

The information mentioned below is illustrative and not exhaustive. Information must be read in conjunction with the product brochures and policy document. In case of any conflict between the Key Features Document and the policy document the terms and conditions mentioned in the policy document shall prevail.

Sr. No.	Title	Description	Refer to Policy Clause Number
1.	Product Name	HEALTH SURAKSHA - SILVER	
2.	What am I covered for	<ul style="list-style-type: none"> Inpatient Treatment - Covers hospitalization expenses for a period longer than 24 hrs Pre Hospitalization - Covers related medical expenses incurred 60 days prior to hospitalisation Post Hospitalization - Covers related medical expenses incurred within 90 days from date of discharge Day Care procedures - Covers specified/listed procedures requiring less than 24 hours hospitalisation (day care) Domiciliary Treatment - Covers medical expenses for availing medical treatment at home, on the advice of a physician. Organ Donor Expenses - Covers expenses for an organ donors treatment. Emergency Ambulance - Pays upto the limit mentioned in the schedule for using an ambulance to transport the Insured person to a hospital. Ayush Benefit - Covers costs for Non allopathic treatment 	<p>Section 1 a</p> <p>Section 1 b</p> <p>Section 1 c</p> <p>Section 1 d & Appendix 1</p> <p>Section 1 e</p> <p>Section 1 f</p> <p>Section 1 g</p> <p>Section 1 h</p>
3.	What are the major exclusions in the policy	"War or any act of war, nuclear, chemical and biological weapons, radiation of any kind, breach of any law with criminal intent, attempted suicide, participation or involvement in naval, military or air force operation, adventurous sports, abuse or the consequences of the abuse of intoxicants or hallucinogenic substances, Treatment of Obesity, Psychiatric, mental disorders, external congenital diseases, Venereal disease, Pregnancy, Sterility treatment, Dental treatment and surgery of any kind, Plastic surgery or cosmetic surgery, Experimental, investigational or unproven treatment, Any Convalescence, cure, rest cure, All preventive care, vaccination including inoculation and immunisations, Items of personal comfort and convenience.	Section 3
(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing).			
4.	Waiting period	<ul style="list-style-type: none"> Initial waiting period: 30 days for all illnesses (not applicable on renewal or for accidents) Specific waiting periods 24 months for specific illness and diseases Pre-existing diseases: Covered after 48 months 	<p>Section 3</p> <p>Section 3</p> <p>Section 3</p> <p>Section 3</p>
5.	Payout basis	Cashless or Reimbursement of covered expenses up to specified limits	Section 1
6.	Conditions	<ul style="list-style-type: none"> Your policy is ordinarily renewable up to age 65 years, subject to application for renewal and the renewal premium in full has been realised by the Company. Provision of grace period of 15 days for renewing the policy 	<p>Section 4 p</p> <p>Section 4 q</p>
7.	Renewal Benefits	<ul style="list-style-type: none"> 5% increase in your annual limit for every claim free year In case a claim is made during a policy year, the bonus proportion (or) discount would reduce by 10% in the following year. For every block of 4 claim free policy years, free health check up for the insured persons upto the percentage (mentioned in the Schedule of Benefits) of the Sum Insured for this Policy Year or the subsequent Policy Years (whichever is lower) 	<p>Section 2</p> <p>Section 2</p> <p>Section 2</p>
8.	Termination	This policy would be cancelled, and no claim or refund would be due, if (1) You have encouraged or participated in any fraudulent claims under the policy.	<p>Section 4 l, v</p> <p>Section 4 w</p>

(LEGAL DISCLAIMER) NOTE: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the KFD and the policy document the terms and conditions mentioned in the policy document shall prevail.

HEALTH SURAKSHA – POLICY WORDING

HDFC ERGO General Insurance Company Limited will provide the insurance cover detailed in the Policy to the Insured Person up to the Sum Insured subject to the terms and conditions of this Policy, Your payment of premium and realisation thereof by us, and Your statements in the Proposal, which is incorporated into the Policy and is the basis of it.

SECTION 1 : BENEFITS

Claims made in respect of any of the benefits below will be subject to the Basic Sum Insured and will affect the entitlement to a Renewal Incentive.

If any Insured Person suffers an Illness or Accident during the Policy Period that requires that Insured Person's Hospitalisation as an inpatient, then We will pay

a) In-patient Treatment

The Medical Expenses for

- i) Room rent, boarding expenses,
- ii) Nursing,
- iii) Intensive care unit,
- iv) A Medical Practitioner,
- v) Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances,
- vi) Medicines, drugs and consumables,
- vii) Diagnostic procedures,
- viii) The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.

b) Pre-Hospitalisation

The Medical Expenses incurred due to an Illness in 60 days immediately before the Insured Person was Hospitalised, provided that

- i) Such Medical Expenses were in fact incurred for the same condition for which the Insured Person's subsequent Hospitalisation was required, and
- ii) We have accepted an inpatient Hospitalisation claim under Benefit 1a).

c) Post-hospitalisation

The Medical Expenses incurred in 90 days immediately after the Insured Person was discharged post Hospitalisation provided that

