy on cashless basis within the OPD Sum Insured.

Pharmacy limit is 20% of the OPD Sum Insured

V. What are Policy Features?

V.1. Sum Insured

a. Individual Plan

Sum Insured will range from Rs 50,000 to a maximum of Rs 10 Crore.

Eligibility of Sum Insured will be up to a maximum of 10 times of Annual Income of the Proposer or Earning member to be Insured, where the Proposer is not the Insured.

b. Family Cover

Family Member	Sum Insured
Earning member	As per the Sum Insured opted
Non-earning Spouse	60% of Sum Insured of Earning member
Dependent Children	30% of the Sum Insured of Earning member
Dependent parents/parent in laws or dependent brothers, sisters - subject to maximum age limit specified.	30% of the Sum Insured of Earning member

Note: Non-earning dependants will not be eligible for coverage under Sections for 'Temporary Total Disablement' and Loss of Employment .

V.2 Eligibility

The minimum entry age under this policy is 5 years for children and 18 years for adults. The maximum age at entry is 80 years. The maximum entry for Children age is 25 years. Persons above 70 years up to 80 years may be accepted subject to Medical Underwriting.

- Dependent Children between the ages of 5 and 17 years of age may be covered only if one of the parents is also covered either in the same or different policy with Us.
- Dependent Children in the age group of 18 to 25 can be covered under a family policy provided they are dependent.
- Dependent Parents/Parent Inlaws can enter the policy up to 80 years.

Policy is renewable for Lifetime.

Coverage for policies issued to persons above 70 years will be limited to Accidental Death & Permanent Total Disability only.

V.3 Coverage on Individual and Family basis

Covering the following relationships- Self, Lawfully Wedded Spouse, Dependent Children, Dependant Parents, Dependant Siblings, Parents in law.

V.4 Policy Period option

Policy will be available for one, two and three years.

V.5 Premiums

The Premium charged on the Policy will depend on the Plan, Sum Insured, of the Insured Person and Policy Period.

Premium can be paid on Single, Yearly, Half yearly, Quarterly or Monthly basis. Premium payment mode can only be selected at the inception of the Policy or at the renewal of the Policy.

In case of premium payment modes other than Single or Yearly, a loading will be applied on the premium.

Loading grid applicable for Half yearly, Quarterly and Monthly payment mode.

Premium payment mode	% Loading on premium
Monthly	5.5%
Quarterly	3.5%
Half yearly	2.5%

For detailed premium chart please refer Annexure "Rate Chart" attached along with this document.

V.6 Discounts under the Policy

You can avail of the following discounts on the applicable premium on your policy.

i. Family Discount : You can avail a discount of 10% for covering more than 2 family members under the same policy.

ii. Long Term policy discount: You can avail of a long term discount of 7.5% and 10% on selecting a 2 and 3 years policy respectively.

Long term policy discount will not be applicable in case of installment premium policies.

iii. Direct Policy Discount: You can avail of a 10% discount if you buy this Policy from Us without any intermediary.

v. Worksite Marketing Discount: A discount of 10% will be available on policies which are sourced through worksite marketing channel. This discount and Direct Policy discount are mutually exclusive.

V.7 Loadings and Underwriting

We may apply an additional risk loading of 20% for persons above 70 years of age at the time of buying the Policy for the first time based on a Medical Examination conducted by Us, costs for which will be borne by Us. Additionally a loading 25% may be applied for persons with existing disability of more than 25%. These loadings will be applied from the Inception Date of the first Policy including subsequent Renewal(s) with Us. . We will inform You about the applicable risk loading through a counter offer letter and We will only issue the Policy once We receive your consent and applicable additional premium. Maximum loading on a policy shall not increase 45% per Insured Person. There will be no loadings based on individual claims experience.

V.8 Grace Period, Revival & Renewal

Grace Period:

The Policy may be Renewed by mutual consent for life subject to application of renewal and realization of renewal premium and in such event the Renewal premium should be paid to Us on or before the date of expiry of the Policy and in no case later than the Grace Period of 30 days (for Single and Annual premium payment mode) from the date of expiry of the Policy. We will not be liable to pay for any claim arising out of an Injury /Accident/condition that occurred during the Grace Period and the period between the date of expiry of previous policy and date of inception of subsequent policy. The provisions of Section 64VIB of the Insurance Act shall be applicable. All policies Renewed within the Grace Period shall be eligible for continuity of cover.

