LIFE INSURANCE CORPORATION OF INDIA
CENTRAL OFFICE

Dept: Product Development

"Yogakshema"
Jeevan Bima Marg
Mumbai – 400 021

Ref: CO/PD/174

Date: 09.07.2021

To,
All HODs of Central Office
All Zonal Offices
All Divisional Offices
All Branch Offices & Satellite Offices
MDC, ZTCs, STCs and
Audit & Inspection Depts. of Zonal Offices.

Re: INTRODUCTION OF LIC's AROGYA RAKSHAK (PLAN NO. 906)

1. INTRODUCTION:

It has been decided to introduce LIC's Arogya Rakshak (Plan No. 906) with effect from, 19th July, 2021.

The Unique Identification Number (UIN) for LIC's Arogya Rakshak plan is **512N318V01**. This UIN has to be quoted in all relevant documents furnished to the Policyholders and other users (public, distribution channels).

This is a Non-Linked, Non-Participating, Regular Premium, Individual, Health Insurance plan which provides fixed benefits in case of hospitalization and for various surgical procedures irrespective of actual cost incurred and the benefit is in addition to any other health insurance cover that insured lives may have. In addition to these fixed benefits, this plan also provides Auto Health Cover Benefit (as mentioned in Para 3.B.IV) in case of death of the original PI.

An individual can take the cover for himself/herself. This individual will be addressed as **Principal Insured (PI)** for the purpose of insurance under this plan. The Spouse, Children and Parents of PI can also be covered under the same policy. If both of the parents (father and mother) are alive and are eligible for cover, then either both of them will have to be covered or none of them will be covered. The PI will not have any option to choose one of them. If the existing spouse and/or children and/or parents of PI are not covered at the inception of the policy, then they will not be covered subsequently under the policy. However, on marriage/remarriage, the spouse can be included in the policy. Similarly, children born/legally adopted after taking the policy can also be covered. There shall be no restriction on the number of dependent children to be covered under a policy. For any new member added during the term of the policy, the cover in respect of that member shall commence as specified under Para 5.I. The inclusion of additional members will be subject to payment of additional premium in respect of each of the additional members. The plan also offers a default provision for Insured Spouse/Parent to become Principal Insured on exit of original PI from the policy.

Two Optional Rider(s), viz. LIC's New Term Assurance Rider and LIC's Accident Benefit Rider shall also be available on the life of Original PI and/or Insured Spouse only.

Other details of the plan are as follows.

2. ELIGIBILITY CONDITIONS AND FEATURES FOR BASE PLAN:

i. Minimum age at entry:
Principal Insured: [18] years (last birthday)
Insured Spouse/ Parents: [18] years (last birthday)
Insured Children: [91] days (completed)

ii. Maximum age at entry:
Principal Insured: [65] years (last birthday)
Insured Spouse/ Parents: [65] years (last birthday)
Insured Children: [20] years (last birthday)

iii. Cover Ceasing Age:
Principal Insured, Insured Spouse, Parents:
- [80] years (last birthday)
- [70] years (last birthday), if Auto Health Cover (AHC) Benefit is triggered and the policy is not continued by payment of premium after expiry of AHC period.

Insured Children: [25] years (last birthday)

iv. Initial Daily Benefit (i.e. the level of Hospital Cash Benefit (HCB) at inception):

Initial Daily Benefit	**Principal Insured (PI)**	**Insured Spouse (if any), Insured Parents (if any)**	**Insured Children (if any)**
a) Minimum Initial Daily Benefit (in a ward other than Intensive Care Unit)	Rs 2,500/-	Rs 2,500/-	Rs 2,500/-
b) Maximum Initial Daily Benefit	Rs 10,000/- per life*	Insured Spouse- Less than or equal to that of PI Insured Parents Less than or equal to that of Insured Spouse (PI, if there is no Insured Spouse). Further, included parents shall be covered for equal benefits.	Less than or equal to that of Insured Spouse (PI, if there is no Insured Spouse). Further, included children shall be covered for equal benefits.
Initial Daily Benefit shall be in multiple of Rs. 500/-. ***The total Initial Daily Benefit under all policies issued to an individual under this plan shall not exceed Rs. 10,000/-**			

v. Cover Period:
Principal Insured, Insured Spouse, Parents:
- [80 minus Age at entry]
- [70 minus Age at entry], if AHC benefit is triggered and the policy is not continued by payment of premium after expiry of AHC period.

Insured Children: [25 minus Age at entry]
i.e. Cover Period means the period between the 'Effective Date of Cover' and the corresponding 'Date of Cover Expiry under the Base Policy' in respect of each Insured, unless the Insurance Cover terminates earlier. This period includes the 'Effective Date of Cover' and excludes the 'Date of Cover Expiry under the Base Policy.

vi. Premium Paying Term: Equal to Cover Period.

vii. Minimum /Maximum Premium: There is no specific minimum and maximum premium payable. The total premium payable will be the sum of premiums in respect of each individual member covered under the policy.

Date of Cover Expiry under the Base Policy means the date on which the health cover under the policy ceases for each Insured i.e. the policy anniversary on which the insured life attains Maximum Cover Ceasing Age

Effective Date of Cover in respect of an Insured is the date on which the Corporation after underwriting accepts the risk for insurance (cover) in respect of that Insured.

3. BENEFITS:

The benefits under this plan are payable in terms of Applicable Daily Benefit (ADB).

Applicable Daily Benefit means the amount of Hospital Cash Benefit in a Policy Year reckoned as follows:

a) During the first three years of cover starting from the Effective Date of Cover in respect of an Insured, the Applicable Daily Benefit shall be equal to the Initial Daily Benefit (i.e. the level of Hospital Cash Benefit) chosen by the Principal Insured.
b) After the third year of cover, the Applicable Daily Benefit of the previous Policy Year shall be increased by way of 'Auto Step Up Benefit' (as specified under Para 3.B.I below) and 'No Claim Benefit' (as specified under Para 3.B.II. below). And the resulting amount shall be the Applicable Daily Benefit for that Policy Year.

A. On Hospitalization: The following benefits are payable during the cover period under an in-force policy:

I. Hospital Cash Benefit:

In the event of Accidental Bodily Injury or Sickness first occurring or manifesting itself on or after the Effective Date of Cover and during the Cover Period causing an Insured's Hospitalization to exceed a continuous period of 24 hours within the Cover Period, then subject to the Benefit Limits and Conditions as mentioned below, Waiting Period as mentioned under Para 6.IV and Exclusions as mentioned under Para 7, the Daily Benefit is payable as follows, regardless of the actual costs incurred:

a) **In case of Hospitalisation in the general or special ward (i.e. a non-Intensive Care Unit ward/room) of a Hospital:**
The Applicable Daily Benefit in a Policy Year (as detailed above), for each continuous period of 24 hours or any part thereof (after having completed the 24 hours) provided any such part stay exceeds a continuous period of 4 hours of Hospitalization necessitated solely by reason of the said Accidental Bodily Injury or Sickness, shall be payable.

b) **In case of Hospitalisation in the Intensive Care Unit of a Hospital:**
Two times the Applicable Daily Benefit in a Policy Year (as detailed above), for each continuous period of 24 hours or part thereof (after having completed the 24 hours) provided any such part stay exceeds a continuous period of 4 hours of Hospitalization in the Intensive Care Unit of a Hospital during any period of Hospitalization necessitated solely by reason of the said Accidental Bodily Injury or Sickness shall be payable.

c) **Combined stay in Non-ICU and ICU ward/room**:
During one period of 24 continuous hours (i.e. one day) of Hospitalisation, if the said Hospitalisation included stay in an Intensive Care Unit as well as in any other in-patient (non-Intensive Care Unit) ward of the Hospital, the Corporation shall pay benefits as if the admission was to the Intensive Care Unit provided that the period of Hospitalisation in the Intensive Care Unit was at least 4 continuous hours.

Benefit Limits and Conditions:

i. The Hospital Cash Benefit shall be payable only if Hospitalisation has occurred within India.
ii. The total number of days for which Hospital Cash Benefit would be payable, in respect of each Insured, in a Policy Year would be restricted to -
    a. A maximum of 30 (thirty) days of Hospitalization (inclusive of stay in ICU) in the first Policy Year from the Effective Date of Cover in respect of that Insured.
    b. A maximum of 90 (ninety) days of Hospitalization (inclusive of stay in ICU) in the second and subsequent Policy Years following the Effective Date of Cover in respect of that Insured.

    Hospital Cash Benefit paid for hemodialysis and radiotherapy will also be included under this maximum limits.
iii. The total number of days of Hospitalization for which Hospital Cash Benefit is payable during the Cover Period, in respect of each and every Insured covered under the policy, shall be limited to a maximum of 900 (nine hundred) days (inclusive of stay in ICU). Upon attainment of this limit by an Insured, the Hospital Cash Benefit in respect of that Insured shall cease immediately.
iv. The Benefit Limits specified in the above clauses in respect of an Insured under the Policy, shall solely and exclusively apply to that Insured. Any unclaimed Hospital Cash Benefit of any one Insured is not transferable to any other Insured.
v. The Hospital Cash Benefit shall not be payable in the event of an Insured undergoing any specified Day Care Procedure (as mentioned in the Day Care Procedure Benefit Annexure) except for maintenance hemodialysis and radiotherapy.
vi. Though hemodialysis and radiotherapy are Day Care Procedure, the Hospital Cash Benefit shall also be payable for these two procedures even if stay in hospital/day care centre is less than 24 hrs.

II. Major Surgical Benefit:

In the event of an Insured due to medical necessity undergoing any specified Surgery (as mentioned in the Major Surgical Benefit Annexure) within the Cover Period in a Hospital due to Accidental Bodily Injury or Sickness first occurring or manifesting itself on or after the Effective Date of Cover in respect of that Insured and during the Cover Period then, subject to Benefit Limits and Conditions as mentioned below, Waiting Period as mentioned under Para 6.IV and Exclusions as mentioned under Para 7 etc., a percentage (as mentioned in the Major Surgical Benefit Annexure against the specified Surgery performed) of the Major Surgical Benefit Sum Assured shall be payable, regardless of the actual costs incurred. Where, Major Surgical Benefit Sum Assured is equal to 100 (one hundred) times the Applicable Daily Benefit (taking into account the Auto Step-up as well as No Claim Benefit) for that Policy Year in respect of each Insured.

Hospital Cash Benefit will be paid over and above the lump sum Major Surgical Benefit based on the length of stay in the hospital.