- i) Such costs are incurred in respect of the same condition for which the Insured Person's earlier Hospitalisation was required, and
- ii) We have accepted an inpatient Hospitalisation claim under Benefit 1a).

d) Day Care Procedures

The Medical Expenses for a day care procedure or surgery mentioned in the list of Day Care Procedures in this Policy where the procedure or surgery is taken by the Insured Person as an inpatient for less than 24 hours in a Hospital (but not the outpatient department of a Hospital).

e) Domiciliary Treatment

The Medical Expenses incurred by an Insured Person for medical treatment taken at his home which would otherwise have required Hospitalisation because, on the advice of the attending Medical Practitioner, the Insured Person could not be transferred to a Hospital or a Hospital bed was unavailable, and provided that

- i) The condition for which the medical treatment is required continues for at least 3 days, in which case We will pay the Medical Expenses of any necessary medical treatment for the entire period, and
- ii) If We accept a claim under this Benefit We will not make any payment for Post-Hospitalisation expenses but We will pay Pre-hospitalisation expenses for up to 60 days in accordance with b) above, and
- iii) No payment will be made if the condition for which the Insured Person requires medical treatment is
 - (1) Asthma, Bronchitis, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis, Cough and Cold, Influenza,
 - (2) Arthritis, Gout and Rheumatism,
 - (3) Chronic Nephritis and Nephritic Syndrome,
 - (4) Diarrhoea and all type of Dysenteries including Gastroenteritis,
 - (5) Diabetes Mellitus and Insipidus,
 - (6) Epilepsy,
 - (7) Hypertension,
 - (8) Psychiatric or Psychosomatic Disorders of all kinds,
 - (9) Pyrexia of unknown origin.

f) Organ Donor

The Medical Expenses for an organ donor's treatment for the harvesting of the organ donated, provided that

- i) The organ donor is any person in accordance with The Transplantation of Human Organs Act, 1994 (amended) and other applicable laws and rules,
- ii) The organ donated is for the use of the Insured Person, and
- iii) We will not pay the donor's pre- and post-hospitalisation expenses or any other medical treatment for the donor consequent on the harvesting, and
- iv) We have accepted an inpatient Hospitalisation claim under Benefit 1a).

g) Emergency Ambulance

We will reimburse the expenses incurred on an ambulance offered by a healthcare or ambulance service provider used to transfer the Insured Person to the nearest Hospital with adequate emergency facilities for the provision of health services following an emergency (namely a sudden, urgent, unexpected occurrence or event, bodily alteration or occasion requiring immediate medical attention), provided that

- i) Our maximum liability shall be restricted to the amount mentioned in the Schedule of Benefits, and
- ii) We have accepted an inpatient Hospitalisation claim under Benefit 1a).

h) Ayush Benefit

We will reimburse the expenses incurred as the Medical Expenses for In-patient treatment taken under Ayurveda, Unani, Sidha or Homeopathy provided that

- i) Our maximum liability will be limited to the amounts specified in the Schedule.
- ii) If We accept any claim under this benefit, then We will not make any payment under allopathic treatment of the same Insured Person and the same Illness or Accident under this policy.

SECTION 2 : RENEWAL INCENTIVES

Cumulative Bonus

- a) If no claim has been made under the Section 1 of this Policy and the Policy is renewed with Us without any break, We will apply a cumulative bonus to the next Policy Year by automatically increasing the Sum Insured for the next Policy Year by 5% of the Basic Sum Insured for this Policy Year. The maximum cumulative bonus shall not exceed 50% of the Basic Sum Insured in any Policy Year.
- b) In relation to a Family Floater, the cumulative bonus so applied will only be available in respect of claims made by those Insured Persons who were Insured Persons in the claim free Policy Year and continue to be Insured Persons in the subsequent Policy Year.

- c) If a cumulative bonus has been applied and a claim is made, then in the subsequent Policy Year We will automatically decrease the cumulative bonus by 10% of the Basic Sum Insured in that following Policy Year.

Health Check-up

- a) If no claim has been made in respect of any benefits and You have maintained an Health Suraksha Policy with Us for a period of 4 years without any break, then in the every fifth year, We will pay upto the percentage (mentioned in the Schedule of Benefits) of the Sum Insured for this Policy Year or the subsequent Policy Years (whichever is lower) towards the cost of a medical check-up for those Insured Persons who were insured for the number previous Policy Years mentioned in the Schedule.
- b) Incase of family floater, if any of the members have made a claim under this policy, the health checkup benefit will not be offered to the whole family.

SECTION 3 : EXCLUSIONS

Waiting Periods

- a) We are not liable for any treatment which begins during waiting periods except if any Insured Person suffers an Accident.

30 days Waiting Period

- b) A waiting period of 30 days (or longer if specified in any benefit) will apply to all claims unless
- i) The Insured Person has been insured under a Health Suraksha Policy continuously and without any break in the previous Policy Year.
- ii) If the Insured person renews with Us and increases the Sum Insured (other than as a result of the application of Benefit 2a) upon renewal with Us), then this exclusion shall only apply in relation to the amount by which the Sum Insured has been increased.