Revival Period:

For instalment (Half-yearly and Quarterly) premium policies, the revival period shall be 30 days and for Monthly premium payment mode the revival period shall be 15 days from the due date of next instalment.

You may pay the premium through National Automated Clearing House (NACH)/ Standing Instruction (SI) provided that:

i. NACH/Standing Instruction Mandate form is completely filled & signed by You.

ii. The Premium amount which would be auto debited & frequency of instalment is duly filled in the mandate form.

iii. New Mandate Form is required to be filled in case of any change in the Policy Terms and Conditions whether or not leading to change in Premium.

iv. You need to inform us at least 15 days prior to the due date of instalment premium if You wish to discontinue with the NACH/ Standing Instruction facility.

v. Non-payment of premium on due date as opted by You in the mandate form subject to an additional renewal/ revival period will lead to termination of the policy.

Renewal Terms:

a. The Policy will automatically terminate at the end of the Policy Period.

b. The Policy would be considered as a fresh policy if there would be break of more than 30 days for Single, Annual, Half-yearly and Quarterly payment mode and 15 days for Monthly payment mode, between the previous policy expiry date and current Policy start date.

c. Renewals will not be denied except on grounds of misrepresentation, established fraud, non-disclosure of material fact or non-co-operation by You.

d. Where We have discontinued or withdrawn this product/plan You will have the option to Renew under the nearest substitute policy being issued by Us, provided however benefits payable shall be subject to the terms contained in such other policy which has been approved by IRDAI. We will notify You regarding withdrawal of this product and the options available at the time of Renewal of this Policy.

e. Insured Persons shall disclose to Us in writing of any material change in his/her health condition or Occupation at the time of seeking Renewal of this Policy, irrespective of any claim arising or made. The terms and condition of the existing policy will not be altered.

f. We may in Our sole discretion, revise the Renewal premium payable under the Policy or the terms of cover, provided that the Renewal premiums are approved by IRDAI and in accordance with the IRDAI guidelines and regulations as applicable from time to time. Renewal premiums will not alter based on individual claims experience. We will intimate You of any such changes at least 3 months prior to date of such revision or modification coming into effect.

g. Alterations like increase/decrease in Sum Insured or change in plan, addition/deletion of Insured Persons, addition/deletion of optional covers/riders will be allowed at the time of Renewal of the Policy. You can submit a request for the changes by filling the proposal form before the expiry of the Policy. We reserve Our right to carry out underwriting in relation to acceptance or rejection of the request for changes on Renewal. The terms and conditions of the existing Policy will not be altered.

h. **On renewal, the coverage will be limited to Accidental Death & Permanent Total Disability for Insured Persons above 70 years of age.**

V.9 Free-look Period

A period of 30 days from the date of receipt of the Policy document is available to review the terms and conditions of this Policy. The Policy holder has the option of cancelling the Policy stating the reasons for cancellation. The Company shall refund the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the insurer on medical examination of the proposer and stamp duty charges. Cancellation will be allowed only if there are no claims reported (paid/outstanding) under the Policy. All rights under this Policy shall immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of renewal of the Policy.

Free look cancellation & refund will be made within 7 days from the date of receipt of request.

In case of any delay in refund, the insurer shall refund such amounts along with interest at the bank rate plus 2 percent on the refundable amount, from the date of receipt of the request for free look cancellation till the date of refund

V.10 Cancellations

Cancellation may be intimated to the Company by giving 15 days notice in which case the Company shall refund the premium for the unexpired term on the short period scale mentioned below.

Premium shall be refunded only if no claim has been made under the Policy.

1 Year		2 Year		3 Year	
Policy in force upto	Refund %	Policy in force upto	Refund %	Policy in force upto	Refund %
1 month	75%	1 month	85%	1 month	90%
3 months	50%	3 months	75%	3 months	85%
6 months	25%	6 months	60%	6 months	75%
More than 6 months	NIL	12 months	50%	12 months	60%
		15 months	30%	15 months	50%
		18 months	20%	18 months	35%
		Above 18 months	NIL	24 months	30%
				30 months	25%
				Above 30 months	NIL

In case of Annual instalment premium policies, We will calculate the amount of premium to be retained by Us, considering the full term of the policy as per the short period scale above. Where the premium received on the policy is more than the amount to be retained then, such additional premium shall be refunded.

Wherever such Instalment premium received as on the cancellation request date is lower than the amount to be retained by Us, the cancellation will be effected without any refund of premium.

