

MANIPALCIGNA PROHEALTH CASH

(PROSPECTUS)

I. What are the Key Highlights of the Policy?

This policy provides a fixed Daily Cash Benefit to an Insured Person for each continuous and completed period of 24 hours of Hospitalisation resulting due to an Illness or Injury which occurs during the Policy Period.

The Policy is available under two Plans with Optional Covers and a choice of maximum number of days of coverage per year.

Plan I. Basic Plan

- Sickness Hospital Cash Benefit
- Accident Hospital Cash Benefit
- ICU Cash

Plan II. Enhanced Plan

- Sickness Hospital Cash Benefit
- Accident Hospital Cash Benefit
- ICU Cash
- Convalescence Benefit
- Companion Benefit
- Compassionate Benefit

Optional Covers

- Day Care Treatment Benefit
- Accidental Death & Permanent Total Disability Cover

Maximum Coverage Limit (Number of days of coverage per policy year):

- 60 days
- 90 days
- 180 days

Any Claim under the Policy will trigger only after a deductible of one day (24 continuous hours of Hospitalization) and will become payable from day two of Hospitalisation. The Policy is limited to a maximum number of 450 days, including all Daily Cash Benefits put together from II.1. a to d in the lifetime of an Insured Person.

II.1 What are the Covers available under the Plan?

Basic Plan Covers

a. Sickness Hospital Cash Benefit

If the Insured Person is Hospitalised during the Policy Period for Medically Necessary treatment of an Illness that occurred during the Policy Period, We will pay the Daily Cash Benefit specified in the Policy Schedule for each continuous and completed period of 24 hours of Hospitalisation.

b. Accident Hospital Cash Benefit

If the Insured Person is Hospitalised during the Policy Period for Medically Necessary treatment due to an Injury that occurred during the Policy Period, We will pay 2 times the Daily Cash Benefit amount specified in the Policy Schedule for each continuous and completed period of 24 hours of Hospitalisation.

c. ICU Cash Benefit

If the Insured Person is Hospitalised in an Intensive Care Unit (ICU) during the Policy Period for Medically Necessary treatment of an Illness Or an Injury that occurred during the Policy Period, We will pay 3 times the Daily Cash Benefit amount specified in the Policy Schedule for each continuous and completed period of 24 hours of Hospitalisation. Coverage under this benefit is limited to a maximum of 15 days per Insured Person per Policy Year.

d. Worldwide Cover

If the Insured Person is Hospitalized in a Hospital room Or Intensive Care Unit (ICU) outside India during the Policy Period for Medically Necessary treatment of an Illness or an Injury that has occurred during

the Policy Period, We will pay 3 times the Daily Cash Benefit amount specified in the Policy Schedule for each continuous and completed period of 24 hours of Hospitalisation.

Enhanced Plan Covers (in addition to Basic Plan Covers listed above)

e. Convalescence Benefit

If the Insured Person is Hospitalised during the Policy Period for Medically Necessary treatment of an Illness Or an Injury that occurred during the Policy Period and the continuation of such Hospitalisation is Medically Necessary for at least 10 consecutive days, then We will pay a lump sum amount equal to 5 times the Daily Cash Benefit amount specified in the Policy Schedule for each continuous and completed period of 24 hours of Hospitalisation.

This benefit is available only once per Insured Person, per Policy Year.

f. Companion Benefit

If the Insured Person is Hospitalised during the Policy Period for Medically Necessary treatment of an Illness Or an Injury that occurred during the Policy Period, We will pay additional 50% of the Hospital Cash Benefit specified in the Policy Schedule for each continuous and completed period of 24 hours of Hospitalisation in respect of an accompanying person to take care of the Insured while he is hospitalised.

g. Compassionate Benefit

If the Insured Person is Hospitalised during the Policy Period for Medically Necessary treatment of an Injury due to an Accident that occurred during the Policy Period and the Insured Person dies during the course of such Hospitalisation, We will pay the Nominee a lump sum amount equal to 10 times the Daily Cash Benefit amount specified in the Policy Schedule for each continuous and completed period of 24 hours of Hospitalisation.

