

**LIFE INSURANCE CORPORATION OF INDIA
CENTRAL OFFICE**

Dept: Actuarial

“Yogakshema”
Jeevan Bima Marg
Mumbai – 400 021

Ref: CO/PD/314

Date: 12.10.2026

To,
All HODs of Central Office
All Zonal Offices
All Divisional Offices
All P&GS Units
All Branch Offices & Satellite Offices
Audit & Inspection Depts, MDC, ZTCs, STCs

Re: INTRODUCTION OF LIC's HEALTH SHIELD (PLAN NO. 907)

1. INTRODUCTION:

It has been decided to introduce **LIC's Health Shield (Plan No. 907)** with effect from 19th October, 2026

The Unique Identification Number (UIN) for **LIC's Health Shield** is **512N369V01**. This UIN has to be quoted in all relevant documents furnished to the Policyholders and other users (public, distribution channels, etc.).

LIC's Health Shield is a Non-Par, Non-Linked, Health, Individual, Pure Risk plan. It is a regular premium health insurance plan which provides fixed benefits in case of Hospitalisation and for various surgical procedures irrespective of actual cost incurred. In addition to these fixed benefits, this plan also provides Auto Health Cover Benefit as mentioned in Para 3.C.a. 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. Similarly all eligible children will have to be covered at inception or none of them will be covered. If the existing spouse and/or all eligible 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. On marriage/remarriage, the spouse can be included in the policy. Similarly, children born/legally adopted after taking the policy can also be covered provided all the eligible surviving children are already covered under the policy. 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 has a default provision for Insured Spouse/eldest of surviving Major Insured to become Principal Insured on exit of original PI from the policy as specified under para 6.I.

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

This plan can be purchased Offline through Agents, Corporate Agents, Brokers and Insurance Marketing Firms (IMF) as well as Online directly through website www.licindia.in.

The benefits and other details of the plan are as follows:

2. **ELIGIBILITY CONDITIONS AND RESTRICTIONS FOR BASE PLAN:**

i. **Minimum age at entry:**

Principal Insured:	18 years (last birthday)
Insured Spouse/ Parents:	18 years (last birthday)
Insured Children:	90 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. **Policy Term:** 15 years

iv. **Cover Period:**

Insured Members	Cover Period
Principal Insured/Insured Parents	15 years
Insured Spouse/ Insured Children	Outstanding policy term, subject to minimum five years.

v. **Premium Paying Term:** 15 years

vi. **Maximum Cover Ceasing Age:**

Principal Insured, Spouse, Parents:	80 years (last birthday)
Insured Children:	35 years (last birthday)

vii. **Initial Daily Benefit :**

Initial Daily Benefit (IDB) in respect of an Insured means the level of benefit chosen by the Principal Insured at the time of commencement of cover of the insured member. The minimum /maximum limit of IDB are as under:

Initial Daily Benefit	Principal Insured (PI)	Insured Spouse (if any), Insured Parents (if any)	Insured Children (if any)
a) Minimum Initial Daily Benefit	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/-**

Note:

- a) **Age at entry** of the Insured is to be taken as the age last birthday (lbd). For age 0 years, age at entry has to be 90 days completed i.e. the period between Date of Birth and Date of Issuance of policy should not be less than 90 days.
- b) **Date of issuance of policy** is a date when a proposal after underwriting is accepted as a policy and the contract gets effected.
- c) **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. on expiry of the Policy Term.
- d) **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.
- 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.

3. BENEFITS UNDER THE BASE PLAN:

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

At the inception of policy/Effective Date of Cover in respect of an Insured, the Applicable Daily Benefit shall be equal to the Initial Daily Benefit chosen by the Principal Insured. Subsequently, the Applicable Daily Benefit shall be increased by way of 'No Claim Benefit' as specified under Para 3.B.I. below.

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

A. Benefit on Hospitalisation:

I. Hospital Cash Benefit (HCB):

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 Hospitalisation to exceed a continuous period of 24 hours, 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** 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 Hospitalisation 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 of Applicable Daily Benefit 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 Hospitalisation in the Intensive Care Unit (ICU) of a Hospital during any period of Hospitalisation 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 inpatient (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 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 days of Hospitalisation (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 days of Hospitalisation (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.

- ii. The total number of days of Hospitalisation 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 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.
- iii. The Hospital Cash Benefit shall not be payable in the event of an Insured undergoing any specified Day Care Procedure (as mentioned in the **Annexure-8**) except for maintenance **hemodialysis and radiotherapy**.
- iv. 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.
- 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.
- vi. The Hospital Cash Benefit shall be payable only if Hospitalisation has occurred within India.

II. Major Surgical Benefit (MSB):

In the event of an Insured, due to medical necessity, undergoing any specified Surgery (as mentioned in the **Annexure-7**) 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, a percentage (as mentioned in the **Annexure-7** 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 times of Applicable Daily 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. 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 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.

- ii. 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 **10 times of the Major Surgical Benefit Sum Assured**. 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.
- iii. 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.
- iv. If more than one Surgery is performed on the Insured during the same surgical session, the Corporation shall pay 100% of the eligible amount 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.
- v. If Major Surgical Benefit is payable, Medical Management Benefit would not be payable for the same event of hospitalisation.
- vi. 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.
- vii. 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.
- viii. All Surgical Procedures claimed should be confirmed as essential and required, by a qualified Physician or Surgeon, to the satisfaction of the Corporation.
- ix. 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.
- x. The Major Surgical Benefit shall be payable only if the Surgery has been performed within India.