Specific Waiting Periods

- c) The Illnesses and treatments listed below will be covered subject to a waiting period of 2 years in the third Policy Year as long as the Insured Person has been insured under an Health Suraksha Policy continuously and without any break
- i) Illnesses: Internal congenital diseases, arthritis if non infective; calculus diseases of gall bladder and urogenital system; cataract; fissure/fistula in anus, hemorrhoids, pilonidal sinus, gastric and duodenal ulcers; gout and rheumatism; internal tumors, cysts, nodules, polyps including breast lumps (each of any kind unless malignant); osteoarthritis and osteoporosis if age related; polycystic ovarian diseases; sinusitis and related disorders and skin tumors unless malignant.
- ii) Treatments: benign ear, nose and throat (ENT) disorders and surgeries (including but not limited to adenoidectomy, mastoidectomy, tonsillectomy and tympanoplasty); dilatation and curettage (D&C); hysterectomy for menorrhagia or fibromyoma or prolapse of uterus unless necessitated by malignancy; joint replacement; myomectomy for fibroids; surgery of gallbladder and bile duct unless necessitated by malignancy; surgery of genito urinary system unless necessitated by malignancy; surgery of benign prostatic hypertrophy; surgery of hydrocele; surgery for prolapsed inter vertebral disk; surgery of varicose veins and varicose ulcers; Nasal septum deviation , surgery on tonsils and sinuses.
- iii) If the Insured person renews with Us and increases the Sum Insured (other than as a result of the application of Benefit 2a) upon renewal with Us), then this exclusion shall only apply in relation to the amount by which the Sum Insured has been increased.
- d) Pre-existing Conditions will not be covered until 48 months of continuous coverage have elapsed, since inception of the first Health Suraksha policy with us.
- e) We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this Policy
- i) War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.
- ii) Any Insured Person committing any breach of any law with criminal intent, arising out of or as a result of any act of self-destruction or self inflicted injury, attempted suicide or suicide while sane or insane.
- iii) Any Insured Person's participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing.
- iv) No payment will be made for any act, event or circumstance which is prohibited by a government stipulation
- iv) The abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies.
- v) Treatment of Obesity or morbid obesity and any weight control program,, where obesity means a condition in which the Body Mass Index (BMI) is above 29 & morbid obesity means a condition where BMI is above 37.
- vi) Psychiatric, mental disorders (including mental health treatments and, sleep-apnoea), Parkinson and Alzheimer's disease, general debility or exhaustion ("run-down condition"); external congenital diseases, defects or anomalies, genetic disorders; stem cell implantation or surgery, or growth hormone therapy.
- vii) Venereal disease, sexually transmitted disease or illness; "AIDS" (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human immunodeficiency virus) including but not limited to conditions related to or arising out of HIV/AIDS such as ARC (AIDS related complex), Lymphomas in brain, Kaposi's sarcoma, tuberculosis.
- viii) Pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), maternity or birth (including caesarean section) except in the case of ectopic pregnancy in relation to 1)a) only.
- ix) Sterility, treatment whether to effect or to treat infertility, any fertility, sub-fertility or assisted conception procedure, surrogate or vicarious pregnancy, birth control, contraceptive supplies or services including complications arising due to supplying services.
- x) Dental treatment and surgery of any kind, unless requiring Hospitalisation.
- xi) Expenses for donor screening, or, save as and to the extent provided for in 1f), the treatment of the donor (including surgery to remove organs from a donor in the case of transplant surgery).
- xii) Treatment and supplies for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure or for muscle stimulation by any means (except treatment of fractures and dislocations of the extremities).
- xiii) Nasal concha resection, circumcisions unless medically necessary, laser treatment for correction of eye due to refractive error, aesthetic or change-of-life treatments of any description such as sex transformation operations, treatments to do or undo changes in appearance or carried out in childhood or at any other times driven by cultural habits, fashion or the like or any procedures which improve physical appearance.
- xiv) Plastic surgery or cosmetic surgery unless necessary as a part of medically necessary treatment certified by the attending Medical Practitioner for reconstruction following an Accident or Illness.
- xv) Experimental, investigational or unproven treatment devices and pharmacological regimens, or measures primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness for which confinement is required at a Hospital.
- xvi) Any Convalescence, cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care.
- xvii) Save as and to the extent provided for under 1)h), any non allopathic treatment.
- xviii) All preventive care, vaccination including inoculation and immunisations, any physical, psychiatric or psychological examinations or testing during these examinations; enteral feedings (infusion formulas via a tube into the upper gastrointestinal tract) and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
- xix) Charges related to a Hospital stay not expressly mentioned as being covered, including but not limited to charges for admission, discharge, administration, registration, documentation and filing.
- xx) Items of personal comfort and convenience including but not limited to television, telephone, foodstuffs, cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies, and vitamins and tonics unless vitamins and tonics are certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
- xxi). Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed; treatments rendered by a Medical Practitioner who shares the same residence as an Insured Person or who is a member of an Insured Person's family, however proven material costs are eligible for reimbursement in accordance with the applicable cover.
- xxii) The costs of any procedure or treatment by any person or institution that We have informed/communicated to You (in writing) is not to be used.
- xxiii). The provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, and similar products.
- xxiv) Any treatment or part of a treatment that is not of a reasonable cost, not medically necessary; or treatments or drugs not supported by a prescription.
- xxv) Artificial limbs, crutches or any other external appliance and/or device used for diagnosis or treatment.
- xxvi) Any exclusion mentioned in the Schedule or the breach of any specific condition mentioned in the Schedule.

