



The New India Assurance Co. Ltd.

(A subsidiary of General Insurance Corporation of India)
Regd. & Head Office : New India Assurance Building, 87, Mahatma Gandhi Rd. Fort, Bombay - 400 001.

Issuing Office Stamp

हि. न्यू इंडिया एश्योरन्स क. लिमिटेड
The New India Assurance Co. Ltd.
306 नारायण पेथ, विजय नगर के सामने, लक्ष्मी रोड,
307 Narayan Peth, Near Lakshmi Road,
Pune 411 030. टेली - 899 030.
Branch No. 153102 शाखा क. 942902 4451648 Fax 4453021

Affix Policy Stamp

BHAVISHYA AROGYA

1.1 WHEREAS the Insured named in the Schedule hereto has applied to The New India Assurance Company Ltd. (hereinafter called the "Company") by a written proposal form dated as stated in the Schedule, warranting the truth of the statement contained therein by a declaration, which is the basis of this contract and is deemed to be incorporated herein and has paid the first annual instalment premium deposit and agreed to pay each year within the time limit prescribed, remaining similar annual installment premium deposits upto the selected age of retirement, hereinafter called the "Policy Retirement Age" or has paid the entire deposit premium in one single payment as set forth in the Schedule hereto.

1.2 NOW THIS POLICY WITNESSETH that subject to the terms, conditions, exclusions and definitions contained herein or endorsed or otherwise expressed hereon the Company undertakes that if during the balance period of life time of the Insured commencing from the "Policy Retirement Age" as herein defined and as stated in the Schedule hereto, the Insured shall whilst anywhere in India incur medical / surgical expenses upon the advice of a duly qualified Physician / Medical specialist duly qualified surgeon / medical practitioner (hereinafter called Medical Practitioner) at (i) any nursing home/hospital herein defined (hereinafter called Hospital) as an inpatient or (ii) under domiciliary hospitalization benefits as hereinafter defined in connection with illness/disease or bodily injury through accident the company will pay to the Insured the amount of such expenses as are actually and necessarily incurred in respect thereof by or on behalf of such Insured but not exceeding the amount for any one illness and the amount during the life time of the Insured commencing from the Policy Retirement Age as stated in the Schedule.

DEFINITIONS

2.1 HOSPITAL/NURSING HOME

Shall be deemed to mean any institution in India established for indoor care and treatment of sickness and injuries and which has been registered either as a Hospital or Nursing Home with the local authorities and is under the supervision of a registered and qualified doctor.

2.1.1 The term "Hospital" shall not include an establishment which is a place of rest, a place for the aged, a place for drug addicts, a place of alcoholics, a hotel or a similar place.
In case Hospital/Nursing Home is not registered with the local authority, the minimum requirements to be complied with will be as under :

- 1) it should have at least 10 inpatient beds.
- 2) fully equipped nursing staff in its employment round the clock.
- 3) fully equipped operation theatre of its own.
- 4) fully qualified Doctor should be in charge round the clock.

2.2 DOMICILIARY HOSPITALIZATION BENEFIT

Means medical treatment for a period exceeding three days for such Illness/Disease/Injury which in the normal course should require care and treatment at a Hospital/Nursing Home but actually taken whilst confined at home in India under any of the following circumstances viz.

- 2.2.1 The condition of the patient is such that he/she cannot be removed to the Hospital/Nursing Home or
- 2.2.2 The patient cannot be removed to Hospital/Nursing Home for lack of accommodation therein or
- 2.2.3 The patient prefers to be confined at home for the treatment with the approval of the attending medical practitioner.

Subject however that domiciliary hospitalisation benefits shall not cover expenses incurred for treatment for any of the following diseases :

1. Asthama
2. Bronchitis
3. Diarrhoea and all type of Dysenteries including Gastroenteritis
4. Diabetes Mellitus and Insipidus
5. Epilepsy
6. Hypertension
7. Influenza, Cough and Cold
8. All Psychiatric or Psychosomatic Disorders

Note : When treatment such as Dialysis, Chemotherapy, Radiotherapy etc. is taken in the Hospital/ Nursing Home and the Insured is discharged on the same day, the treatment will be considered to be taken under Hospitalisation Benefit Section.

3.0 ANY ONE ILLNESS

Any One Illness will be deemed to mean continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Doctor/Hospital/Nursing Home Occurrence of some illness after a lapse of 45 days as stated above will be considered as new illness.

3.1 MEDICAL PRACTITIONER

Means a person who holds a degree/diploma of a recognised institution and is registered by Medical Council of respective state of India.

3.2 QUALIFIED NURSE

Means a person who holds a certificate/diploma of a recognised Nursing Council and who is employed on recommendation of the attending Medical Practitioner.

4.0 POLICY RETIREMENT AGE

Means the age selected by the Insured at the time of signing proposal and specified in the Schedule for the purpose of commencement of benefits in the policy. The Policy Retirement Age cannot be advanced due to any cause during the pre-retirement period.

5.0 PRE-RETIREMENT PERIOD

Means the period commencing from the date of acceptance of the proposal and ending with the Policy Retirement Age specified in the Schedule during which the Insured shall be paying instalment/single premium deposit as applicable.

EXCLUSIONS

The company shall not be liable to make any payment under the policy in respect of any expenses whatsoever incurred by the Insured in connection or in respect of

6.1 Injury or disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War-like Operations (whether war be declared or not).

6.2 Routine eye examination and cost of glasses and contact lenses.

6.3 Dental treatment or surgery of any kind unless requiring hospitalisation.

6.4 Convalescence, general debility, "Run-down" condition or rest cure, congenital external defects or anomalies, sterility, venereal disease, intentional self-injury, use of intoxicating drugs.