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 **Annexure-7**) 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:

The lump sum 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 for one year:

In the event that a Major Surgical Benefit falling under Category 1 or Category 2 (as mentioned in the **Annexure-7**) is payable in respect of any Insured, instalment premiums under Base Policy for one year in respect of all Insured(s), from the date of instalment premium due coinciding with or next following the date of the Surgery will be waived. However, premiums in respect of any riders on the life of PI/Insured Spouse, if opted for, shall not be waived and shall continue to be paid as per respective rider conditions.

In case of multiple MSB claims (in respect of multiple/same Insured), falling under Category 1 or Category 2 (as mentioned in the Annexure-7) 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 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 **Annexure-7**) in that policy year, post exhaustion of Major Surgical Benefit 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 (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 (e.g. CABG, Pancreatolithotomy etc.) than any of the previous Major Surgical Benefit claims in that policy year.

Benefit Limits and Conditions:

- i. 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 Major Surgical Benefit Sum Assured in that Policy year.
- ii. The Major Surgical Benefit Restoration claim shall be payable only up to a **maximum of 10 times during the Cover Period** in respect of each Insured.
- iii. 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.
- iv. 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.
- v. All Surgical Procedures claimed should be confirmed as essential and required, by a qualified Physician or Surgeon, to the satisfaction of the Corporation.
- vi. 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.
- vii. The Major Surgical Benefit Restoration claim shall be payable only if the Surgery has been performed within India.

III. Day Care Procedure Benefit (DCPB):

In the event of an Insured, due to medical necessity, undergoing any specified Day Care Procedure (as mentioned in the **Annexure-8**) 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, **a lump sum amount equal to 5 times of Applicable Daily Benefit**, shall be payable, regardless of the actual costs incurred.

Benefit Limits and Conditions:

- i. In respect of each Insured, the Day Care Procedure Benefit shall be payable only up to a **maximum of 3 Day Care Procedures in any Policy Year** during the Cover Period.
- ii. In respect of each Insured during the Cover Period, the Day Care Procedure Benefit shall be payable only up to a **lifetime maximum limit of 30 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.
- iii. 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.
 - iv. If a Day Care Procedure is performed, no Hospital Cash Benefit shall be paid (except for maintenance **hemodialysis** and **radiotherapy**) even if the Hospitalisation for a day care procedure exceeds 24 hours.
 - v. If Day Care Benefit is payable, Medical Management Benefit would not be payable for the same event of hospitalisation.
 - vi. 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.
 - vii. 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.
 - viii. All Day Care Procedures claimed should be confirmed as essential and required, by a qualified Physician or Surgeon, to the satisfaction of the Corporation.
 - ix. 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.
 - x. The Day Care Procedure Benefit shall be payable only if the Day Care Procedure has been performed within India.

IV. Other Surgical Benefit (OSB):

In the event of an Insured, due to medical necessity, undergoing 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, **a Daily Benefit equal to 2.5 times of 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 Hospitalisation.

Other Surgical Benefit shall be payable only if inpatient Hospitalisation 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. The total number of days of Hospitalisation 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 days in the first Policy Year** from the Effective Date of Cover in respect of that Insured and **45 days for the second and subsequent Policy Years** following the Effective Date of Cover in respect of that Insured.
- ii. The total number of days of Hospitalisation 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 days**. Upon attainment of this lifetime maximum limit, the Other Surgical Benefit in respect of that Insured will cease immediately.
- iii. 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.

- iv. If Other Surgical Benefit is payable, Medical Management Benefit would not be payable for the same event of Hospitalisation.
- 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 Other Surgical Benefit on any one Insured is not transferable to any other Insured.
- vi. 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.
- vii. All Surgical Procedures claimed should be confirmed as essential and required, by a qualified Physician or Surgeon, to the satisfaction of the Corporation.
- viii. 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.
- ix. The Other Surgical Benefit shall be payable only if the Surgical Procedure has been performed within India.

V. Medical Management Benefit (MMB):

In the event of an Insured undergoing inpatient Hospitalisation 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 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. In respect of each Insured, the Medical Management Benefit would be payable **maximum of 2 times in each Policy Year** during the Cover Period
- ii. 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 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.
- iii. 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 Hospitalisation.
- iv. 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.
- v. 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.
- vi. The Medical Management benefit shall be payable only if Hospitalisation and treatment has occurred within India

VI. Extended Hospitalisation Benefit (EHB):

In the event of an Insured undergoing a single period of continuous inpatient Hospitalisation in excess of 30 days, 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, **a lump sum of 10 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, Day Care Procedure Benefit or Medical Management Benefit payable for the same event of inpatient Hospitalisation.

Benefit Limits and Conditions:

- i. In respect of each Insured, the Extended Hospitalisation Benefit would be payable **only once in each Policy Year** during the Cover Period.
- ii. In respect of each Insured during the Cover Period, the Extended Hospitalisation Benefit shall be payable only up to a **lifetime maximum limit of 10 times**. If the Extended Hospitalisation Benefit in respect of an Insured equals this lifetime maximum limit, the Extended Hospitalisation Benefit in respect of that Insured will cease immediately.
- iii. 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 Extended Hospitalisation Benefit of any one Insured is not transferable to any other Insured.
- iv. Extended Hospitalisation Benefit shall be paid as a lump sum, subject to providing proof of inpatient hospitalisation to the satisfaction of the Corporation.
- v. Extended Hospitalisation Benefit shall be payable only if Hospitalisation has occurred within India.