SECTION 4 : GENERAL CONDITIONS

Condition precedent

- a) The fulfilment of the terms and conditions of this Policy (including the payment of premium by the due dates mentioned in the Schedule) in so far as they relate to anything to be done or complied with by You or any Insured Person shall be conditions precedent to Our liability.

Insured Person

Only those persons named as an Insured Person in the Schedule shall be covered under this Policy. Any person may be added during the Policy Period after his application has been accepted by Us, additional premium has been paid and realised by us and We have issued an endorsement confirming the addition of such person as an Insured Person.

We will not cover any person above the Age 75 years under this policy.

c) **Notification of Claim**

Sno.	Treatment, Consultation or Procedure	We or Our TPA must be informed
1)	If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation	Immediately and in any event at least 7 days prior to the Insured Person's admission.
2)	If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation in an emergency	No later than the time of the Insured Person's admission to Hospital.
3)	For all benefits which are contingent on Our prior acceptance of a claim under Section 1a)	Within 7 days of the Insured Person's discharge post Hospitalisation.
4)	If any treatment, consultation or procedure for which a claim may be made is required in an emergency	Within 7 days of completion of such treatment, consultation or procedure.
5)	In all other cases	Of any event or occurrence that may give rise to a claim under this Policy at least 7 days prior to any consequent treatment, consultation or procedure and We or Our TPA must pre-authorise such treatment, consultation or procedure.

Please note that emergency means a sudden, urgent, unexpected occurrence or event, bodily alteration or occasion requiring immediate medical attention.

d. If any time period is specifically mentioned under Section 1-5, then this shall supersede the time periods mentioned above.

e. **Cashless Service**

Sno.	Treatment, Consultation or Procedure	Treatment, Consultation or Procedure Taken at	Cashless Service is Available	We must be given notice that the Insured Person wishes to take advantage of the cashless service accompanied by full particulars
1)	If any planned treatment, consultation or procedure for which a claim may be made:	Network Hospital	We will provide cashless service by making payment to the extent of Our liability directly to the Network Hospital.	At least 48 hours before the planned treatment or Hospitalisation
2)	If any treatment, consultation or procedure for which a claim may be made in an emergency:	Network Hospital	We will provide cashless service by making payment to the extent of Our liability directly to the Network Hospital.	Within 24 hours after the treatment or Hospitalisation

Please note that emergency means a sudden, urgent, unexpected occurrence or event, bodily alteration or occasion requiring immediate medical attention.

Supporting Documentation & Examination

- f) The Insured Person shall provide Us with any documentation and information We or Our TPA may request to establish the circumstances of the claim, its quantum or Our liability for the claim within 15 days of the earlier of our request or the Insured Person's discharge from Hospitalisation or completion of treatment. Such documentation will include but is not limited to the following in English/Hindi
- Our claim form, duly completed and signed for on behalf of the Insured Person.
 - Original Bills (including but not limited to pharmacy purchase bill, consultation bill, diagnostic bill) and any attachments thereto like receipts or prescriptions in support of any amount claimed which will then become Our property.
 - All reports, including but not limited to all medical reports, case histories, investigation reports, treatment papers, discharge summaries.
 - A precise diagnosis of the treatment for which a claim is made.
 - A detailed list of the individual medical services and treatments provided and a unit price for each.
 - Prescriptions that name the Insured Person and in the case of drugs: the drugs prescribed, their price, and a receipt for payment. Prescriptions must be submitted with the corresponding doctor's invoice where the doctor has been paid a fee and such a fee is being claimed for in this policy.
- g) The Insured Person additionally hereby consents to
- The disclosure to Us of documentation and information that may be held by medical professionals and other insurers.
 - Being examined by any Medical Practitioner We authorise for this purpose when and so often as We may reasonably require.

Claims Payment

- h) We shall be under no obligation to make any payment under this Policy unless We have been provided with the documentation and information We or Our TPA has requested to establish the circumstances of the claim, its quantum or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.
- i) We will only make payment to or at Your direction. If an Insured Person submits the requisite claim documents and information along with a declaration in a format acceptable to Us of having incurred the expenses, this person will be deemed to be authorised by You to receive the concerned payment. In the event of the death of You or an Insured Person, We will make payment to the Nominee (as named in the Schedule).
- j) This Policy only covers medical treatment taken within India, and payments under this Policy shall only be made in Indian Rupees within India.
- k) We are not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured Person could reasonably have minimised the costs incurred, or that is brought about or contributed to by the Insured Person failing to follow the directions, advice or guidance provided by a Medical Practitioner.

