

**LIFE INSURANCE CORPORATION OF INDIA
CENTRAL OFFICE**

Dept: Product Development

"Yogakshema"
Jeevan Bima Marg
Mumbai – 400 021

Ref: CO/PD/37

14th November, 2013

To,
All HODs of Central Office
All Zonal Offices
All Divisional Offices
All Branch Offices (through DOs)
MDCs, ZTCs, STCs, NIA and
Audit & Inspection Depts. of Zonal Offices.

Re: INTRODUCTION OF MODIFIED PLAN – 'LIC's JEEVAN AROGYA' - (Plan No. 904)

1. INTRODUCTION:

In view of Guidelines on Standardization in Health Insurance and IRDA (Health Insurance) Regulations, 2013, it has been decided to modify LIC's Jeevan Arogya. The modifications are as under:

- Standard definitions have been incorporated in Policy Document for all standard terms defined in the new guidelines.
- Only yearly and half-yearly modes of premium payment shall be available.
- Children covered under the policy shall be provided the option to take a new policy on renewal of the policy after completion of 18 years of age or at the end of the maximum cover ceasing age (i.e. 25 years) under the current policy.
- Service tax will be separately collected along with the premium.

The new Unique Identification Number (UIN) for LIC's Jeevan Arogya plan is 512N266V02. This number has to be quoted in all relevant documents furnished to the policyholders and other users (public, distribution channels). The modified version of this plan shall be launched from 16th November, 2013.

Kindly note that the Plan Number for this modified LIC's Jeevan Arogya shall be **904**.

The plan features and other term and conditions with the abovementioned modifications are given below.

An individual can take the health cover under this plan for himself / herself. This individual will be addressed as **Principal Insured (PI)** for the purpose of insurance under this plan. The Spouse, Children, Parents and Parents-in-law can also be covered under the same policy.

This is non-linked health plan which provides fixed benefits for hospitalization and almost all types of surgical procedures irrespective of actual cost incurred and the benefit is in addition to any other health insurance cover that insured lives may have, subject to certain terms and conditions.

The benefits offered under the plan are:

- i) Hospital Cash Benefit (HCB)
- ii) Major Surgical Benefit (MSB)

- iii) Day Care Procedure Benefit (DCPB)
- iv) Other Surgical Benefit (OSB)

Two riders viz. Term Assurance Rider and Accident Benefit Rider shall also be available under the plan for PI and Insured Spouse only.

If Spouse of Principal Insured is also proposed to be covered in the policy (initially or at a later date on marriage/ remarriage during the term of the policy), at the time of filling up the proposal form for inclusion of the Spouse, PI and Spouse (if insured) have to exercise an option whether to continue the policy in case of exit of PI from the policy, as per Annexure C enclosed with the proposal form. If option for continuation of policy is exercised, in case of death or expiry of cover of PI, the surviving Insured Spouse will become the Principal Insured and the Policy will continue. In such case, the premium for the Insured Spouse will change from the coinciding or following instalment premium due date and the new premium would be based on tabular premium rates applicable for PIs and the age for calculation of revised premium rate will be the age at entry of the spouse.

Other details of the plan are as follows.

2. PREMIUM:

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

For each insured life, the installment premium shall be based on the age at entry, the Initial Daily Hospital Cash Benefit chosen, gender and whether insured life is PI or other than PI.

The tabular premium rates applicable for PI (males/females) will be different from those applicable for other lives (males/females) as given in **Annexure I**. 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 the Basic Plan
- (ii) Instalment premium for Accident Benefit Rider (if opted for)
- (iii) Instalment premium for Term Assurance Rider (if opted for)

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 Term Assurance Rider & 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 Basic Plan + Instalment premium for Accident Benefit Rider + Instalment premium for 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 this policy shall be [(A) + (B) + (C)]

In respect of each insured life covered under a policy, the installment premium for Basic Plan will be guaranteed for a period of 3 (three) years from the Date of Commencement of the policy. The installment premiums for Basic Plan are reviewable on every third policy anniversary (defined as Automatic Renewal Date in Para 5 a) below) starting from the date of commencement of policy. The premium rates for the basic plan applicable on renewal, i.e. from Automatic Renewal Date, shall be guaranteed for a further period of 3 years i.e. till next Automatic Renewal Date.

If any additional member is included in the policy after the date of commencement, the premium charged in respect of that member will also be guaranteed till the next Automatic Renewal Date and hence may change even before completion of 3 years from his/her joining the policy.

On any Automatic Renewal Date in the future, the installment premium in respect of each insured will be based on the entry age of that Insured (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) and the Corporation's premium rates then prevailing for this product. The Instalment premium for both the optional riders is, however, guaranteed throughout the term for which cover is provided.

The tabular premium rates per annum for PI and Other Insured for standard lives are given in the **Annexure - I**. Also the rates of Class I extra premium per annum are enclosed as **Annexure - II** to this circular.

Kindly note that the maximum age at entry for PI is 65 years. However, tabular premium rates and Class-I extra for PI have been given upto age 79 years to cover the possibilities mentioned in Para 4b) of this circular.