B. Other benefits:

I. No Claim Benefit:

The No Claim Benefit shall be equal to **10%** of the **Initial Daily Benefit** of the respective Insured and shall be subject to the following conditions:

- No Claim Benefit shall be added to the Applicable Daily Benefit at the end of three consecutive claim-free policy years, reckoned from
 - Date of Commencement of the Policy, or
 - Date on which the previous No Claim Benefit was added,whichever is later.
- Upon such addition, the Applicable Daily Benefit shall remain unchanged until the policy completes the next block of three consecutive claim-free policy years.
- There shall be no maximum limit on the total No Claim Benefit that may accumulate over the entire policy period.
- “**Claim-free policy year**” shall be interpreted with reference to the policy as a whole. A policy year shall be considered claim-free only if no claims are made under any of the benefits specified in Para 3.A (i.e. Hospital Cash Benefit, Major Surgical Benefit, Other Surgical Benefit, Day Care Procedure Benefit or Medical Management Benefit) for any Insured under the policy during that policy year.
- No Claim Benefit shall apply irrespective of whether the Auto Health Cover Benefit (as mentioned in Para 3.C.a.) is triggered.
- If any additional insured is included after the Date of Commencement of the Policy, the date of accrual of the No Claim Benefit for such Insured shall coincide with that of the Principal Insured (PI). That is, the No Claim Benefit for an additional Insured shall be added from the policy anniversary on which the No Claim Benefit is added for the Principal Insured.
- 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.
- Thereafter, No Claim Benefit for the Principal Insured and all additional Insureds shall accrue concurrently, regardless of their respective dates of joining the policy.

Examples of how the Applicable Daily Benefit shall be calculated (i.e. increased by way of 'No Claim Benefit') are shown below:

a. If no claim is admitted under the policy from the policy commencement:

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/-.

Policy Year	ADB of PI	ADB of Spouse	ADB of first Child	ADB of second Child
1	3000	-	-	-
2	3000	-	-	-
3	3000	3000	-	-
4	3300	3300	-	-
5	3300	3300	-	-
6	3300	3300	3000	-
7	3600	3600	3300	-
8	3600	3600	3300	-
9	3600	3600	3300	-
10	3900	3900	3600	3000
11	3900	3900	3600	3000
12	3900	3900	3600	3000
13	4200	4200	3900	3300
14	4200	4200	3900	3300
15	4200	4200	3900	3300

In respect of PI:

In policy years 4, 7, 10 and 13, No Claim Benefit of 10% IDB (Rs. 300) is added.

In respect of Spouse:

In policy years 4, 7, 10 and 13, No Claim Benefit of 10% IDB (Rs. 300) 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).

In respect of first child:

In policy years 7, 10 and 13, No Claim Benefit of 10% IDB (Rs. 300) 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).

In respect of second child:

In policy year 13 No Claim Benefit of 10% IDB (Rs. 300) is added.

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

Consider an example where Policy has been taken on the life of Principal Insured (PI) with an Initial Daily Benefit (IDB) of Rs. 4000/-. 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/-.

Policy Year	ADB of PI	ADB of Spouse	ADB of first Child	ADB of second Child
1	4000	-	-	-
2	4000	-	-	-
3	4000	3000	-	-
4	4400	3300	-	-
5	4400	3300	-	-

6	4400	3300	3000	-
7	4400	3300	3000	-
8	4400	3300	3000	-
9	4800	3600	3300	-
10	4800	3600	3300	3000
11	4800	3600	3300	3000
12	5200	3900	3600	3300
13	5200	3900	3600	3300
14	5200	3900	3600	3300
15	5600	4200	3900	3600

In respect of PI:

In policy years 4, 9, 12 and 15, No Claim Benefit of 10% IDB (Rs. 400) 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 policy years thereafter)

In respect of Spouse:

In policy years 4, 9, 12 and 15, No Claim Benefit of 10% IDB (Rs. 300) 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).

In respect of first child:

In policy years 9, 12 and 15, No Claim Benefit of 10% IDB (Rs. 300) is added.

In respect of second child:

In policy year 12 and 15, No Claim Benefit of 10% IDB (Rs. 300) 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).

II. Health Check-up Benefit:

Under an in-force policy, Health Check-up Benefit is payable in respect of each of the Insured after completion of first three policy years from Effective Date of Cover. Thereafter, this benefit is payable once every three years until the end of cover period, provided policy is in-force and three years have been completed from the Date of previous Health Checkup done under the policy.

Under this benefit, an amount equal to the actual expenses incurred but not exceeding One Half of Applicable Daily Benefit shall be payable towards Health Check-up expenses provided he/she undergoes Health Check-up and shares a copy of the medical report and the medical bills.

Benefit Limits and Conditions:

- During the cover period, this benefit shall be first payable after completion of three policy years from Effective Date of Cover in respect of each Insured and thereafter it shall be payable after completion of three years from the Date of previous Health Checkup.
- 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.
- 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 CRM (Claims) Department, Central Office.