No refund will be processed for cancellation of policies with Premium Payment Mode as Half-yearly, Quarterly or Monthly.

An individual Policy with a single insured shall automatically terminate in case of Your death or upon the payment of all eligible Sum Insured's in accordance with the payment of benefits under the applicable sections. In case of a Policy with multiple Insured Persons, the Policy shall continue to be in force for the remaining Insured Persons up to the expiry of current Policy Period until the death of such Insured Persons or upon the payment of the Sum Insured in accordance with Section II. The Policy may be Renewed on an application by another adult Insured Person under the Policy or any other Member who satisfies the criteria to be a Policyholder whenever such is due for Renewal. All relevant particulars in respect of such person (including his/her relationship with You) must be given to Us along with the application.

The company may cancel a policy on grounds of misrepresentation, established fraud, non-disclosure of material fact or for non co-operation of the insured without any refund of premium.

V.11 Termination

Coverage under this Policy shall automatically terminate for an Insured Person upon payment of a benefit equal to the total Sum Insured or upon death of an Insured Person. Wherever the benefit paid is partial in nature the policy shall continue for the balance Sum Insured in respect of that Insured Person.

V.12 Description of Benefits

a. Coverage under the following benefits will be limited to Sum Insured

- Accidental Death
- Permanent Total Disability
- Permanent Partial Disability
- Temporary Total Disability

b. Coverage under the following benefits will be in addition to Sum Insured provided the cover is opted

- Broken Bones Benefit
- Coma Benefit
- Burns Benefit

c. Coverage under the following benefits will be available in addition to Sum Insured subject to a claim being payable under the respective associated benefit under Standard Covers applicable for each Plan.

- Education Fund
- Emergency Ambulance Cover
- Orphan Benefit
- Loss of Employment
- Funeral Expenses

V.13 Endorsements

The Policy will allow the following endorsements during the term of the Policy. Any request for endorsement must be made by You in writing. Any endorsement would be effective from the date of the request as received from You, or the date of receipt of premium, whichever is later.

i. Non-Financial Endorsements - which do not affect the premium

- Rectification in Name of the Proposer / Insured Person
- Rectification in Gender of the Proposer/ Insured Person
- Rectification in Relationship of the Insured Person with the Proposer
- Rectification of Date of Birth of the Insured Person
- Change/Updation in the contact details viz., Phone No., E-mail Id, etc.
- Updation of alternate contact address of the Proposer
- Change in Nominee Details

ii. Financial Endorsements - which result in alteration in premium

- Deletion of Insured Member on Death or Separation or Policyholder/Insured Person Leaving the Country-only if no claims are paid / outstanding.
- Addition of Member (Newly Wedded Spouse or Adopted Child 5 years and above)
- Rectification in Gender of the Proposer/ Insured Person
- Rectification of Date of Birth of the Insured Person

All endorsement requests may be assessed by the underwriting team and if required additional information/documents may be requested.

V.14 Grievance Redressal

If you have a grievance that you wish us to redress, you may contact us with the details of the grievance through Our website: www.manipalcigna.com

Email: customercare@manipalcigna.com.

Senior Citizens may write to us at - seniorcitizensupport@manipalcigna.com

Toll Free: 1800-102-4462

Contact No.: +91 22 71781300

Courier: Any of Our Branch office or corporate office during business hours. Insured Person may also approach the grievance cell at any of company's branches with the details of the grievance.

If Insured Person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at,

The Grievance Cell,

ManipalCigna Health Insurance Company Limited,

Techweb center 2nd Floor New Link Rd,

Anand Nagar, Jogeshwari West, Mumbai, Maharashtra 400102, India

or

Email - headcustomercare@manipalcigna.com.

For updated details of grievance officer, kindly refer link - <https://www.manipalcigna.com/grievance-redressal>

If Insured person is not satisfied with the redressal of grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. The contact details of Ombudsman offices attached as Annexure I to this Policy document.

Grievance may also be lodged at IRDAI complaints management system - <https://bimabharosa.irdai.gov.in/>

You may also approach the Insurance Ombudsman if your complaint is open for more than 30 days from the date of filing the complaint.

The office Name and address details applicable for your state can be obtained from - <https://www.cioins.co.in/Ombudsman>.