3. ELIGIBILITY CONDITIONS AND FEATURES:

FOR BASIC PLAN

a) Minimum / Maximum Premium Amount	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. The premium in respect of each individual will be payable from the date of entry into the policy till the date of exit from the policy.
b) Minimum entry age	Principal Insured, Insured Spouse, Parents & Parents-in-law - [18] years last birthday Insured Dependent Children - [3] months (completed)
c) Maximum entry age	Principal Insured and Insured Spouse - [65] years last birthday Insured Parents and Parents-in-law - [75] years last birthday Insured Dependent Children - [17] years last birthday
d) Maximum cover ceasing age	Principal Insured, Insured Spouse, Insured Parents & Parents-in-law - [80] years last birthday Insured Dependent Children - [25] years last birthday
e) Date of cover expiry in respect of each Insured covered under the plan	Policy anniversary on which the Insured life attains Maximum cover ceasing age or as per other conditions as specified in Para 5(g).
f) Premium Rate Guarantee	Rates will be guaranteed for first 3 years of the policy i.e. for 3 years from the date of commencement of policy. At the end of every 3 years, i.e. on each

	Automatic Renewal Date (defined in Para 5 a)) the premium rates may change i.e. the policy may be treated as if it is renewed every 3 years. The rates applicable on renewal after every 3 years shall be guaranteed for a further period of 3 years i.e. till next renewal.
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(i) For Hospital Cash Benefit (HCB) (under Basic Plan)

Feature	Principal Insured (PI)	Insured Spouse (if any), Insured Parents & Parents-in-law (if any)	Insured Dependent Children (if any)
a) Minimum Initial Daily Benefit (in a ward other than Intensive Care Unit)	Rs.1,000/-	Rs.1,000/-	Rs.1,000/-
b) Maximum Initial Daily Benefit	Rs.4,000/-	<u>Insured Spouse</u> - Less than or equal to that of PI <u>Insured Parents/ Parents-in-law</u> - 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.
c) Maximum annual benefit period, applicable to each insured	30 days in year 1, 90 days per year thereafter, inclusive of stay in ICU. Maximum number of days in ICU is restricted to 15 days in year 1 and to 45 days thereafter.		
d) Maximum Lifetime Benefit period, applicable to each insured	720 days inclusive of stay in ICU. Maximum number of days in ICU is restricted to 360 days in respect of each Insured.		

Initial Hospital Cash Benefit shall be in multiples of Rs.1000/-.

(ii) For Major Surgical Benefit (MSB) (under Basic Plan)

Feature	Principal Insured (PI)	Insured Spouse (if any), Insured Parents & Parents-in-law (if any)	Insured Dependent Children (if any)
a) Major Surgical Benefit Sum Assured (MSB SA)	100 times of Applicable Daily Benefit (ADB) of PI (as specified in Para 4).	<u>Insured Spouse</u> - 100 times of ADB of Insured Spouse <u>Insured Parents/ Parents-in-law</u> - 100 times of ADB of each parent	100 times of ADB of each child
b) Maximum annual benefit, applicable to each insured	100% of Major Surgical Benefit Sum Assured		
c) Maximum Lifetime Benefit, applicable to each insured	800% of Major Surgical Benefit Sum Assured		

(iii) For Day Care Procedure Benefit (DCPB) (under Basic Plan)

Feature	Principal Insured (PI)	Insured Spouse (if any), Insured Parents & Parents-in-law (if any)	Insured Dependent Children (if any)
a) Lump sum benefit payable	5 times of Applicable Daily Benefit (ADB) (described in Para 4) of PI for each Surgical Procedure	Insured Spouse- 5 times of ADB of Insured Spouse Insured Parents/ Parents-in-law - 5 times of ADB of each parent	5 times of ADB of each child
b) Maximum annual benefit, applicable to each insured	3 Surgical Procedures		
c) Maximum Lifetime Benefit, applicable to each insured	24 Surgical Procedures		

(iv) For Other Surgical Benefit (OSB) (under Basic Plan)

Feature	Principal Insured (PI)	Insured Spouse (if any), Insured Parents & Parents-in-law (if any)	Insured Dependent Children (if any)
a) Daily benefit amount	2 times of ADB of PI	Insured Spouse- 2 times of ADB of Insured Spouse Insured Parents/Parents-in-law- 2 times of ADB of each parent	2 times of ADB of each child
b) Maximum annual benefit, applicable to each insured	15 days in year 1 and 45 days per year thereafter		
c) Maximum Lifetime Benefit, applicable to each insured	360 days		

FOR TERM ASSURANCE RIDER OPTION:

This rider shall be available for PI and Insured Spouse only.

- (a) Minimum Term Assurance Sum Assured: Rs.100,000
- (b) Maximum Term Assurance 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 Hospital Cash Benefit) in respect of the insured, subject to the maximum of Rs.25 lakhs overall limit taking all term assurance riders under all existing policies of the Life Assured and Term Assurance Sum Assured under other proposals into consideration.
The Term Assurance Sum Assured shall be in multiples of Rs. 25,000/-.
- (c) Minimum / Maximum Premium Amount: There is no specific minimum and maximum premium payable. The premium payable will depend on the Term Assurance Sum Assured

The tabular premium rates per annum for Term Rider benefit are given in the Annexure -III. Also the rates of Class I extra premium per annum are given in the Annexure - IV.