Benefit Limits and Conditions:

i. If more than one Surgery is performed on the Insured during the same surgical session, the Corporation shall pay 100% as per the category in respect of the most severe Surgery performed and for other surgeries 25% of the eligible amount shall be paid. This benefit shall be paid for each of the additional surgery done in the single session and is subject to the overall annual and lifetime limits.
ii. The Major Surgical Benefit shall be paid as a lump sum as specified for the benefit concerned and is subject to providing proof of Surgery to the satisfaction of the Corporation.
iii. All Surgical Procedures claimed should be confirmed as essential and required, by a qualified Physician or Surgeon, to the satisfaction of the Corporation.
iv. The Major Surgical Benefit will be payable only after the Corporation is satisfied on the basis of medical evidence that the specified Surgery covered under the Plan has been performed.
v. The Major Surgical Benefit shall be payable only if the Surgery has been performed within India.
vi. The total amount payable in respect of each Insured under the Major Surgical Benefit in any Policy Year during the Cover Period shall not exceed 100% of the Major Surgical Benefit Sum Assured in that Policy year. In the event that the Major Surgical Benefit Sum Assured is exhausted in a policy year the next Major Surgical Benefit claim shall be subject to Major Surgical Benefit Restoration as specified in c) below.
vii. The total amount payable in respect of each Insured during the Cover Period under the Major Surgical Benefit shall not exceed a maximum limit of 1000% of the Major Surgical Benefit Sum Assured i.e. 1000 times the ADB applicable for the policy year in which the claim arises. If the total amount paid in respect of an Insured equals this lifetime maximum limit, the Major Surgical Benefit in respect of that Insured will cease immediately. Hence, on receipt of a claim during a Policy year, the maximum lifetime limit and Annual limit shall be calculated based on ADB applicable for that Policy year to decide the amount payable.
viii. The Benefit Limits specified in the above clauses in respect of an Insured under the Policy, shall solely and exclusively apply to that Insured. Any unclaimed Major Surgical Benefit of any one Insured is not transferable to any other Insured.
ix. The Major Surgical Benefit for any surgery cannot be claimed and shall not be payable more than once for the same surgery during the Cover Period. Also, PTCA (Percutaneous Transluminal Coronary Angioplasty) conducted under multiple sittings cannot be claimed and shall not be payable more than once.
x. If Major Surgical Benefit is payable, Medical Management Benefit would not be payable for the same event of hospitalisation.

In addition, the following benefits shall also be available under Major Surgical Benefit:

a. Ambulance Benefit:

In the event that a Major Surgical Benefit (as mentioned in the Major Surgical Benefit Annexure) is payable and emergency transportation costs by an ambulance have been incurred, an additional lump sum of Rs 1,000 will be payable in lieu of ambulance expenses.

Benefit Limits and Conditions:

i. The lumpsum payable in case of Ambulance transportation expenses shall be payable for covered Major Surgical Benefit in respect of each Insured, provided the ambulance transportation is medically necessary and is subject to providing satisfactory evidence to the Corporation.

b. Premium Waiver Benefit:

In the event that a Major Surgical Benefit falling under Category 1 or Category 2 (as mentioned in the Major Surgical Benefit Annexure) is payable in respect of any Insured, the total annualized premium i.e. total one year premium in respect of the Policy from the date of instalment premium due coinciding with or next following the date of the Surgery will be waived.

In case of multiple MSB claims (in respect of multiple/same Insured), falling under Category 1 or Category 2 (as mentioned in the Major Surgical Benefit Annexure) in the same policy year, Premium Waiver Benefit will be available only once during the policy year i.e. the premium due coinciding with or next following the date of first surgery will be waived for one year.

c. Major Surgical Benefit Restoration:

In the event that 100% of Major Surgical Benefit Sum Assured is exhausted in a policy year in respect of an Insured due to the previous Major Surgical Benefit claims in that policy year, the next Major Surgical Benefit claim (i.e. in case of any specified surgeries as mentioned in the Major Surgical Benefit Annexure) in that policy year, post exhaustion of Sum Assured, will be covered, subject to:

i. The subsequent Major Surgical Benefit claim should not be arising from or due to the previous Major Surgical Benefit claims in that policy year.
ii. The subsequent Major Surgical Benefit claim should be for a different category/bucket (For e.g. Cardiovascular System, Digestive System etc.) than any of the previous Major Surgical Benefit claims in that policy year.
iii. The subsequent Major Surgical Benefit claim should be for a different procedure (For e.g. CABG, Pancreatolithotomy etc.) than any of the previous Major Surgical Benefit claims in that policy year.

Benefit Limits and Conditions:

i. In any Policy Year during the Cover Period in respect of each Insured, only the first Major Surgical Benefit claim post exhaustion of 100% of Major Surgical Benefit Sum Assured, would be payable in line with the applicable benefit payout level (as mentioned in the Major Surgical Benefit Annexure) for the covered procedure.
ii. The Major Surgical Benefit Restoration claim shall be paid as a lump sum as specified for the benefit concerned and is subject to providing proof of Surgery to the satisfaction of the Corporation.
iii. All Surgical Procedures claimed should be confirmed as essential and required, by a qualified Physician or Surgeon, to the satisfaction of the Corporation.
iv. The Major Surgical Benefit Restoration claim will be payable only after the Corporation is satisfied on the basis of medical evidence that the specified Surgery covered under the Plan has been performed.
v. The Major Surgical Benefit Restoration claim shall be payable only if the Surgery has been performed within India.
vi. The Major Surgical Benefit Restoration claim shall be payable only once in any Policy year in respect of each Insured i.e. the total amount payable in respect of each Insured under such Major Surgical Benefit Restoration claim in any Policy Year during the Cover Period shall not exceed 100% of the Major Surgical Benefit Sum Assured in that Policy year.
vii. The Major Surgical Benefit Restoration claim shall be payable only upto a maximum of 10 (ten) times during the Cover Period in respect of each Insured.
viii. The Benefit Limits specified in the above clauses in respect of an Insured, shall solely and exclusively apply to that Insured. Any unclaimed Major Surgical Benefit Restoration claim on any one Insured is not transferable to any other Insured.

III. Day Care Procedure Benefit:

In the event of an Insured, due to medical necessity undergoing any specified Day Care Procedure (as mentioned in the Day Care Procedure Benefit Annexure) within the Cover Period in a Hospital or Day Care Centre due to Accidental Bodily Injury or Sickness first occurring or manifesting itself on or after the Effective Date of Cover in respect of that Insured and during the Cover Period then, subject to Benefit Limits and Conditions as mentioned below, Waiting Period as mentioned under Para 6.IV and Exclusions as mentioned under Para 7 etc., a lumpsum amount equal to 5 (five) times the Applicable Daily Benefit, shall be payable, regardless of the actual costs incurred.

Benefit Limits and Conditions:

i. If more than one Day Care Procedure is performed on the Insured, through the same incision or by making different incisions, during the same surgical session, the Corporation shall only pay for one Day Care Procedure performed.
ii. The Day Care Procedure Benefit shall be paid as a lump sum and is subject to providing proof of Surgery/Procedure to the satisfaction of the Corporation.
iii. All Day Care Procedures claimed should be confirmed as essential and required, by a qualified Physician or Surgeon, to the satisfaction of the Corporation.
iv. The Day Care Procedure Benefit will be payable only after the Corporation is satisfied on the basis of medical evidence that the specified Day Care Procedure covered under the Plan has been performed.
v. The Day Care Procedure Benefit shall be payable only if the Day Care Procedure has been performed within India.
vi. In respect of each Insured, the Day Care Procedure Benefit will be payable only up to a maximum of 3 (three) Day Care Procedures in any Policy Year during the Cover Period.
vii. In respect of each Insured during the Cover Period, the Day Care Procedure Benefit will be payable only up to a lifetime maximum limit of 30 (thirty) Day Care Procedures. If the number of Day Care Procedures eligible for the Day Care Procedure Benefit in respect of an Insured equals this lifetime maximum limit, the Day Care Procedure Benefit in respect of that Insured will cease immediately.
viii. The Benefit Limits specified in the above clauses in respect of an Insured under the Policy, shall solely and exclusively apply to that Insured. Any unclaimed Day Care Procedure Benefit of any one Insured is not transferable to any other Insured.
ix. If a Day Care Procedure is performed, no Hospital Cash Benefit shall be paid (except for maintenance hemodialysis and radiotherapy) even if the hospitalization for a day care procedure exceeds 24 hours.
x. If Day Care Benefit is payable, Medical Management Benefit would not be payable for the same event of hospitalisation.

IV. Other Surgical Benefit:

In the event of an Insured due to medical necessity, undergoing within the Cover Period any Surgery not listed under Major Surgical Benefit or Day Care Procedure Benefit, in a Hospital due to Accidental Bodily Injury or Sickness first occurring or manifesting itself on or after the Effective Date of Cover in respect of that Insured and during the Cover Period then, subject to the Benefit Limits and Conditions as mentioned below, Waiting Period as mentioned under Para 6.IV and Exclusions as mentioned under Para 7 etc., a Daily Benefit equal to 2.5 (two and a half) times the Applicable Daily Benefit, shall be payable, regardless of the actual costs incurred for each continuous period of 24 hours or part thereof provided any such part stay exceeds a continuous period of 4 hours of Hospitalization.

Other Surgical Benefit shall be payable only if inpatient hospitalization stay exceeds 24 hours.

Hospital Cash Benefit will be paid over and above the Other Surgical Benefit based on the length of stay in the hospital.

Benefit Limits and Conditions:

i. If more than one Surgical Procedure is performed on the Insured, through the same incision or by making different incisions, during the same surgical session, the Corporation shall only pay for one Surgical Procedure.
ii. The Other Surgical Benefit shall be paid as a Daily Benefit and is subject to providing proof of Surgery to the satisfaction of the Corporation.
iii. All Surgical Procedures claimed should be confirmed as essential and required, by a qualified Physician or Surgeon, to the satisfaction of the Corporation.
iv. The Other Surgical Benefit will be payable only after the Corporation is satisfied on the basis of medical evidence that the specified Surgical Procedure covered under the Plan has been performed.
v. The Other Surgical Benefit shall be payable only if the Surgical Procedure has been performed within India.
vi. The total number of days of Hospitalization for which the Other Surgical Benefit is payable during a Policy Year in respect of each and every Insured covered under the Policy shall not exceed 15 (fifteen) days in the first Policy Year from the Effective Date of Cover in respect of that Insured and 45 (forty five) days for the second and subsequent Policy Years following the Effective Date of Cover in respect of that Insured.
vii. The total number of days of Hospitalization for which the Other Surgical Benefit is payable during the Cover Period, in respect of each and every Insured covered under the Policy shall not exceed a lifetime maximum limit of 450 (four hundred and fifty) days. Upon attainment of this lifetime maximum limit, the Other Surgical Benefit in respect of that Insured will cease immediately.
viii. The Benefit Limits specified in the above clauses in respect of an Insured under the Policy, shall solely and exclusively apply to that Insured. Any unclaimed Other Surgical Benefit on any one Insured is not transferable to any other Insured.
ix. If Other Surgical Benefit is payable, Medical Management Benefit would not be payable for the same event of hospitalization.

