



## IFFCO-TOKIO GENERAL INSURANCE CO. LTD

Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

### Jan Swasthya Beema Yojana

This POLICY is evidence of the contract between YOU and US. The proposal along with any written statement(s), declaration(s) of YOURS for purpose of this POLICY forms part of this contract.

This POLICY witnessed that in consideration of YOUR having paid the premium for the period stated in the schedule or for any further period for which WE may accept the payment for renewal of this policy, WE will insure the Insured Person(s) and accordingly WE will pay to YOU or to insured person(s) or their legal representatives, as the case may be in respect of events occurring during the period of insurance in the manner and to the extent set-forth in the policy including endorsements provided that all the terms, conditions, provisions, and exceptions of this policy in so far as they relate to anything to be done or complied with by YOU and/or Insured Person(s) have been met.

The Schedule shall form part of this POLICY and the term 'POLICY' whenever used shall be read as including the Schedule.

Any word or expression to which a specific meaning has been attached in any part of this POLICY or of Schedule shall bear such meaning whenever it may appear.

THE POLICY is based on information which have been given to US about Insured Person(s) pertaining to risk insured under the policy and the truth of this information shall be condition precedent to YOUR or the Insured Person(s) right to recover under this POLICY.

### Definition of Words

1. **Proposal** It means any signed proposal by filing up the questionnaires and declarations, written statements and any information in addition thereto supplied to US by YOU.
2. **Policy** It means the policy booklet, the Schedule and any applicable endorsement or memoranda. The policy contains details of the extent of cover available to Insured person (s), what is excluded from the cover and the conditions on which the policy is issued.
3. **Schedule** It means latest Schedule issued by US as part of the policy. It provides details of the policy of Insured person(s) which are in force and the level of cover Insured Person(s) have.
4. **Sum Insured** It means the monetary amount shown against Insured Person.
5. **WE/OUR/US** It means **IFFCO-TOKIO GENERAL INSURANCE COMPANY LIMITED.**

6. **YOU/YOUR** It means the person(s)/the company/the entity named as Insured in the Schedule
7. **Insured Person** The person named as Insured person(s) in the Schedule lodged with US by YOU.
8. **Period of Insurance** It means the duration of this policy as shown in the Schedule.
9. **Injury** It shall mean accidental bodily injury solely and directly caused by external, violent and visible cause. This definition includes accidental bodily injury resulting from exposure to element of the cause.
10. **Disease** It means an illness which Medical Practitioner or Surgeon will certify as Insured Person is suffering from and unable to feel as Normal.
11. **Hospital/Nursing Home** It means any institution with in India established for indoor care and treatment of sickness, injuries and which is either Registered as a Hospital or Nursing Home with the local authorities and is under the supervision of a registered and qualified Medical Practitioner, OR Complying with following criteria
  - a) It should have atleast 15 in-patient Beds. However, in Class 'C' cities, the institution should have atleast 10 in-patient Beds.
  - b) It is having fully equipped operation theatre of its own for carrying out surgical operation.
  - c) It is having fully qualified Nursing Staff under its employment round the clock.
  - d) It is under charge of fully qualified Doctor(s) round the clock.

In the event of hospitalisation of Insured Person requiring Ayurvedic and psychiatric treatment, which do not involve operative/Surgical procedure, WE may waive the condition (ii) stated above requiring Operation Theatre depending upon the merit of the case.

The term "HOSPITAL/NURSING HOME" shall not include an establishment, which is a place of rest, a place for the aged, drug-addicts, alcoholics, a hotel or a similar place.