- (d) Minimum Entry Age: [18] years (completed)
- (e) Maximum Entry Age: [50] years (Nearest Birthday)
- (f) Maximum Benefit Ceasing Age: [60] years (Nearest Birthday)
- (g) Maximum Term: [35] years

FOR ACCIDENT BENEFIT RIDER OPTION:

This rider shall only be available for PI and Insured Spouse provided Term Assurance Rider has been opted for.

- (a) Minimum Accident Benefit Sum Assured: Rs. 25,000
- (b) Maximum Accident Benefit Sum Assured: An amount equal to the Term Assurance Sum Assured at the time of inception/ inclusion into the policy in respect of the insured, subject to maximum of Rs.50 lakhs overall limit considering the Accident Benefit Sum Assured in respect of all existing policies under individual as well as group policies on the life of the insured including the policies taken from Life Insurance Corporation of India and the Accident Benefit Sum Assured under new proposals into consideration.

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

- (c) Minimum / Maximum Premium Amount: There is no specific minimum and maximum premium payable. The premium payable will depend on the Accident Benefit Sum Assured. For premium rate refer Para 6 (f) below.

- (d) Minimum Entry Age: [18] years completed
- (e) Maximum Entry Age: [50] years (Nearest Birthday)
- (f) Maximum age for cover: [60] years (Nearest Birthday)
- (g) Maximum Term: [35] years

4. BENEFITS:

Death Benefit under the basic plan: No death benefits will be payable on the death of any Insured unless Term Assurance Rider Benefit mentioned in Para 6 g) below, along with or without Accident Benefit Rider mentioned in Para 6 f), has been opted for.

On death of the Principal Insured (PI);

- a) The surviving Insured Spouse will become the Principal Insured provided the option is exercised at the beginning of the contract (i.e. initially or whenever the spouse is included for cover in the policy after marriage/ remarriage) and the Policy will continue. In such case, the premium for the Insured Spouse will change from the date coinciding with or following installment premium due date and the new premium would be based on tabular premium rates applicable for PIs and the age for calculation of revised premium rate will be the age at entry of the spouse. If the option is not exercised at the beginning of the contract, the Insured Spouse will not become PI and the policy will terminate.

- b) If the Insured Spouse had predeceased the Principal Insured, or had not given the option to continue the policy as new PI on death of PI, then the other Insured will have the option to take a new policy and the existing Policy will terminate. In respect of these other Insured:
- i. The new policy will be issued without any underwriting if the new policy is bought within 90 days of the termination of the existing Policy. However, the cover available under new policy shall not exceed the amount of cover under the existing policy.
 - ii. The maximum entry age condition for the basic plan will not apply for the new policy.
 - iii. The outstanding Waiting periods and outstanding period of any Exclusion will however apply under the new policy.
 - iv. Other terms and conditions including premium rates will be as applicable for the new policy.

In the event of death of an Insured person other than the Principal Insured, the policy will continue after removal of the Insured and change in premium will apply from the installment premium due date coinciding with or next following the date of intimation of death of the Insured.

Maturity Benefit: No benefits are payable at end of the Cover Period.

Benefit payable on hospitalization:

If PI or any of the Insured lives covered under the policy is hospitalized due to Accidental Bodily Injury or Sickness and the stay in hospital exceeds a continuous period of 24 hours, then for any continuous period of 24 hours or part thereof, provided any such part stay exceeds a continuous period of 4 hours (after having completed the 24 hours as above) in a non-ICU ward/room of a hospital, an amount equal to the Applicable Daily Benefit (ADB), available under the policy during that policy year, shall be payable subject to terms and conditions mentioned in Para 5 (c) & 5 i) and exclusions mentioned in Para 7.

During the first year of cover commencement in respect of each insured, the **Applicable Daily Benefit (ADB)** shall be the Initial Daily Benefit amount (i.e. the level of HCB chosen by the insured) mentioned in the policy Schedule.

The amount of Applicable Daily Benefit (ADB) for each policy year, after the first policy year, shall consist of 2 parts:

- An arithmetic addition of an amount equal to 5% (five percent) of the Initial Daily Benefit to the Applicable Daily Benefit of the previous Policy Year. Such increase in the Applicable Daily Benefit shall be effected on each Policy anniversary during the Cover Period and shall continue until it 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.
- Further arithmetic addition of an amount equal to "No Claim Benefit" (as defined below under the heading "No Claim Benefit") provided the policy attracts and is eligible for it. There shall be no maximum limit for such increase which means that if this policy is eligible for "No Claim Benefit", the same shall be granted throughout the Cover Period without any maximum limit.

Consider an example where Initial Daily Benefit is Rs.1000 in respect of each insured life (say, PI and spouse) under a policy. There is no claim admitted under the policy during first 12 years from the policy commencement except in the 5th year when a claim is admitted in respect of spouse. In this case, year-wise Applicable Daily Benefit for each insured shall be as follows:

Year	1	2	3	4	5	6	7	8	9	10	11	12
ADB	1000	1050	1100	1200*	1250	1300	1350**	1400	1450	1550*	1600***	1600

* In years 4 and 10 'No Claim Benefit' is added.

