

THE NEW INDIA ASSURANCE CO. LTD.

THE NEW INDIA ASSURANCE CO. LTD.

REGISTERED & HEAD OFFICE: 87, MAHATMA GANDHI ROAD, MUMBAI 400001

FAMILY MEDICLAIM 2012 POLICY

This is Your **FAMILY MEDICLAIM 2012 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.

This Policy states:-

What We Cover

Definitions

How much we will reimburse

What are Excluded under this Policy

Conditions

Please read this Policy carefully and point out discrepancy, if any in the Schedule. Otherwise, it will be presumed that the Policy and the Schedule correctly represent the cover agreed upon.

1. WHAT WE COVER

If during the **Period of Insurance**, You or any **Insured Person** incur **Hospitalisation** Expenses which are **Reasonable, Customary and Necessary** for treatment of any disease contracted or illness suffered (hereinafter called **Illness**) or bodily injury sustained in accident (hereinafter called **Injury**) **We** will reimburse such expense incurred by You, through the Third Party Administrator, in the manner stated herein.

Please note that the above coverage is subject to Limits, Terms and Conditions contained in this Policy and no Exclusion being found applicable.

2. DEFINITIONS

2.1 ACCIDENT means a sudden, unexpected, unusual, unplanned, undersigned specific event which occurs at an identifiable time and place during the Period of Insurance and which results in identifiable physical injury. Injury for the purpose of this Clause means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

2.2 ANY ONE ILLNESS means continuous period of Illness and it includes relapse within **45** days from the date of discharge from the Hospital where treatment has been taken. Occurrence of the same Illness after a lapse of **45** days will be considered as fresh Illness for the purpose of this Policy.

2.3 CASHLESS FACILITY: means facility whereby the TPA agrees on Your request to settle the admissible claim directly to the Network Hospital.

2.4 CONGENITAL ANOMALY refers to a condition which is present since birth, and which is abnormal with reference to form, structure, position or functionality

2.5 CONGENITAL INTERNAL ANOMALY means a Congenital Anomaly which is not in the visible and accessible parts of the body

2.6 CONGENITAL EXTERNAL ANOMALY means a Congenital Anomaly which is in the visible and accessible parts of the body

2.7 CONTINUOUS COVERAGE means uninterrupted coverage with Us till the date of commencement of Period of Insurance of the Insured Person under Mediclaim 2007 Policy or under MEDICLAIM INSURANCE (INDIVIDUAL) Policy or under MEDICLAIM 2012 from the time the coverage incepted under any of these Policies. A break in insurance for a period not exceeding thirty days shall not be reckoned as an interruption in coverage for the purposes of this Clause. In case of change in Sum Insured during such uninterrupted coverage, the lowest Sum Insured would be reckoned for determining Continuous Coverage.

2.8 DAY CARE Day Care procedures are surgeries or procedures where inpatient hospitalization is for less than twenty four hours.

2.9 HOSPITAL includes Nursing Home and means any institution in India established for indoor care and treatment of Illness and Injury and which

A. is registered as a Hospital or Nursing Home with the appropriate authorities and is under the supervision of a registered and qualified Medical Practitioner

Or

B. Should comply with minimum criteria as under: -

(1) It should have at least

(a) ten inpatient beds if located in towns having population of less than ten lakhs, or

(b) fifteen inpatient beds if located in other towns

(2) Fully equipped operation theatre of its own wherever surgical operations are carried out.

(3) Fully qualified Nursing Staff under its employment round the clock.

(4) Fully qualified Medical Practitioner(s) should be in-charge round the clock.

(5) Maintains a daily medical record for each of its patients.

The term 'Hospital' shall not include an establishment which is a place of rest, a centre for spas, massage and health rejuvenation procedures, a place for the aged, a place for drug-addicts or place for alcoholics, a hotel or a similar place.

N.B: 1) For Ayurvedic/Homoeopathic/ Unani treatment, hospitalisation expenses are admissible

only when the treatment is taken as in patient in a Hospital as defined above.