V. Medical Management Benefit:

In the event of an Insured undergoing inpatient hospitalization within the Cover Period due to the following major medical conditions first occurring or manifesting itself on or after the Effective Date of Cover in respect of that Insured and during the Cover Period then, subject to Benefit Limits and Conditions as mentioned below, Waiting Period as mentioned under Para 6.IV and Exclusions as mentioned under Para 7, a lump-sum of 2.5 (two and a half) times of Applicable Daily Benefit shall be payable, regardless of the actual cost incurred:

- Dengue
- Malaria
- Pneumonia
- Pulmonary Tuberculosis
- Viral Hepatitis A

Hospital Cash Benefit will be paid over and above the Medical Management Benefit based on the length of stay in the hospital.

Benefit Limits and Conditions:

i. The Medical Management Benefit shall be paid as a lump sum, subject to providing proof of hospitalisation for the specified medical condition, to the satisfaction of the Corporation.
ii. The Medical Management benefit shall be payable only if Hospitalisation and treatment has occurred within India

iii. In respect of each Insured, the Medical Management Benefit would be payable maximum of 2 (two) times in each Policy Year during the Cover Period
iv. In respect of each Insured during the Cover Period, the Medical Management Benefit will be payable only up to a lifetime maximum limit of 20 (twenty) times. If the Medical Management Benefit in respect of an Insured equals this lifetime maximum limit, the Medical Management Benefit in respect of that Insured will cease immediately.
v. The Benefit Limits specified in the above clauses in respect of an Insured, shall solely and exclusively apply to that Insured. Any unclaimed Medical Management Benefit on any one Insured is not transferable to any other Insured.
vi. Medical Management Benefit would not be payable if Major Surgical Benefit, Other Surgical Benefit or Day Care benefits are payable for the same event of inpatient hospitalization.

VI. <u>Extended Hospitalisation Benefit</u>:

In the event of an Insured undergoing a single period of continuous inpatient hospitalization in excess of 30 days within the Cover Period, due to Accidental Bodily Injury or Sickness first occurring or manifesting itself on or after the Effective Date of Cover in respect of that Insured and during the Cover Period then, subject to Benefit Limits and Conditions as mentioned below, Waiting Period as mentioned under Para 6.IV and Exclusions as mentioned under Para 7 etc., a lump sum of 10 (ten) times of Applicable Daily Benefit shall be payable, regardless of the actual costs incurred.

Extended Hospitalisation Benefit would be payable in addition to any applicable Hospital Cash Benefit, Major Surgical Benefit, Other Surgical Benefit or Day Care Benefit payable for the same event of inpatient hospitalization.

<u>Benefit Limits and Conditions:</u>

i. Extended Hospitalization Benefit shall be paid as a lump sum, subject to providing proof of inpatient hospitalisation to the satisfaction of the Corporation.
ii. Extended Hospitalization Benefit shall be payable only if Hospitalization has occurred within India.
iii. In respect of each Insured, the Extended Hospitalization Benefit would be payable maximum of 1 (one) time in each Policy Year during the Cover Period.
iv. In respect of each Insured during the Cover Period, the Extended Hospitalization Benefit will be payable only up to a lifetime maximum limit of 10 (ten) times. If the Extended Hospitalization Benefit in respect of an Insured equals this lifetime maximum limit, the Extended Hospitalization Benefit in respect of that Insured will cease immediately.
v. The Benefit Limits specified in the above clauses in respect of an Insured under the Policy, shall solely and exclusively apply to that Insured. Any unclaimed Hospital Cash Benefit of any one Insured is not transferable to any other Insured.

B. Other benefits:

I. <u>Auto Step Up Benefit</u>: Under this benefit, an amount equal to 15% of Initial Daily Benefit shall be added to the Applicable Daily Benefit of the previous policy year. Such increase in the Applicable Daily Benefit shall be effected at the end of every **third policy anniversary** during the Cover Period and shall continue to be added until Applicable Daily Benefit attains a maximum amount of 1.5 times the Initial Daily Benefit. Thereafter this amount in each Policy year in future shall remain at that maximum level attained i.e. no addition shall be made under this benefit.

In case of all the Insured(s) covered under the policy join at inception of the Policy, the date on which Auto Step up Benefit is effected in respect of each of the Insured(s) may be same. However, in respect of any Insured(s) joining subsequently, the date on which Auto Step up

Benefit is effected for such Insured(s) may be different as the '**third policy anniversary**' shall be construed from 'Effective Date of Cover' of the respective Insured.
On death of Original PI, in case the Auto Health Cover Benefit is triggered in respect of an Insured as detailed in Para 3.B.IV below, Auto Step Up Benefit for such Insured shall not be applicable. On expiry of Auto Health Cover Period, the conditions applicable for Auto Step Up Benefit shall be as mentioned under Para 3.B.IV below.

II. **No Claim Benefit:** In the event of every three claim free policy years, an amount equal to 5% (five percent) of the Initial Daily Benefit shall be added to the Applicable Daily Benefit at the end of the **third claim free year**; where, 'Claim free policy years' shall be construed in respect of the policy as a whole, that is, there are no claims in respect of any of the Insured(s) covered under the policy during the immediate previous three years. There shall be no maximum limit for this benefit throughout the cover period.

Hence, even if any additional member is included after the Date of Commencement of Policy, the date of accrual of No Claim Benefit in respect of such additional member shall coincide with that of PI (i.e. No Claim Benefit shall be added for that additional Insured member from the policy anniversary on which 'No Claim Benefit' is added in respect of Principal Insured). Hence, No Claim Benefit in respect of any such additional member may accrue even after a minimum period of one year from Effective Date of Cover and before completion of three policy years from his/her joining the policy. Therefore, the No Claim Benefit for Principal Insured and additional members will accrue concurrently irrespective of their date of joining the policy.

On death of Original PI, in case the Auto Health Cover Benefit is triggered/not triggered in respect of any of the Insured (as detailed in Para 3.B.IV), No Claim Benefit under the policy (i.e. in respect of all the Insured members) shall be added in the event of three claim free policy years from the Date of Expiry of AHC period in respect of the Insured member for which AHC period expires in the last.

An example of how the Applicable Daily Benefit shall be calculated (i.e. increased by way of 'Auto Step Up Benefit' and 'No Claim Benefit') is shown below:

Consider an example where Policy has been taken on the life of Principal Insured (PI) with an Initial Daily Benefit (IDB) of Rs. 3000/-. Subsequently, on marriage of PI the spouse is added at the start of 3rd Policy year, first child is added at the start of 6th Policy year and second child is added at the start of 10th Policy year each with an IDB of Rs. 3000/-.

a. If no claim is admitted under the policy for first 15 years from the policy commencement:

Policy Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
ADB of PI	**3000**	**3000**	**3000**	**3600**	**3600**	**3600**	**4200**	**4200**	**4200**	**4800**	**4800**	**4800**	**5100**	**5100**	**5100**
ADB of Spouse	**-**	**-**	**3000**	**3150**	**3150**	**3600**	**3750**	**3750**	**4200**	**4350**	**4350**	**4800**	**4950**	**4950**	**5100**
ADB of first Child	**-**	**-**	**-**	**-**	**-**	**3000**	**3150**	**3150**	**3600**	**3750**	**3750**	**4200**	**4350**	**4350**	**4800**
ADB of second Child	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**3000**	**3000**	**3000**	**3600**	**3600**	**3600**

In respect of PI:

1. In policy years 4, 7 and 10, Auto Step-up Benefit of 15% of IDB (Rs. 450) is added while in policy year 13, 5% of IDB (Rs. 150) is added as total increase in Applicable Daily Benefit on count of Auto Step-up Benefit has reached maximum limit of 1.5 times the IDB.
2. In policy years 4, 7, 10 and 13, No Claim Benefit of 5% IDB (Rs. 150) is added.
3. From 14th Policy Year, Auto Step-up Benefit shall not be added as the maximum level of 1.5 times of IDB (on count of Auto Step-up Benefit) is reached. However, the ADB shall increase due to 'No Claim Benefit' as and when the policy shall be eligible for.

In respect of Spouse:

1. In policy years 6, 9 and 12, Auto Step-up Benefit of 15% of IDB (Rs. 450) is added while in policy year 15, 5% of IDB (Rs. 150) is added i.e. every 'third policy anniversary' from 'Effective Date of Cover' of the Spouse.
2. In policy years 4, 7, 10 and 13, No Claim Benefit of 5% IDB (Rs. 150) is added (so that the date of accrual of No Claim Benefit in respect of the Spouse coincides with that of PI irrespective of the date of joining the policy).
3. From 16th policy year Auto Step-up Benefit shall not be added as the maximum level of 1.5 times of IDB (on count of Auto Step-up Benefit) is reached. However, the ADB shall increase due to 'No Claim Benefit' as and when the policy shall be eligible for.

In respect of first child:

1. In policy years 9, 12 and 15, Auto Step-up Benefit of 15% of IDB (Rs. 450) is added i.e. every 'third policy anniversary' from 'Effective Date of Cover' of the Child.
2. In policy years 7, 10 and 13, No Claim Benefit of 5% IDB (Rs. 150) is added (so that the date of accrual of No Claim Benefit in respect of the Child coincides with that of PI irrespective of the date of joining the policy).
3. From 16th policy year Auto Step-up Benefit shall continue till the maximum level of 1.5 times of IDB (on count of Auto Step-up Benefit) is reached. In addition, 'No Claim Benefit' shall also be added as and when the policy shall be eligible for.

In respect of second child:

1. In policy year 13 Auto Step-up Benefit of 15% of IDB (Rs. 450) is added i.e. every 'third policy anniversary' from 'Effective Date of Cover' of the Child.
2. In policy year 13 No Claim Benefit of 5% IDB (Rs. 150) is added.
3. From 14th policy year Auto Step-up Benefit shall continue till the maximum level of 1.5 times of IDB (on count of Auto Step-up Benefit) is reached. In addition, 'No Claim Benefit' shall also be added as and when the policy shall be eligible for.

b. If the claim is admitted in respect of spouse in the 5th Policy year:

Policy Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
ADB of PI	**3000**	**3000**	**3000**	**3600**	**3600**	**3600**	**4050**	**4050**	**4200**	**4650**	**4650**	**4800**	**4950**	**4950**	**5100**
ADB of Spouse	**-**	**-**	**3000**	**3150**	**3150**	**3600**	**3600**	**3600**	**4200**	**4200**	**4200**	**4800**	**4800**	**4800**	**5100**
ADB of first Child	**-**	**-**	**-**	**-**	**-**	**3000**	**3000**	**3000**	**3600**	**3600**	**3600**	**4200**	**4200**	**4200**	**4800**
ADB of second Child	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**3000**	**3000**	**3150**	**3600**	**3600**	**3750**

In respect of PI:

1. In policy years 4, 7 and 10, Auto Step-up Benefit of 15% of IDB (Rs. 450) is added while in policy year 13, 5% of IDB (Rs. 150) is added as total increase in Applicable Daily Benefit on count of Auto Step-up Benefit has reached maximum limit of 1.5 times the IDB.