** In year 7 'No Claim Benefit' is not added as a claim occurred in the 5th year.

*** After 11th year, ADB shall not increase as it has attained the maximum level (1.5 times of Initial Daily Benefit). However the ADB shall increase due to 'No Claim Benefit' as and when the policy shall be eligible for.

For members included subsequently under the policy, the benefit in the first year shall be equal to Initial Daily Benefit amount and thereafter the Applicable Daily Benefit shall increase as above.

If the member insured is required to stay in an Intensive Care Unit of a hospital, two times the Applicable Daily Benefit, for any continuous period of 24 hours or part thereof, provided any part stay exceeds a continuous period of 4 hours (after having completed the 24 hours as above), will be payable subject to terms and conditions mentioned in Para 5 (c) & 5 (i) and exclusions mentioned in Para 7.

The Applicable ICU Daily Benefit amount shall be twice the Applicable Daily Benefit amount.

No benefit will be payable for the first 24 hours of hospitalisation. However, for every Hospitalization that extends for a continuous period of 7 days or more, the Daily Hospital Cash Benefit would also be paid for first 24 hours (day one) of hospitalization, regardless of whether the Insured was admitted in a general or special ward or in an intensive care unit. It may be noted that hospitalization for 6 days and 4 hours or more will be considered as 7 days.

Major Surgical Benefit:

In the event of an Insured under this plan, due to medical necessity, undergoing one of the surgeries defined in **Major Surgical Benefit Annexure**, within the cover period in a Hospital due to Accidental Bodily Injury or Sickness, the respective benefit percentage of the Major Surgical Benefit Sum Assured, as specified against each of the eligible surgeries mentioned in Major Surgical Benefit Annexure, shall be paid subject to terms and conditions mentioned in Para 5 (d) & 5 (i) and exclusions mentioned in Para 7.

Ambulance 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 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.

Premium Waiver Benefit: Further, 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 that Policy from the date of installment premium due coinciding with or next following the date of the Surgery will be waived.

Day Care Procedure Benefit:

In the event of an Insured under this Plan undergoing any specified Day Care Procedure mentioned in the **Day Care Procedure Benefit Annexure** due to medical necessity, an

amount equal to 5 (five) times the Applicable Daily Benefit shall be paid, regardless of the actual costs incurred, subject to terms and conditions mentioned in Para 5 e) & 5 i) and exclusions mentioned in Para 7.

Other Surgical Benefit:

In the event of an Insured under this Plan, due to medical necessity, undergoing any Surgery not listed under Major Surgical Benefit or Day Care Procedure Benefit, and the stay in hospital exceeds a continuous period of 24 hours, a Daily Benefit equal to 2 (two) times the Applicable Daily Benefit shall be paid for each continuous period of 24 hours or part thereof provided any such part stay exceeds a continuous period of 4 hours of Hospitalization, subject to terms and conditions mentioned in Para 5 f) & 5 i) and exclusions mentioned in Para 7.

Other Surgical Benefit shall be payable from day one of hospitalization but the minimum stay in hospital should be atleast 24 hours.

No claim benefit:

A no claim benefit will be paid in the event that during the period between Date of Commencement of policy and next Automatic Renewal Date or between two Automatic Renewal Dates (described in Para 5 a) below) there are no claims in respect of any Insured. The amount of the no claim benefit would be equal to 5% (five percent) of the Initial Daily Benefit in respect of each Insured and the resulting amount shall be added to arrive at the Applicable Daily Benefit in respect of each Insured for the Policy Year next following the most recent Automatic Renewal Date.

5. OTHER TERMS AND CONDITIONS:

a) **Automatic Renewal Date:**

The installment premium will be guaranteed in respect of each Insured for a period of 3 (three) years from the Date of Commencement of the policy, i.e. for the first 3 years of the policy. Thereafter, at the end of every third policy anniversary, the premiums may be reviewed to take into account the Corporation's experience, subject to prior approval from IRDA. These premium due dates, at the end of every third policy anniversary, starting from the date of commencement of policy till the date of cover expiry, on which the installment premiums are reviewable, will be referred as Automatic Renewal Dates in respect of all Insured in the Policy.

The premium rates applicable on Automatic Renewal Date after every 3 years shall be guaranteed for a further period of 3 years i.e. till next Automatic Renewal Date.

On any Automatic Renewal Date in the future, the installment premium will be based on the Insured's age at entry into the policy 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 and the Corporation's premium rates then prevailing for this product.

b) **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 installment 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 installment premium due date.

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

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c) **Hospital Cash Benefit:**

In the event of Accidental Bodily Injury or Sickness first occurring or manifesting itself after the date of commencement of cover in respect of that Insured and during the Cover Period and causing an Insured's Hospitalization to exceed a continuous period of 24 hours within the Cover Period, then, subject to the terms and conditions, waiting period and exclusions of the Policy, the Daily Benefit is payable by the Corporation as follows, regardless of the actual costs incurred:

- **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, for each continuous period of 24 hours or any part thereof (after having completed the 24 hours as above) 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.
- **In case of Hospitalisation in the Intensive Care Unit of a Hospital:**
Two times the Applicable Daily Benefit reckoned under Para 4 above for each continuous period of 24 hours or part thereof (after having completed the 24 hours as above) 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.
- **Combined stay in Non-ICU and ICU ward/room:**
During one period of 24 continuous hours (i.e. one day) of Hospitalisation (after having completed the 24 hours as above), 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.
- **No benefit will be payable for the first 24 hours of hospitalisation. However, for every Hospitalization that extends for a continuous period of 7 days or more, the Hospital Cash Benefit would also be paid for the first 24 hours (day one) of hospitalization, regardless of whether the Insured was admitted in a general or special ward or in an intensive care unit.**
- The amount of Daily Benefit due to Hospitalization as specified in the Policy Schedule would be the **Initial Daily Benefit** amount. In the first Policy Year the **Initial Daily Benefit** would be the **Applicable Daily Benefit** amount which will be payable per day of each eligible hospitalized day.
- For each Policy Year commencing at a Policy anniversary on or after the first anniversary, the Applicable Daily Benefit of the previous Policy Year shall be increased by arithmetic addition of an amount equal to 5% (five percent) of the Initial Daily Benefit. This shall be further enhanced if the policy attracts and is eligible for "No Claim Benefit" (as defined in Para 4). And the resulting amount shall be the Applicable Daily Benefit for that Policy Year.

Thus, the Applicable Daily Benefit for each policy year, after the first policy year, shall consist of 2 parts:

- An arithmetic addition of an amount equal to 5% (five percent) of the Initial Daily Benefit to the Applicable Daily Benefit of the previous Policy Year. Such increase in the Applicable Daily Benefit shall be effected on each Policy anniversary during the Cover Period and shall continue until it 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.
 - Further arithmetic addition of an amount equal to "No Claim Benefit" provided the policy attracts and is eligible for it. There shall be no maximum limit for such increase which means that if this policy is eligible for "No Claim Benefit", the same shall be granted throughout the Cover Period without any maximum limit.
- The amount of Daily Benefit in case of admission to the Intensive Care Unit shall be two times the Applicable Daily Benefit.
 - For any new member added during the term of the policy, first policy year for that new member for the purpose of this benefit shall start from the policy anniversary on which the cover starts.
 - A no claim benefit is payable in the event that during the period between two Automatic Renewal Dates there are no claims in respect of any Insured. The amount of the no claim benefit would be equal to 5% (five percent) of the Initial Daily Benefit in respect of each Insured and the resulting amount shall be added for arriving at the amount of Applicable Daily Benefit in respect of each Insured for that Policy Year. Such increase in the Applicable Daily Benefit shall be effective from the next following Automatic Renewal Date.

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 out of which not more than 15 (fifteen) days shall be in an Intensive Care Unit in the first Policy Year following the date of commencement of cover in respect of that Insured
 - b. A maximum of 90 (ninety) days of Hospitalization out of which not more than 45 (forty five) days shall be in an Intensive Care Unit in the second and subsequent Policy Years following the date of commencement of cover in respect of that Insured.
- 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 720 (seven hundred and twenty) days out of which not more than 360 (three hundred and sixty) days shall be in an Intensive Care Unit. 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 this 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

under this Policy undergoing any specified Day Care Procedure (as mentioned in the **Day Care Procedure Benefit Annexure**).

d) **Major Surgical Benefit:**

In the event of an Insured under this Policy undergoing any specified Surgery (as mentioned in the **Major Surgical Benefit Annexure**) in a Hospital due to Accidental Bodily Injury or Sickness first occurring or manifesting itself after the date of commencement of cover in respect of that Insured and during the Cover Period then, subject to the terms and conditions, waiting period and exclusions of this Policy, 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 by the Corporation, regardless of the actual costs incurred.

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 and emergency transportation costs by an ambulance have been incurred, an additional lump sum of 1,000 will be payable in lieu of ambulance expenses.

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 that Policy from the date of installment premium due coinciding with or next following the date of the Surgery will be waived.

Benefit Limits and Conditions:

- i. If more than one Surgery 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 that Surgery performed in respect of which the largest amount shall become payable.
- 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 Policy has been performed.
- v. The Major Surgical Benefit shall be payable only if the Surgery has been performed within India.
- vi. The amount in lieu of ambulance expenses shall be payable only once in respect of each Insured in any Policy Year and is subject to providing satisfactory evidence to the Corporation.
- vii. 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.
- viii. 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 800% 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.
- ix. The Benefit Limits specified in the above clauses in respect of an Insured under this 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.

- x. The Major Surgical benefit for any surgery cannot be claimed and shall not be payable more than once for the same surgery during the term of the policy.

e) **Day Care Procedure Benefit:**

In the event of an Insured under this Policy undergoing any specified Day Care Procedure (as mentioned in the **Day Care Procedure Benefit Annexure**) in a Hospital or Day Care Center due to Accidental Bodily Injury or Sickness first occurring or manifesting itself after the date of commencement of cover in respect of that Insured and during the Cover Period then, subject to the terms and conditions, waiting period and exclusions of this Policy, an amount equal to 5 (five) times the Applicable Daily Benefit, shall be payable by the Corporation, 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 Surgical Procedure.
- ii. The Day Care Procedure Benefit shall be paid as a lump sum 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 Day Care Procedure Benefit will be payable only after the Corporation is satisfied on the basis of medical evidence that the specified Surgical Procedure covered under the policy has been performed.
- v. The Day Care Procedure Benefit shall be payable only if the Surgical 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) Surgical 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 maximum of 24 (twenty four) Surgical Procedures. If the number of Surgical 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 this 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 Benefit is performed no Hospital Cash Benefit shall be paid.

f) **Other Surgical Benefit:**

In the event of an Insured under this Policy 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 after the date of commencement of cover in respect of that Insured and during the Cover Period then, subject to the terms and conditions, waiting period and exclusions of this Policy, a Daily Benefit equal to 2 (two) times the Applicable Daily Benefit, shall be payable by the Corporation, 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.