2.10 HOSPITALISATION means admission as an In-patient in a Hospital upon the written advice of a Registered Medical Practitioner for medical/surgical treatment for a minimum period of 24 hours. However, this time limit shall not apply to specific treatments listed below:

1	Adenoidectomy	11	FESS (Functional Endoscopic Sinus Surgery)
2	Appendectomy	12	Fissurectomy / Fistulectomy
3	Anti Rabies Vaccination		
4	Coronary angiography	13	Fracture/dislocation excluding hairline fracture
5	Coronary angioplasty	14	Haemo dialysis
6	Dilatation & Curettage	15	Hydrocelectomy
7	ERCP (Endoscopic Retrograde Cholangiopancreatography)	16	Hysterectomy
8	ESWL (Extracorporeal Shock Wave Lithotripsy)	17	Liver aspiration
9	Excision of Cyst/granuloma/lump	18	Laparoscopic Cholecystectomy
10	FOLLOWING EYE SURGERIES:	19	Lithotripsy
a	Cataract Surgery (Extra Capsular Cataract Excision or Phacoemulsification + Intra Ocular Lens	20	Inguinal/ventral/ umbilical/femoral hernia repair
b	Corrective surgery for blepharoptosis when not congenital/cosmetic	21	Mastoidectomy
c	Corrective Surgery for entropion/ectropion	22	Parenteral chemotherapy
d	Dacryocystorhinostomy [DCR]	23	Haemorrhoidectomy
e	Excision involving one-fourth or more of lid margin, full-thickness	24	Polypectomy
f	Excision of lacrimal sac and passage	25	Following Prostate Surgeries
g	Excision of major lesion of eyelid, full-thickness	a	TUMT(Transurethral Microwave Thermotherapy)
h	Manipulation of lacrimal passage	b	TUNA(Transurethral Needle Ablation)
i	Operations for pterygium	c	Laser Prostatectomy
j	Operations of canthus and epicanthus when done for adhesions due to chronic Infections	d	TURP(transurethral Resection of Prostate)
k	Removal of a deeply embedded foreign body from the conjunctiva with incision	e	Transurethral Electro-Vaporization of the Prostate(TUEVAP)
l	Removal of a deeply embedded foreign body from the cornea with incision	26	Radiotherapy
m	Removal of a foreign body from the lens of the eye	27	Sclerotherapy
n	Removal of a foreign body from the posterior chamber of the eye	28	Septoplasty
o	Repair of canaliculus and punctum	29	Surgery for Sinusitis
p	Repair of corneal laceration or wound with conjunctival flap	30	Varicose Vein Ligation
q	Repair of post-operative wound dehiscence of cornea	31	Tonsillectomy
r	Penetrating or Non-Penetrating Surgery for treatment of Glaucoma	32	Or any other surgeries / procedures agreed by the TPA and the Company which require less than 24 hours Hospitalisation and for which prior

Note: Procedures/treatments usually done in outpatient department are not payable under the Policy even if converted as an in-patient in the Hospital for more than 24 hours.

Further if the treatment /surgeries for the aforesaid procedures are carried out in Day Care Centres which are fully equipped with advanced technology and specialised infrastructure where the Insured Person is discharged on the same day, the requirement of minimum beds will be overlooked provided following conditions are met:

- 1) The operation theatre is fully equipped for the Surgical Operation required in respect of Illness/Injury covered under the Policy.
- 2) Day Care nursing staff is fully qualified.
- 3) The doctor performing the surgery or procedure as well as post operative attending doctors are also fully qualified for the specific surgery/procedure.

2.11 INSURED PERSON means You and each of the others who are covered under this Policy as shown in the Schedule.

2.12 INTENSIVE CARE UNIT (ICU) means a hospital unit in which is concentrated special equipment and specially trained personnel for the care of seriously ill patients requiring immediate and continuous attention

2.13 MEDICALLY NECESSARY means services or supplies that are required to properly treat a specific medical condition.

2.14 MEDICAL PRACTITIONER means a person who holds a degree / diploma of a recognised institution and is registered with Medical Council of respective State of India. The term Medical Practitioner includes Physician, Specialist and Surgeon and shall not include Insured Person and member of his family covered under this insurance.

2.15 NETWORK HOSPITAL: means the hospital, Day Care centre, nursing home or such other medical aid provider that has agreed with the TPA/the Company to provide cashless access services to Policyholders at pre determined rates.

2.16 PERIOD OF INSURANCE means the period for which this Policy is taken as specified in the Schedule.

2.17 PRE-EXISTING CONDITION/DISEASE means any condition, ailment or injury or related condition(s) for which the Insured Person had signs or symptoms, and/or was diagnosed, and/or received medical advice/treatment, within 48 months prior to the Date of inception of his/her first Policy with Us as mentioned in the Schedule

2.18 PRE – HOSPITALISATION means relevant medical expenses incurred for Any One Illness during period up to 30 days prior to Hospitalisation admissible under the Policy.

