Bajaj Allianz Life Insurance Company Limited (IRDAI Regn. No. : 116)
UIN: 116N094V04
CERTIFICATE OF INSURANCE

Mr Thavamony . Cj
0 2 J Indira Enclave
52 Narashiman Street ,
Nelson Monickram Road
Chennai
Tamilnadu - 600029 , 9444868709

5060359372586

On the basis of the Statement made in the Enrollment Form received from you through **Bajaj Housing Finance Ltd** , the Master Policyholder we are pleased to inform you the life insurance coverage details and confirm that you have been enrolled as a Member under the Group Insurance Scheme namely **Group Credit Protection Plus** administered by **Bajaj Housing Finance Ltd** under Group Credit Protection Plus (U.I.N.116N094V04) issued by Bajaj Allianz Life Insurance Company Limited to **Bajaj Housing Finance Ltd** bearing master policy No. **0338604180**

Your life insurance coverage details are as follows:

Proposed Insured	**Mr Thavamony . Cj**
Membership No	**0359372586**
Date of Commencement of Risk	**28-Feb-2019**
Sum Assured (Rs.) at the inception of the cover	**Rs.7130117**
Premium (Rs.)excl of ST	**Rs.468644**
Goods & Service Tax (including CESS)	**Rs.84356**
Premium incl of GST	**Rs.553000**
Insured Member Date of Birth	**07-Jun-1979**
Insured Member Age	**39**
Additional Benefit ACI (Rs.)	**7130117(ACI)**
Cover Opted (Level or Reducing)	**Level**
Mode of Premium payment (Regular/Single)	**SINGLE**
Premium Due Date	**-**
Maturity Date	**02/28/2029 12:00:00 AM**
Benefit payable for Death	**As per the Certificate of Insurance for Level Cover or Schedule Of Insurance attached here with Applicable in case of Reducing Cover only**
Name of Beneficiary	**SAROJINI HELAN VANITHA**
Relationship with Insured	**WIFE**
Name of Appointee (in case minor is nominated as Beneficiary)	
Rate of interest -	**Moratorium period -**
Loan Account Number	**403MSLEB179865**

For and behalf of Bajaj Allianz Life Insurance Company Limited

Kayzad Hiramanek
Chief-Operations & Customer Experience

Free Look Cancellation.

Within 15 days from the date of receipt of the Certificate of Insurance, the Member has the option to review the terms and conditions of the Policy and if the Member disagrees to any of the terms & conditions, give the Company, directly/through the Policyholder, a written notice of cancellation along with the reasons for the objections and return the Certificate of Insurance to the Company. The Member shall be entitled to a refund of the Regular Premium / Single Premium paid, subject to deduction of the stamp duty expenses, the proportionate risk premium, if any, for the period the member/s was/were on cover and the expenses incurred on medical expenses, if any.

Highlights Of The Group Insurance Scheme

1) **Bajaj Housing Finance Ltd** , The Master Policy Holder has proposed for a group policy under Group Credit Protection Plus(GCPP) on the life of its members on the basis of Scheme Rules for administration of the group insurance scheme and the samehas been agreed and accepted by the insurer Bajaj Allianz Life Insurance Co Ltd.

2) The Sum Assured under the assurance is payable only on first occurrence of death or diagnosis of Critical Illness (In case of joint life first occurrence of death or diagnosis of Critical Illness of any of the Joint Life Member, if opted) and thereafter membership (for both the Joint Life Members if opted) shall terminate. Payment of Sum Assured amount is subject to the terms and conditions of the group insurance scheme.
3) Premiums paid and benefits received will be eligible for tax benefits as per applicable tax laws.
4) On foreclosure of loan or transfer of loan to another financial institution by the member, the member has the option tocontinue cover or can surrender his membership under this policy. On surrender of membership, the surrender value as applicableshall be payable and the membership shall terminate.
5) There is no loan under the plan.
Date of Commencement of risk shall mean the Policy Commencement Date in relation to the Member who already exists as a Member under the Scheme on the Policy Commencement Date and in relation to the new Members the date when their names are recorded in the Membership Register as a Member.