2. In policy years 4, 9, 12 and 15, No Claim Benefit of 5% IDB (Rs. 150) is added (as the claim in respect of Spouse is admitted in the 5th policy year and policy years 6, 7 and 8 being claim free, No Claim Benefit is added in the 9th policy year and every claim free 3 years thereafter)
3. From 14th policy year Auto Step-up Benefit shall not be added as the maximum level of 1.5 times of IDB (on count of Auto Step-up Benefit) is reached. However, the ADB shall increase due to 'No Claim Benefit' as and when the policy shall be eligible for.

In respect of Spouse:

1. In policy years 6, 9 and 12, Auto Step-up Benefit of 15% of IDB (Rs. 450) is added while in policy year 15, 5% of IDB (Rs. 150) is added i.e. every 'third policy anniversary' from 'Effective Date of Cover' of the Spouse.
2. In policy years 4, 9, 12 and 15, No Claim Benefit of 5% IDB (Rs. 150) is added (so that the date of accrual of No Claim Benefit in respect of the Spouse coincides with that of PI irrespective of the date of joining the policy)..
3. From 16th policy year Auto Step-up Benefit shall not be added as the maximum level of 1.5 times of IDB (on count of Auto Step-up Benefit) is reached. However, the ADB shall increase due to 'No Claim Benefit' as and when the policy shall be eligible for.

In respect of first child:

1. In policy years 9, 12 and 15, Auto Step-up Benefit of 15% of IDB (Rs. 450) is added i.e. every 'third policy anniversary' from 'Effective Date of Cover' of the Child.
2. In policy years 9, 12 and 15, No Claim Benefit of 5% IDB (Rs. 150) is added.
3. From 16th policy year Auto Step-up Benefit shall continue till the maximum level of 1.5 times of IDB is reached. In addition, 'No Claim Benefit' shall also be added as and when the policy shall be eligible for.

In respect of second child:

1. In policy year 13 Auto Step-up Benefit of 15% of IDB (Rs. 450) is added i.e. every 'third policy anniversary' from 'Effective Date of Cover' of the Child.
2. In policy year 12 and 15, No Claim Benefit of 5% IDB (Rs. 150) is added (so that the date of accrual of No Claim Benefit in respect of the Child coincides with that of PI irrespective of the date of joining the policy).
3. From 14th policy year Auto Step-up Benefit shall continue till the maximum level of 1.5 times of IDB is reached. In addition, 'No Claim Benefit' shall also be added as and when the policy shall be eligible for.

III. Health Check-up Benefit:

In addition to various benefits payable on hospitalization mentioned under Para 3.A above, Health Check-up Benefit is also payable in respect of each of the Insured. Under this benefit, an amount equal to the actual expenses incurred but not exceeding One Half of Applicable Daily Benefit shall be payable in respect of each Insured towards Health Check-up expenses once in every 3 policy years provided he/she undergoes Health Check-up and shares a copy of the medical report and the medical bills.

Benefit Limits and Conditions:

i. In respect of each Insured, the Health Check-up Benefit would be payable only once in every 3 (three) Policy Years during the Cover Period.
ii. The Benefit Limits specified in the above clause in respect of an Insured, shall solely and exclusively apply to that Insured. Any unclaimed Health Check-up Benefit on any one Insured is not transferable to any other Insured.

iii. Health Check-up Benefit shall be payable only if the Health Check-up is done within India.

Further instructions in this regard shall be issued by Health Insurance/ CRM(Claims) Department, Central Office.

IV. Death Benefit:

i. **On death of an Insured person other than the Principal Insured:** No death benefit is payable and the policy will continue in respect of other Insured(s) and premium payable in respect of the deceased Insured shall cease from the instalment premium due date coinciding with or next following the date of death of the Insured.

ii. **On death of Original Principal Insured:** There is no lumpsum death benefit but **Auto Health Cover (AHC) Benefit** (wherein the premiums payable under the Base Policy, in respect of other insured(s) covered under the policy, shall be waived for Auto Health Cover Period) as detailed below and the policy shall continue. Auto Health Cover (AHC) Benefit shall be available to each of the eligible Insureds, as per terms and conditions mentioned in Para A below. If any of the Insured(s) do(es) not satisfy trigger condition for AHC Benefit, then the condition as specified in Para B below shall apply.

In such an event, the new PI under the policy shall be as specified under Para 6.I below.

Auto Health Cover (AHC) Benefit:
In case of death of Original Principal Insured, the policy shall continue with new PI along with other eligible surviving Insured(s) covered under the policy, without any payment of premiums from the policy anniversary coinciding with or next following the date of death of the Principal Insured, for a further period of 15 years or upto specified age in respect of each of the Insureds, whichever is earlier, provided they are eligible for this AHC Benefit.

The period for which AHC Benefit shall be applicable in respect of each of the eligible Insureds shall be denoted as "**Auto Health Cover (AHC) Period".** The applicable **Auto Health Cover Period** for each eligible Insured shall be as detailed below:

- For Insured Child(ren): AHC Period shall be a period of 15 years or till the policy anniversary on which the Insured Child is 25 years, whichever is earlier.
- For Insured Spouse/Insured Parent(s): AHC Period shall be a period of 15 years or till the policy anniversary on which the age of Insured Spouse/Parents is 70 years, whichever is earlier.

(**Note:** The AHC Period mentioned above shall commence from the policy anniversary coinciding with or next following the date of death of the Principal Insured. In case of Half-yearly mode of premium payment, any premium falling due before the commencement of AHC Period is required to be paid. On completion of AHC Period as applicable to each Insured member, the cover in respect of eligible Insured(s) can continue by payment of premiums for, the outstanding term, if any. The premium payment, in such a case, shall commence from the policy anniversary date coinciding with the date of completion of the AHC Period).

Hence, the Auto Health Cover Benefit will be triggered only if the age of Insured spouse / Insured Parent(s) as on the policy anniversary coinciding with or next following the date of death of Original PI is below 70 years and/or any of the Insured Child(ren) is below 25 years. In case any of the surviving Insured does not satisfy the criteria, the Auto Health Cover benefit will not be applicable for such Insured life and the condition as specified in Para B below shall apply.

A. <u>Conditions applicable for Auto Health Cover Benefit</u>:

i. The policy should be inforce, by payment of all due premiums, on the date of death of the PI and also till the start date of AHC Period.

ii. AHC Benefit shall not be applicable if Principal Insured (whether sane or insane) commits suicide at any time within 12 months from the Effective Date of Cover or within 12 months from the date of revival,

iii. The benefit of "Auto Health Cover" as mentioned above shall trigger in respect of each of the Insureds from the policy anniversary coinciding with or next following the date of death of the Principal Insured, provided such surviving Insured(s) satisfy the trigger condition.

iv. During the AHC Period, the premiums under the Base Policy in respect of eligible Insured(s) shall be waived. However, premiums in respect of any riders, if opted for, shall not be waived and shall continue to be paid as per respective rider conditions. In case the rider premiums are not paid within the grace period, the rider benefits shall cease. Once the rider is ceased, it cannot be re-opted during the cover period.

v. The benefit payable under the Base Policy during the AHC Period shall be based on the Applicable Daily Benefit as applicable in respect of each Insured as on the date of death of PI i.e. Applicable Daily Benefit shall remain at the same level during the AHC Period and no further increase in Applicable Daily Benefit by way of 'Auto Step Up' or 'No Claims Benefit' shall apply during this period.

vi. AHC Benefit shall be available in case of death of Original Principal Insured only. On the Insured Spouse/Parent becoming the new PI (as mentioned under Para 6.I below), AHC benefit shall not be available on death of new Principal Insured.

vii. If the AHC Benefit is triggered for any eligible Insured(s), the cover in respect of such member(s) shall continue till the expiry of their respective AHC period. On expiry of the AHC period, the cover in respect of eligible Insured(s) can continue till their Date of Cover Expiry provided premiums in respect of such Insured member(s) are paid by the PI.

If the premium in respect of any such Insured member(s) is not paid within the grace period; then his/her cover shall cease on the expiry of the grace period. The cover may be revived on the request of PI as specified under Para 17 below. The revival period of 5 years for each Insured post AHC shall be reckoned from the respective First Unpaid Premium for each such member.

The Applicable Daily Benefit after the expiry of Auto Health Cover Period, under such cases shall be as specified in (viii) below.

viii. **Calculation of Applicable Daily Benefit on expiry of AHC Period in respect of each Insured:**

On expiry of AHC period in respect of an Insured, the Applicable Daily Benefit payable for such a member, for a period of three completed policy years, shall be based on the Applicable Daily Benefit as on the date of death of PI and thereafter the Auto Step Up Benefit shall resume.

'No Claim Benefit' under the policy (i.e. in respect of all the Insured members) shall be added to Applicable Daily Benefit only after completion of three claim free policy years from date of expiry of AHC period in respect of all the Insured(s) covered under the policy. If the date of expiry of AHC period is not same for all the Insured(s), the No Claim Benefit shall be added to

Applicable Daily Benefit in the event of three claim free policy years from the Date of Expiry of AHC period in respect of the insured member for which AHC period expires in the last.

B. <u>Conditions applicable if AHC Benefit is not triggered in respect of any of the Insureds i.e. the age of the Insured Spouse and/or age of the Insured Parent(s) is 70 years or above on the policy anniversary coinciding with or next following the date of death of PI:</u>

The cover **i**n respect of such member(s) shall continue till their respective Date of Cover Expiry provided the premiums in respect of such Insured member(s) are paid. In such an event, the Applicable Daily Benefit for such member shall continue to be increased only by way of Auto Step-up Benefit, if any. However, No Claim Benefit for such members shall only be added in the event of three claim free policy years from the Date of Expiry of AHC period in respect of the insured member for which AHC period expires in the last.

If the premium in respect of such Insured member(s) is not paid within the grace period; then his/her cover shall cease on the expiry of the grace period. The cover may be revived on the request of PI as specified under Para 17 below.

V. <u>Maturity Benefit</u>:

The Cover Period may be different in respect of each of the Insured member(s) covered under the Policy. No benefits are payable at the end of the respective Cover Period. The termination of policy shall be as specified under Para 6.III below.