2.19 POST HOSPITALISATION means relevant medical expenses incurred for Any One Illness during period up to 60 days after Hospitalisation admissible under the Policy.

2.20 QUALIFIED NURSE means a person who holds a certificate of a recognised Nursing Council and who is employed on recommendation of the attending Medical Practitioner.

2.21 REASONABLE, CUSTOMARY AND NECESSARY EXPENSES means charges for medical treatments, supplies or medical services that are medically necessary to treat the condition of the Insured to the extent relatable to that condition and does not exceed the usual level of charges for similar medical treatments,

supplies or medical services in the locality where the expense is incurred and does not include charges that would not have been made if no Insurance existed.

2.22 SUM INSURED is the maximum amount of coverage under this Policy opted cumulatively for You and all Insured Persons shown in the Schedule.

2.23 SURGICAL OPERATION means manual and / or operative procedures for correction of deformities and defects, repair of injuries, cure of diseases, relief of suffering and prolongation of life.

2.24 TPA means a Third Party Administrator specified in the Schedule who holds a valid Licence from Insurance Regulatory and Development Authority for the provision of health services as specified in the agreement entered into with Us.

2.25 WE/OUR/US/ COMPANY means The New India Assurance Co. Ltd.

2.26 You/Your means the person who has taken this Policy and is shown as Insured or the first insured (if more than one) in the Schedule.

3. HOW MUCH WE WILL REIMBURSE

3.1 Our liability for all claims admitted during the Period of Insurance will be only up to Sum Insured, in respect of You and all Insured Persons covered under this Policy as mentioned in the Schedule. Accordingly, where one or more claims are admitted for payment, any other claim during the Period of Insurance, whether in respect of the same Insured Person or any other, will be eligible for consideration only to the extent of the balance Sum Insured as may be available after adjusting claims settled.

Subject to this, We will reimburse the following Reasonable, Customary and Necessary Expenses admissible as per the terms and conditions of the Policy:

3.1 (a)	Room, boarding and nursing expenses as provided by the Hospital not exceeding 1.0 % of the Sum Insured per day
3.1(b)	Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses not exceeding 2.0 % of the Sum Insured per day
Reimbursement/payment of Room, boarding and nursing expenses incurred at the Hospital shall not exceed 1% of the Sum Insured per day. In case of admission to Intensive Care Unit or Intensive Cardiac Care Unit, reimbursement or payment of such expenses shall not exceed 2% of the Sum Insured per day. In case of admission to a room/ICU/ICCU at rates exceeding the aforesaid limits, the reimbursement/payment of all other expenses incurred at the Hospital, with the exception of cost of medicines, shall be effected in the same proportion as the admissible rate per day bears to the actual rate per day of room rent/ICU/ICCU charges.	
3.1(c)	Surgeon, Anesthetist, Medical Practitioner, Consultants' Specialist fees.
3.1(d)	Anesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, Artificial Limbs, Cost of Prosthetic devices implanted during surgical procedure like pacemaker, Relevant Laboratory/Diagnostic test, X-Ray and other medical expenses related to the treatment.
3.1(e)	Pre-Hospitalization expenses
3.1(f)	Post hospitalization expenses

MEDICAL EXPENSES INCURRED UNDER TWO POLICY PERIODS:

If a claim spreads over two policy periods the total benefit will not exceed the sum insured of the policy during which the insured person was admitted to the hospital. Only that policy during which the insured person was admitted to hospital will respond for the claim.

If treatment involves Organ Transplant to Insured Person, then We will also pay Hospitalisation Expenses (excluding cost of organ) incurred on the donor, provided Our liability towards expenses incurred on the donor and the insured recipient shall not exceed the aggregate of the Sum Insured.

3.2 In respect of any Insured Person

- a) who is over 55 years of age as at the commencement of the Period of Insurance,
- b) whose Continuous Coverage incepts in a FAMILY MEDICLAIM 2012 policy , and
- c) who does not have forty eight months of claim free Continuous Coverage

We will pay only 80% of the admissible claim amount.