6.5 Charges incurred at Hospital or Nursing Home primarily for diagnostic X-Ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment sickness or injury, for which confinement is required at Hospital, Nursing Home or at home under Domiciliary Hospitalisation as defined.

6.6 Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending physician.

6.7 Injury or disease directly or indirectly caused by or contributed to by nuclear weapons.

6.8 Naturopathy Treatment.

7.0 PREMIUM DEPOSIT CLAUSE

The premiums due under this policy shall become payable on the installment due dates and the date of payment of first installment premium deposit shall signify the commencement of pre-retirement period, as herein defined, and each annual installment premium deposit or single premium payment as the case may be upto the retirement age, as stated in the Schedule shall be paid on or before the due date.

No receipt for premium shall be valid except on the official form of the Company signed by a duly authorised official of the Company.

7.1 GRACE PERIOD

A grace period of 30 days will be allowed in regard to payment of annual instalment of premium deposit. If payment is delayed beyond the grace period additional premium will be charged at the rate of 1% per month or part thereof upto a maximum period of six months including grace period of 30 days. If premium instalments are not received within the maximum period of six months, the policy will automatically lapse and it will qualify for refund on demand at prescribed scale.

7.2 Commencement Of Risk

The risk is to commence from the date on which the last instalment premium is paid. In case the last instalment of premium is not paid on the due date maximum grace period allowable will be six months without charging additional premium but the risk will commence only from the date of payment of the last instalment. After expiry

7.3 CUMULATIVE BONUS

After commencement of risk, Cumulative Bonus at 5% of maximum benefit available at the beginning of each, claim free year will be added to the sum insured for the subsequent year subject to maximum accumulation for 10 (ten) such claim free years in all during entire policy period.

CONDITIONS

- 8.1 Every notice or communication to be given or made under this policy shall be delivered in writing at the address as shown in the Schedule.
- 8.2 The due payment of annual instalment premium deposit and the observance and fulfilment of the terms, provisions, conditions and endorsements of this policy by the insured person in so far as they relate to anything, to be done or complied with by the insured, shall be a condition precedent to any liability of the company to any payment under this policy. No waiver of any terms, provisions, conditions and endorsement of this policy shall be valid, unless made in writing and signed by an authorised official of the Company.
- 8.3 Upon the happening of any event which may give rise to a claim under this policy after reaching "Policy Retirement Age", notice with full particulars shall be sent to any of the officers of the Company within seven days from the date of hospitalisation/domiciliary hospitalisation and valid acknowledgement obtained.
- 8.4 Claims must be filed within 15 days after completion of treatment under Hospitalisation or Domiciliary Hospitalisation.
NOTE : Waiver of conditions 8.3 and 8.4 will not be generally allowed except in extreme cases of hardship where it is proved to the satisfaction of the Company that under the circumstances in which the insured was placed, it was not possible for him or any other person to give such notice or file claim within the prescribed time limit.
- 8.5 The Insured shall obtain and furnish the Company with all original bills, receipts and other documents upon which a claim is based and shall also give to the Company such additional information and assistance as the Company may require in dealing with the claim.
- 8.6 For "Domiciliary Hospitalisation" benefits the Insured shall furnish to the Company a certificate from the medical practitioner certifying the necessity for hospitalisation treatment for the insured giving reasons and allowing the Insured's confinement at home for necessary medical attention as stated under para 2.2
- 8.7 The Company has the right to authorise any Medical Practitioner to examine the Insured in case of any alleged injury or disease requiring hospitalisation or domiciliary hospitalisation.
- 8.8 The Company shall not be liable to make any payment under this policy in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent means or device whether by the Insured or by any other person acting on his behalf.
- 8.9 If at the time when any claim arises under this policy, there is in existence any other insurance (other than Cancer Insurance Policy and Medical Benefit Extension under Personal Accident Policy) Whether it be effected by or on behalf of any insured person in respect of whom the claim has arisen covering the same loss, cost or expense, the Company shall not be liable to pay or contribute more than its rateable proportion of any cost or expense. The benefit under this policy shall however be in excess of the benefits available under Cancer Insurance Policy and Medical Benefits Extension under Personal Accident Policy.
- 8.10 If any difference shall arise as to the quantum to be paid under this policy (liability being otherwise admitted) such difference shall be referred to Arbitration accordance with the Provisions of the Indian Arbitration Act, 1940 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 provided if the Company has disputed or not accepted liability under or in respect of this policy.
- 8.11 If the Company shall disclaim liability to the Insured for any claim hereunder and if the Insured shall not within 12 calendar months from the date of receipt of notice of such disclaimer notify the Company in writing that he does not accept such disclaimer and intends to recover this claim from the Company, then the Claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.
- 8.12 All claims under this policy shall be payable in Indian Currency.
- 8.13 If during the pre-retirement period i.e. prior to the date of "Policy Retirement Age" if the Insured dies by any cause whatever policy will be treated as cancelled and a refund of premium on the basis of appropriate scale will be allowed to the assignees under the policy.
- 8.14 In case of voluntary termination of the policy either by the insured or the Company during the pre-retirement period i.e. prior to the date of "Policy Retirement Age" the refund of premium on the basis of prescribed scale will be allowed to the insured to the extent of 75% of the refund stated in para 8.13 above.
- 8.15 If after commencement of risk at "Policy Retirement Age" selected, Insured dies by any cause whatsoever without preferring any claim at all, refund will be allowed at appropriate scale. Similarly in case of voluntary withdrawals from the scheme refund will be allowed to the extent of 75% of refund payable on death, provided no claim is preferred.