A short summary of Benefits and their Limits, <u>subject to terms and conditions</u> mentioned in this Circular, are as under:

S. No.	Benefits	Event	Amount of Benefit	Annual Benefit Limit	Lifetime Maximum Benefit Limit	Additional Benefit(s) payable
1	Hospitalisation Cash Benefit (HCB)	Hospitalisation (Non ICU ward)	Applicable Daily Benefit (ADB) for each day of hospitalisation	Year 1: 30 days Year 2 onwards: 90 days	900 Days	i. Extended Hospitalisation Benefit as mentioned under S. No. 6 below, if applicable.
		Hospitalisation (ICU ward)	Two times of ADB for each day of hospitalisation			
2	Major Surgical Benefit (MSB)	Undergoing a Surgical Procedure (as mentioned in MSB Annexure) in a Hospital	Lump Sum Benefit equal to percentage of MSB Sum Assured based on the surgery performed; where MSB Sum Assured is 100 times of ADB	100% of MSB Sum Assured.	10 times the MSB Sum Assured.	i. HCB based on the length of stay in the hospital. ii. Ambulance Benefit: Lump sum of Rs 1,000 payable if ambulance service is availed. iii. Premium Waiver Benefit: Total one year premium will be waived if MSB falling under Category 1 or Category 2 is performed. iv. MSB Restoration: On exhaustion of annual limit of 100% of MSB Sum Assured, next MSB claim in that policy

						year shall also be covered (subject to maximum of 10 times during the Cover period). v. Extended Hospitalisation Benefit as mentioned under S. No. 6 below, if applicable.
3	Day Care Procedure Benefit (DCPB)	Undergoing a Day Care Procedure (as mentioned in DCPB Annexure) in a Hospital or Day Care centre	Lump Sum Benefit equal to 5 times of ADB	3 day care procedures	30 day care procedures	i. HCB shall be payable only if DCPB is hemodialysis or radiotherapy. ii. Extended Hospitalisation Benefit as mentioned under S. No. 6 below, if applicable.
4	Other Surgical Benefit (OSB)	Undergoing any Surgical Procedure other than those mentioned under MSB and DCPB in a Hospital	2.5 times of ADB for each day of hospitalisation	Year 1: 15 days Year 2 onwards: 45 days	450 Days	i. HCB based on the length of stay in the hospital. ii. Extended Hospitalisation Benefit as mentioned under S. No. 6 below, if applicable.
5	Medical Mangement Benefit (MMB)	Inpatient Hospitalisation due to Dengue/ Malaria / Pnuemonia/ Pulmonary Tuberculosis / Viral Hepatitis A	Lump Sum Benefit equal to 2.5 times of ADB	2 times	20 times	HCB based on the length of stay in the hospital.
6	Extended Hospitalisation Benefit (EHB)	Single period hospitalisation in excess of 30 days (Payable in addition to HCB, MSB, OSB and DCPB)	Lump Sum Benefit equal to 10 times of ADB	1 time	10 times	-
7	Health Check Up Benefit	Actual costs subject to a maximum of one-half of ADB once in every 3 years				

4. OPTIONAL RIDER BENEFITS:

The following two rider(s) shall be available under this plan.

i. LIC's New Term Assurance Rider (UIN 512B210V01):
LIC's New Term Assurance Rider is available only on the life of Original Principal Insured and/or Insured Spouse, only at the inception/inclusion into the policy by payment of additional premium,. The benefit will not be available on the life of any Insured other than Original Principal Insured and Insured Spouse.

The benefit cover under this Rider shall be available only till the policy anniversary on which

the age nearer birthday of the Insured is 75 years or for a term of 35 years, whichever is earlier. No premium for this benefit shall be deducted from the Policy anniversary at which the benefit ceases.

If this benefit is opted for, an amount equal to Term Assurance Rider Sum Assured shall be payable on death of the Insured during the Rider Term, provided the Rider cover is in-force.

LIC's New Term Assurance Rider shall not acquire any paid-up value and the Rider benefit will cease to apply, if policy is in lapsed condition.

The Rider Sum Assured under the policy shall not exceed the Major Surgical Benefit Sum Assured under Base Plan. The premium under LIC's New Term Assurance Rider shall not exceed 30% of the premium under the Base Plan.

Beyond the specific details as mentioned in this Circular in respect of this Rider, any additional details like requirements of claim etc. may be referred from the Rider Circular Ref: CO/PD/59 dated 3rd November, 2014.

Eligibility conditions and restrictions:

a)	Minimum Entry Age	18 years (completed)
b)	Maximum Entry Age	60 years (nearer birthday)
c)	Rider Term / Premium Paying Term (PPT)	35 years or (75 minus Age at entry) years, whichever is lower.
d)	Premium Paying Mode	Same as under the Base Plan
e)	Maximum Rider Cover Ceasing Age	75 years (nearer birthday)
f)	Minimum Term Assurance Rider Sum Assured	Rs. 1,00,000/-
g)	Maximum Term Assurance Rider Sum Assured	An amount equal to the Major Surgical Benefit Sum Assured (MSB SA) at the time of inception/ inclusion into the policy (i.e. 100 times of Initial Daily Benefit) in respect of the insured, subject to the maximum of Rs 25 lakhs overall limit taking all Term Assurance Rider Sum Assured under all existing policies of the Life Assured including the new proposals into consideration.
h)	Mode Rebate	<table><tr><th>Mode</th><th>Rebate</th></tr><tr><td>Yearly</td><td>2% of Tabular Premium</td></tr><tr><td>Half-yearly</td><td>1% of Tabular Premium</td></tr></table>

The Term Assurance Rider Sum Assured shall be in multiples of Rs. 5,000/- only.

ii. LIC's Accident Benefit Rider (UIN: 512B203V03):
LIC's Accidental Benefit Rider can be opted for on the life of Original PI and/or Insured Spouse provided LIC's New Term Assurance Rider has been opted for. The benefit will not be available on the life of any Insured other than Original Principal Insured and Insured Spouse.

Under an in-force policy, LIC's Accidental Benefit Rider can be opted for at any time provided the outstanding premium paying term of the LIC's New Term Assurance Rider is at least five years but before the policy anniversary on which the age nearer birthday of life assured is 65 years.

Subject to stated above, if the LIC's Accident Benefit Rider is opted for, at any time when the Rider cover is in-force for the full Sum Assured as on date of accident, this benefit shall be available only till the date of cover expiry of LIC's New Term Assurance Rider or LIC's Accident Benefit Rider, whichever is earlier.

If this benefit is opted for and if the Life Assured is involved in an accident leading to death within 180 days from the date of accident then an amount equal to the Accident Benefit Sum Assured is payable. However, the policy shall have to be inforce at the time of accident irrespective of whether or not it is inforce at the time of death.

The additional premium for this benefit will not be required to be paid from the policy anniversary after the expiry of LIC's New Term Assurance Rider or LIC's Accident Benefit Rider, whichever is earlier.
LIC's Accident Benefit Rider shall not acquire any paid-up value and the Rider benefit will cease to apply, if policy is in lapsed condition.

The premium under this rider shall not exceed 100% of the premium under the Base Plan.

Beyond the specific details as mentioned in this Circular in respect of this Rider, any additional details like requirements of claim etc., may be referred from the Rider Circular Ref: CO/PD/36 dated 9th November, 2013 and CO/PD/102 dated 16th December, 2017.

Eligibility conditions and restrictions:

a)	Minimum Entry Age	18 years (completed)
b)	Maximum Entry Age	The cover can be opted for at inception or at any policy anniversary thereafter, provided the outstanding Premium Paying Term of the LIC's New Term Assurance Rider is at least 5 years but before the policy anniversary on which the age nearer birthday of life assured is 65 years.
c)	Rider Term/ Premium Paying Term (PPT)	Outstanding rider term of the LIC's New Term Assurance Rider or (70- Age at entry) years, whichever is lower.
d)	Premium Paying Mode	Same as under the Base plan
e)	Maximum Cover Ceasing Age	70 years (nearer birthday)
f)	Minimum Accident Benefit Sum Assured	Rs. 20,000/-
g)	Maximum Accident Benefit Sum Assured	An amount equal to the Term Assurance Rider SA opted under the policy, subject to the maximum of Rs.100 lakhs overall limit taking all existing policies (excluding additional limit of Rs 100 lakhs under policies taken under LIC's Jeevan Shiromani) of the Life Assured under individual as well as group policies including policies with inbuilt accident benefit taken with Life Insurance Corporation of India and the Accident Benefit Sum Assured under the new

		proposal into consideration. Even considering the additional Accident Benefit Sum Assured limit of Rs. 100 lakhs above this, allowed under LIC's Jeevan Shiromani only, the maximum Accident Benefit cover offered to an individual in any case including the policies taken under LIC's Jeevan Shiromani will not exceed Rs. 200 lakh.

The Accident Benefit Sum Assured shall be in multiple of Rs.5,000/- only

5. OPTIONS AVAILABLE UNDER THE BASE PLAN:

I. Cover to new additional members:

If the Principal Insured gets married/ remarried during the Cover Period, the spouse can be included in the policy within twelve months from the date of marriage/ remarriage, but the Cover shall start from the policy anniversary coinciding with or next following the date of inclusion. Enhanced premium shall be due from such policy anniversary.

Any child born/legally adopted after taking the policy can be covered from the policy anniversary coinciding with or next following the date on which the child completes the age of 91 days. If the age of the legally adopted child on the date of adoption is more than 91 days, the child can be covered from the policy anniversary coinciding with or next following the date of adoption. Enhanced premiums shall be due from such policy anniversary.

If PI is substandard life attracting extra premium and any new additional member is included after taking the policy, the Extra premium for PI shall stand revised on count of inclusion of additional member. The revised extra premium in respect of PI shall be calculated as detailed in Annexure - 2.

Inclusion of each additional member will be subject to receipt of the proof of the event and will also be subject to fulfillment of underwriting conditions. The eligibility conditions, as mentioned in Para 2 above, waiting period as mentioned under Para 6.IV above and exclusions as mentioned under Para 7 below will apply for the new Insured.

Addition in any other case will not be allowed. The existing spouse, parents, and children, if not covered at the time of taking policy, shall not be covered subsequently under the policy.

Any addition of new lives shall be allowed by the Original Principal Insured only. After the death of Original Principal Insured, no addition will be allowed.

Further instructions in this regard shall be issued by CRM(PS) Department, Central Office.

II. Removal of existing members:

In the event of death or divorce, an Insured may be removed from coverage upon request by the Principal Insured in writing. This will be effective from the instalment premium due date coinciding with or next following the date of such a request. No further premiums are due in respect of that Insured from such instalment premium due date.

In any other circumstances, removal of an existing Insured will be permitted at the sole discretion of the Corporation.