12. **Surgical Operation** It means manual and/or operative procedures for correction of deformities and defects, repair of injuries, diagnosis and cure of diseases, relief of suffering and prolonging of life.
13. **Hospitalisation** It means treatment of Insured Person as Inpatient in the Hospital/Nursing Home for a minimum period of 24 hours. However for specific treatment i.e. Dialysis, Chemotherapy, Radiotherapy, Eye Surgery, Lithotripsy (Kidney stone removal), Tonsillectomy, D&C, undertaken by Insured Person in the Hospital/Nursing Home, the above time limit of 24 hours will not be mandatory. Further the treatment will be considered to be taken under Hospitalisation Benefit. In case of other specified treatments, the minimum stay of 24 hours will not be mandatory provided that the following conditions are fulfilled:
  - a) The treatment is such that it necessitates Hospitalisation and Procedure involved requires specialised infrastructure facilities available in the Hospitals.
  - b) Due to technological advances, the period of Hospitalisation is less than 24 hours.

14. **Any One illness** It means continuous period of illness including relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken. Occurrence of same illness after a lapse of 45 days as stated above will be considered as fresh illness for the purpose of this Policy.
15. **Pre-Hospitalisation** Relevant medical expenses incurred up to 30 days prior to hospitalisation on disease/illness/injury sustained will be part of Hospitalisation Expenses claim.
16. **Post Hospitalisation** Relevant medical expenses incurred during period up to 60 days after Hospitalisation on disease/illness/injury sustained will be part of Hospitalisation Expenses claim.
17. **Medical Practitioner** It means a person holding a degree/diploma of a recognised institution and registered by Medical Council of respective State of India. The term Medical Practitioner would include Physician, Surgeon and Specialist.
18. **Qualified Nurse** It means a person holding a certificate of a recognised Nursing Council and who is employed on recommendations of the attending Medical Practitioner.
19. **Domiciliary Hospitalisation** It means a Medical treatment for a period of more than 3 days for such type of illness, disease or injury which in the normal course would require hospitalisation of Insured Person, but actually taken at home under any of the following circumstances.
- a) The condition of the patient is such that he/she cannot be moved to the hospital/nursing home
- OR
- b) The patient cannot be moved to hospital/nursing home for lack of accommodation therein.
20. **Pre-existing Conditions** It means an injury and /or any sickness and/or its symptoms, which exists when the cover incepts for the first time. Complication arising from pre-existing disease will be considered part of pre-existing condition.
21. **Maternity Expenses Benefit** It means treatment taken in Hospital/Nursing Home arising from or traceable to pregnancy, childbirth including normal Caesarean Section and this benefit is available on payment of additional premium.

22. **Coverage**

WHAT IS COVERED	WHAT IS NOT COVERED
<p>If the Insured Person sustains injury or contracts any disease and upon advice of Medical Practitioner, he/she has to incur Hospitalisation Expenses then WE will pay for the following in Hospitalisation Expenses:</p> <p>1 Room, Boarding Expenses as provided by the Hospital/Nursing Home.</p>	<p><b>WE will not pay for</b></p> <p>1. Such Disease(s) which are in pre-existing condition.</p> <p>2. Any Expense on Hospitalisation/Domiciliary Hospitalisation for any diseases other than those stated in Clause 3. Of "What is not covered" during first 30 days of commencement of this Insurance cover. This</p>