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Other Surgical Benefit shall be payable from day one of hospitalization but the minimum stay in hospital should be atleast 24 hours.

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 policy 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 following the Date of Cover Commencement in respect of that Insured and 45 (forty five) days for the second and subsequent Policy Years following the Date of Cover Commencement 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 maximum limit of 360 (three hundred and sixty) 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 this 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.

g) Commencement And Termination Of Benefit Covers:

The Hospital Cash Benefit, Major Surgical Benefit, Day Care Procedure Benefit and Other Surgical Benefit cover in respect of each Insured shall commence on the Date of Cover Commencement individually stated in the Policy Schedule.

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

- i. The Date of Cover Expiry mentioned in the Policy Schedule;
- ii. On attaining the lifetime maximum Benefit Limits as specified above;
- iii. On death or Date of Cover Expiry of the Principal Insured and if the Policy does not continue with the Insured Spouse as the Principal Insured;
- iv. On death or Date of Cover Expiry of Insured Spouse after the Policy continues with the Insured Spouse as the Principal Insured after the PI dies or reaches his/her Date of Cover Expiry.
- v. On death of the Insured;
- vi. In respect of the Insured Spouse, on divorce or legal separation from the Principal Insured;
- vii. On termination of the Policy due to non-payment of premium or any other reason.

h) **Termination Of Policy:**

A) **If policy is issued on single life:**

The policy shall terminate at the earliest of the following:

- i) Non-payment of premiums within the revival period described in Para 8;
- ii) On death;
- iii) On the Date of Cover Expiry mentioned in the Policy Schedule;
- iv) On exhausting all the lifetime maximum Benefit Limits as specified above.

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

The policy shall terminate at the earliest of the following:

- i) Non-payment of premiums within the revival period;
- ii) On PI exhausting all the lifetime maximum Benefit Limits as specified above.
- iii) On death or Date of Cover Expiry, of the Principal Insured and if the Policy does not continue with the Insured Spouse as the Principal Insured.
- iv) On the death or Date of Cover Expiry, of Insured Spouse after the Policy continues with the Insured Spouse as the Principal Insured after the PI dies or reaches his/her Date of Cover Expiry.

i) **Waiting Period:**

General waiting period:

There shall be no general waiting period in case Hospitalization or Surgery is due to Accidental Bodily Injury. 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 Date of Cover Commencement 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 (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:

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

- i. The specific waiting period shall be 2 (two) years from the Date of Cover Commencement 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 (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 Date of Cover Commencement 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.

In respect of each Insured, no benefits are available hereunder and no payment will be made by the Corporation for any claim under this 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

6. OPTIONS AVAILABLE UNDER THE PLAN:

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

(b) **Insured Spouse to become Principal Insured:** In case of death or expiry of cover of Principal Insured, the surviving Insured Spouse shall become the Principal Insured provided the option is exercised at the time of filling up the proposal form for inclusion of the Spouse and the policy will continue. In such case, the premium for the Insured Spouse will change from the coinciding or following installment premium due date and the new premium would be based on tabular premium rates applicable for Principal Insureds and the age for calculation of revised premium rate will be the age at entry of the spouse. However, the original cover of the insured spouse shall remain unaltered.

(c) **Cover to new additional members:** If the PI gets married/ remarried during the term of the policy, the spouse and parents-in-law can be included in the policy within six 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 next immediate policy anniversary date following the date on which the child completes the age of 3 months. If the age of legally adopted child on the date of adoption is more than 3 months, the child can be covered from policy anniversary coinciding with or next following the date of adoption. Enhanced premiums shall be due from such policy anniversary.

Inclusion of each additional member will be subject to receipt of the proof of the event and fulfillment of underwriting conditions. The eligibility conditions, as mentioned in Para 3, waiting period as mentioned in Para 5 i) and exclusions mentioned in Para 7 will apply for the new Insured.

Addition in any other case will not be allowed. The existing spouse, parents, parents-in-law and children, if not covered at the time of taking policy, shall not be covered under the 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. The same condition will apply for parents-in-law also and even at the proposal stage, if applicable.

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

(d) **Option to migrate:** Children covered under this plan shall have the option to take a suitable new health insurance policy (subject to underwriting) at the end of the specified exit age or at the renewal of the policy after completion of 18 years of age.

- i) The new policy should be purchased within 90 days of the termination of child's membership 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.

(e) **Quick Cash facility:** If any of the insured lives undergoes any eligible surgery covered under Category I or II of MSB in any of the listed network hospitals, the PI will have an option to avail Quick Cash facility. Under this facility, 50% of eligible MSB 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 MSB defined in the surgeries listed under categories I & II and permissible under the policy conditions of the plan. This will be, however, subject to approval from the TPA (Third Party Administrator), and the advance amount will be adjusted from the final settlement of MSB 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.