3.3 Where the Insured Person is treated in a Hospital situated outside the Area of Coverage as stated in the Schedule, We will pay only 80% of the admissible claim amount.

3.4 LIMIT ON PAYMENT FOR CATARACT

Our liability for payment of any claim relating to Cataract shall not exceed 20% of the aggregate of Sum Insured, for each eye, subject to a maximum of Rs.24000.

3.5 COVERAGE FOR SPECIFIC CONDITIONS.

On payment of additional premium, at the rate of 10% of the Premium payable, for each Condition, which is compulsory for persons suffering from the conditions of Diabetes and Hypertension and applicable for each renewal, these specific conditions only, are covered in the following manner:

Not exceeding twenty four months of Continuous Coverage	No claim
More than twenty four months but less than thirty six months of Continuous Coverage	50% of admissible claim or 50% of the sum insured whichever is less
More than thirty six months but less than forty eight months of Continuous Coverage	75% of admissible claim or 75% of the sum insured whichever is less
More than forty eight months of Continuous Coverage	100% of admissible claim or sum insured whichever is less

Failure to disclose such condition would be construed as non disclosure of a material fact.

3.6 TREATMENTS UNDER AYURVEDIC/HOMEOPATHIC/UNANI SYSTEMS

Our liability for expenses incurred for Ayurvedic/Homeopathic/Unani treatments shall not exceed 25% of the

Sum Insured in respect of all such treatments admitted during the Period of Insurance.

3.7 HOSPITAL CASH

For those Insured Persons, whose Sum Insured is more than or equal to Rs Three Lakhs, We will pay Hospital Cash at the rate of 0.1% of the Sum Insured , for each day of Hospitalisation, admissible under the Policy. The payment under this Clause for Any One Illness shall not exceed 1% of the Sum Insured. The payment under this Clause is applicable only where the period of Hospitalisation exceeds twenty four hours.

3.8 PAYMENT OF AMBULANCE CHARGES

We will pay You the charges for Ambulance services not exceeding 1% of the Sum Insured, Reasonably and Necessarily incurred for shifting any Insured Person to Hospital for admission in Emergency Ward or ICU, or from one Hospital to another Hospital for better medical facilities.

3.9 PAYMENTS ONLY IF INCLUDED IN HOSPITAL BILL

No payment shall be made for any Hospitalisation expenses incurred, unless they form part of the Hospital Bill. However, the bills raised by Surgeon, Anaesthetist directly and not included in the Hospital Bill shall be paid provided a numbered Bill is produced in support thereof, for an amount not exceeding Rs. Ten thousand, where such payment is made in cash and for an amount not exceeding Rs. Twenty thousand, where such payment is made by cheque.

4. WHAT ARE EXCLUDED UNDER THIS POLICY

No claim will be payable under this Policy for the following:

4.1 Treatment of any Pre existing Condition/Disease, until 48 months of Continuous Coverage of such Insured Person have elapsed, from the Date of inception of his/her first Policy with Us as mentioned in the Schedule.

4.2 Any Illness contracted by the Insured person during the first 30 days of the commencement date of this Policy. This exclusion shall not however, apply if the Insured person has Continuous Coverage for more than twelve months.

4.3.1 Unless the Insured Person has Continuous Coverage in excess of twenty four months with Us, expenses on treatment of the following Illnesses are not payable:

1. Cataract and age related eye ailments
2. Benign prostate hypertrophy
3. Benign ear, nose, throat disorders
4. Treatment for Menorrhagia/Fibromyoma, Myoma and Prolapsed uterus
5. Hernia of all types
6. Piles, Fissures and Fistula in anus

7. Stones in Urinary system
8. All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps
9. Gastric/ Duodenal Ulcer
10. Hydrocele
11. Stone in Gall Bladder and Bile duct, excluding malignancy
12. Pilonidal sinus, Sinusitis and related disorders
13. Non Infective Arthritis
14. Gout and Rheumatism
15. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident
16. Skin Disorders
17. Varicose Veins and Varicose Ulcers

Note: Even after twenty four months of Continuous Coverage, the above Illnesses will not be covered if they arise from a Pre-existing Condition, until 48 months of Continuous Coverage have elapsed since inception of the first Policy with the Company.

4.3.2 Unless the Insured Person has Continuous Coverage in excess of forty eight months with Us, the expenses related to treatment of Joint Replacement due to Degenerative Condition and age-related Osteoarthritis & Osteoporosis are not payable.