Eligibility

The Life Insurance Cover on the life of Member shall commence on the Date of commencement of risk of such Member subject to him being eligible and continuing to be eligible for the Life Insurance Cover as per the Scheme Rules and subject to the individual underwriting as deemed necessary by the Company. The date of commencement of risk for the member shall start after completion of the required underwriting process and acceptance of the risk by the Company.Every Member shall become entitled to the benefits under this Policy as from the Date of commencement of risk and for so long as he continues to be eligible for the Life Insurance Cover as per the Scheme Rules and the terms of the Policy. Any variations in the Policy Terms and Conditions effected hereunder and in respect of membership, , shall be given effect only by endorsements and by a signature of a duly authorized officer of the Company.

SCHEDULE OF INSURANCE

The Schedule of Insurance for reducing cover shall be drawn on the basis of the interest rate chosen by the Member at inception of Membership and mentioned in the Enrollment Form as well as the details of coverage as mentioned herein above. The interest rate chosen by the Member is not connected in any way to the interest rate actually charged on loan availed by the said Member. The choice of interest rate can be exercised only at inception of Membership and once the Schedule of Insurance is drawn the interest rate cannot be changed subsequently. Members, at inception, have an option to choose from the available interest rate options. Interest Moratorium opted if any by the Member shall be duly considered while drawing the Schedule of Insurance for reducing cover.

Under the reducing cover option if moratorium period as mentioned in the schedule is offered then the amount of cover will be level during the moratorium period, if any. After the moratorium period, the cover shall reduce over the outstanding duration based on the loan interest rate. The loan interest during the moratorium period is not covered and has to be borne by the member.

DEATH BENEFIT:

In the event of death of the Member, the Sum Assured as per theCertificate of Insurance in case of level cover or the Sum Assured as per the Schedule of insurance attached herewith as on the start of the month ofdeath in case of reducing cover shall be payable by the Company and all the risk cover for the member shall be terminated.

Death cover is subject to the following exclusion:
If the member commits suicide, whether sane or insane, within 12 months from the date of commencement of risk or the date of latest revival of the membership whichever is later, the membership shall be terminated by paying the below mentioned amounts.

*If the death is within 12 months from the date of commencement of risk, the amount payable will be 80% of the premiums paid

OR

*If the death is within 12 months from the date of the latest revival, the amount payable will be the higher of 80% of the premiums paid and the surrender value as on the date of death.

ACCELERATED CRITICAL ILLNESS (ACI) BENEFIT (if opted):

Provided the member's cover under the policy has not been terminated for any reason, then, on first ever diagnosis of any of the critical illness listed below (in case of CABG it must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner) on the life of a member or on the life of any of the two members(in case of jointlife), the sum assured as per the Certificate of Insurance in case of level cover or the Sum Assured as per the Schedule of insurance attached herewith, in case of reducing cover, as on date of diagnosis of the critical illness shall be payable. On the payment of the critical illness benefit all the risk cover of the member or both the members (in case of joint life) shall be terminated.The death benefit under the base group policy is accelerated for payment and is payable immediately on diagnosis of any of the Critical Illnesses cover under the additional benefit. If any of the joint life member is diagnosed to be suffering from any of the 11 critical illnesses covered under the ACI Benefit, after the waiting period of six months and the same is intimated to the Company within 60 days of diagnosis, an amount equal to the sum assured under the base policy will be payable to the member immediately, subject to the ACI Benefit exclusions.

This payment will only be made on confirmation of the diagnosis by a registered Medical Practitioner appointed by the Company and must be supported by acceptable clinical, radiological, histological and laboratory evidence.

All risk cover for the Member, under the Certificate of Insurance terminates on payment of the accelerated critical illness benefit. Definitions & exclusions are mentioned in Annexure AA.

ACCIDENTAL PERMANENT TOTAL DISABILITY (APTD) BENEFIT(if opted):

On the first occurrence of any of the accidental permanent total disability listed below, the sumassured as per the Certificate of Insurance in case of level cover or the Sum Assured as per the Schedule of insurance attachedherewith, in case of reducing cover, as on the start of month ofaccidental permanent total disability shall be payable. On the payment of the APTD benefit, no further claim shall be made under the APTD benefit. Furthermore, no payment under death benefit and ACI benefit shall be payable.