(f) **Accident Benefit Rider:** For PI and Insured Spouse, Accident Benefit Rider will be available under the plan by payment of additional premium of Rs.0.50 for every Rs.1,000/- of the Accident Benefit Sum Assured per policy year in respect of each life to be covered. In case of accidental death, the Accident Benefit Sum Assured will be payable as lump sum along with the Term Assurance Sum Assured.

The maximum aggregate limit of assurance under all policies of the Corporation and that of all insurers under individual as well as group policies on the same life to which the benefits apply shall not exceed Rs.50 lakh.

The additional premium for this benefit will not be required to be paid on and after the Policy anniversary on which the age nearer birthday of the Insured is 60 years.

- (g) **Term Assurance Rider:** For PI and Insured Spouse, Term Assurance as optional rider will be available under this plan. The premiums for this option are payable along with premium under the basic plan and an amount equal to Term Assurance Sum Assured will be payable on death during the term for which Term Assurance Rider is opted for. The maximum cover for this rider will be Rs.25 lakhs under all policies of the life assured with the Corporation taken together.

7. EXCLUSIONS:

No benefits are available hereunder and no payment will be made by the Corporation for any claim under this 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 Date of Cover Commencement or the Date of Revival (if the Policy is revived after discontinuance of the Cover).
- ii. Any treatment or Surgery not performed by a Physician/Surgeon or any treatment including Surgery of a purely experimental nature.
- iii. Any routine or prescribed medical check up or examination.
- iv. Medical Expenses relating to any treatment primarily for diagnostic, X-ray or laboratory examinations.
- v. Any Sickness that has been classified as an Epidemic by the Central or State Government.
- vi. Circumcision, cosmetic or aesthetic treatments of any description change of gender surgery, plastic surgery (unless such plastic surgery is necessary for the treatment of illness or accidental Bodily Injury as a direct result of the insured event and performed within 6 months of the same).
- vii. Hospitalisation expenses or Surgery for donation of an organ by donor.
- viii. Treatment for correction of birth defects or congenital anomalies.
- ix. Dental treatment or surgery of any kind unless necessitated by Accidental Bodily Injury.
- x. Convalescence, general debility, nervous or other breakdown, rest cure, congenital diseases or defect or anomaly, sterilisation or infertility (diagnosis and treatment), any sanatoriums, spa or rest cures or long term care or hospitalization undertaken as a preventive or recuperative measure.
- xi. Self afflicted injuries or conditions (attempted suicide), and/or the use or misuse of any drugs or alcohol and complications arising from it.
- xii. Any sexually transmitted diseases or any condition directly or indirectly caused to or associated with Human Immuno Deficiency (HIV) Virus or any Syndrome or condition of a similar kind commonly referred to as AIDS.
- xiii. Removal or correction or replacement of any material/prosthesis/medical devices that was implanted in a former surgery before Date of Cover commencement or Date of Revival (if the Policy is revived after discontinuance of the Cover).
- xiv. Any diagnosis or treatment or surgery arising from or traceable to pregnancy (whether uterine or extra uterine), 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.

- xv. Hospitalisation for the sole purpose of physiotherapy or any ailment for which hospitalization is not warranted due to advancement in medical technology.
- xvi. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection military or usurped power of civil commotion or loot or pillage in connection herewith.
- xvii. Naval or military operations(including duties of peace time) of the armed forces or air force and participation in operations requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels and the like.
- xviii. Any natural peril (including but not limited to avalanche, earthquake, volcanic eruptions or any kind of natural hazard).
- xix. Participation in any hazardous activity or sports including but not limited to racing, scuba diving, aerial sports, bungee jumping and mountaineering or in any criminal or illegal activities.
- xx. To any loss, damage or expense due to or arising out of, directly or indirectly, nuclear reaction, radiation or radioactive contamination regardless of how it was caused.
- xxi. Hospitalisation expenses related to Non-allopathic methods of treatment or surgery.
- xxii. Participation in any criminal or illegal activities.
- xxiii. Treatment arising from the Insured's failure to act on proper medical advice

8. DISCONTINUANCE OF PREMIUMS:

If premiums have not been paid within the days of grace (as specified in Para 17) 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 2 (two) years from the due date of first unpaid premium subject to conditions in Para 9 below.

9. REVIVALS/REINSTATEMENT OF DISCONTINUED POLICIES:

The Policy can be revived by the Principal Insured anytime during a period of 2 (two) years from the due date of first unpaid premium called the "period of revival" or "revival period".

The revival will be subject to payment of outstanding premiums with interest (compounding half-yearly) at such rate as may be prevailing at the time of payment, underwriting and may be on terms different from those offered earlier. Waiting periods and Exclusions as described earlier will apply on revival. The Principal Insured may need to provide satisfactory evidence of good health in respect of each Insured as required by the Corporation, at his own expense. The Date of Revival will be when all requirements for revival/reinstatement are met. The Corporation however, reserves the right to accept at original terms, accept with modified terms or decline the revival of a discontinued policy.