C. Death Benefit:

a. On death of Original Principal Insured:

Auto Health Cover (AHC) Benefit:

On death of Original Principal Insured, Auto Health Cover (AHC) Benefit shall be available wherein all the future premiums in respect of all surviving Insured(s) under the Base Policy shall be waived, from the policy anniversary coinciding with or next following the date of death of the Principal Insured. The policy shall continue with new successive PI (as specified in Para 6.I below) along with other surviving Insured(s) covered under the policy.

Conditions applicable for Auto Health Cover Benefit shall be as under:

- i. AHC Benefit shall be available in case of death of Original Principal Insured only.
- ii. The policy should be in-force on the date of death of the Original PI.
- iii. AHC Benefit shall be available 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 such policy anniversary is required to be paid.
- iv. Premiums in respect of any riders on the life of Insured Spouse, 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 shall be based on the Applicable Daily Benefit as applicable in respect of each Insured as on the date of death of Original PI. This Applicable Daily Benefit shall continue to increase by way of 'No Claims Benefit'.
- vi. AHC benefit shall not be available on death of new successive Principal Insured.
- vii. 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.

b. 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.

D. Maturity Benefit:

No maturity benefits shall be payable under the plan.

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

Sl. No.	Benefits	Event	Amount of Benefit	Annual Benefit Limit	Lifetime Maximum Benefit Limit	Additional Benefit(s) payable
1	Hospital 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 Sl. No. 6 below, if applicable.
		Hospitalisation (ICU ward)	Two times of ADB for each day of hospitalization			
2	Major Surgical Benefit (MSB)	Undergoing a Surgical Procedure (as mentioned in Annexure-7) 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	MSB Sum Assured.	10 times of 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: Instalment Premium under the Base Policy for one year will be waived if MSB falling under Category 1 or Category 2 is performed. iv. MSB Restoration: On exhaustion of annual limit 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 Sl. No. 6 below, if applicable.
3	Day Care Procedure Benefit (DCPB)	Undergoing a Day Care Procedure (as mentioned in Annexure-8) 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 Sl. 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 Sl. No. 6 below, if applicable.
5	Medical Management 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	i. HCB based on the length of stay in the hospital. ii. Extended Hospitalisation Benefit as mentioned under Sl. No. 6 below, if applicable.
6	Extended Hospitalisation Benefit (EHB)	Single period hospitalisation in excess of 30 days (Payable in addition to HCB, MSB, OSB, DCPB and MMB)	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 after completion of first three policy years.				

4. **OPTIONAL RIDER BENEFITS:**

The following two rider(s) or amended versions of the riders shall be available under this plan.

i. **LIC's New Term Assurance Rider (UIN 512B210V02):**

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 provided the outstanding term of the policy as well as rider is at least five years and policy is in-force but before the policy anniversary on which the age nearer birthday of Insured is 60 years. The Rider Sum Assured of the insured spouse shall not exceed the Rider Sum Assured of PI.

The Rider Sum Assured under the policy for each eligible insured (PI/Insured Spouse) **shall not exceed the respective Major Surgical Benefit Sum Assured** under Base Policy.

If this benefit is opted for, an amount equal to "Term Rider Sum Assured on Death" 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.

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/227 dated 30th September, 2024.

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)	15 years or Outstanding Term of the Base Policy, 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)	Modal Loading	To arrive at the Rider premium for different modes of Premium payments, the Tabular Rider premium shall be multiplied by 0.98 to arrive at the Annualized Rider Premium and then further multiplied by the Premium Conversion Factor as applicable under the Base Plan for the chosen mode of premium payment.

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 Accident Benefit Rider is available as an optional rider by payment of additional premium and can be opted for on the life of Original PI and/or Insured Spouse only. The Accident Benefit Sum Assured of the insured spouse shall not exceed the Accident Benefit Sum Assured of PI.

Under an in-force policy, LIC's Accident Benefit Rider can be opted for at any time within the cover period of Base Policy, provided the outstanding premium paying term of the Base Policy as well as rider is at least five years but before the policy anniversary on which the age nearer birthday of life assured is 65 years. The benefit cover under this rider shall be during outstanding Premium Payment Term of the Base Policy or (70- Age at entry) years, whichever is lower. The Accident Benefit Sum Assured under the policy for each eligible Insured (PI/Insured Spouse) **shall not exceed the respective Major Surgical Benefit Sum Assured** under Base Policy.

If this rider 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 in force at the time of accident irrespective of whether or not it is in force at the time of death.

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.

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/224 dated 30th September, 2024.

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 under the Base Policy is at least 5 years. However, in any case the maximum age at entry shall not exceed 65 years (nearer birthday).
c)	Rider Term/ Premium Paying Term (PPT)	Outstanding Term of the Base Policy 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 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.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.

Note: The overall limit of Accident Benefit Sum Assured shall be inclusive of Sum Assured under all the Accident Benefit Riders i.e. the LIC's Accidental Death and Disability Benefit Rider, LIC's Accident Benefit Rider, LIC's Group Accident Benefit Rider and LIC's Linked Accidental Death Benefit Rider.

The premiums for an Insured under both the riders put together shall not exceed 30% of premiums under the Base Plan in respect of that Insured.