III. Option to migrate:

Children covered under this plan shall have the option to take a suitable new health insurance policy (subject to underwriting) on the policy anniversary coinciding with or immediately following the completion of 25 years of age.

i. The new policy should be purchased within 90 days of the termination of the child's cover from the existing Policy.
ii. The Insured member shall be eligible for suitable credits gained for pre-existing conditions and time bound exclusions for all the previous years, provided the policy is in-force. The outstanding Waiting periods and outstanding period of any Exclusion will however apply under the new policy.
iii. These credits shall be available up to a maximum of the current SA level under the existing policy.
iv. Other terms and conditions including premium rates will be as applicable for the new policy.

IV. Quick Cash facility:

If any of the insured lives undergoes any eligible surgery covered under Category 1 or Category 2 (as mentioned in the Major Surgical Benefit Annexure) of Major Surgical Benefit in any of the listed network hospitals, the PI will have an option to avail Quick Cash facility. Under this facility, 50% of eligible Major Surgical Benefit amount would be made available even during the period of hospitalization of any of the insured lives covered (the surgery may be either planned or emergency due to accident) instead of waiting for making a claim for the benefit after discharge. It will be only an advance payment to the PI in the event of hospitalization for any Major Surgical Benefit defined in the surgeries listed under categories 1 or 2 (as mentioned in the Major Surgical Benefit Annexure) and permissible under the policy conditions of the plan. This will be, however, subject to approval from the TPA (Third Party Administrator) regarding medical adjudication and admissibility of the claim, and the advance amount will be adjusted from the final settlement of Major Surgical Benefit claim amount.

This facility of advance payment could be availed by submitting the Bank Account details of the PI in the prescribed format. The amount of advance shall be credited in the PI's bank account directly.

Further instructions in this regard shall be issued by Health Insurance/ CRM(Claims) Department, Central Office.

6. OTHER TERMS & CONDITIONS:

I. Default provision for Insured Spouse/Parent to become Principal Insured on exit of Original Principal Insured from the policy.

On the exit of Original Principal Insured in the event of death or expiry of his/her cover (where expiry of cover shall be on the Date of Cover Expiry of PI or on PI exhausting all the lifetime maximum Benefit Limits), the policy shall continue with the surviving Insured Spouse as new PI along with other eligible surviving Insured(s). If there is no Insured Spouse under the Policy; or if Insured Spouse has predeceased the PI; or if the Insured Spouse has exited from the policy, the policy shall continue with elder of the surviving Insured Parents as new PI along with other eligible surviving Insured(s).

The premium for such new successive PI would be based on the then applicable tabular premium rates for Principal Insured and the age for calculation of revised premium rate will be his/her age at entry. However, the existing level of cover in respect of the new PI shall remain unaltered as applicable to him /her.

In the event of the expiry of cover of PI or on death of PI (wherein AHC benefit is not triggered), the premium in respect of the new PI (Insured Spouse/Parent) will change with effect from the coinciding or following instalment premium due date. In case AHC benefit is triggered the premium in respect of the new PI will change with effect from the instalment premium due date coinciding with the date of expiry of his/her AHC Period.

Further, Auto Health Cover Benefit (as mentioned in Para 3.B.IV above) will not be available on death of the new PI

II. Commencement and Termination of Benefit Covers:

The Hospital Cash Benefit, Major Surgical Benefit, Day Care Benefit, Other Surgical Benefit, Medical Management Benefit and Extended Hospitalization Benefit cover in respect of each Insured covered under the policy shall commence on their respective Effective Date of Cover subject to the Terms and Conditions, Waiting Period and Exclusions.

The Hospital Cash Benefit, Major Surgical Benefit, Day Care Procedure Benefit, Other Surgical Benefit, Medical Management Benefit and Extended Hospitalization Benefit cover in respect of each Insured shall terminate at the earliest of the following:

i. The Date of Cover Expiry;
ii. On death of the Insured;
iii. On attaining the lifetime maximum Benefit Limits as specified in Para 3.A above;
iv. In respect of the Insured Spouse, on divorce or legal separation from the Principal Insured;
v. On non-payment of premium within the revival period in respect of such Insured;
vi. On termination of the Policy due to non-payment of premium/absence of any eligible PI under the Policy/ any other reason.

III. Termination of Policy

A) If policy is issued on single life:

The policy shall terminate at the earliest of the following:

1. Non-payment of premiums within the revival period as specified in Para 17 below;
2. On death;
3. On the Date of Cover Expiry under the Base Plan;
4. On exhausting all the lifetime maximum Benefit Limits as specified in Para 3.A above;
5. On payment of free look cancellation amount;
6. If the Policyholder cancels the Policy after premium review, if any;
7. On grounds of misrepresentation, fraud, non-disclosure or non-cooperation of the insured.

B) If policy is issued on more than one life:

The policy shall terminate at the earliest of the following:

1. Non-payment of premiums due in respect of covered members within the revival period as applicable and as specified in Para 17 below;
2. If AHC is not being available to any of the Insured, on exit of last successive PI;
3. If AHC is being available in respect of any of the Insured, on exit of last successive PI and thereafter on the earliest of the following in respect of the last eligible Insured member:
    a. expiry of AHC period;
    b. on death;
    c. on exhaustion of all the lifetime maximum Benefit Limits as specified in Para 3.A above;
4. On payment of Free Look cancellation amount;
5. If the Policyholder cancels the policy after premium review, if any.
6. On grounds of misrepresentation, fraud, non-disclosure or non-cooperation of any of the insured

IV. Waiting Period:

General waiting period:

There shall be no general waiting period in case Hospitalization or Surgery is due to Accidental Bodily Injury occurring on or after the Effective Date of Cover of the policy. There shall be a general waiting period during which no benefits shall be payable in the event of Hospitalization or Surgery, if the said Hospitalization or Surgery occurred due to Sickness.

i. The general waiting period shall be 90 (ninety) days from the Effective Date of Cover in respect of each Insured.
ii. If the policy/cover in respect of Insured member(s) is revived after discontinuance of the Cover then the following shall apply in respect of each Insured:
    a. If the request for revival is received by the Corporation within 90 (ninety) days from the due date of the first unpaid premium, then there shall be a general waiting period of 45 (forty five) days from the Date of Revival in respect of each Insured.
    b. If the request for revival is received by the Corporation beyond 90 (ninety) days from the due date of the first unpaid premium, then there shall be a general waiting period of 90 (ninety) days from the Date of Revival in respect of each Insured.

Specific waiting period:

Besides the above, in respect of each Insured, no benefits are available hereunder and no payment will be made by the Corporation for any claim under the Policy on account of Hospitalization or Surgery directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following during the specific waiting period:

i. Treatment for adenoid or tonsillar disorders
ii. Treatment for anal fistula or anal fissure
iii. Treatment for benign enlargement of prostate gland
iv. Treatment for benign uterine disorders like fibroids, uterine prolapse, dysfunctional uterine bleeding etc
v. Treatment for Cataract
vi. Treatment for Gall stones
vii. Treatment for slip disc
viii. Treatment for Piles
ix. Treatment for Benign Thyroid Disorders
x. Treatment for Hernia
xi. Treatment for Hydrocele
xii. Treatment for Degenerative Joint Conditions
xiii. Treatment for Sinus Disorders
xiv. Treatment for Kidney or Urinary Tract Stones
xv. Treatment for Varicose Veins
xvi. Treatment for Carpal Tunnel Syndrome
xvii. Treatment for Benign Breast Disorders e.g. Fibroadenoma, Fibrocystic disease etc
xviii. Treatment for Benign Ovarian disorders
xix. Treatment for Gastric/Duodenal Ulcer
xx. Treatment for Retinal disorders
xxi. Treatment for Knee/Joint Replacement Surgery (other than caused by an accident)
xxii. Treatment for Osteoporosis or Osteoarthritis
xxiii. Treatment for Chronic renal failure or end stage renal failure
xxiv. Treatment for Internal Congenital disease or defects or anomalies

The specific waiting period in respect of the treatments specified in the list above shall be as follows:

i. The specific waiting period shall be 2 (two) years from the Effective Date of Cover in respect of each Insured.
ii. If the policy/cover in respect of Insured member(s) is revived after discontinuance of the

Cover then the following shall apply in respect of each Insured:

a. If the request for revival is received by the Corporation within 90 (ninety) days from the due date of the first unpaid premium, then the specific waiting period shall continue to be till 2 (two) years from the Effective Date of Cover in respect of each Insured.
b. If the request for revival is received by the Corporation beyond 90 (ninety) days from the due date of the first unpaid premium, then there shall be a specific waiting period of 2 (two) years from the Date of Revival in respect of each Insured.

7. <u>EXCLUSIONS</u>:

No benefits are available hereunder and no payment will be made by the Corporation for any claim under the policy on account of hospitalization or surgery directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

(i) Any Pre-existing Condition* unless disclosed to and accepted by the Corporation prior to the Effective Date of Cover or the Date of Revival (if the Policy/cover in respect of Insured member(s) is revived after discontinuance of the Cover).
*Pre-Existing Disease/Condition means any condition, ailment, injury or disease:
a) that is/are diagnosed by a physician within 48 months prior to the effective date of cover or date of revival of policy; or
b) for which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of cover or date of revival of policy.

(ii) Any treatment or Surgery not performed by a Physician/Surgeon or any treatment or Surgery of a purely experimental nature.

(iii) Any experimental or unproven pharmacological regimens or usage of any unproven treatment devices; any conditions (injuries or illnesses) arising due to advocation of any experimental or unproven pharmacological regimens or treatment devices or diagnostic tests.

(iv) Admission, diagnosis, or treatment in a Hospital outside India. Admission into a Hospital for routine examination, preventive medical check-up, vaccinations or any medical examination that are customarily carried out on an Out Patient Basis.

(v) Any Surgery/ Surgical Procedure carried out purely for the purposes of diagnosis, screening and investigation, e.g. lower/upper GI Endoscopy or true- cut needle biopsy unless otherwise specified.

(vi) Admission into a hospital for any cosmetic, plastic surgery, aesthetic or related treatment of any type, also including any complications attributable to such treatments, irrespective of the reason behind such treatment, unless medically necessary for the treatment of illness or as a result of an injury or accident and performed within 6 months of the same.

(vii) Hospitalisation or Surgery for donation of an organ by donor.

(viii) Any dental examination, surgery or treatment except as necessitated due to any accident.

(ix) Convalescence, general debility, rest cure, external congenital disease or defect or anomaly, sterilization or infertility (diagnosis and treatment), any sanatoriums, spa or rest cures or long term care or hospitalization undertaken as a preventive or recuperative measure or for sole purpose of physiotherapy.

(x) Any claim arising out of any condition directly or indirectly due to attempted suicide or intentional self-inflicted injury, by the life insured, whether sane or not at the time.

(xi) Life insured being under the influence of drugs, alcohol, narcotics or psychotropic substance, not prescribed by a Registered Medical Practitioner.

(xii) Removal or correction or replacement of any material/prosthesis/medical devices that was implanted in a former surgery before Effective Date of Cover or Date of Revival (if the Policy/cover in respect of Insured member(s) is revived after discontinuance of the Cover).