4.4.1 Injury / Illness directly or indirectly caused by or arising from or attributable to War, invasion, Act of Foreign enemy, War like operations (whether war be declared or not), nuclear weapon/ ionising radiation, contamination by Radioactive material, nuclear fuel or nuclear waste or from the combustion of nuclear fuel.

- 4.4.2**
- a. Circumcision unless necessary for treatment of a Illness not excluded hereunder or as may be necessitated due to an accident
 - b. Change of life or cosmetic or aesthetic treatment of any description such as correction of eyesight, etc.
 - c. Plastic surgery other than as may be necessitated due to an accident or as a part of any Illness.

4.4.3 Vaccination and/or inoculation

4.4.4 Cost of braces, equipment or external prosthetic devices, non-durable implants, eyeglasses, Cost of spectacles and contact lenses, hearing aids including cochlear implants, durable medical equipments.

4.4.5 Dental treatment or surgery of any kind unless necessitated by accident and requiring hospitalisation.

4.4.6.1 Convalescence, general debility, 'Run-down' condition or rest cure, obesity treatment and its complications, treatment relating to all psychiatric and psychosomatic disorders, infertility, sterility, Venereal disease, intentional self injury and Illness or Injury caused by the use of intoxicating drugs/alcohol.

4.4.6.2 Congenital Internal and External Disease or Defects or anomalies.

However, the exclusion for Congenital **Internal** Disease or Defects or anomalies shall not apply after **twenty four** months of Continuous Coverage, if it was unknown to You or to the Insured Person at the commencement of such Continuous Coverage.

The exclusion for Congenital **External** Disease or Defects or anomalies shall not apply after **forty eight** months of Continuous Coverage, but such cover for Congenital External Disease or Defects or anomalies shall be limited to 10% of **the average Sum Insured in the preceding four years.**

4.4.7 Bodily Injury or Illness due to willful or deliberate exposure to danger (except in an attempt to save human life), intentional self-inflicted Injury, attempted suicide, arising out of non-adherence to medical advice.

4.4.8 Treatment of any Bodily Injury or Illness sustained whilst or as a result of active participation in any hazardous sports of any kind.

4.4.9 Treatment of any Injury or Illness sustained whilst or as a result of participating in any criminal act.

4.4.10 Sexually Transmitted Diseases, any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus Type III (HTLB - III) or lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency Syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.

4.4.11 Charges incurred at Hospital primarily for diagnosis, x-ray or Laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of positive existence or presence of any Illness or Injury for which confinement is required at a Hospital.

4.4.12 Expenses on vitamins and tonics unless forming part of treatment for Injury or Illness as certified by the attending physician.

4.4.13 Treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of these including caesarean section, except abdominal operation for extra uterine pregnancy (Ectopic Pregnancy), which is proved by submission of Ultra Sonographic Report and Certification by Gynaecologist that it is life threatening one if left untreated.

4.4.14 Naturopathy Treatment.

4.4.15 External and or durable Medical / Non-medical equipment of any kind used for diagnosis and or treatment including CPAP (Continuous Positive Airway Pressure), Sleep Apnea Syndrome , CPAD (Continuous Peritoneal Ambulatory Dialysis), Oxygen Concentrator for Bronchial Asthmatic condition, Infusion pump etc. Ambulatory devices i.e., walker, crutches, Belts, Collars, Caps, Splints, Slings, Stockings, elastocrepe bandages, external orthopaedic pads, sub cutaneous insulin pump, Diabetic foot wear, Glucometer / Thermometer, alpha / water bed and similar related items etc., and also any medical equipment, which is subsequently used at home .

4.4.16 Genetic disorders and stem cell implantation/surgery.

4.4.17 Domiciliary Hospitalisation

4.4.18 Acupressure, acupuncture, magnetic therapies

4.4.19 Experimental or unproven treatments/ therapies

4.4.20 Change of treatment from one system of medicine to another unless recommended by the consultant/ Hospital under whom the treatment is taken.

4.4.21 All non medical expenses including convenience items for personal comfort such as charges for telephone, television, ayah, private nursing/ barber or beauty services, diet charges, baby food, cosmetics, tissue paper, diapers, sanitary pads, toiletry items and similar incidental expenses.