5. OPTIONS AVAILABLE UNDER THE BASE PLAN:

I. Cover to new additional members:

If the Original 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 provided the

outstanding term of the policy is at least five years from the date of commencement of cover. The Cover Period in respect of such Spouse 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 included in the policy within twelve months from the date of birth/adoption subject to following terms & conditions:

- The outstanding term of the policy shall be at least five years from the date of commencement of cover.
- The Cover Period in respect of such child shall commence from the policy anniversary coinciding with or next following the date of inclusion provided the child completes 90 days on such policy anniversary. If child has not completed 90 days on such policy anniversary, the Cover Period shall commence from the next succeeding policy anniversary.
- Enhanced premiums shall be due from such policy anniversary when the cover commences.
- All the eligible surviving children have already been covered under the policy.

If Original PI is substandard life attracting extra premium and any new additional Insured is included after taking the policy, the Extra premium for Original PI shall stand revised on count of inclusion of additional Insured. The revised extra premium in respect of Original PI shall be calculated as detailed in **Annexure-4**.

Inclusion of each additional Insured shall be subject to receipt of the proof of the event and shall also be subject to Board Approved Underwriting Policy of the Corporation. 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 shall also apply for the new Insured.

Addition of new member in any other case will not be allowed.

Any addition of new members 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 Department, Central Office.

II. Removal of existing Insured(s):

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. Quick Cash facility:

If any of the insured lives undergoes any eligible surgery covered under Category 1 or Category 2 of Major Surgical Benefit (as mentioned in the **Annexure-7**) 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 Hospitalisation 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 Hospitalisation for any Major Surgical Benefit defined in the surgeries listed under categories 1 or 2 and permissible under the policy conditions of the plan. This will be, however, subject to approval from the Corporation and the advance amount will be adjusted from the final settlement of Major Surgical Benefit claim amount.

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

6. OTHER TERMS & CONDITIONS:

I. Default provision for Insured Spouse/Eldest of Surviving Major Insured to become Principal Insured on exit of Original PI from the policy.

On the exit of Original Principal Insured in the event of death or on Original PI exhausting all the lifetime maximum Benefit Limits, the policy shall continue with the surviving Insured Spouse as new successive PI along with other eligible surviving Insured(s). If there is no Insured Spouse under the Policy; or if Insured Spouse has predeceased the Original PI; or if the Insured Spouse has exited from the policy, the policy shall continue with eldest of the surviving major Insured as new successive PI along with other eligible surviving Insured(s). In case of minor lives, on exit of last successive PI, the legal guardian of minor life shall be the beneficiary.

The premium for such new successive PI (if AHC Benefit is not applicable), would be based on tabular premium rates of Principal Insured (Annexure 1(A)) and the age for calculation of revised premium rate will be his/her age at entry. Such change in premium of new successive PI shall be effective from the coinciding or following instalment premium due date. However, the existing level of cover in respect of the new successive PI shall remain unaltered as applicable to him /her. The premium rates for other Insured(s) shall remain same.

II. Commencement and Termination of Benefit Covers:

The Hospital Cash Benefit, Major Surgical Benefit, Day Care Procedure Benefit, Other Surgical Benefit, Medical Management Benefit and Extended Hospitalisation 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 Hospitalisation 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 exhausting 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 Policy.

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. On grounds of misrepresentation, fraud or non-disclosure as per the provisions of Section 45 of Insurance Act, 1938 as amended from time to time.

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 Insured(s) within the revival period as applicable and as specified in Para 17 below;
2. On the earliest of the following in respect of the last surviving Insured:
 - a. on expiry of cover period;

- b. on death;
- c. on exhaustion of all the lifetime maximum Benefit Limits as specified in Para 3.A above;
- 3. On payment of Free Look cancellation amount;
- 4. On grounds of misrepresentation, fraud or non-disclosure as per the provisions of Section 45 of Insurance Act, 1938 as amended from time to time.

IV. Waiting Period:

a. General waiting period:

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

- i. The general waiting period shall be 90 days from the Effective Date of Cover in respect of each Insured.
- ii. If the policy 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 days from the due date of the first unpaid premium, then there shall be a general waiting period of 45 days from the Date of Revival in respect of each Insured.
 - b. If the request for revival is received by the Corporation beyond 90 days from the due date of the first unpaid premium, then there shall be a general waiting period of 90 days from the Date of Revival in respect of each Insured.

b. 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 Hospitalisation 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

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 years from the Effective Date of Cover in respect of each Insured.
- ii. If the policy 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 days from the due date of the first unpaid premium, then the specific waiting period shall continue to be till 2 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 days from the due date of the first unpaid premium, then there shall be a specific waiting period of 2 years from the Date of Revival in respect of each Insured.