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

Further, if the Automatic Renewal Date falls during the period of lapse (the revival period) and revival is done after the Automatic Renewal Date, the premium before and after the Automatic Renewal Date may be different.

Revival/reinstatement will not be allowed post the revival period.

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10. SURRENDER:

No surrender value will be available under the policy.

11. MODES OF PREMIUM PAYMENT:

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

12. REBATES:

Mode Rebates:

Rebates (for basic plan) are available at the following rates:

Yearly mode : 2% of Tabular Premium
Half-yearly mode : 1% of the tabular premium

HCB Rebates:

In respect of a member covered under a policy, if HCB is more than Rs.1000, then the premium arrived at in respect of that member shall be reduced by an amount (Rs.) given below:

<u>HCB (Rs.)</u>	<u>For PI</u>	<u>For each insured member other than PI</u>
2000	500	250
3000	1000	500
4000	1500	750

CEIS Rebate:

The rebate for eligible employees of the Corporation shall be 10% of the tabular premium provided the proposal is submitted directly and not through any Agent/ Corporate Agent/ Broker.

13. COMMISSION PAYABLE TO AGENTS/ CORPORATE AGENTS/ BROKERS & DEVELOPMENT OFFICER'S CREDIT:

Agents & Corporate Agents:

<u>1st Year</u>	<u>2nd & 3rd year</u>	<u>Subsequent Years</u>
25.0%	7.5%	5.0%

Bonus Commission: 40% of 1st year's commission is payable in the first year.

Brokers

<u>1st Year</u>	<u>Subsequent Years</u>
30%	5%

Development Officer's credit: 100% of FY premium

14. LOANS:

No loan shall be granted under this plan.

15. SERVICE TAX:

Service tax, if any, shall be as per the Service Tax laws and the rate of service tax as applicable from time to time.

Under this plan, the amount of service tax as per the prevailing rates shall be payable by the policyholder on premium including extra premium, if any.

The instructions regarding issues related to service tax will be issued by Finance & Accounts Department, Central Office, separately.

16. UNDERWRITING:

Instructions will be issued separately by Underwriting and Reinsurance Department.

17. DAYS OF GRACE:

A grace period of one calendar month but not less than 30 days will be allowed for payment of premiums. If the due premiums are not paid within the days of grace the policy will lapse. The provisions of Para 8 (i.e. Discontinuance of Premiums) of this circular shall be applicable in that case.

18. COOLING-OFF PERIOD:

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

The refund of premium to the policyholder subject to following deductions:

1. Stamp duty on policy;
2. Actual cost of medical examination and special reports, if any;
3. If Term Rider has been opted for, mortality charges as per c.o. circular ref: Actl/1819/4 dated 23.08.2002. For substandard lives, the mortality charge shall be increased by multiplying with the factor given in above said circular;
4. If Accident Benefit Rider has been opted for, the premium shall be charged at the rate of 4.17 paise per month corresponding to Re. 0.50 per thousand sum assured per annum AB premium.

It may be noted that the mortality charge shall be deducted only for such lives who opted for Term Assurance Rider cover under this plan. Also, since the 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 if the policyholder returns the policy within the cooling-off period.

In case the policy is returned during the cooling-off period, Commission shall be recovered from the concerned Agent and the Development Officer's credit allowed shall be withdrawn.

19. BACK DATING:

Back dating of policy will not be allowed.

20. POLICY STAMPING:

Policy Stamping will be at the rate of Rs.0.20 per thousand of 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.

Further, the policy stamping for Term Rider Sum Assured will be at the rate of Rs.0.20 per thousand sum assured.

21. ASSIGNMENTS / NOMINATION:

No Assignment will be allowed under this plan.

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Notice for Nomination or change of Nominations should be submitted for registration to the office of the Corporation, where this policy is serviced. In registering a nomination, the Corporation does not accept any responsibility or express any opinion as to its validity or legal effect.

22. NORMAL REQUIREMENTS FOR CLAIM:

Regarding claims, the instructions shall be issued by Health Insurance Department, Central Office, separately.

23. REINSURANCE:

A separate treaty has been arranged for this plan. Our retention limits are as below:

Hospital Cash Benefit:

Rs.500 Daily Hospital Cash Benefit

Major Surgical Benefit:

Rs.50,000 Major Surgical Benefit Sum Assured

Day Care Procedure Benefit:

Rs.2,500 Day Care Procedure Benefit

Other Surgical Benefit:

Rs.1,000 per day benefit

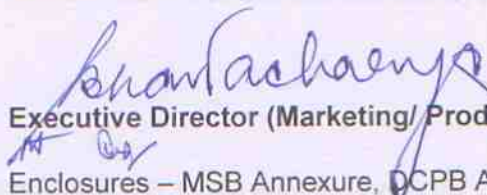
Risks over and above the above retention limits shall be shared equally between LIC (i.e. 50%) and reinsurers (50%).

24. PROPOSAL FORM:

The Proposal Form for the existing LIC's Jeevan Arogya is to be used till changed.

25. POLICY DOCUMENT:

The specimen Policy document will be sent by the Corporate Communications Department, Central Office.



Executive Director (Marketing/ Product Development)

Enclosures – MSB Annexure, DCPB Annexure, Annexure I, II, III and IV