4.4.22 Any kind of Service charges, Surcharges, Luxury Tax and similar charges levied by the Hospital.

4.4.23 Treatment for Age Related Macular Degeneration (ARMD) , treatments such as Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy

5. CONDITIONS

5.1 Basis of Insurance:

This Policy is issued on the basis of the truth and accuracy of statements in the Proposal. If there is any misrepresentation or non-disclosure We will be entitled to treat the Policy as void.

5.2 Premium:

Unless premium is paid before commencement of risk, this Policy shall have no effect.

5.3 Place of treatment and Payment:

This Policy covers only medical/surgical treatment taken in India.

Admissible claims shall be payable only in Indian Rupees.

Payment shall be made directly to Network Hospital if Cashless facility is applied for before treatment and accepted by TPA. If request for Cashless facility is not accepted by TPA, bills shall be submitted to the TPA after payment of Hospital bills by You.

Note: Cashless facility is only a mode of claim payment and cannot be demanded in every claim. If We/TPA have doubts regarding admissibility of a claim at the initial stage, which cannot be decided without further verification of treatment records, request for Cashless facility may be declined. Such decision by TPA or Us shall be final. Denial of Cashless facility would not imply denial of claim. If Cashless facility is denied, You may submit the papers on completion of treatment and admissibility of the claim would be subject to the terms, conditions and exceptions of the Policy.

5.4 Communication:

You must send all communications and papers regarding a claim to the TPA at the address shown in the Schedule.

For all other matters relating to the policy, communication must be sent our Policy issuing office.

Communications you wish to rely upon must be in writing.

5.5 Notice of claim:

If You intend to make any claim under this Policy You **must:**

- a) Immediately intimate TPA in writing on any Disease/Injury being suffered before Hospitalisation
- b) Intimate TPA within twenty four hours from the time of Hospitalisation in case of Hospitalisation due to medical emergency
- c) Submit all supporting documents to TPA relating to the claim within seven days from the date of discharge from the Hospital or
- d) In case of Post-hospitalisation treatment (limited to sixty days), submit all claim documents within 7 days after completion of such treatment.
- e) Provide TPA with authorization to obtain medical and other records from any Hospital, Laboratory or other agency.

Note: The above stipulations are not intended merely to prejudice Your claims, but their compliance is of utmost importance and necessity for Us to identify and verify all facts and surrounding circumstances relating to a claim and determine whether it is payable.

Waiver of delay may be considered in extreme cases of hardship, but only if it is proved to Our satisfaction it was not possible for You or any other person to comply with the prescribed time-limit.

5.6 The Insured Person shall submit to the TPA all original bills, receipts and other documents upon which a claim is based and shall also give the TPA / Company such additional information and assistance as the TPA / Company may require.

5.7 Any medical practitioner authorised by the TPA / Company shall be allowed to examine the Insured Person, at Our cost, if We deem necessary in connection with any claim.

5.8 Fraud, Misrepresentation, Concealment: The policy shall be null and void and no benefits shall be payable in the event of misrepresentation, misdescription or nondisclosure of any material fact/particular if such claim be in any manner fraudulent or supported by any fraudulent means or device whether by the Insured Person or by any other person acting on his/her behalf.

5.9 Contribution: If at the time when any claim arises under this Policy, there is in existence any other Health insurance (other than Cancer Insurance Policy in collaboration with Indian Cancer Society), covering the Insured Person for the same expenses, the Company shall not be liable to pay or contribute more than its rateable proportion of the expenses.

The insured Person must disclose such other insurance at the time of making a claim under this Policy.

The benefits under this Policy shall be in excess of the benefits available under Cancer Insurance Policy.

None of the provisions of this Clause shall apply for payments under Clause 3.7 of the Policy.

5.10 Renewal Clause:

We shall renew this Policy if You shall remit the requisite Premium to Us prior to expiry of the Period of Insurance stated in the Schedule.