7. EXCLUSIONS:

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

- 1) 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 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 36 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 36 months prior to the effective date of cover or date of revival of policy.
- 2) Any treatment or Surgery not performed by a Physician/Surgeon or any treatment or Surgery of a purely experimental nature.
- 3) Any experimental or unproven pharmacological regimens or usage of any unproven treatment devices; any conditions (injuries or illnesses) arising due to advocacy of any experimental or unproven pharmacological regimens or treatment devices or diagnostic tests.
- 4) 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.
- 5) 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.
- 6) 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.
- 7) Hospitalisation or Surgery for donation of an organ by donor.
- 8) Any dental examination, surgery or treatment except as necessitated due to any accident.
- 9) Any Hospitalisation for treatment under Ayurveda, Yoga, Naturopathy, Unani, Siddha and Homeopathy (AYUSH) are excluded unless such treatment is undertaken in an Indian State/Central Government hospital or in any Institute recognized by the Government of India or the Government of any Indian State and involves inpatient care for a minimum of 24 hours.
 - a. Any Hospitalisations for AYUSH treatments for preventive, rejuvenating, or beautification purposes, including massages, steam baths, detoxification programs, and similar procedures are excluded from coverage.
 - b. Any Hospitalisations for treatment in nature cure clinics, health hydros, spas or similar establishments are excluded from coverage

- 10) Any Hospitalisation for Acupressure, acupuncture, magnetic and other therapies.
- 11) 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 Hospitalisation undertaken as a preventive or recuperative measure or for sole purpose of physiotherapy.
- 12) Any Hospitalisation related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
- 13) 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.
- 14) Life insured being under the influence of drugs, alcohol, narcotics or psychotropic substance, not prescribed by a Registered Medical Practitioner.
- 15) 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 is revived after discontinuance of the Cover).
- 16) 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.
- 17) 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.
- 18) 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.
- 19) 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.
- 20) Any treatment directly or indirectly arising from Exposure of Insured to Radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or Accident arising from such nature.
- 21) Any treatment directly or indirectly arising from or consequent to Participation by the life insured in a criminal or unlawful act.
- 22) 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.
- 23) Admission into a Hospital for supply or fitting of eyeglasses or hearing aids. LASIK / PRK / Phakic IOL implants or any other procedures carried out for purpose of correcting refractive errors like Myopia.
- 24) 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 / venereal disease.
- 25) Admission into a Hospital for a sex change operation.
- 26) Any other stem cell therapies except Bone Marrow Transplantation as a receiver.
- 27) Hormone replacement therapy.

- 28) Any treatment related to sleep disorder or Sleep Apnoea Syndrome, obesity and any other weight control programmed.
- 29) Pre and Post Hospitalisation treatment.
- 30) 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.)
- 31) General Waiting Period of 90 days/45 days as specified in Para 6.IV.a above shall be applicable for all the benefits covered under the plan 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.
- 32) Specific Waiting Period of 24 months as specified in Para 6.IV.b above for certain conditions and procedures and any complications arising out of them will apply to all benefits covered under the plan.

8. **MODES OF PREMIUM PAYMENT:**

Premium can be paid regularly with mode of premium payment as yearly or half-yearly.

The Premium Conversion Factors for different modes of Premium Payment are as under:

Mode of Premium Payment	Premium Conversion factor
Yearly	1.0000
Half-yearly	0.5090

For Half-yearly mode of premium payment, the applicable instalment premium shall be arrived at by multiplying the applicable Premium Conversion factor with yearly premium derived.

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 under the policy shall be the sum of instalment premiums payable in respect of each Insured covered under the policy.

For example, if there are 3 lives covered under a policy- PI (male), Spouse (female) and child. 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 Base Plan --- (B)
 Instalment premium for Child = Instalment premium for Child under the Base 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, claim intimation, etc.

The method for calculating Class I extra premium chargeable in respect of the Insured(s) under the policy is as mentioned in **Annexure-4** (Guide to use the Annexures for arriving at Extra Premium amount at New Business Stage/Revival Stage).

For calculating the Class I extra premium at the time of revival in respect of the Insured(s), the age (last birthday) as on the date of revival and the Applicable Daily Benefit as on the date of revival for that Insured shall be considered, instead of IDB.

10. **PREMIUM RATES:**

The premium rates for base plan as well as the optional riders are guaranteed throughout the term for which cover is provided. The Tabular Annual Premium rates applicable for PI/Insured Spouse/ Parents/Children and Rider Premium rates are as mentioned in Para 11 below.