II.2 What are the Optional Covers in the policy?

The following optional Covers shall be available under the Policy for an Insured Person if specifically mentioned in the Policy Schedule to be applicable and shall apply to all the Insured Persons under a single policy without any individual selection. All covers available under Optional Covers are in addition to the Standard Covers opted under the respective Plan.

a. Day Care Treatment Benefit

If the Insured Person requires and avails a Medically Necessary Day Care Treatment (as defined in the Policy) during the Policy Period, We will pay a lump sum benefit amount which is the lower of 5 times the Daily Cash Benefit specified in the Policy Schedule or 25,000, to the Insured Person for such Day Care Treatment provided the Insured Person is admitted in the Hospital for such Day Care Treatment for less than 24 hours.

The benefit under this Section shall be available for a maximum of 5 Day Care Treatments per Insured Person per Policy Year. In case of Cataract, coverage is limited to 1 surgery in a Policy year per Insured Person.

b. Accidental Death and Permanent Total Disability Cover

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 death or 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 Accident Sum Insured as specified in the Policy Schedule to the Insured Person in case of Permanent Total Disablement or to the Nominee in case of death.

Type of Permanent Total Disablement

i) Total and irrecoverable loss of sight of both eyes
ii) Loss by physical separation or total and permanent loss of use of both hands or both feet
iii) Loss by physical separation or total and permanent loss of use of one hand and one foot
iv) Total and irrecoverable loss of sight of one eye and loss of a Limb
v) Total and irrecoverable loss of hearing of both ears and loss of one Limb/loss of sight of one eye
vi) Total and irrecoverable loss of hearing of both ears and loss of speech

- | |
|---|
| vii) Total and irrecoverable loss of speech and loss of one Limb/loss of sight of one eye |
| 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 |

For the purpose of Permanent Total Disability

- **Limb** means a hand at or above the wrist or a foot above the ankle;
- **Physical separation of one hand or foot** means separation at or above wrist and/or at or above ankle, respectively.

The benefits as specified above will be payable provided that:

- a. The Permanent Total Disablement is proved to Our satisfaction; and a disability certificate issued by a Civil Surgeon or the equivalent appointed by the District/State or Government Board; and
- b. The Permanent Total Disablement continues for a period of at least 180 days from the commencement of the Permanent Total Disablement; provided that We must be satisfied at the expiry of the 180 days that there is medically no reasonable scope of improvement.
- c. If the Insured Person dies before a claim has been admitted under this Benefit, then no amount will be payable under this Benefit; however it will be payable under Accidental Death and will be payable as per the coverage opted provided such intimation of death has been made to Us.
- d. If We have admitted a claim for Permanent Total Disablement in accordance with this Benefit, then We shall not be liable to make any payment under the Policy on the death of the Insured Person, if the Insured Person subsequently dies.
- e. Once a claim has been accepted and paid under this Benefit then cover under this Section of the Policy shall immediately and automatically cease in respect of that Insured Person. In case the Claim is in respect of Accidental Death, full coverage under the Policy will cease.
- f. If a claim arises under Accidental Death & Permanent Total Disability under this Policy and the Insured Person has changed his occupation without Us being notified in writing, then Our maximum liability under this Benefit will be limited to the amount of Sum Insured that would have been available for the actual premium paid as per the new occupation.

III. What are the terms and conditions of this Policy?

i) Eligibility

The minimum entry age under this policy is 91 days and maximum age at entry is 65 years. To avail the Optional Cover for Accidental Death & Permanent Total Disability the minimum entry age is 5 years.

ii) Coverage on Individual basis

The Policy can be issued on individual basis covering the following relationships - Self, lawfully wedded spouse, children, parents, siblings, parent in laws, grandparents and grandchildren. Coverage for children:

- Children/Siblings/Grandchildren from 91 days to 18 years will be covered, provided a parent/adult (as per eligibility above) is covered under the Policy. Renewals will be available for lifetime.

iii) Policy Period Option

You can buy the Policy for 1, 2 or 3 continuous years. A 'Policy Year' shall mean a period of 12 consecutive months from the date of issuance of the Policy.

iv) Sum Insured Options

You have the option to choose from a wide range of Daily Cash Benefit options under both Basic and Enhanced Plans. The Daily Cash Benefit ranges from ₹500 (1 Unit) to ₹5000 (10 Units).