We shall be entitled to decline renewal if:

1. Any fraud, misrepresentation or suppression by You or any one acting on Your behalf is found either in obtaining insurance or subsequently in relation thereto, or non cooperation of the Insured Person,

Or

2. We have discontinued issue of the Policy, in which event You shall however have the option for renewal under any similar Policy being issued by Us; provided however, benefits payable shall be subject to the terms contained in such other Policy,

Or

3. You fail to remit Premium for renewal before expiry of the Period of Insurance. We may accept renewal of the Policy if it is effected within thirty days of the expiry of the Period of Insurance. On such acceptance of renewal, We, however shall not be liable for any claim arising out of Illness contracted or Injury sustained or Hospitalization commencing in the interim period after expiry of the earlier Policy and prior to date of commencement of subsequent Policy

You may seek enhancement of Sum Insured in writing at or before payment of premium for renewal, which may be granted at Our discretion. Before granting such request for enhancement of Sum Insured, We have the right to have You examined by a Medical Practitioner authorized by Us or the TPA and Our consent for enhancement of Sum Insured is dependent on the recommendation of the Medical Practitioner. No enhancement in Sum Insured would be considered if any Insured Person had undergone a Hospitalization in the preceding two years, regardless of whether any claim was lodged in respect of such Hospitalization or not. No enhancement in Sum Insured would be considered if any of the Insured Persons is over 65 years of age. Enhancement in Sum Insured, if granted, where any of the Insured Persons is over 55 years of age, but not over 65 years of age, shall not exceed Rs. Three Lakhs.

5.11 No Claim Discount: For those Insured Persons who have claim free uninterrupted coverage under a MEDICLAIM 2012 Policy, discounts, at the following rates, shall be given on the Renewal Premium payable, for each year of uninterrupted claim free coverage in a FAMILY MEDICLAIM 2012 Policy :

	AGE<=60		AGE>60	
	% Discount per year	MAX. DISCOUNT%	% Discount per year	MAX. DISCOUNT%
SUM INSURED <=300000	2	10	3	15
SUM INSURED>300000	3	15	3	15

5.12 Cancellation Clause: We may at any time cancel the Policy on grounds of misrepresentation, fraud, non-disclosure of material fact or non-cooperation by You by sending fifteen days notice in writing by Registered A/D to You at the address stated in the Policy. Even if there are several insured persons, notice will be sent to You.

On such cancellation, premium corresponding to the unexpired period of Insurance will be refunded, if no claim has been made or paid under the Policy

You may at any time cancel this Policy and in such event We shall allow refund of premium, if no claim has been made or paid under the Policy, at Our short period rate table given below:

Up to one month	1/4th of the annual rate
Up to three months	1/2 of the annual rate
Up to six months	3/4th of the annual rate
Exceeding six months	Full annual rate

5.13 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.

No reference to Arbitration shall be made unless We have Admitted our liability for a claim in writing.

If a claim is declined and within 12 calendar months from such disclaimer any suit or proceeding is not filed then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

5.14 PORTABILITY: This Policy is subject to Regulations of IRDA (Protection of Policyholders' Interest) Regulations, 2002 and the Guidelines of IRDA on Portability of Health Insurance Policies, as amended from time to time.

5.15. GRIEVANCE REDRESSAL: In the event of Your having any grievance relating to the insurance, You may contact any of the Grievance Cells at Regional Offices of the Company or Office of the Insurance Ombudsman under the jurisdiction of which the Policy Issuing Office falls. The contact details of the office of the Insurance Ombudsman are provided in the Annexure.



THE NEW INDIA ASSURANCE CO. LTD.

REGISTERED & HEAD OFFICE: 87, MAHATMA GANDHI ROAD, MUMBAI 400001

FAMILY MEDICLAIM POLICY 2012

SCHEDULE

Policy Number		Period of Insurance: FROM:					
		TO:					
Address of the Policy Issuing Office							
	Phone Number						
Agency Code							
Agency Name							
Receipt Number and Date							
Dev.Officer Code							
Annual Premium							
Name of the Insured							
Date of Birth							
Address of the Insured							
	Mobile Number	Email Id					
Details of the Insured and / other family members if covered							
Name of Insured person	Age/ Sex	Relationship with the Insured	Occupation	Sum Insured (Overall limit) Rs.	Date of inception of first health Policy with us	Pre existing illnesses/ diseases	Premium Rs.