11. **LIST OF ANNEXURES:**

Annexure	Description																																	
Annexure 1	<u>Tabular Annual Premium Rates per Rs 1000/- IDB applicable at NB Stage:</u> Tabular Annual Premium Rates per Rs. 1000 IDB are given separately in Annexures as below. <table><tr><td>Principal Insured (PI)</td><td>Annexure 1(A)</td></tr><tr><td>Other Insured – Male</td><td>Annexure 1(B)</td></tr><tr><td>Other Insured – Female</td><td>Annexure 1(C)</td></tr></table>	Principal Insured (PI)	Annexure 1(A)	Other Insured – Male	Annexure 1(B)	Other Insured – Female	Annexure 1(C)																											
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Annexure 2	<u>Tabular Annual Premium Rates per Rs 1000/- IDB applicable for inclusion of other lives at other than NB Stage:</u> Tabular Annual Premium Rates per Rs. 1000 IDB are given separately in Annexures as below. <table><tr><td>Outstanding Cover Period at the time of inclusion</td><td>Other Insured – Male</td><td>Other Insured – Female</td></tr><tr><td>5</td><td>Annexure 2(A-5)</td><td>Annexure 2(B-5)</td></tr><tr><td>6</td><td>Annexure 2(A-6)</td><td>Annexure 2(B-6)</td></tr><tr><td>7</td><td>Annexure 2(A-7)</td><td>Annexure 2(B-7)</td></tr><tr><td>8</td><td>Annexure 2(A-8)</td><td>Annexure 2(B-8)</td></tr><tr><td>9</td><td>Annexure 2(A-9)</td><td>Annexure 2(B-9)</td></tr><tr><td>10</td><td>Annexure 2(A-10)</td><td>Annexure 2(B-10)</td></tr><tr><td>11</td><td>Annexure 2(A-11)</td><td>Annexure 2(B-11)</td></tr><tr><td>12</td><td>Annexure 2(A-12)</td><td>Annexure 2(B-12)</td></tr><tr><td>13</td><td>Annexure 2(A-13)</td><td>Annexure 2(B-13)</td></tr><tr><td>14</td><td>Annexure 2(A-14)</td><td>Annexure 2(B-14)</td></tr></table>	Outstanding Cover Period at the time of inclusion	Other Insured – Male	Other Insured – Female	5	Annexure 2(A-5)	Annexure 2(B-5)	6	Annexure 2(A-6)	Annexure 2(B-6)	7	Annexure 2(A-7)	Annexure 2(B-7)	8	Annexure 2(A-8)	Annexure 2(B-8)	9	Annexure 2(A-9)	Annexure 2(B-9)	10	Annexure 2(A-10)	Annexure 2(B-10)	11	Annexure 2(A-11)	Annexure 2(B-11)	12	Annexure 2(A-12)	Annexure 2(B-12)	13	Annexure 2(A-13)	Annexure 2(B-13)	14	Annexure 2(A-14)	Annexure 2(B-14)
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Annexure 3	<u>Class I Extra Premium applicable to substandard lives (PI / Other Insured(s)):</u> - Annexure 3(A) – Class I Extra Premium Rate per Rs 1000/- IDB for PI (Male) / Other Insured (Male) applicable at New Business/ Revival stage - Annexure 3(B) – Class I Extra Premium Rate per Rs 1000/- IDB for PI (Female) / Other Insured (Female) applicable at New Business/ Revival stage																																	

	<u>Additional Extra Premium applicable to Original PI where PI is substandard:</u> <u>When Original PI is sub-standard and policy covers any Other Insured(s) irrespective of whether the Other Insured(s) is/are standard or sub-standard.</u> Annexure 3(C) – Class I Extra premium per Rs 100/- Annual Premium for each of the Other Insured(s), if PI (Male/Female) is sub-standard and Other Insured(s) (Male/Female) is/are also covered under the policy. <u>(Note: This additional extra is not applicable if no other Insured(s) is/are covered under the policy)</u>
Annexure 4	Guide to use the Annexures for arriving at Class I Extra Premium at New Business Stage/Revival Stage.
Annexure 5	Tabular Annual Premium rates per Rs 1000/- Term Assurance Rider Sum Assured (Applicable at New Business/ Inclusion at other than NB Stage)
Annexure 6	Annexure 6(A): Class I Extra Premium rates per Rs. 1000 Term Assurance Rider Sum Assured (applicable at New Business Stage/ Inclusion at other than NB Stage) Annexure 6(B): Class I Extra Premium rates per Rs. 1000 Term Assurance Rider Sum Assured (applicable at Revival Stage)
Annexure 7	Major Surgical Benefit Annexure
Annexure 8	Day Care Procedure Benefit Annexure
Annexure 9	Risk Premium Charges per Day, per Rs. 1000 IDB and equivalent health benefits, to be recovered during Free Look Period after elapsation of General 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 applicable taxes, if any.

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. During this period, the policy will be considered as in-force with the risk cover without any interruption as per the terms of the policy. If premiums have not been paid before the expiry of the days of grace under the Policy, the Policy will lapse and no benefits will be payable thereafter.

If any claim occurs within the grace period but before the payment of the premium then due, the benefits shall be paid after deductions of the said unpaid premium.

The above grace period will also apply to Rider premium, if opted, as the Rider premium are to be paid along with premium for Base Policy.

The Principal Insured shall have an option to revive the policy at any time within a period of consecutive complete 5 years from the due date of first unpaid premium subject to conditions in Para 17 below.

13. **REBATES:**

Rebates applicable for the base plan and riders are as under:

a. **Rebates for High Initial Daily Benefit (IDB):**

In respect of an Insured, if IDB is Rs.4000 or above, then the Tabular Annual Premium arrived at in respect of that Insured shall be reduced by an amount (Rs.) given below:

IDB (Rs)	For PI	For each Insured 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

b. Rebate under Corporation's Insurance Scheme (CIS):

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 for Base Plan as well as Rider(s), if opted for, provided the policy is not taken through any Agents, Corporate Agents, Brokers, Insurance Marketing Firms.

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

c. Rebate under Online Sale:

Proposal to be completed under Online Sale shall be eligible for rebate of 10% on the tabular premium for Base Plan as well as Rider(s), if opted for, provided the policy is not taken through any Agents, Corporate Agents, Brokers, Insurance Marketing Firms.

The order in which the above rebate shall be applicable for each insured is as below:

- Only one of the Rebates i.e. either Rebate for Online Sale or Rebate under Corporation's Insurance Scheme (CIS) shall be allowed, if any. Rebate for Online Sale/Rebate under Corporation's Insurance Scheme (CIS) calculated as a percentage of Tabular Annual Premium shall be applied first, if any.
- Thereafter, the High IDB Rebate shall be applied, if any.
- Thereafter, the Premium Conversion factors shall be applicable, if any.