<p>2 Nursing Expense.</p> <p>3 Medical Practitioner/Anaesthetist, Consultant fees.</p> <p>4 Expense on Anaesthesia, Blood, Oxygen, Operation Theatre charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of pacemaker, Artificial Limbs, Cost of organs and similar expenses.</p> <p>5 Expenses on Vitamins and Tonics forming part of treatment as certified by the attending Medical Practitioner.</p> <p>6 WE will also pay for those of above relevant expenses in Domiciliary Hospitalisation.</p>	<p>exclusion shall not however apply if in the opinion of Panel of Medical Practitioners constituted by US, the Insured Person could not have known of the existence of the Disease or any symptoms or complaints thereof at the time of making the proposal for Insurance to US. This exclusion shall not, however, apply in case of the Insured Person having been covered under this Scheme or Group Insurance Scheme with any of Indian Insurance Companies for a continuous period of preceding 12 months without any break.</p> <p>3. In the first year of operation of Insurance Cover on treatment of disease such as:</p> <ul style="list-style-type: none"> <li>• Cataract, Benign, Prostatic Hyperthropy, Hysterectomy for Menorrhagia or Fibromyoma</li> <li>• Hernia, Hydrocele, Congenital Internal Disease.</li> <li>• Fistula in anus, Piles, Sinusitis and related disorders.</li> </ul> <p>If the above mentioned diseases are pre-existing at the time of proposal, they will not be covered even during subsequent period of renewal too.</p> <p>4. Circumcision except for disease not excluded here or Injury, Vaccination or Inoculation or change of life or cosmetic or aesthetic treatment of any description, plastic surgery except for relating to treatment of injury or illness.</p> <p>5. Cost of Spectacles and contact lens, hearing aids.</p> <p>6. Convalescence, General Debility, Run down condition or rest cure, congenital External Disease or defects or anomalies, sterility, venereal disease, intentional self injury and use of Intoxicating drugs/alcohols.</p> <p>7. Any Expense of any treatment related to Human T.Cell Lymphotropic viruses Types III (11TLB-III) or Lymphadinspathy Associated viruses (LAV) or the Mutant derivatives or Variations Deficiency Syndrome or any syndrome or a Condition of a similar kind referred to as AIDS.</p> <p>8. Expenses on Diagnostic, X-Ray, or Laboratory examinations unless related to the treatment of sickness or injury falling within ambit of Hospitalisation or Domiciliary hospitalisation.</p>
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	<p>9. (a) Expenses on treatment as a consequence of pregnancy childbirth including caesarean section. (This exclusion will stand deleted where policy is extended to cover Maternity Benefits).</p> <p>(b) Voluntary Medical termination of pregnancy during the first 12 (twelve) weeks from the date of conception.</p> <p>10. Any Expenses on treatment of Insured person as outpatient in the Hospital.</p> <p>11. Any Expenses on Naturopathy</p> <p>12. Any Expenses under Domiciliary Hospitalisation for</p> <ul style="list-style-type: none"> <li>• Pre and Post Hospitalisation treatment</li> <li>• Treatment of following diseases: <ul style="list-style-type: none"> <li>I. Asthma</li> <li>II. Bronchitis</li> <li>III. Chronic Nephritis and Nephritic Syndrome</li> <li>IV. Diarrhoea and all type of Dysenteries including Gastro-enteritis</li> <li>V. Diabetes Mellitus and Insipidus</li> <li>VI. Epilepsy</li> <li>VII. Hypertension</li> <li>VIII. Influenza, Cough and Cold</li> <li>IX. All types of Psychiatric or Psychosomatic Disorders</li> <li>X. Pyrexia of unknown Origin for less than 20 days</li> <li>XI. Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis</li> <li>XII. Arthritis, Gout and Rheumatism</li> <li>XIII. Dental Treatment or Surgery</li> </ul> </li> </ul>
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### **General Conditions**

1. **Reasonable Precautions** YOU/Insured Person shall take all reasonable precautions to prevent injury, illness, disease in order to minimize claims.
2. **Notice** YOU/Insured Person will give every notice and communication in writing to our office through which this insurance is effected.
3. **Misdescription** The Policy shall be void and all premium paid by YOU to US be forfeited in the event of misrepresentation or concealment of any material information.
4. **Changes in Circumstances** YOU must inform US, as soon as reasonably possible of any change in information YOU have provided to US about Insured person(s) which may affect the Insurance cover provided e.g. duty, business, occupation.

5. **Claim Procedure and Requirements** An event which might become a claim under the policy must be reported to US as soon as possible, but not later than 7 days from the date of Hospitalisation. A written statement of the claim will be required and a claim form will be provided and the claim must be filed within 30 days from the date of discharge from the Hospital except for in extreme cases of hardship where it is proved to our satisfaction that under the circumstances, in which YOU, the Insured Person or his/her personal representative were placed, it was not possible for any one of YOU to give notice or file claim within the prescribed time limit.