The Sum Insured available under Personal Accident and Permanent Total Disability ranges from ₹50,000 to ₹25 Lacs.

v) Premiums

The Premium charged on the Policy will depend on the Plan, Daily Cash Benefit, Policy Tenure, Age, Optional Covers and Maximum Coverage Limit opted. Additionally the health status of the individual will also be considered.

Premiums will be payable either by Single premium mode or in instalments through Annual Mode in case of a 2 or 3 year policy.

For detailed premium chart, please refer Annexure II “Rate Chart” attached along with this document.

vi) Discounts under the Policy

You can avail of the following discounts on the premium on Your Policy.

- a. **Family Discount:** You can avail a discount of 10% for covering 3 or more family members under the same policy.
- b. **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 discount will apply only in case of Single Premium Policies.
- c. **Worksite Marketing Discount:** A discount of 10% will be available on policies which are sourced through worksite marketing channel.
- d. **Online Renewal Discount:** A discount of 3% p.a. if the customer chooses for NACH or standing instruction (where payment is made either by direct debit of bank account or credit card) option, applicable from next renewal of the policy.

vii) Underwriting & Loadings

We may apply a risk loading on the premium payable (excluding statutory levies and taxes) on the Policy based upon the health status of the persons proposed for insurance and declarations made in the Proposal Form.

Maximum loading applicable per Medical Condition/Diagnosis shall not exceed 100%. A loading of 25% may be applied for persons opting for Accidental Death & Permanent Total Disability who have an existing disability of more than 25% or persons engaged in high risk occupations like circus personnel, jockeys etc. The overall Risk loading per Insured Person shall not exceed 150%.

These loadings will be applied from the Inception Date of the first Policy including subsequent Renewal(s) with Us. There will be no loadings based on individual claims experience.

For Example: An Individual having Diabetes and on regular medication for the same.

Age	Diabetes Type	Medication	FBS	PPS	HbA1c	Loading/Decision
45	Type II	Yes	82	104	6.0 (normal)	15%
45	Type II	Yes	82	104	7.2 (fair control)	20%
45	Type II	Yes	100	104	8 (slightly raised)	25%
45	Type II	Yes	100	104	8.8 (requiring attention)	Reject

Please note that this example is for enumerative purposes only, the decisions may vary based on age, co-morbidities etc.

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 for change in terms and applicable additional premium.

viii) Pre-Policy Medical Check-up

We will require You to undergo a medical check-up based on Your age Plan and the Sum Insured opted as provided in the grid below. Wherever any pre-existing disease or any other adverse medical history is declared, We may ask such member to undergo specific tests, as We may deem fit to evaluate such member, irrespective of Age/ Sum Insured opted. Medical tests will be facilitated by us and conducted at Our network of diagnostic centres. We will contact You and fix up an appointment for the Medical Examination to be conducted at a time convenient to You. Full cost of all such tests will be borne by us for all proposals. In case of rejected proposals or where a counter offer is not accepted by the customer, we will bear the cost for such tests.

Sum Insured	Age (completed in years)	Test
₹500 - 3000	Up to 45	No Test
	46 to 55 Tests	Tests shall be based on Medical declarations by the Insured and underwriting evaluation.
	>55	Set 2 - MER, ECG, Total Cholesterol, Hba1c, Sr Creatinine, CBCESR, Urine Routine, SGPT
₹3500 - 5000	Up to 35	No Test
	36 to 55	Tests shall be based on Medical declarations by the Insured and underwriting evaluation.
	>55	Set 2 - MER, ECG, Total Cholesterol, Hba1c, Sr Creatinine, CBCESR, Urine Routine, SGPT