14. COMMISSION PAYABLE TO AGENTS AND OTHER INSURANCE INTERMEDIARIES & CREDIT TO DEVELOPMENT OFFICERS:

a. Offline Sale:

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

<u>1st Year</u>	<u>2nd to 6th Year</u>	<u>7th to 10th Year</u>	<u>Thereafter</u>
20%	7.5%	6.0%	5.0%

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. Online Sale:

Agents / Insurance Intermediary shall not be involved and hence commission payment is not applicable.

Instructions regarding claw back commission from Agents and other Insurance intermediaries shall be issued by Marketing Department, Central office.

- c. **Development Officer's credit (D.O. Credit):**
100% of First Year premium (net of taxes, if any).

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:

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

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. The revival of the discontinued policy shall take effect only after the same is approved, accepted and the revival receipt is issued by the Corporation.

In case of revival of a lapsed policy, Applicable Daily Benefit as on the date of revival shall be considered taking into account any increase by way of "No Claim Benefit" in respect of each Insured(s), if applicable. Such increase shall be as per the terms and conditions mentioned as would be effected under an in-force policy.

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.

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:

Alteration for any change not involving change in Base premium rates and the corresponding benefit structure shall be allowed.

Condition regarding alteration shall be as per the instructions issued by CRM (PS) department, Central Office, from time to time.

19. MIGRATION FROM EARLIER HEALTH PLANS:

This plan shall also be available for children insured under earlier health plans where the option for migration is available after expiry of cover period i.e, LIC's Jeevan Arogya (Plan No 904 UIN: 512N266V02 and 512N266V03) and LIC's Arogya Rakshak (Plan No 906, UIN: 512N318V01) subject to underwriting and terms and conditions of the respective plans.

20. FORFEITURE IN CERTAIN EVENTS:

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 the policy shall be void and all claims to any benefit by virtue thereof shall be subject to the provisions of Section 45 of the Insurance Act, 1938, as amended from time to time.

21. 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.

22. ONLINE SALE OF POLICIES:

Instructions relating to online sale of policies, if any, will be issued by Digital Marketing Department, Central Office.

23. UNDERWRITING, AGE PROOF AND MEDICAL REQUIREMENTS:

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

24. 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 30 days from the date of receipt of the electronic or physical mode of the Policy Document, whichever is earlier.

On receipt of the same, the Corporation shall cancel the policy and refund the premium. The refund of premium shall be subject to following deductions:

- 1) Stamp duty on the policy.
- 2) Any expense borne by the Corporation on medical examination (including special reports, if any) of the Insured persons.
- 3) Proportionate Mortality Risk Premium for Base Policy on the life of Principal Insured for the period of cover as per C.O. Circular Ref: CO/PD/39 dated 31st December, 2013. The rates as per this circular shall be applied to the sum of all premiums payable during the entire policy term in respect of insured members other than Principal Insured covered in the policy.
- 4) The risk premium in respect of Rider(s), if opted for, shall be as per C.O. Circular Ref: CO/PD/39 dated 31st December, 2013 for the period of cover.
- 5) Since the base policy has a general waiting period of 90 days from the date of policy commencement and does not provide any morbidity cover during the waiting period, Morbidity charges shall not be deducted during the waiting period. Such deduction can only be made applicable after the waiting period is over. Morbidity Risk Premium Charges per Day, per Rs. 1000 IDB, to be recovered during Free Look Period after elapsation of Waiting Period are given in **Annexure-9**.

25. BACK DATING INTEREST:

Back dating of policy will not be allowed.

26. 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 Insured(s) at inception.

Any addition of Insured 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.

27. ASSIGNMENTS / NOMINATIONS:

a) Assignments: No Assignment will be allowed under this plan.

b) Nominations: 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.

28. NORMAL REQUIREMENTS FOR CLAIM:

I. Claim under Base Policy:

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 intimate the Corporation, about the happening of the insured event resulting into a claim under the policy at the earliest possible time and in any event 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.
- 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:
 - 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
 - Copy or Summary of surgeon's operation notes where surgical intervention done (in case the claimant has undergone a surgery)
 - A death summary in case of death of the patient while under treatment
 - 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.
 - 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

II. Claim under Rider: In case of claim under Rider, the respective rider circular may be referred to.

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 CRM (Claims) Department, , Central Office, in this regard shall also be required to be submitted.

29. REINSURANCE:

As per the reinsurance arrangement with Gen Re, the retention limit of the Corporation is 50% quota share in excess of surplus retention of Rs 500 per day for Initial Daily Hospital Cash Benefit. All the other benefits will follow the same proportion of retention as applicable for Initial Daily Hospital Cash Benefit.

30. 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.

31. PROPOSAL FORM:

Proposal Form No. HPF-3 as issued by NB&R Department, Central Office shall be applicable under this plan.

32. POLICY DOCUMENT, CUSTOMER INFORMATION SHEET AND SALES BROCHURE:

The specimen Policy Document, Customer Information Sheet 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.

33. 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.

AJAY KUMAR Digitally signed by AJAY
SRIVASTAVA KUMAR SRIVASTAVA
Date: 2026.10.12 16:35:37
+05'30'

Executive Director (Actuarial)

Encl: Annexure 1 to 9

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