Fraud

- l) If any claim is in any manner dishonest or fraudulent, or is supported by any dishonest or fraudulent means or devices, whether by You or any Insured Person or anyone acting on behalf of You or an Insured Person, then this Policy shall be void and all benefits paid under it shall be forfeited.

Contribution

- m) If at the time when any claim arises under this Policy, there is in existence any other Policy effected by any Insured Person or on behalf of any Insured Person which covers any claim in whole or in part made under this Policy (or which would cover any claim made under this Policy if this Policy did not exist) then We shall not be liable to pay or contribute more than Our rateable proportion of the claim. If the other insurance is a Cancer Insurance Policy issued in collaboration with Indian Cancer Society then Our liability under this Policy shall be in excess of such Cancer Insurance Policy.

Subrogation

- n) You and/or any Insured Persons shall at Your own expense do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by Us for the purpose of enforcing and/or securing any civil or criminal rights and remedies or obtaining relief or indemnity from any other party to which We are or would become entitled upon Us making reimbursement under this Policy, whether such acts or things shall be or become necessary or required before or after Our payment. Neither You nor any Insured Person shall prejudice these subrogation rights in any manner and shall at Your own expense provide Us with whatever assistance or cooperation is required to enforce such rights. Any recovery We make pursuant to this clause shall first be applied to the amounts paid or payable by Us under this Policy and our costs and expenses of effecting a recovery, whereafter We shall pay any balance remaining to You.

Contribution clause 4 (k) and Subrogation clause 4 (l) only apply to indemnity components of the policy (1a to 1h).

Alterations to the Policy

- o) This Policy constitutes the complete contract of insurance. This Policy cannot be changed or varied by anyone (including an insurance agent or broker) except Us, and any change We make will be evidenced by a written endorsement signed and stamped by Us.

Renewal

- p) This Policy will automatically terminate at the end of the Policy Period and we are under no obligation to give intimation in this behalf. In the event that we receive an application for renewal, we may renew the Policy on the terms as to premium and otherwise as offered by us at that point in time. In respect of all applications for renewal received by Us before the end of the Policy Period, subject to the afore stated, We will ordinarily offer renewal terms unless We believe that You or the Insured Person or anyone acting on Your behalf or on behalf of an Insured Person has acted in a dishonest or fraudulent manner under or in relation to this Policy or the renewal of the Policy poses a moral hazard.
- q) Grace period of 15 days for renewing the policy is provided at Our sole discretion. If policy is renewed within 15 days from the due date of renewal, policy cover will be considered continuous in terms of continuity benefits such as waiting periods and coverage of pre-existing diseases. To avoid any confusion any claim incurred during break-in period will not be payable under this policy.
- r) We may vary the renewal premium payable with the approval of the IRDA.

Change of Policyholder

- s) If You do not renew the Policy the Insured Persons may apply to renew the Policy within 7 days of the end of the Policy Period provided that they have identified a new adult policyholder who is a member of their immediate family. If We accept such application and the premium for the renewed policy is paid on time, then the Policy shall be treated as having been renewed without any break in cover.

Notices

- t) Any notice, direction or instruction under this Policy shall be in writing and if it is to
- Any Insured Person, then it shall be sent to You at Your address specified in the Schedule and You shall act for all Insured Persons for these purposes.
 - Us, it shall be delivered to Our address specified in the Schedule. No insurance agents, brokers or other person or entity is authorised to receive any notice, direction or instruction on Our behalf unless We have expressly stated to the contrary in writing. Proof of delivery of such notices shall be retained by the Insured and furnished to Us as and when demanded.

Dispute Resolution Clause

- u) Any and all disputes or differences under or in relation to this Policy shall be determined by the Indian Courts and subject to Indian law.
- If any dispute or difference shall arise as to the quantum to be paid under this policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing jointly by the Insured and the Company or if they cannot agree upon a single arbitrator to be appointed within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by the Insured and the Company respectively and the third arbitrator to be appointed by the two arbitrators, which arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996, as amended from time to time and for the time being in force.
- It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as hereinbefore provide, if company has disputed liability under or in respect of this Policy.
- It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this policy that the award by such arbitrators of the amount of the loss or damage shall be first obtained.

Termination

- v) You may terminate this Policy at any time by giving Us written notice, and the Policy shall terminate when such written notice is received. If no claim has been made under the Policy, then We will refund premium in accordance with the table below:

Length of time Policy in force	Refund of premium
Up to 1 month	75%
Up to 3 months	50%
Up to 6 months	25%
Exceeding 6 months	0%

- w) If We believe that You or any Insured Person or anyone acting on Your behalf or on behalf of an Insured Person has acted in a dishonest or fraudulent manner under or in relation to this Policy or the continuance of the Policy poses a moral hazard then We may terminate this Policy upon 30 days notice by sending an endorsement to Your address shown in the Schedule without refund of premium
- x) The Policy shall automatically terminate if
- i) You no longer reside in India, or in the case of Your demise. However, the other Insured Persons may apply to continue the Policy within 30 days of Your death or move out of India provided that they have identified a new adult policyholder who is a member of Your immediate family. All relevant particulars in respect of such person (including their relationship to You) must be given to Us along with the application. If we accept such application, then the Policy shall be treated as having been renewed without any break in cover.
- ii) In relation to an Insured Person, if that Insured Person dies or no longer resides in India.