Full explanation of Tests is provided here: MER - Medical Examination Report, ECG – Electrocardiogram, CBC-ESR – Complete Blood Count-Erythrocyte Sedimentation Rate, SGPT- Serum Glutamic Pyruvate Transaminase, HbA1C - Glycosylated Haemoglobin Test

Wherever required we may request for additional tests to be conducted based on the declarations on the proposal form and the results of any medical tests that we have received. Costs for such additional tests will be borne by You. The above list of Medical Tests may be modified after due approval from the Head of Underwriting.

ix) Access to Online Wellness Programs

ManipalCigna Health Insurance's customized health and wellness program is available to all customers. It caters to the varied health needs of customers through specialized tools. The service is available on our Website to all customers taking forward our proposition of being their partner in 'illness and wellness'. It consists of online customized programs like Health Risk Assessment, Lifestyle Management Programs, Nutrition Programs, access to health articles through the ManipalCigna Website.

x) Grace Period, Revival & Renewal

a. 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 from the date of expiry of the Policy. We will not be liable to pay for any claim arising out of an Injury/Illness/condition that occurred manifested or diagnosed during the period between the expiry of previous policy and date of inception of subsequent policy. The provisions of Section 64VB of the Insurance Act shall be applicable. All policies Renewed within the Grace Period shall be eligible for continuity of cover.

b. Revival Period:

For instalment premium policies, the revival period shall be 15 days from the due date of next instalment. We will not be liable for any claims which are incurred from the due date of instalment till the date and time of revival of the Policy.

c. Renewal Terms:

- The Policy will automatically terminate at the end of the Policy Period.
- Renewals will not be denied except on grounds of misrepresentation, fraud, non-disclosure or non-co-operation by You.
- The Policy would be considered as a fresh policy if there would be a break of more than 30 days between the previous policy expiry date and current Policy start date.
- 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.
- Insured Person 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, 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. For any enhanced Sum Insured opted on renewals waiting periods as mentioned above shall apply afresh for this enhanced limit from the effective date of such enhancement.
- i. Where an Insured Person is added to this Policy, either by way of endorsement or at the time of Renewal, all waiting periods under Section IV will be applicable considering such Policy Year as the first year of Policy with Us.

xi) Income Tax Benefit

Premium paid under the Policy shall be eligible for income tax deduction benefit under Sec 80 D as per the Income Tax Act 1961. (Tax benefits are subject to change in the tax laws, please consult your tax advisor for more details).

xii) Free-look Period

A period of 15 days from the date of receipt of the policy document is available to review the terms and conditions of this policy. You have the option of returning the policy stating the reasons for cancellation and we shall refund the full premium on the policy without any retention of premium towards stamp duty or prorated premium. 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.

xiii) Cancellations

In case you are not satisfied with the policy, you can request for a cancellation of the policy by giving 15 days' notice in writing. Premium shall be refunded as per table below if no claim has been registered/ made under the policy.

Policy Cancellation Within (Months)	Policy Cancellation Within (Days)	Refund Grid as % of Premium		
		Policy Year 1	Policy Year-2	Policy Year-3
0 - 1 Month	0 - 30 Day	85.00%	87.50%	89.00%
1 - 3 Months	31 - 90 Days	75.00%	80.00%	82.50%
3 - 6 Months	91 - 181 Days	50.00%	70.00%	75.00%
6 - 9 Months	182 - 272 Days	30.00%	60.00%	70.00%
9 - 12 Months	273 - 365 Days	0.00%	50.00%	60.00%
12 - 15 Months	366 - 456 Days	NIL	35.00%	55.00%
15 - 18 Months	457 - 547 Days		25.00%	45.00%
18 - 21 Months	548 - 638 Days		15.00%	40.00%
21 - 24 Months	639 - 730 Days		0.00%	30.00%
24 - 27 Months	731 - 821 Days		NIL	25.00%
27 - 30 Months	822 - 912 Days			15.00%
30 - 33 Months	913 - 1003 Days			5.00%
33 - 36 Months	1004 and many Days			5.00%
				0.00%

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.