Accidental Permanent Total Disability means disability of a Member as a result of bodily injury caused by an accident and such injury shall within 180 days of its occurrence solely, directly and independently of any other cause, result in the Member's disability which must be total and permanent, and must result in at least one of the following:

a) Loss of sight in both eyes;
b) Loss of both arms or both hands;
c) Loss of one arm and one leg;
d) Loss of one arm and one foot;
e) Loss of one hand and one foot;
f) Loss of one hand and one leg;
g) Loss of both legs;
h) Loss of both feet;
i) Removal of the lower jaw.

If the disability is due to amputation/dismemberment, the loss of hand will mean amputation/dismemberment above wrist, the loss of arm will mean amputation/ dismemberment above elbow, the loss of feet will mean amputation/dismemberment above ankle and the loss of leg will mean amputation/dismemberment above knee.

If the disability is not due to amputation/dismemberment, the loss will mean loss of usage of both limbs and the limbs should have motor power grade 0/5, 1/5 or 2/5 only.

Loss of both eyes means total loss of vision in both eyes, certified by an ophthalmologist.
Exclusions are mentioned in Annexure BB.

Grace period

Following the Premium due date grace period of 15 days for monthly frequency of Regular Premium payment and 30 days for other frequency of Regular Premium payment shall be applicable. After the Grace Period the Life Insurance Cover will lapse if due Regular Premium remains unpaid.

In case premium is collected by the Policyholder within Grace Period but is not remitted to Insurer for some reason, then on expiry of Grace Period Life Insurance cover will continue.

NON-DISCLOSURE & FRAUD

Fraud, Misrepresentation and forfeiture would be dealt with in accordance with provisions of section 45 of the Insurance Act 1938 as amended from time to time. Please refer policy document for Section 45.

CLAIMS PROCESS

1.Claims may be intimated to Bajaj Allianz Life Insurance Co. Ltd. either directly or through the Master Policyholder **Bajaj Housing Finance Ltd** who in turn will intimate the Insurer.

2. Claims have to be intimated by a written notice within 180 days of the death or 60 days of the date of occurrence of accident or 60 days of diagnosis of the Critical Illness as the
case may be. However, we may condone the delay in claim intimation, if any, where the delay is proved to be for reasons beyond the control of the claimant. Claims should be
supported with all necessary documents required to process the claim.
3. The following documents, without prejudice to the rights of the Company to ask for additional documents, are required to be submitted by the claimant member/ nominee for
the processing of the claim, which are as given below.
General documents
(a) Certificate of Insurance issued by the Company.
(b) Medical records from the physician last seen.
(c) Certificate of Hospital Treatment
(d) Certificate of Outstanding loan as issued by the Policyholder.
(e) Discharge summary / Discharge card from the hospitals/ clinics where LA had taken treatment. Any other document that may be relevant in establishing the validity of
the claim.

Additional documents in case of Claim: (If required)

I. Death

(a) Claim intimation in writing within 180 days of occurrence of the death
(b) Death Certificate issued by the local municipal authority and medical cause of death
(c) Coroner's / Post Mortem Report / FIR (First Information Report) / PIR (Police Inquest Report) / Final Inquest Report in case of unnatural / accidental death.
(d) Copy of crematorium/ burial record specifying the date, day and time of cremation/burial.
(e) Documents to establish right of claimant in case of no valid nomination being in existence at the time of death.
(f) Report from police in case of Accident/unnatural death

ii. Accidental Permanent Total Disability

(a) Claim intimation in writing within 60 days of occurrence of the accident.
(b) Full scale photographs in case of amputations
(c) FIR & news paper report about the incident
(d) Certificate of Hospital treatment / Discharge Summary
(e) A certificate of disability from an Orthopedic surgeon / Ophthalmologist (for loss of eye)

iii. Critical Illness

(a) For Accelerated Critical Illness benefit, the diagnosis of any of the Critical Illness to be confirmed by a registered Medical Practitioner appointed by the Company
and must be supported by acceptable clinical, radiological, histological and laboratory evidence at Policyholder's cost.
(b) The Company should be intimated about the diagnosis of the Critical Illness within 60 days from the date of its diagnosis
(c) Special Medical assessment reports as required by the company from Neurologists or any other specialized medical practitioner.

PAYMENT OF CLAIM AMOUNT

The payment of Claim amount as benefits under the policy shall be payable by Bajaj Allianz Life Insurance Company Limited to the Member/Nominee (as applicable) either directly or through the Master Policyholder Bajaj Housing Finance Ltd subject to the terms and conditions of the Policy and group insurance scheme and the right of the Company to receive all information/document. The Cheque shall be drawn in the name of the Member/Nominee as the case may be.