VI. What are Exclusions under the Policy?

We shall not be liable to make any payment for any claim in respect of any Insured Person, directly or indirectly for, caused by or arising from or in any way attributable to any of the following unless otherwise stated in the Policy:

1. Any Pre-existing Disease or Disability arising out of a Pre-existing Diseases or any complication arising therefrom.
2. Any payment in case of more than one claim under the Policy during any one Policy Period by which Our maximum liability in that period would exceed the Sum Insured in respect of Standard Covers. This would not apply to payments made under Optional Covers, Emergency Ambulance Cover, Orphan Benefit, Loss of Employment, Funeral Expenses, Education fund of the Policy.
3. Suicide or attempted Suicide, intentional self-inflicted injury, acts of self-destruction whether the Insured Person is medically sane or insane.
4. Certification by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person's Family.
5. Death or disablement arising out of or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), participation in any naval, military or air-force operation, civil war, public defense, rebellion, revolution, insurrection, military or usurped power.
6. Death or disablement directly or indirectly caused by or associated with any venereal disease, sexually transmitted disease
7. Congenital internal or external diseases, defects or anomalies or in consequence thereof.
8. Benefit under Accidental Death, Permanent Total Disablement, Permanent Partial Disablement and Emergency Ambulance Cover arising from Bacterial infections (except pyogenic infection which occurs through an Accidental cut or wound due to Accident).
9. Benefit under Accidental Death, Permanent Total Disablement, Permanent Partial Disablement and Emergency Ambulance Cover arising from Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
10. Benefit under Accidental Death, Permanent Total Disablement, Permanent Partial Disablement and Emergency Ambulance Cover arising from Hernia.
11. Death or disablement directly or indirectly caused due to or associated with human T-cell Lymphotropic virus type III (HTLV-III or IITLB-III) or Lymphadenopathy Associated Virus (LAV) and its variants or mutants, Acquired Immune Deficiency Syndrome (AIDS) whether or not arising out of HIV, AIDS related complex syndrome (ARCS) and any injury caused by and/or related to HIV.
12. Any change of profession after inception of the Policy which results in the enhancement of Our risk under the Policy, if not accepted and endorsed by Us on the Policy Schedule.
13. Death or disablement arising or resulting from the Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanor or civil commotion with criminal intent.
14. Death or disablement arising from or caused due to use, abuse or a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen.
15. Death or disablement resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy or a consequence thereof including ectopic pregnancy unless specifically arising due to accident;
16. Death or disablement caused by participation of the Insured Person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
17. Insured Persons whilst engaging in a speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports in so far as they involve the training for or participation in competitions or professional sports, or involving a naval, military or air force operation and is specifically specified in the Policy Schedule.
18. Working in underground mines, tunneling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaged in Hazardous Activities.
19. Death or disablement arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
 - Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.
 - Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.
20. Any physical, medical or mental condition or treatment or service that is specifically excluded in the Policy

VII. How can I buy the Policy?

- Step 1:** The product brochure, policy benefits, exclusions and premium details must be thoroughly understood and discussed with Our advisor/ Company representative, before buying the policy.
- Step 2:** Once the benefits of the policy are understood, the Proposal Form must be filled, wherein details of the prospective Insured Persons including medical information must be provided as accurately as possible.
- Step 3:** The Proposal Form with the required documents have to be submitted..
- Step 4:** Based on the above information we will process Your proposal for Insurance and a policy kit containing the Policy Schedule, Policy Terms & Conditions and associated documents will be sent to you.

In case we are unable to underwrite Your proposal We will intimate the same to You.

Upon assessment if the premium is loaded then We will inform You about any revised terms through a counter offer letter. We will issue the Policy only once you accept the counter offer. Where You do not agree to the counter offer we will cancel your proposal.

VIII. What is the Claims Process?

a. Duties of the claimant

- You must Intimate and submit a claim in accordance with the Claim Process defined in the Policy
- You must follow the advice provided by a Medical Practitioner. We shall not be obliged to make any payment that is brought about as a consequence of failure to follow such advice.
- You must upon Our request, submit Yourself for a medical examination by Our nominated Medical Practitioner as often as We consider reasonable and necessary. The cost of such examination will be borne by Us.
- Provide Us with complete documentation and information that We have requested to establish admissibility of the claim, its circumstances and its quantum under the provisions of the Policy.

b. Claim Process

Upon the discovery or occurrence of any event that may give rise to a Claim under this Policy, You / Insured Person or the Nominee shall intimate a claim in writing or at the call centre within 10 days of occurrence of such event:

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

- Policy Number
- Name of the Policyholder
- Name of the Insured Person in whose relation the Claim is being lodged
- Name of Accident
- Name and address of the attending Medical Practitioner and Hospital (if admission has taken place)
- Date of Admission if applicable
- Any other information, documentation as requested by Us

c. Documents to be submitted

In the event of a claim arising under this Policy, the claim documents shall be submitted to Us within thirty (30) days of the date of first occurrence of the event.