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 Person. 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.

You further understand and agree that We may cancel the Policy by giving 15 days' notice in writing by Registered Post Acknowledgment Due/recorded delivery to Your last known address on grounds of misrepresentation, fraud, non-disclosure of material fact or for non-co-operation by You without any refund of premium.

xiv) 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 or via a recorded telephonic communication. 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.

a) Non-Financial Endorsements - which do not affect the premium.

- Rectification in Name of the Proposer/Insured Person.
- Rectification in Relationship of the Insured Person with the Proposer.
- Rectification of Date of Birth of the Insured Person (if this does not impact the premium).
- 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.

b) Financial Endorsements - which result in alteration in premium.

- Deletion of Insured Member on death or separation or Proposer/Insured Person leaving the country only if no claims are paid/ outstanding.
- Change in Age/date of birth.
- Addition of Member (New Born Baby or Newly Wedded Spouse).

All endorsement requests may be subject to the approval of Our underwriting team and if required additional information/documents may be requested.

xv) Redressal of Grievance

In case of a grievance, you can contact us through our website: <https://www.manipalcigna.com/grievance-redressal>

You can reach us at our Toll Free: 1800-102-4462

For Senior Citizen you can write to us at - Seniorcitizensupport@manipalcigna.com

Post/Courier/Walk-in: Any of Our Branch office or corporate office at the addresses available on <https://www.manipalcigna.com/locate-us>

If in case you are not satisfied with the response then write to us at: headcustomercare@manipalcigna.com

If the channels above have still not met your expectations, you may approach the insurance ombudsman, the office Name and address details applicable for your state can be obtained from the following link - <https://www.ciains.co.in/Ombudsman> on the IRDAI Website

Note: If you are not satisfied with the decision provided by any of the above authorities, you can approach the company within 8 weeks from the date of receipt of response by the insured/policyholder. You may

also approach the Insurance ombudsman if your complaint is open for more than 30 days at any of the above levels

In case of no response within 8 weeks your grievance will stand close.

IV. What are the Waiting Period and Exclusions?

We shall not be liable to make any payment under this Policy caused by, based on, arising out of or howsoever attributable to any of the following waiting periods. All the waiting periods shall be applicable individually for each Insured Person and claims shall be assessed accordingly.

i. Pre-existing Disease waiting Period

All Pre-existing Diseases/Illness / Injury/conditions as defined in the Policy, will not be covered until 36 months of continuous covers have elapsed since inception of the first Policy with Us.

This clause will not apply to coverage under Accidental Death & Permanent Total Disability Cover wherever opted.

ii. First 30 Days Waiting Period

A waiting period of 30 days from the Inception Date of the Policy will be applicable for all hospitalisation claims except in case of accidents.

This clause will not apply to coverage under Accidental Death & Permanent Total Disability Cover wherever opted.

iii. Two Year Waiting Periods

A waiting period of 24 months shall apply to the treatment of the following, whether medical or surgical, along with their complications:

- a. Cataract,
- b. Hysterectomy for Menorrhagia or Fibromyoma or prolapse of Uterus unless necessitated by malignancy myomectomy for fibroids,
- c. Knee Replacement Surgery (other than caused by an Accident), Non-infectious Arthritis, Gout, Rheumatism, Osteoarthritis and Osteoporosis, Joint Replacement Surgery (other than caused by Accident), Prolapse of Inter-vertebral discs (other than caused by Accident), all Vertebrae Disorders, including but not limited to Spondylitis, Spondylitis, Spondylolisthesis,
- d. Varicose Veins and Varicose Ulcers,
- e. Stones in the urinary uro-genital and biliary systems including calculus diseases,
- f. Benign Prostate Hypertrophy, all types of Hydrocele, Congenital Internal Anomaly,
- g. Fissure, Fistula in anus, Piles, all types of Hernia, Pilonidal sinus, Haemorrhoids and any abscess related to the anal region,
- h. Chronic Suppurative Otitis Media (CSOM), Deviated Nasal Septum, Sinusitis and related disorders, Surgery on tonsils/ Adenoids, Tympanoplasty and any other benign ear, nose and throat disorder or surgery.
- i. Gastric and duodenal ulcer, any type of Cysts/ Nodules/ Polyps/ internal tumours/ skin tumours, and any type of Breast lumps(unless malignant), Polycystic Ovarian Diseases,
- j. Any surgery of the genito-urinary system unless necessitated by malignancy.