MATURITY BENEFIT:

There is no maturity benefit in this Plan

SURRENDER BENEFIT:

Membership Surrender

(i) No surrender value is available under the Regular Premium - Level Cover option .
(ii) Under the Regular Premium - Reducing Cover option the surrender value payable shall be as below
a. During the premium paying term (PPT) of the member – No surrender value shall be payable
b. After the premium paying term (PPT) of the member, the surrender value payable shall be as below
The surrender value is higher of Special Surrender Value (SSV) and Guaranteed Surrender Value (GSV).
(1) The Guaranteed Surrender Value is:
GSV Factor * Total regular premium paid till date
GSV factors as per Ann I.1 of Master Policy
(2) The proposed Special Surrender Value is:
SSV1 Factor * Total regular premium paid till date
SSV1 factors as per Ann I.2 of Master Policy
(3) The company shall have the right to revise the SSV Factors from time to time, subject to prior approval from IRDAI.
(iii) Under Single Premium the member can at any time surrender his/her cover under the policy.
Membership Surrender value under single premium is higher of Special Surrender Value (SSV) and Guaranteed Surrender Value (GSV).
(1) Guaranteed Surrender Value (GSV) = GSV Factor * Single Premium
GSV factors as per Ann I.1 of Master Policy
(2) The Proposed Special Surrender Value (SSV) is
a. Level Cover: SSV2 Factor * Single Premium
SSV2 factors as per Ann I.3 of Master Policy
b. Reducing Cover: SSV3 Factor * Single Premium
SSV3 factors as per Ann I.4 of Master Policy
(3) The company shall have the right to revise the SSV Factors from time to time subject to prior IRDAI approval.

NOMINATIONS

Every Member will have the facility of nominating the person to whom the benefits under the group insurance scheme shall be payable by the Bajaj Allianz Life Insurance Company Limited in case of death of the Member. In case where the nominee nominated is a minor it shall be lawful for the Member to name an Appointee for receiving the benefits on behalf of the minor during the period of minority of the nominee.

WHEN THE LIFE INSURANCE COVER CEASES FOR ANY OR BOTH JOINT LIFE MEMBER

The Life Insurance Cover including additional benefit, if opted on the life of any or both Joint Life Members shall cease on the first happening of any of the following events with any of the Joint Life Member:
a. Upon non payment of Regular Premium due even during the grace period
b. Upon expiry of term of Membership; or
c. Upon the first occurrence of death or Accidental Permanent Total Disability, if opted of the Member or upon the first death of either of the joint life member or Accidental Permanent Total Disability, if opted of any of the joint life Member
d. On surrender of the Membership.

TAXES

Taxes including Service Tax as applicable shall have to be borne by the Member or the Beneficiary as the case may be. Service Tax on life insurance premium and extra premium, if applicable, shall be collected along with the Premium amount.

CONTACT DETAILS OF THE INSURER/AGENT DETAILS

Claims can be referred at any of the BALIC branches anywhere in India. Claims can also be sent to Bajaj Allianz Life Insurance Company Limited through the Master Policyholder or directly to

Registered & issuing office:

Bajaj Allianz Life Insurance Company Limited,
Bajaj Allianz House, Airport Road, Yerawada, Pune - 411 006.
Tel: (020) 6602 6777. Fax: (020) 6602 6789.

For any queries you can contact customer care centre:

BSNL/MTNL
1800 22 5858
(Toll Free)
1800 209 5858
You can send an email to customercare@bajajallianz.co.in

'For more terms and conditions on the policy, please refer to Master policy bond available with the Master Policy Holder'.