(xiii) Any diagnosis or treatment arising from or traceable to pregnancy (This exclusion does not apply in case of ectopic pregnancy), childbirth including caesarean section, medical

termination of pregnancy and/or any treatment related to pre and post natal care of the mother or the new born.

(xiv) Any treatment directly or indirectly arising from or consequent to War (declared or undeclared), invasion, act of foreign enemy, hostilities (declared or undeclared), civil war, riots, civil commotion, rebellion, revolution or any warlike operations / terrorism / acts of terrorism.

(xv) Any claim occurring as a direct or indirect result of Service in the military/ para-military, naval, air forces or police organizations and participation in operations requiring the use of arms or which are ordered by such authorities for combating terrorists, rebels and the like.

(xvi) Any natural peril (including but not limited to avalanche, earthquake, volcanic eruptions or any kind of natural hazard).

(xvii) Any claim in respect of treatment due to conditions arising out of Life Insured engaging in or taking part in professional sport(s) or competitive sports or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping, racing, scuba diving, aerial sports.

(xviii) Any treatment directly or indirectly arising from Exposure of life assured to Radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or Accident arising from such nature.

(xix) Any treatment directly or indirectly arising from or consequent to Participation by the life insured in a criminal or unlawful act.

(xx) Any conditions resulting from failure to seek or follow reasonable medical advice.
"Reasonable Medical Advice" refers to tests or treatments as recommended by a Medical Practitioner that a prudent person would normally undergo.

(xxi) Any claim arising as a direct or indirect consequence of Participation by the life insured in any flying activity other than as a bona fide passenger (whether paying or not), in a licensed aircraft provided that the life insured does not, at that time, have any duty on board such aircraft.

(xxii) Admission into a Hospital for supply or fitting of eyeglasses or hearing aids. LASIK / PRK / Phakik IOL implants or any other procedures carried out for purpose of correcting refractive errors like Myopia.

(xxiii) Admission into a Hospital for diagnosis and Treatment of sterility, any fertility, sub-fertility or assisted conception procedure or birth control/contraceptive measures or of a sexually transmitted / veneral disease.

(xxiv) Admission into a Hospital for a sex change operation.

(xxv) Any stem cell therapies.

(xxvi) Hormone replacement therapy.

(xxvii) Any treatment related to sleep disorder or Sleep Apnoea Syndrome, obesity and any other weight control programmed.

(xxviii) Pre and Post Hospitalization treatment will not be payable.

(xxix) Treatment for any illness or injury where the period of confinement in a hospital is less than twenty four hours (excludes day care procedures and HCB paid out to hemodialysis/ radiotherapy.)

(xxx) General Waiting Period of 90 days/45 days as specified in Para 6.IV above shall be applicable for all the benefits covered under the Policy except in case of Hospitalisation due to an accident or a trauma which occurred after the inception of the policy where this waiting period will not apply.

(xxxi) Specific Waiting Period of 24 months as specified in Para 6.IV above for certain conditions and procedures and any complications arising out of them will apply to all benefits covered under the policy.

8. MODES OF PREMIUM PAYMENT:

Premiums can be paid regularly either in yearly or half yearly installments.

9. PREMIUMS:

Under this plan multiple lives can be covered under one policy.

For each Insured life, the instalment premium shall be based on the age at entry, the Initial Daily Benefit chosen, gender and whether insured life is PI or other than PI. For life other than PI, the premium also depends on the age of the PI.

The tabular premium rates applicable for PI (males/females) will be different from those applicable for other insured lives (males/females). Thus, the level of premium for PI and other insured lives shall be different for same age, same gender and same level of cover.

The instalment premium payable during the cover period in respect of each Insured will be the sum of:

i. Instalment premium for Base plan
ii. Instalment premium for LIC's Accident Benefit Rider (if opted for) – applicable for Original PI and/or Insured Spouse only
iii. Instalment premium for LIC's New Term Assurance Rider (if opted for) – applicable for Original PI and/or Insured Spouse only

The total instalment premium payable in respect of each policy shall be the sum of instalment premiums payable in respect of each insured life covered under the policy

For example, if there are 3 lives covered under a policy- PI (male), Spouse (female) and child (for children premium does not vary with gender). PI has opted for both LIC's New Term Assurance Rider & LIC's Accident Benefit Rider; Spouse has not opted for any rider benefit and the optional riders are not available for child.

Thus,

Instalment premium for PI is = Instalment premium for PI under the Base Plan + Instalment premium for LIC's Accident Benefit Rider + Instalment premium for LIC's New Term Assurance Rider ---------- (A)

Instalment premium for Spouse = Instalment premium for Spouse under the Basic Plan ---------- (B)

Instalment premium for Child = Instalment premium for Child under the Basic Plan ---------- (C)

Therefore, **Total Instalment Premium** to be paid for the policy shall be [(A) + (B) + (C)]

The PI will be the policyholder and responsible for all transactions and correspondence with the Corporation like premium payment, addition/deletion of any members, claim intimation, etc.

10. REVIEW OF PREMIUM:

The premiums rates under the Base plan are guaranteed for a period of 3 years from the Date of Commencement of Policy in respect of each insured life covered under the policy at inception. Based on the experience of the portfolio under this plan, the Corporation reserves the right to revise the premium rates any time after the completion of 3 policy years starting from the Date of Commencement of the Policy, the premium rates for future years will be subject to applicable revised rates. However, such revised rates shall be guaranteed for a further period of at least 3 years.

The installment premium on each review will be based on age at entry i.e. age as on the Date of Commencement of Policy/age at the time of inclusion into the policy, as the case may be. The instalment premium for both the optional riders is, however, guaranteed throughout the term for which cover is provided.

If any additional member is included in the policy after the Date of Commencement of Policy, the premium charged in respect of that member will be guaranteed till the policy anniversary on which the premium rates are revised in respect of Principal Insured and hence may change even before completion of 3 years from his/her joining the policy. Thereafter, the premium rates for Principal Insured and additional members will be revised concurrently (i.e. the period of three years shall reckon from the Date of Commencement of Policy/date from which the premiums are reviewed).

Any such revision in premium rates under a policy, shall be notified to each policy holder at least ninety days prior to the date when such review or modification comes into effect. However, the policyholder shall have the option to discontinue the policy, in case the revised instalment premium is not acceptable.

These revised rates shall be applicable to the new policyholders also.

11. LIST OF ANNEXURES:

Annexure	Description
Annexure 1	**Class 1 Extra Premium chargeable in respect of PI:** • If only one life i.e. PI is covered under the policy: Annexure 1(A) – Class I Extra Premium Rate per Rs 1000/- HCB for PI applicable at New Business/Revival stage • If more than one life is covered under the policy (irrespective of the Other Insured Member being standard or substandard): - Annexure 1(B) Male - Class 1 Extra Premium Rate for Original PI per Rs 1000/- HCB in respect of each additional Insured Major Male member applicable at New Business/Revival stage. - Annexure 1(B) Female - Class 1 Extra Premium Rate for Original PI per Rs 1000/- HCB in respect of each additional Insured Major Female member applicable at New Business /Revival stage - Annexure 1(B) Child - Class 1 Extra Premium Rate for Original PI per Rs 1000/- HCB in respect of each additional Insured Child applicable at New Business/Revival stage **Class 1 Extra Premium chargeable in respect of Other Insured Member/s:** - Annexure 1(C) – Class 1 Extra Premium Rate per Rs 1000/- HCB for Other Insured Major Male member applicable at New Business/Revival stage - Annexure 1(D) – Class 1 Extra Premium Rate per Rs 1000/- HCB for Other Insured Major Female member applicable at New Business/Revival stage. - Annexure 1(E) – Class 1 Extra Premium Rate per Rs 1000/- HCB for Insured Child/Children applicable at New Business/Revival stage.
Annexure 2	Guide to use the Annexures for arriving at Extra Premium amount at New Business Stage/Revival Stage.

Annexure 3	Class I Extra Premium for Rs. 1000 Term Assurance Rider Sum Assured (Applicable at NB Stage)
Annexure 4	Class I Extra Premium for Rs. 1000 Term Assurance Rider Sum Assured (Applicable at Revival Stage)
Annexure 5	Major Surgical Benefit Annexure
Annexure 6	Day Care Procedure Benefit Annexure
Annexure 7	Risk Premium Charges per Day, per Rs. 1000 HCB and equivalent health benefits, to be recovered during Free Look Period after elapsation of Waiting Period

The premium rate for **LIC's Accident Benefit Rider** is as under;

i. Rs. 0.50 per thousand Accident Benefit Sum Assured irrespective of age.
ii. Rs. 1.00 per thousand Accident Benefit Sum Assured, if the Life Assured is engaged in police duty in any police organization other than paramilitary forces and opts for this cover while engaged in police duty.

The above premium rates are exclusive of taxes

12. GRACE PERIOD:

A grace period of 30 days shall be allowed for payment of yearly or half-yearly premiums from the date of first unpaid premium. If premiums have not been paid within the days of grace under the Policy, the Policy will lapse and no benefits will be payable thereafter. The Principal Insured shall have an option to revive the policy at anytime within a period of 5 (five) years from the due date of first unpaid premium subject to conditions in Para 17 below.

13. MODAL LOADINGS & REBATES:

Modal loadings:

Mode	Loading
Yearly	NIL
Half-Yearly	The tabular premium in respect of Half yearly mode will be increased by 1.50%

HCB Rebates:

In respect of a member covered under a policy, if HCB is Rs.4000 or above, then the premium arrived at in respect of that member shall be reduced by an amount (Rs.) given below:

HCB (Rs)	For PI	For each insured member other than PI
4000 & 4500	400	200
5000 & 5500	700	350
6000 & 6500	1000	500
7000 & 7500	1400	700
8000 & 8500	1800	900
9000 & 9500	2300	1150
10000	2800	1400

CIS Rebate:

Proposals completed under Corporation's Insurance Scheme (CIS) with regard to employees of the Corporation and its Subsidiaries/Step Down Subsidiaries/Associates Companies, as per the prevailing policy of the Corporation in this regard shall be eligible for CIS rebate of 10% on

the tabular premium provided policy is not taken through any Agent/ Corporate Agent/ Broker, Insurance Marketing Firms.

Instructions in this regard, as applicable from time to time, shall be issued by Actuarial Department, Central Office

14. COMMISSION PAYABLE TO AGENTS/ CORPORATE AGENTS/ BROKERS, INSURANCE MARKETING FIRMS (IMFS) & DEVELOPMENT OFFICER'S CREDIT:

a) Commission payable to Agents, Corporate Agents, Brokers and Insurance Marketing Firms (IMFs) (as a percentage of premium excluding taxes, if any) during the Premium Paying Term are as under**:**

1st Year	2nd to 10th year	Thereafter
25%	6%	5%

Bonus Commission: 40% of 1st year's commission.