NAME OF THE NOMINEE (TO WHOM THE CLAIM WOULD BE PAYABLE IN THE EVENT OF DEATH OF THE INSURED PERSON)				
AREA OF COVERAGE IN INDIA	ALL INDIA	ALL INDIA EXCLUDING ZONE I	ALL INDIA EXCLUDING ZONE I AND ZONE II	ONLY ZONE IV

EACH ZONE IS CLASSIFIED AS BELOW: (The Cities mentioned below would include their Urban Agglomeration)

Zone- I	Greater Mumbai
Zone-II	Delhi and Delhi NCR ,Bangalore, Chennai, Hyderabad and Secunderabad, Ahmedabad and Kolkatta, Vadodara
Zone-III	Rest of India (other than those areas specified in Zone I,II and IV)
Zone-IV	The States of Bihar, Orissa, Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Tripura, Jharkhand, Sikkim, Chhattisgarh, Uttarakhand, Jammu and Kashmir

Notice or communication to be given in respect of claims to TPA

Name and Address of TPA	
Telephone Number/s	
Call centre Telephone number	
Email Id	

PROPOSAL AND DECLARATION DATED

This Schedule is subject to the terms and conditions of Mediclaim Policy 2011.

IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand

at	this	day of	20
PLACE	DAY	MONTH	YEAR

FOR THE NEW INDIA ASSURANCE CO. LTD.,

DULY CONSTITUTED ATTORNEY

ANNEXURE TO MEDICLAIM 2012 POLICY**CONTACT DETAILS OF INSURANCE OMBUDSMEN**

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, <u>AHMEDABAD-380 014.</u> Tel.:- 079-27546840 Fax : 079-27546142 Email ins.omb@rediffmail.com	Gujarat , UT of Dadra & Nagar Haveli, Daman and Diu
BHOPAL	Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2 nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, <u>BHOPAL(M.P.)-462 023.</u> Tel.:- 0755-2569201 Fax : 0755-2769203 Email bimalokpalbhopal@airtelmail.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, <u>BHUBANESHWAR-751 009.</u> Tel.:- 0674-2596455 Fax : 0674-2596429 Email ioobbsr@dataone.in	Orissa
CHANDIGARH	Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2nd Floor, Batra Building. Sector 17-D, <u>CHANDIGARH-160 017.</u> Tel.:- 0172-2706468 Fax : 0172-2708274 Email ombchd@yahoo.co.in	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir , UT of Chandigarh
CHENNAI	Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, <u>CHENNAI-600 018.</u> Tel.:- 044-24333668 /5284 Fax : 044-24333664	Tamil Nadu, UT–Pondicherry Town and Karaikal (which are part of UT of Pondicherry)

	Email chennaiinsuranceombudsman@gmail.com	
NEW DELHI	Shri Surendra Pal Singh Insurance Ombudsman, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, <u>NEW DELHI-110 002.</u> Tel.:- 011-23239633 Fax : 011-23230858 Email iobdelraj@rediffmail.com	Delhi & Rajasthan
GUWAHATI	Shri D.C. Choudhury, Insurance Ombudsman, Office of the Insurance Ombudsman, “Jeevan Nivesh”, 5 th Floor, Near Panbazar Overbridge, S.S. Road, <u>GUWAHATI-781 001 (ASSAM).</u> Tel.:- 0361-2132204/5 Fax : 0361-2732937 Email ombudsmanghy@rediffmail.com	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1 st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, <u>HYDERABAD-500 004.</u> Tel : 040-65504123 Fax: 040-23376599 Email insombudhyd@gmail.com	Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry
KOCHI	Insurance Ombudsman, Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, <u>ERNAKULAM-682 015.</u> Tel : 0484-2358759 Fax : 0484-2359336 Email iokochi@asianetindia.com	Kerala , UT of (a) Lakshadweep , (b) Mahe – a part of UT of Pondicherry
KOLKATA	Ms. Manika Datta Insurance Ombudsman, Office of the Insurance Ombudsman, 4th Floor, Hindusthan Bldg. Annexe, 4, C.R.Avenue, <u>Kolkatta – 700 072.</u> Tel: 033 22124346/(40) Fax: 033 22124341 Email:iombsbpa@bsnl.in	West Bengal , Bihar , Jharkhand and UT of Andaman & Nicobar Islands , Sikkim

LUCKNOW	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6 th Floor, Nawal Kishore Road, Hazaratganj, <u>LUCKNOW-226 001.</u> Tel : 0522 -2231331 Fax : 0522-2231310 Email insombudsman@rediffmail.com	Uttar Pradesh and Uttaranchal
MUMBAI	Insurance Ombudsman, Office of the Insurance Ombudsman, S.V. Road, Santacruz(W), <u>MUMBAI-400 054.</u> Tel : 022-26106928 Fax : 022-26106052 Email ombudsmanmumbai@gmail.com	Maharashtra , Goa