iv. Personal Waiting Period

A special waiting period not exceeding 36 months, may be applied to individual Insured Persons depending upon declarations on the Proposal Form and existing health conditions. Such waiting periods shall be specifically stated in the Policy Schedule and will be applied only after receiving Your specific consent.

v. Permanent Exclusions

We shall not be liable to make any payment under this Policy caused by, based on, arising out of or howsoever attributable to any of the following:

Any hospitalisation for or arising out of:

1. Stem cell implantation/surgery, harvesting, storage or any kind of treatment using stem cells.
2. Dental treatment, dentures or surgery of any kind unless necessitated due to an accident and requiring minimum 24 hours Hospitalisation or treatment of irreversible bone disease involving the jaw which cannot be treated in any other way, but not if it is related to gum disease or tooth disease or damage.
3. Circumcision unless necessary for treatment of a disease, illness or injury.
4. Birth control procedures, contraceptive supplies or services including complications arising due to supplying services, hormone replacement therapy and voluntary termination of pregnancy during the first 12 weeks from the date of conception, surrogate or vicarious pregnancy.
5. Any treatment arising from or traceable to pregnancy (including voluntary termination), miscarriage (unless due to an accident), childbirth, maternity (including Caesarian section), abortion or complications of any of these. This exclusion will not apply to ectopic pregnancy.
6. Alopecia, baldness, wigs, or toupees and hair fall treatment.
7. Laser surgery for treatment of focal error correction other than for focal error of +/- 7 or more and is Medically Necessary.
8. All sexually transmitted diseases including but not limited to Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis. This exclusion does not include HIV/ AIDS.
9. Artificial life maintenance, including life support machine use when in a vegetative state.
10. Sleep Apnea Syndrome, general debility, ageing, convalescence, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, run down condition or rest cure, congenital external anomalies or defects, sterility, fertility, infertility including IVF and other assisted conception procedures and its complications, subfertility, impotency, venereal disease, puberty, menopause or intentional self-injury, suicide or attempted suicide (whether sane or insane), ailment requiring treatment due to abuse of any substance, intoxicant, drug, alcohol or hallucinogen and treatment for de-addiction, or rehabilitation.
11. Any treatment received in convalescent homes, convalescent hospitals, health hydros, nature cure clinics or similar establishments.
12. A stay without undertaking any treatment or any other purpose other than for receiving eligible treatment of a type that normally requires a stay in the hospital.
13. Any Cosmetic Surgery, aesthetic treatment (including but not limited to xanthelesema, syringoma, acne and alopecia) unless forming part of treatment for cancer or burns, surgery for sex change or treatment of obesity/morbid obesity (unless certified to be life threatening) or treatment/surgery / complications/illness arising as a consequence there of.
14. Treatment received outside India excepted as covered under Worldwide Cover.
15. X-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment even if the same requires confinement at a Hospital.
16. Organ transplant surgery involving organs not harvested from a human body.
17. Any form of Non-Allopathic treatment, Naturopathy, hydrotherapy, Acupuncture, Reflexology, Chiropractic treatment or any other form of indigenous system of medicine.
18. Any condition caused by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.
19. A condition caused by or arising from 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), civil war, public defense, rebellion, revolution, insurrection, military or usurped power, active participation in strikes, riot or civil commotion.
20. Any Hospitalization of the Insured Person due to him committing any breach of law with criminal intent.
21. Any Certification/Diagnosis/Treatment by a family member, or a person who stays with the Insured Person, or from persons not registered as Medical Practitioners under the respective Medical Councils, or from a Medical Practitioner who is practicing outside the discipline that he is licensed for, or any diagnosis or treatment that is not scientifically recognized or Unproven Experimental Treatments or pharmacological regimens, or any form of clinical trials or any kind of self-medication and its complications.
22. Any treatment arising out of engaging in 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 or involving a naval military or air force operation.