Note: No commission shall be payable on the premiums that are waived during the Cover Period.

b) Development Officer's credit: 100% of First Year premium (net of taxes).

15. LOANS:

No loan shall be granted under this plan.

16. PAID UP VALUE AND SURRENDER VALUE:

The Policy will not acquire any paid-up value and no surrender value will be available under the policy. All the benefits shall cease if the Policy is in lapsed condition.

17. REVIVALS/REINSTATEMENT OF DISCONTINUED POLICIES:

An Insurance Policy would lapse on non-payment of due premium within the days of grace. A Policy in lapsed condition may be revived by the PI within a revival period of 5 consecutive years from the due date of first unpaid premium but before the expiry of cover in respect of PI, as the case may be.

Revival of lapsed policies shall be considered on submission of DGH and/or underwriting requirements as per the underwriting rules prevailing at the time of revival.

There may be a possibility that while premiums are not required to be paid in respect of one or more Insured(s) due to continuation of AHC period, premiums in respect of one or more other Insured(s) become payable, either because AHC benefit is not triggered or AHC period is completed in respect of such Insured(s). Under such circumstances, the revival shall be applicable in respect of all those Insured(s) for whom the premiums are due but not paid within the grace period. The cover in respect of such Insured member(s) may be revived on the request of the PI within a period of 5 consecutive years from the due date of their respective first unpaid premium but before the expiry of cover in respect of PI as well as that of such Insured(s). The Insured member shall be exited from the policy if the cover is not revived within 5 years of the First Unpaid Premium for such a member.

The revival shall be effected on payment of all the arrears of premium(s) as applicable together with interest (compounding half yearly) at such rate as may be fixed by the Corporation from time to time and on satisfaction of Continued Insurability of each such Insured whose cover is to be revived on the basis of information, documents and reports that are already available and any

additional information in this regard if and as may be required in accordance with the Underwriting Policy of the Corporation at the time of revival, being furnished by the Principal Insured/Insured at his/her own expense. Waiting periods and Exclusions as described earlier will apply on revival.

The Corporation, however, reserves the right to accept at original terms, accept with modified terms or decline the revival of a discontinued policy/revival of cover of Insured member(s). The revival of the discontinued policy/revival of cover of Insured member(s) shall take effect only after the same is approved, accepted and the revival receipt is issued by the Corporation.

Revival of Rider(s), if opted for, will only be considered along with the revival of the Base Policy and not in isolation.

No benefit will be paid for an event that occurred during the lapse period till the Date of Revival when the Policy/cover was in a discontinued state.

Further, if the premium reviews date(s) falls within the revival period and revival is effected after the premium review date(s), the premium before and after the review date may be different on account of revision in rates. In such a case, the premium rates as applicable on respective due date shall apply. However, there shall be no change in premium rates if the revival is effected before the premium review date.

The policy will terminate at the end of revival period if the same is not revived.

No revival of policy/cover will be allowed after the expiry of revival period.

Instructions regarding the applicable interest rate shall be issued by Actuarial Department, Central Office.

Further instructions regarding revival shall be issued by CRM(PS) Department, Central Office, from time to time.

18. ALTERATIONS:

No alterations in the Plan (i.e. from this Plan to another Plan) will be allowed.

19. FORFEITURE IN CERTAIN OTHER EVENTS:

In case any condition herein contained or endorsed hereon be contravened or in case it is found that any untrue or incorrect statement is contained in the proposal, personal statement, declaration and connected documents or any material information is withheld, then and in every such case this policy shall be void and all claims to any benefit in virtue hereof shall be subject to the provisions of Section 45 of the Insurance Act, 1938, as amended from time to time.

20. TAXES:

Statutory Taxes, if any, imposed on such insurance plans by the Government of India or any other constitutional Tax Authority of India shall be as per the Tax laws and the rate of tax shall be as applicable from time to time.

The amount of applicable taxes, as per the prevailing rates shall be payable by the policyholder on premiums (for base policy and Rider(s), if any) including extra premiums, which shall be collected separately over and above in addition to the premiums payable by the policyholder. The amount of Tax paid shall not be considered for the calculation of benefits payable under the plan.

The instructions regarding issues related to taxes will be issued separately by Finance & Accounts Department, Central office, separately, as applicable from time to time.

21. UNDERWRITING, AGE PROOF AND MEDICAL REQUIREMENTS:

NB&R Department, Central Office, will issue detailed instructions in this regard.

22. FREE LOOK PERIOD:

If a policyholder is not satisfied with the "Terms and Conditions" of the policy, he/she may return the policy to the Corporation stating the reasons of objections within 15 days from the date of receipt of the policy.

On receipt of the same, the Corporation shall cancel the policy and return the premiums paid to the Policyholder subject to following deductions:

1) Stamp duty on the policy
2) Proportionate Risk Premium (for Base Policy (shall not be applicable during the waiting period) and Rider(s), if opted for) for the period of cover
   In respect of Rider(s) the risk premium shall be as per C.O. Circular Ref: CO/PD/39 dated 31st December, 2013.
3) Any expense borne by the Corporation on medical examination and special reports, if any of the Insured persons.

Since the base policy has a general waiting period of 90 days from the date of policy commencement and does not provide any cover during this period, Morbidity charges shall not be deducted during the waiting period. Such deduction can only be made applicable after the waiting period is over. Therefore, it is important to ensure that there is no delay in issuance of the policy document in respect of this plan so that the provision of deduction of the risk premium is not invoked due to delay by our offices.

Risk Premium Charges per Day, per Rs. 1000 HCB and equivalent health benefits, to be recovered during Free Look Period after elapsation of Waiting Period are mentioned in Annexure 7.

In case the policy is returned during the Free Look Period, Commission shall be recovered from the concerned Agent and the Development Officer's credit allowed shall be withdrawn.

23. BACK DATING INTEREST:

Back dating of policy will not be allowed.

24. POLICY STAMPING:

For Base Plan, policy stamping charges will be at the rate of 20 paise per thousand total Major Surgical Benefit Sum Assured (i.e. sum of Major Surgical Benefit Sum Assured in respect of all the members insured (including PI) at inception.

Any addition of member thereafter shall be by way of endorsement for which stamping shall be done additionally.

For Rider, policy stamping charges will be at the rate of 20 paise per thousand Rider Sum Assured, if opted for.

Any updates in this regard shall be issued by Legal Department, Central Office.

25. ASSIGNMENTS / NOMINATION:

No Assignment will be allowed under this plan.

Nomination by the holder of a policy of life assurance is required as per Section 39 of the Insurance Act, 1938, as amended from time to time. The notice of nomination or change of nomination should be submitted for registration to the office of the Corporation, where the policy is serviced. In registering nomination the Corporation does not accept any responsibility or express any opinion as to its validity or legal effect.

26. NORMAL REQUIREMENTS FOR CLAIM:

The documents required for consideration of various types of claims under the Base Policy are mentioned below:

a. In the event of any Accidental Bodily Injury or Sickness that may give rise to a claim, the Principal Insured/Beneficiary shall immediately and in any event within 30 days from the date of discharge provide the Corporation with written notification of a claim in the forms prescribed by the Corporation and along with the supporting evidences as prescribed by the Corporation. However, delay in intimation of the genuine claim may be condoned by the Corporation, on merit, and where delay is proved to be for the reasons beyond his/her control.
b. Claim form completed by the claimant (by nominee in case of death of claimant) along with NEFT mandate from the Claimant for direct credit of the claim amount to the bank account.
c. Original/attested copy of the following documents. The attestation of the photocopied documents will be accepted if done by the treating Doctor/Hospital or by the TPA or by authorized personnel of the Corporation after verification of the originals:
    1. Discharge card with details of treatment received, diagnosis and investigation done as well as the correct date and time of admission and discharge from hospital
    2. Copy or Summary of surgeon's operation notes where surgical intervention done (in case the claimant has undergone a surgery)
    3. A death summary in case of death of the patient while under treatment
    4. Certificate from Physician: In case of a Hospital Cash Benefit, claim treatment in an Intensive Care Unit needs to be certified by the Physician responsible for such treatment, to the effect that the treatment in the Intensive Care Unit as having been necessary with reasons for the same and the treatment in the Intensive Care Unit having actually occurred and the exact date and time of admission to and discharge from in the Intensive Care Unit along with a confirmation from a physician appointed by the Corporation.
    5. Bills of expenses as proof of expenses during hospitalisation and/or Surgery (including emergency ambulance).
d. Proof of age, if the age is not admitted earlier.
e. Any other document that may be called for in the course of claim evaluation

In addition to the above, any requirement mandated under any statutory provision or as may be required as per law or any instructions issued by Health Insurance / CRM(Claims) Department, Central Office, in this regard shall also be required to be submitted.

27. REINSURANCE:

Our retention limits are as below:

Benefit	Retention Limit
Hospital Cash Benefit	Rs. 500 per day
Intensive Care Unit (ICU)	Rs. 500 per day
Major Surgical Benefit (MSB)	Rs. 50,000 (For 100% category of Surgeries; proportionate for other categories)
Ambulance Benefit	Rs. 500
Day Care Procedure Benefit	Rs. 2,500 Day Care Procedure Benefit.

Other Surgical Benefit	Rs. 1,000 per day.
Medical Management Benefit	Rs. 1,250 per day
Extended Hospitalization Benefit	Rs. 5,000
Health Check-up Benefit	Rs. 250
MSB Restoration benefit	Same as MSB (only first eligible claim)
AHC Benefit	Same as above limits for individual benefits

Risks over and above the above retention limits shall be shared between LIC (i.e. 50%) and Swiss Re (45%) and GIC-Re (5%).

28. ACCOUNTING OF INCOME AND OUTGO:

Instructions regarding the accounting procedure to be followed under the plan shall be issued separately by Finance & Accounts Department, Central office.

29. PROPOSAL FORM:

Proposal Form No. HPF-2 shall be applicable under this plan and the same is enclosed as **Annexure 8**

30. POLICY DOCUMENT AND SALES BROCHURE:

The specimen Policy Document and Sales Brochure will be sent by the Corporate Communications Department, Central Office.

This circular has to be read in conjunction with the Policy Document and Sales Brochure.

31. ADDRESS OF OMBUDSMAN:

At the stage of issuance of policy the address and contact details of the nearest Insurance Ombudsman is to be mentioned in the Policy Document. In case of any change in address by policyholder, the address and contact details of the nearest Insurance Ombudsman from the transferring in branch has to be informed to the policyholder along with confirmation of change in address.

Further, instructions in this regard to be issued by CRM(Claims) Department, Central Office.

Chief-In-Charge (Actuarial)

Encl : Annexure 1 to 8