Please find below Broker's/Agent's/Intermediary details :

	Servicing Agent Details
Agent Code :	**59L0000000**
Agent Name :	**BAJAJ FINANCE LIMITED**
Contact No:	**020 3957 5152**
Email :	**Wecare@bajajfinserv.in**

Grievance Redressal and Ombudsman

In case you have any query or compliant/grievance, you may contact the Grievance Officer of any nearest Customer Care Center at Branch Office of the Company during the Company's office hours from 9 am to 6 pm. Alternatively, you may communicate with Company: By post at: Customer Care Desk,
Bajaj Allianz Life Insurance Company Ltd., Bajaj Allianz House, Airport Road, Yerawada, Pune - 411006 | By Phone at: Toll Free No. 1800 209 7272 | By Fax at: 020-6602-6789
By Email: customercare@bajajallianz.co.in
In case you are not satisfied with the resolution provided to you by the above office, or have not received any response within 10 days, or you have any suggestion in respect of this Policy or on the functioning of the office, you may contact the following official for resolution:
Grievance Redressal Officer,
Bajaj Allianz Life Insurance Company Ltd. 3rd Floor, Bajaj Finserv, Survey No: 208/1-B , Behind Weik Field IT Park, Viman Nagar, Pune – 411014 Tel. No: 1800- 233- 7272 |
Fax: (+91 20) 40111502, Email ID: customercare@bajajallianz.co.in
If Policyholder is not satisfied with the response or does not receive a response from the Company within fifteen (15) days, he may approach the IRDAI Grievance Cell Centre (IGCC) on the following contact details:
By Phone: TOLL FREE NO: 155255, By Email: complaints@irda.gov.in By post at: Consumer Affairs Department Insurance Regulatory and Development Authority of India 9th floor, United India Towers, Basheerbagh, Hyderabad – 500 029, Andhra Pradesh | By Fax at: +91- 40 – 6678 9768 The Policyholder can also register his complaint online at http://www.igms.irda.gov.in/
a) In case you are not satisfied with the decision/resolution of the Company, you may approach the Insurance Ombudsman if your grievance pertains to any of the following:
i) Insurance claim that has been rejected or dispute of a claim on legal construction of the Policy
ii) Delay in settlement of claim
iii) Dispute with regard to premium
iv) Non-receipt of your insurance document
b) The address of the Insurance Ombudsman is provided as per Address & Contact Details of Ombudsman Centers attached herewith. For the latest list of insurance ombudsman, please refer to the IRDAI website at http://www.irdaindia.org/ins_ombusman.htm.
c) The complaint should be made in writing and duly signed by the complainant or by his legal heirs with full details of the complaint and the contact information of complainant.
d) Also please note that as per provision 13(3) of the Redressal of Public Grievances Rules 1998, the complaint to the Ombudsman can be made.
i) Only if the grievance has been rejected by the grievance redressal mechanism of the Company.
ii) The complaint should be filed within a period of one year from the date of rejection by the Company.
iii) The complaint should not be simultaneously under any litigation.

For and behalf of Bajaj Allianz Life Insurance Company Limited

Kayzad Hiramanek
Chief-Operations & Customer Experience
Bajaj Allianz Life Insurance Company Limited
Head office, Bajaj Allianz House, Airport Road, YERAWADA PUNE – 411 006, MAHARASHTRA Tel. No. : 020 6602 6777

Address & Contact Details of Ombudsman Centres

In case you have any grievance, you may approach the Company Grievance Cell. In case you are not satisfied with the decision/resolution of the Company or if your complaint is not resolved/ not satisfied/not responded for 30 days, you may approach the Office of Insurance Ombudsman, in line with the details provided hereinabove in the policy document, at the addresses given below:

AHMEDABAD	Office of the Insurance Ombudsman, 2 floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380 014, Tel.: 079 – 27545441/ 27546840, Fax: 079 - 27546142, Email: bimalokpal.ahmedabad@gbic.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu
BENGALURU	BENGALURU th Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24 st Main Road, JP Nagar, 1 Phase, Bengaluru – 560 025, Tel.: 080 - 26652048 / 26652049, Email: bimalokpal.bengaluru@gbic.co.in	Karnataka
BHOPAL	Office of the Insurance Ombudsman, Janak Vihar Complex, 2 Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003, Tel.: 0755 - 2769201/ 2769202 Fax: 0755 - 2769203, Email: bimalokpal.bhopal@gbic.co.in	Madhya Pradesh, Chhattisgarh
BHUBANESHWAR	Office of the Insurance Ombudsman,62, Forest park, Bhubaneshwar – 751009, Tel.: 0674 - 2596003/ 2596455 Fax: 0674 – 2596429, Email: bimalokpal.bhubaneswar@gbic.co.in	Orissa
CHANDIGARH	Office of the Insurance Ombudsman, S.C.O.No.101,102 & 103, 2 Floor, Batra Building, Sector 17–D, Chandigarh–160017,Tel.:0172-2772101/2706468 Fax: 0172-2708274,Email: bimalokpal.chandigarh@gbic.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh
CHENNAI	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4 Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI – 600 018, Tel.: 044 - 24333668/ 24335284 Fax: 044 - 24333664, Email: bimalokpal.chennai@gbic.co.in	Tamil Nadu, Pondicherry Town and Karaikal (Which are part of Pondicherry)
DELHI	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002 Tel.: 011 – 23234057/23232037 Fax: 011 - 23230858, Email: bimalokpal.delhi@gbic.co.in	Delhi
GUWAHATI	Office of the Insurance Ombudsman, Jeevan Nivesh, 5 Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM), Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937, Email: bimalokpal.guwahati@gbic.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Office of the Insurance Ombudsman, 6-2-46, 1 floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004, Tel.: 040 - 65504123/ 23312122 Fax: 040 - 23376599, Email: bimalokpal.hyderabad@gbic.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry
JAIPUR	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 -2740363, Email: bimalokpal.jaipur@gbic.co.in	Rajasthan
ERNAKULAM	Office of the Insurance Ombudsman, CC 22/2603 2 Floor, Pulinat Bldg.,Opp. Cochin Shipyard, M.G.Road, Ernakulam - 682015, Tel.: 0484 - 2358759/2359338 Fax: 0484 - 2359336, Email:bimalokpal.ernakulam@gbic.co.in	Kerala, Lakshadweep, Mahe -a part of Pondicherry
KOLKATA	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4 Floor, 4, C.R. Avenue, KOLKATA - 700 072, Tel.: 033 - 22124339 / 22124346, Fax : 033 - 22124341, Email: bimalokpal.kolkata@gbic.co.in	West Bengal, Bihar, Sikkim, Jharkhand Andaman & Nicobar Islands
MUMBAI	Office of the Insurance Ombudsman, 3 Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400054, Tel.: 022 - 26106552 / 26106960, Fax: 022 – 26106052, Email: bimalokpal.mumbai@gbic.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane
PUNE	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 2 Floor, C.T.S. No.s. 195 to 198,N.C. Kelkar Road, Narayan Peth, Pune – 411 030, Tel.: 020 - 32341320, Email: bimalokpal.pune@gbic.co.in	Maharashtra, Area of Navi Mumbai and Thane, excluding Mumbai Metropolitan Region
PATNA	Office of the Insurance Ombudsman, 1 Floor, Kalpana Arcade Building, Bazar Samiti, Road, Bahadurpur, PATNA – 800 006, Tel No: 0612-2680952, Email: bimalokpal.patna@gbic,co,in	Bihar
LUCKNOW	Office of the Insurance Ombudsman, 6 Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001, Tel.: 0522 - 2231330 /2231331 Fax: 0522 - 2231310, Email: bimalokpal.lucknow@gbic.co.in	Districts of Uttar Pradesh: Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar MUMBAI th Office of the Insurance Ombudsman, 4 Floor, Bhagwan Sahai Palace, Main Road, Naya Bans, Sector 15, NOIDA – 201301, Tel: 0120- 2514250/51/53, Email: bimalokpal.noida@gbic.co.in State of Uttaranchal
NOIDA	Office of the Insurance Ombudsman, 4 Floor, Bhagwan Sahai Palace, Main Road, Naya Bans, Sector 15, NOIDA – 201301, Tel: 0120- 2514250/51/53, Email: bimalokpal.noida@gbic.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur

Annexure AA

The Critical Illnesses covered under this Plan are-

1) CANCER OF SPECIFIED SEVERITY

A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded –

i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3
ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
iii. Malignant melanoma that has not caused invasion beyond the epidermis;
iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
vi. Chronic lymphocytic leukemia less than RAI stage 3
vii Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

2) FIRST HEART ATTACK OF SPECIFIED SEVERITY

I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:
   i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
   ii. New characteristic electrocardiogram changes
   iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
II. The following are excluded:
   i. Other acute Coronary Syndromes
   ii. Any type of angina pectoris
   iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure

3) OPEN CHEST CABG

I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.
II. The following are excluded:
   i. Angioplasty and/or any other intra-arterial procedures

4) KIDNEY FAILURE REQUIRING REGULAR DIALYSIS

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

5) STROKE RESULTING IN PERMANENT SYMPTOMS

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

(1) Transient ischemic attacks (TIA)
(2) Traumatic injury of the brain
(3) Vascular disease affecting only the eye or optic nerve or vestibular functions.