The Insured Person must give all bills, receipts, certificates, information and evidences from a Medical Attendant or otherwise required by US in the manner and form as WE may prescribe. In such claims our representative shall be allowed to carry out examination and obtain information in case of alleged injury or disease requiring Hospitalisation if and when WE may reasonably require.

6. **Fraud** If a claim is fraudulent in any respect or supported by any fraudulent statement or device with or without YOUR knowledge or that of Insured Person, all benefit(s) under this Policy shall be forfeited.
7. **Contribution** If, when any claim arises, there is in existence any other Insurance (other than Cancer Insurance Policy) covering the same loss/liability, compensation, costs or expenses, WE will pay only our rateable proportion. The benefits under this Policy shall be in excess of the benefits available under Cancer Insurance Policy.
8. **Renewal** The Policy may be renewed by mutual consent every year and in such event, the renewal premium shall be paid to US on or before the date of expiry of the Policy or of the subsequent renewal thereof. However, WE shall not be bound to give notice that such renewal premium is due.
9. **Cancellation** WE may cancel this policy by sending 30(Thirty) days notice by registered post to YOUR last known address. YOU will then be entitled to a pro-rata refund of premium for unexpired period of this policy in respect of such insured person(s) in respect whom no claim has arisen.

YOU may cancel the policy by sending written notice to US under Regd. Post WE will then allow a refund on following scale, except for those Insured Person(s) where claim has been preferred on US under the current policy:

<b><u>Period of Cover upto</u></b>	<b><u>Refund of Annual Premium rate(%)</u></b>
1 Month	75%
3 Month	50%
6 Month	25%
Exceeding Six Months	NIL

10. WE will not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealings with or relating to this policy. YOUR receipt or receipt of Insured Person shall in all cases be an effective discharge to US.
11. **Arbitration** Should any dispute arise between US and YOU on quantum of Amount payable (liability being admitted by US), such dispute will be referred to Arbitrator to be appointed in accordance with statutory provisions of the country in force at that time. Further, if when any

dispute is referable or referred to arbitration, the making of an award by arbitration, shall be a condition precedent to any right of action by YOU against US.

12. **Disclaimer Clause** If WE shall disclaim our liability in any claim and such claim shall not have been made subject matter of suit in a court of law within 12(twelve) months from date of disclaimer, then the claim shall for all purpose be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.

13. No sum payable under this **policy** shall carry any interest/ penalty.

14. The geographical scope of this **policy** will be **India**.

15. **MATERNITY EXPENSES BENEFIT (Wherever applicable)** This is an optional cover, which can be obtained on payment of additional premium for all the Insured Persons under the Policy.

a. Option for Maternity Benefits has to be exercised at the inception of the policy period and no refund is allowable in case of Insured's cancellation of this option during currency of the policy.

b. The maximum benefit allowable under this clause will be upto Rs.50,000/- or 20% of the Sum Insured opted by the member of the group whichever is lower.

c. **Special conditions applicable to Maternity Expenses Benefit Extension**

1. These benefits are admissible only if the expenses are incurred in Hospital/Nursing Home as in-patients in India.

2. A waiting period of 9 months is applicable for payment of any claim relating to normal delivery or caesarean section or abdominal operation for extra uterine Pregnancy. The waiting period may be relaxed only in case of delivery, miscarriage or abortion induced by accident or other medical emergency.

3. Claim in respect of only first two children and/or operations associated therewith will be considered in respect of any one Insured Person covered under the Policy or any renewal thereof. Those Insured Persons who are already having two or more living children will not be eligible for this benefit.

4. Pre-natal and post-natal expenses are not covered unless admitted in Hospital/Nursing Home and treatment is taken there.