Documents required for all Claims:

- Photo Identity Proof - Voter ID, Passport, PAN Card, Driving License, Ration Card, Aadhar, or any other proof accepted by the KYC norms as approved by the Company and which is admissible in court of law
- Duly completed and signed claim form in original as prescribed by Us.
- Copy of FIR/ Panchnama /Police Inquest Report (if conducted) duly attested by the concerned Police Station;
- Copy of Medico Legal Certificate (if conducted) duly attested by the concerned Hospital,
- Income Proof
 - Last 3 months Salary Slip/Form 16 for salaried persons
 - Last Financial years ITR for self-employed persons

Accidental Death:

- Original Death certificate issued by the office of Registrar of Birth & Deaths;
- Death summary issued by a Hospital;
- Post Mortem Report (if conducted);
- Identity proof of Nominee or Original Succession Certificate/Original Legal Heir Certificate or any other proof to the satisfaction of the Company for the purpose of a valid discharge in case nomination is not filed by deceased.

Claim under Permanent Total Disability & Permanent Partial Disability as well as Optional benefit under Temporary Total Disability:

- Original treating Medical Practitioner's certificate describing the disablement;
- Original Discharge summary from the Hospital;
- Photograph of the Insured Person reflecting the disablement;
- Prescriptions and consultation papers of the treatment;
- Disability certificate issued by civil surgeon or equivalent appointed by the District/State or Government Board.
- Any other medical, investigation reports, inpatient or consultation treatment papers, as applicable;

Additional documents required under Temporary Total Disability.

- Leave/Absence Certificate from Employer (If Employed)

Additional documents required under Accident Death & Permanent Total Disability (Common Carrier).

- Original Passenger Ticket / Boarding Pass issued in the name of the Insured Person from the Common Carrier (in case of death in a common carrier). Wherever a named ticket is not available, onus of proof of travel will be upon the Insured Person.

Additional documents for Benefits (as applicable):

Emergency Ambulance:

- a. Original Bill from a certified Ambulance Service Provider or Hospital.

Orphan Benefit:

- a. Birth Certificate of child or adoption papers(if adopted)
- b. Any other proof to establish relationship - Passport/Education certificate establishing proof of relationship of child with parents.
- c. Legal Guardian Certificate if the Child is a minor

Education Fund:

- a. Proof to establish relationship - Passport/Education certificate establishing proof of relationship of child with parents/Birth Certificate or Adoption Papers(if adopted).
- b. Photo Identity Proof of Child (Children)
- c. Age proof of Child (Children)
- d. Certificate from Educational Institution describing course details

Loss of Employment:

- a. Loss of Employment/Termination Letter indicating the reason for termination.
- b. Salary Slip of last 3 months (for salaried persons)
- c. Last years Form 16 issued by the employer (for salaried persons)
- d. Income Tax Return attested copy.(for all persons)
- e. Last years Audited Statement of Account (in case of self-employed)

Broken Bones:

- a. Original X-Ray/MRI/CT-Scan/Radiology Films/Reports confirming the extent of fracture.

Coma:

- a. Original Specialist Medical practitioner certificate confirming condition with permanent neurological deficit.
- b. Other documents as specified under Section IV.4 for Coma Benefit

Burns:

- a. Original Specialist Medical practitioner certificate confirming degree of burns and total area involved.

In case You delay submission of claim documents, then in addition to the documents mentioned above, You are also required to provide Us the reason for such delay in writing. We will accept such requests for delay up to an additional period of 30 days from the stipulated time for such submission. We will condone delay on merit for delayed Claims where the delay has been proved to be for reasons beyond Your/ Insured Persons control.

Disclaimer:

This is only a summary of the product features. The actual benefits available shall be described in the policy, and will be subject to the policy terms, conditions and exclusions.

For more details on risk factors, terms and conditions read the sales brochure and speak to Your advisor before concluding a sale.

Prohibition of Rebates (under section 41 of Insurance Act, 1938):

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

Insurance is a subject matter of solicitation