Interpretations & Definitions

The terms defined below have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same

- Def. 1. **Accident or Accidental** means a sudden, unforeseen and unexpected event caused by external, violent and visible means (but does not include any Illness) which results in physical bodily injury.
- Def. 2. **Age or Aged** means completed years as at the Commencement Date.
- Def. 3. **Commencement Date** means the commencement date of this Policy as specified in the Schedule.
- Def. 4. **Dependents** means only the family members listed below
- a) Your legally married spouse as long as she continues to be married to You;
- b) Your children Aged between 91 days and 21 years if they are unmarried, still financially dependant on You and have not established their own independent households;
- c) Your natural parents or parents that have legally adopted You, provided that:
- The parent was below 65 years at his initial participation in the Health Suraksha Policy, and
 - Parents shall not include Your spouse's parents.
- Def. 5. **Family Floater** means a Policy described as such in the Schedule whereunder You and Your Dependents named in the Schedule are insured under this Policy as at the Commencement Date. The Sum Insured for a Family Floater means the sum shown in the Schedule which represents Our maximum liability for any and all claims made by You and/or all of Your Dependents during the Policy Period.
- Def. 6. **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.
- Def. 7. **Hospital** means any institution in India (including nursing homes) established for Medical Treatment which
- i) Either
- (a) Has been registered and licensed as a hospital with the appropriate local or other authorities competent to register hospitals in the relevant area and is under the constant supervision of a Medical Practitioner and is not, except incidentally, a clinic, rest home, or convalescent home for the addicted, detoxification centre, sanatorium, home for the aged, mentally disturbed, remodelling clinic or similar institution.
- (b) Or
- (i) Is under the constant supervision of a Medical Practitioner, and
- (ii) Has fully qualified nursing staff (that hold a certificate issued by a recognised nursing council) under its employment in constant attendance, and
- (iii) Maintains daily records of each of its patients, and
- (iv) Has at least 10 Inpatient beds, and
- (v) Has a fully equipped and functioning operation theatre.
- Def. 8. **Hospitalisation or Hospitalised** means the Insured Person's admission into a Hospital for Medically necessary Treatment as an inpatient for a continuous period of at least 24 hours following an Illness or Accident occurring during the Policy Period.
- Def. 9. **Insured Person** means You and the persons named in the Schedule.
- Def. 10. **Illness** means a sickness (a condition or an ailment affecting the general soundness and health of the Insured Person's body) or a disease (affliction of the bodily organs having a defined and recognised pattern of symptoms) or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical Treatment. For the avoidance of doubt, Illness does not mean and this Policy does not cover any mental illness or sickness or disease (including but not limited to a psychiatric condition, disorganisation of personality or mind, or emotions or behaviour) even if caused by or aggravated by or related to an Accident or Illness.
- Def. 11. **Medical Expenses** means those reasonable and customary medical expenses that an Insured Person has necessarily and actually incurred for medical treatment during the Policy Period on the advice of a Medical Practitioner due to Illness or Accident occurring during the Policy Period, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
- Def. 12. **Medical Practitioner** means a person who holds a qualification in medicine from a recognised institution and is registered and licensed by a state council, governed by the Medical Council of India, in which he operates and is practicing within the scope of such license and will include (but is not limited to) physicians, specialists and surgeons who satisfy the aforementioned criteria.
- Def. 13. **Network** means all the Hospitals or other institutions or persons with whom We or the appointed TPA have special agreements for the provision of medical services.
- Def. 14. **Outpatient Treatment** means consultation, diagnosis or medical treatment taken by any Insured Person at an outpatient department of a Hospital, clinic or associated facility, provided that he is not Hospitalised.
- Def. 15. **Policy** means Your statements in the proposal form, this policy wording (including endorsements, if any), Appendix 1 and the Schedule (as the same may be amended from time to time).
- Def. 16. **Policy Period** means the period commencing from Policy start date and hour as specified in the Schedule and terminating at midnight on the Policy end date as specified in of the Schedule to this Policy.
- Def. 17. **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary.
- Def. 18. **Pre-existing Condition** means any condition, ailment or injury or related condition(s) for which Insured Person had signs or symptoms, and / or were diagnosed, and / or received medical advice/ treatment, within 48 months prior to the commencement of his first Health Suraksha policy with us.
- Def. 19. **Sum Insured** means the sum shown in the Schedule which represents Our maximum liability for each Insured Person for any and all benefits claimed for during the Policy Period, and in relation to a Family Floater represents Our maximum liability for any and all claims made by You and all of Your Dependents during the Policy Period.
- Def. 20. **Surgical Procedure** means an operative procedure for the correction of deformities and defects, repair of injuries, cure of diseases, relief of suffering and prolongation of life.
- Def. 21. **TPA** means the third party administrator that We appoint from time to time as specified in the Schedule.
- Def. 22. **We/Our/Us** means the HDFC ERGO General Insurance Company Limited
- Def. 23. **You/Your/Policyholder** means the person named in the Schedule who has concluded this Policy with Us.