6) MAJOR ORGAN /BONE MARROW TRANSPLANT

The actual undergoing of a transplant of:

(a) One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
(b) Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

(1) Other stem-cell transplants
(2) Where only islets of langerhans are transplanted

7) PERMANENT PARALYSIS OF LIMBS

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

8) MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS

The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

(a) investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and

(b) there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months

Other causes of neurological damage such as SLE is excluded.

9) AORTIC SURGERY

The undergoing of surgery to correct any narrowing, dissection, obstruction or aneurysm of the thoracic or abdominal aorta, but not its branches.

The surgery must be considered medically necessary by a recognized consultant cardiologist and must be the most appropriate treatment.

All minimally invasive procedures such as keyhole, catheter, laser, angioplasty or other intra-arterial techniques are excluded.

Congenital narrowing of the aorta and traumatic injury of the aorta are specifically excluded.

10) PRIMARY PULMONARY HYPERTENSION

An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

The NYHA Classification of Cardiac Impairment are as follows:

i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.

ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

11) ALZHEIMER'S DISEASE

Progressive and permanent deterioration of memory and intellectual capacity as evidenced by accepted standardised questionnaires and cerebral imaging. The diagnosis of Alzheimer's disease must be confirmed by a specialised medical practitioner. There must be significant reduction in mental and social functioning requiring the continuous supervision of the life assured. There must also be an inability of the Life Assured to perform (whether aided or unaided) at least three (3) of the following six (6)
Activities of Daily Living" for a continuous period of at least three (3) months.
Activities of Daily Living are defined as:

a) Washing – the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
b) Dressing – the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, or artificial limbs or other surgical appliances;
c) Transferring – the ability to move from a bed to an upright chair or wheelchair and vice versa;
d) Toileting – the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
e) Feeding – the ability to feed oneself once food has been prepared and made available.
f) Mobility - the ability to move from room to room without requiring any physical assistance.

The following are excluded: (i) Drug-induced or toxic causes of Parkinsonism; (ii) Any other type of irreversible organic disorder/dementia; (iii) Non-organic disease such as neurosis and psychiatric illnesses; and (iv) Alcohol-related brain damage.

In cases of Accelerated Critical Illness Benefit, if opted, the benefit shall not be paid in case of following conditions

i) Any critical illness or its signs or symptoms having occurred within 180 days of the Date of commencement of risk or the date of revival whichever is later.
ii) The member/s committing or attempting to commit a criminal act whether alone or with others;
iii) The member/s actual or attempted self-injury ;
iv) War, invasion, civil war, rebellion or riot;
v) The member/s being under the influence of alcohol or drugs other than drugs prescribed by and taken in accordance with the directions of a registered medical practitioner;
vi) The member's participation in any naval, military or air force operation or participation in any dangerous or hazardous sport, competition or riding or driving in any form of race or competition;
vii) The member's participation in aviation, gliding or any form of flight other than as a fare paying passenger on a civilian airline plying on regular routes and according to a scheduled timetable;
viii) The member's failure to seek or follow medical advice given by registered medical practitioner;
ix) A congenital condition of the member/s.
x) Diagnosis and treatment outside India.

Annexure BB

In cases of Accidental Permanent Total Disability, if opted, the benefit shall not be paid in the following cases:

i) Disability as a result of the member/s committing any breach of law with criminal intent;

ii) Disability of member/s as a result of war, invasion, civil war, rebellion or riot;

iii) Disability as a consequence of the member/s being under the influence of alcohol or drugs other than drugs prescribed by and taken in accordance with the directions of a registered medical practitioner;

iv) Disability as a result of the member/s taking part in any naval, military or air force operation;

v) Disability as a result of the member/s participating in or training for any dangerous or hazardous sport or competition or riding or driving in any form of race or competition;

vi) Disability of member/s as a result of aviation, gliding or any form of aerial flight other than as a fare paying passenger on a civilian airline plying on regular routes and according to a scheduled timetable;

vii) Disability of member/s as a result of attempted self injury ;

viii) Disability of member/s as a result of failure to seek or follow medical advice given by registered medical practitioner.

ix) Diagnosis and treatment outside India.