23. Any treatment arising out of engaging in flying or taking part in aerial activities (including cabin) except as a fare-paying passenger in a regular scheduled airline or air charter company.

The following exclusions shall be applicable in respect of the **Optional Cover towards Accidental Death & Permanent Total**

This Policy does not provide benefits for any death, disablement, expenses or loss incurred as a result of any Injury attributable to the following:

1. 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 the Optional Cover.
2. Suicide or attempted Suicide, intentional self-inflicted injury, acts of self-destruction whether the Insured Person is medically sane or insane.
3. 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.
4. 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.
5. Benefit under Accidental Death, Permanent Total Disablement arising from Bacterial infections (except pyogenic infection which occurs through an Accidental cut or wound due to Accident).
6. Benefit under Accidental Death, Permanent Total Disablement arising from Medical or surgical treatment except as necessary solely and directly as a result of an Accident.
7. 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.
8. 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.
9. Death or disablement arising from or caused due to abuse or as a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen.
10. Death or disablement resulting from contributed or aggravated or prolonged by childbirth or from pregnancy or a consequence thereof including ectopic pregnancy unless specifically arising due to accident;
11. 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.
12. 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 unless specifically declared and accepted under the Policy.
13. 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 unless specifically declared and accepted under the Policy.
14. 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.

V. 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 along with the premium.
- Step 4:** If You are required to undergo medicals tests as per the chosen Sum Insured and Age band, we would arrange the medical check-up's at Our network of diagnostic centres.
- Step 5:** 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 i.e. if the Proposal is rejected We will intimate the same to You through a rejection letter and refund any premium that has been collected.

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 and refund any premium collected excluding the cost of any medical tests conducted.

VI. What is the Claim Process?

a. Claim Process

In the event of a Hospitalisation Claim under the Policy, the Proposer/Insured Person must notify Us either at the call centre or in writing, within 48 hours of admission in a Hospital but not later than discharge from the Hospital.

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

- Policy Number
- Name of the Proposer
- Name of the Insured Person in whose relation the claim is being lodged
- Nature of Illness/ Injury
- Name and address of the attending Medical Practitioner and Hospital
- Date of Admission
- Any other information as requested by Us

In case of a Accidental Death or Permanent Total Disablement claim, We must be notified either at Our call centre or in writing within 10 days from the date of occurrence of the Accident.

b. Claim documents and Submission

The following documents are to be submitted to Us within 15 days from the date of discharge from the Hospital.

- a. Duly completed and signed claim form prescribed by Us;
- b. Hospital discharge summary;
- c. Operation theatre notes, if applicable;
- d. Hospital main bill/receipt;
- e. MLC/ FIR report/Post Mortem Report, if applicable;
- f. Death Summary, Death Certificate, if applicable.

We will accept copies of the documents, verified and attested by the Hospital in case the same are submitted towards another indemnity claim.

For Accidental Death or Permanent Total Disablement:

The following documents are required to be submitted to Us within 30 days from the date of occurrence of the Accident.

Accidental Death:

- Duly completed and signed claim form prescribed by Us;

- Copy of FIR/Panchnama/Police Inquest Report;
- 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 Our satisfaction for the purpose of a valid discharge in case nomination is not filed by deceased.

Permanent Total Disablement:

- Duly completed and signed claim form as prescribed by Us;
- Copy of FIR/ Panchnama/Police Inquest Report;
- 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. The above list is indicative and We may call for any additional documents as required based on the circumstances of the claim.

Our branch offices shall give due acknowledgement of collected documents to the Insured Person.

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.

Rider/Add On Benefit:

Along with this Product You can also avail the ManipalCigna Critical Illness- Add On Cover. Please ask for the Prospectus of the same at the time of purchase. All terms and conditions of applicable rider including medical check-up requirement will apply.

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