APPENDIX I : DAY CARE PROCEDURE

Day Care Procedures will include following Day Care Surgeries & Day Care Treatments

1. Stapedotomy
2. Stapedectomy
3. Revision of a stapedectomy
4. Other operations on the auditory ossicles
5. Myringoplasty (Type -I Tympanoplasty)
6. Tympanoplasty (closure of an eardrum perforation/reconstruction of the auditory ossicles)
7. Revision of a tympanoplasty
8. Other microsurgical operations on the middle ear

Other operations on the middle & internal ear

1. Myringotomy
2. Removal of a tympanic drain
3. Incision of the mastoid process and middle ear
4. Mastoidectomy
5. Reconstruction of the middle ear
6. Other excisions of the middle and inner ear
7. Fenestration of the inner ear
8. Revision of a fenestration of the inner ear
9. Incision (opening) and destruction (elimination) of the inner ear
10. Other operations on the middle and inner ear

Operations on the nose & the nasal sinuses

11. Excision and destruction of diseased tissue of the nose
12. Operations on the turbinates (nasal concha)
13. Other operations on the nose
14. Nasal sinus aspiration

Operations on the eyes

23. Incision of tear glands
24. Other operations on the tear ducts
25. Incision of diseased eyelids
26. Excision and destruction of diseased tissue of the eyelid
27. Operations on the canthus and epicanthus
28. Corrective surgery for entropion and ectropion
29. Corrective surgery for blepharoptosis
30. Removal of a foreign body from the conjunctiva
31. Removal of a foreign body from the cornea
32. Incision of the cornea
33. Operations for pterygium
34. Other operations on the cornea
35. Removal of a foreign body from the lens of the eye
36. Removal of a foreign body from the posterior chamber of the eye
37. Removal of a foreign body from the orbit and eyeball
38. Operation of cataract

Operations on the skin & subcutaneous tissues

39. Incision of a pilonidal sinus
40. Other incisions of the skin and subcutaneous tissues
41. Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues
42. Local excision of diseased tissue of the skin and subcutaneous tissues
43. Other excisions of the skin and subcutaneous tissues
44. Simple restoration of surface continuity of the skin and subcutaneous tissues
45. Free skin transplantation, donor site
46. Free skin transplantation, recipient site
47. Revision of skin plasty
48. Other restoration and reconstruction of the skin and subcutaneous tissues
49. Chemosurgery to the skin
50. Destruction of diseased tissue in the skin and subcutaneous tissues

Operations on the tongue

51. Incision, excision and destruction of diseased tissue of the tongue
52. Partial glossectomy
53. Glossectomy
54. Reconstruction of the tongue
55. Other operations on the tongue

Operations on the salivary glands & salivary ducts

56. Incision and lancing of a salivary gland and a salivary duct
57. Excision of diseased tissue of a salivary gland and a salivary duct
58. Resection of a salivary gland
59. Reconstruction of a salivary gland and a salivary duct
60. Other operations on the salivary glands and salivary ducts

Other operations on the mouth & face

61. External incision and drainage in the region of the mouth, jaw and face
62. Incision of the hard and soft palate
63. Excision and destruction of diseased hard and soft palate
64. Incision, excision and destruction in the mouth
65. Plastic surgery to the floor of the mouth
66. Palatoplasty
67. Other operations in the mouth

Operations on the tonsils & adenoids

68. Transoral incision and drainage of a pharyngeal abscess
69. Tonsillectomy without adenoidectomy
70. Tonsillectomy with adenoidectomy
71. Excision and destruction of a lingual tonsil

72. Other operations on the tonsils and adenoids

Trauma surgery and orthopaedics

73. Incision on bone, septic and aseptic
74. Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis
75. Suture and other operations on tendons and tendon sheath
76. Reduction of dislocation under GA
77. Arthroscopic knee aspiration

Operations on the breast

78. Incision of the breast
79. Operations on the nipple

Operations on the digestive tract

80. Incision and excision of tissue in the perianal region
81. Surgical treatment of anal fistulas
82. Surgical treatment of haemorrhoids
83. Division of the anal sphincter (sphincterotomy)
84. Other operations on the anus
85. Ultrasound guided aspirations
86. Sclerotherapy

Operations on the female sexual organs

87. Incision of the ovary
88. Insufflation of the Fallopian tubes
89. Other operations on the Fallopian tube
90. Dilatation of the cervical canal
91. Conisation of the uterine cervix
92. Other operations on the uterine cervix
93. Incision of the uterus (hysterotomy)
94. Therapeutic curettage
95. Culdotomy
96. Incision of the vagina
97. Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas
98. Incision of the vulva
99. Operations on Bartholin's glands (cyst)

Operations on the prostate & seminal vesicles

100. Incision of the prostate
101. Transurethral excision and destruction of prostate tissue
102. Transurethral and percutaneous destruction of prostate tissue
103. Open surgical excision and destruction of prostate tissue
104. Radical prostatovesiculectomy
105. Other excision and destruction of prostate tissue
106. Operations on the seminal vesicles
107. Incision and excision of periprostic tissue
108. Other operations on the prostate

Operations on the scrotum & tunica vaginalis testis

109. Incision of the scrotum and tunica vaginalis testis
110. Operation on a testicular hydrocele
111. Excision and destruction of diseased scrotal tissue
112. Plastic reconstruction of the scrotum and tunica vaginalis testis
113. Other operations on the scrotum and tunica vaginalis testis

Operations on the testes

114. Incision of the testes
115. Excision and destruction of diseased tissue of the testes
116. Unilateral orchidectomy
117. Bilateral orchidectomy
118. Orchidopexy
119. Abdominal exploration in cryptorchidism
120. Surgical repositioning of an abdominal testis
121. Reconstruction of the testis
122. Implantation, exchange and removal of a testicular prosthesis
123. Other operations on the testis

Operations on the spermatic cord, epididymis und ductus deferens

124. Surgical treatment of a varicocele and a hydrocele of the spermatic cord
125. Excision in the area of the epididymis
126. Epididymectomy
127. Reconstruction of the spermatic cord
128. Reconstruction of the ductus deferens and epididymis
129. Other operations on the spermatic cord, epididymis and ductus deferens

Operations on the penis

130. Operations on the foreskin
131. Local excision and destruction of diseased tissue of the penis
132. Amputation of the penis
133. Plastic reconstruction of the penis
134. Other operations on the penis

Operations on the urinary system

135. Cystoscopic removal of stones

Other Operations

136. Lithotripsy
137. Coronary angiography
138. Haemodialysis
139. Radiotherapy for Cancer
140. Cancer Chemotherapy

Note: The standard exclusions and waiting periods are applicable to all of the above procedures depending on the medical condition/ disease under treatment.
Only 24 hours hospitalization is not mandatory.

HEALTH SURAKSHA - GRIEVANCE REDRESSAL PROCEDURE

If You have a grievance that You wish Us to redress, You may contact Us with the details of Your grievance through

- Our website : www.hdfcergo.com
- Email : grievance@hdfcergo.com
- Telephone : 022 – 66383600 / 1800-226-226 / 1800-2700-700
- Fax : 022 - 66383699
- Courier : Any of our Branch office or corporate office

You may also approach the grievance cell at any of Our branches with the details of Your grievance during Our working hours from Monday to Friday.

If You are not satisfied with Our redressal of Your grievance through one of the above methods, You may contact Our Head of Customer Service at

The Grievance Cell,

HDFC ERGO General Insurance Company Ltd.

6th Floor, Leela Business Park,
Andheri Kurla Road, Andheri,
Mumbai - 400059

If You are not satisfied with Our redressal of Your grievance through one of the above methods, You may approach the nearest Insurance Ombudsman for resolution of Your grievance. The contact details of Ombudsman offices are mentioned below.

OMBUDSMAN OFFICES	
Jurisdiction	Office Address
Delhi, Rajasthan	2/2 A, 1st Floor, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI – 110 002
West Bengal, Bihar	29, N. S. Road, 3rd Fl., North British Bldg. KOLKATA -700 001.
Maharashtra	3rd Flr., Jeevan Seva Annexe, S.V. Road, Santa Cruz (W), MUMBAI - 400 054
Tamil Nadu, Pondicherry	Fatima Akhtar Court, 4th Flr., 453(old 312), Anna Salai, Teynampet, CHENNAI -600 018
Andhra Pradesh	6-2-46, 1st Floor, Moin Court, LaneOpp.SaleemFunctionPalace A. C. Guards, Lakdi-Ka-pool, HYDERABAD - 500 004.
Gujarat	2nd Flr., Ambica House, Nr.C.U. Shah College, 5, Navyug Colony, Ashram Road, AHMEDABAD - 380 014
Kerala, Karnataka	2nd Flr., CC 27/ 2603, PulinatBuilding, Opp. Cochin Shipyard, M.G. Road, ERNAKULAM - 682 015
North-Eastern States	Aquarius, Bhaskar Nagar, R.G. Baruah Rd. GUWAHATI - 781 021
Uttar Pradesh	Jeevan Bhawan, Phase 2, 6 th Floor, Nawal Kishore Rd., Hazartganj, LUCKNOW - 226 001
Madhya Pradesh	1st Floor, 117, Zone-II, (Above D.M. Motors Pvt. Ltd.) Maharana Pratap Nagar, BHOPAL - 462 011
Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh	S.C.O. No. 101,102 & 103, 2nd Floor, BatraBuilding, Sector 17-D, CHANDIGARH - 160 017
Orissa	62, Forest Park, BHUBANESWAR - 751 009

STATUTORY NOTICE: INSURANCE IS THE SUBJECT MATTER OF THE SOLICITATION.