HERizon Care Prospectus

Introduction

Health insurance is essential for women to manage their unique health needs, access necessary medical services, and ensure financial protection throughout their lives. Each stage of life requires tailored health care and attention, reflecting the dynamic changes in women's bodies and lifestyles.

What are the covers and their eligibility criteria under this policy?

Vita Shield			
Covers	**Sum Insured /Benefit offered**	**Waiting Period**	**Opt-in/Opt-out**
Critical illness Cover	Sum Insured options INR 3L/ 5L/ 7.5L/ 10L/ 15L/ 20L/ 25L/ 50L/ 1C and 2Cr. • Max sum insured offered shall be 10 times of annual income • Non- earning dependent members Sum Insured shall be restricted to INR10L OR Sum insured opted for Primary Insured whichever is lower. • For renewals of age 61 years & above the maximum Sum Insured would be INR.10L or expiring Sum Insured whichever is lower • Benefit pay-out, 100% of opted Critical Illness Sum insured, subject to completion of Survival period	Waiting period - 90,120,180, 365 days Survival period - 0, 7, 15, 30 days	At inception
On the Mend	INR 5000/week for maximum 4 weeks per policy period, over and above Critical illness Cover for hospitalization more than 10 consecutive days	30 days at inception	
Holistic Wellness	Value Added services + Preventive Care (Health check up every 3 years)	Not applicable	
Extensions to Critical illness Cover	Extension 1 - Children Education Bonus, 10% of Critical illness sum insured maximum up to INR 2L, over and above Critical illness Cover	As per Critical illness Cover	At inception /renewal
	Extension 2 - Loss of Job 10% of Critical illness sum insured maximum up to INR 5L, over and above Critical illness Cover	As per Critical illness Cover	At inception /renewal
	Extension 3 - Incidental expenses 5% of the Critical illness Sum Insured subject to a maximum limit of INR 25,000, over and above Critical illness Cover	As per Critical illness Cover	At inception /renewal
Cradle Care (Surrogacy OR Oocyte Donor Cover)			
Covers		**waiting period**	**Opt-in/Opt-out**
Surrogacy Support	INR 50,000 / 1 L Indemnity based pay out	30 days at inception	At inception - Default cover for 3 years
Oocyte Donor Cover	INR 50,000/ 1 L Indemnity based pay out	30 days at inception	At inception Cover period 12 months only
Optional Covers			
Covers		**waiting period**	**Opt-in/Opt-out**
Nurture Nest	Sum Insured – INR 1L / 2L / 3L Indemnity base pay out A. Expenses towards Surgical management for Infertility - up to Sum insured	24 months from the time the cover is opted	At inception /renewal*
	B. Adoption Expense - up to INR 50,000		
	C. Egg Freezing (Cryo-Preservation) procedure Expense - 30% of Nurture nest Sum Insured		
MotherHood	Sum Insured – INR 1L / 2L / 3L Indemnity base pay out A. Assisted Reproductive Technology Expenses B. Maternity Expense	24 months from the time the cover is opted	At inception /renewal*
Fetal Flourish	INR 1L / 2L / 3L / 4L / 5L Indemnity based pay out A. Pre-natal Health B. Congenital Disability Benefit	24 months from the time the cover is opted	At inception /renewal*
	Extension 6. Hospital Daily allowance Sum Insured – INR 1000 / 1500 / 2000 per day Mother / Child is hospitalised (until child turns 1 year old), max up to 10 days over and above Fetal Flourish Sum insured	As per Fetal Flourish Cover	At inception /renewal*
Prophylactic Surgeries	Sum Insured – INR 1L / 2L / 3L Indemnity based pay out	24 months from the time the cover is opted	At inception /renewal*
Legal Expense Support	Sum Insured – INR 50,000 per policy year Benefit pay-out	30 days at inception	At inception /renewal*

Note:

i. It is mandatory to opt for either Vita Shield or Cradle Care benefit under the policy,
ii. Optional Covers can be opted only with Vita Shield benefit .
iii. All respective cover extensions once opted cannot be opted out at renewal , subject to the respective
iv. In the event of Us paying a claim under Critical illness cover of Vita Shield benefit, then the coverage under HERizon Care Policy for the respective insured member shall continue for the remaining policy period , however at renewal the policy will cease to existing with reference to that Insured Member .
v. *If opted out at renewal and want to opt back in, waiting periods will apply afresh

Who can be covered under the policy?

You can include all of the following relationships: Self, Spouse (female), Live-in Partner, Sister, Mother, Mother-in-law, Daughter, Daughter-in-law, Granddaughter, Aunt, Sister-in-law, Grandmother, Great-granddaughter, Surrogate mother, Oocyte Donor
Note: - Cover shall be offered on individual sum insured basis only

What is the entry age eligibility under the policy?

Adult 18 – 80 years, Child 90 days to o 35 years

- Cradle Care : Surrogacy Care 25 years to 35 years
- Cradle Care : Oocyte Donor 23 years to 35 years
- MotherHood: Assisted Reproductive Technology Expenses 21 years to 45 years
- Nurture Nest: Egg Freezing 21years to 45 years
- Nurture Nest: Surgical management for Infertility 21years to 45 years
- Fetal flourish: Congenital: up to 40 years for mother

What is the renewal age?

Under normal circumstances, lifetime renewal benefit is available under the policy except on the grounds of fraud, misrepresentation or moral hazard. The maximum renewal age for optional covers is as mentioned under age eligibility.

What is the Policy Tenure available ?

1 Year, 2 Year, 3 Year , 4 year, 5 year

Are there any Pre policy Medical tests applicable?

Medical tests may be needed based on your age, section opted, sum insured, and health declaration (if any). These tests will be done at our empaneled diagnostic centres, and the results will be valid for 30 days. If your proposal is accepted and policy issued, 100% of the standard Pre-policy medical test costs will be reimbursed.

Sum Insured in INR	18 yrs. to 30 Yrs.	31 yrs. – 45 year	Age above 45 years
1 to 10 Lacs	No Medical Test**	No Medical Test**	VHC *
Above 10 Lac to below 35 Lacs	No Medical Test**	VHC *	VHC *+ USG(Abd. and Pelvis) + mammography, PAP smear
35 lacs to 1 Crore	VHC *	VHC* + USG(Abd. and Pelvis) + mammography, PAP smear	VHC* + USG(Abd. and Pelvis) + mammography, PAP smear + Hepatitis B Antigen
Above 1 crore to 2 crores	VHC* + USG(Abd. and Pelvis) + mammography, PAP smear + Hepatitis B Antigen	VHC* + USG(Abd. and Pelvis) + mammography, PAP smear + Hepatitis B Antigen	VHC* + USG(Abd. and Pelvis) + mammography, PAP smear + Hepatitis B Antigen

*VHC - Full Medical Report, ECG with reporting, FBG, CBC WITH ESR , Cholesterol, HDL Cholesterol, Triglycerides, Creatinine, GGTP, SGOT, SGPT, HbA1c, Urinalysis, Total Protein, Sr. Albumin, Sr. Globulin, A:G Ratio
** Subject to no adverse health conditions

Will there be an additional loading for any adverse health condition?

The company may add a risk loading to the premium applicable for the person to be insured, based on the information provided in the proposal form and the health status of those insured.

i. The maximum risk loading for any individual for all conditions put together will not exceed 200% per insured person.
ii. Such loading will be intimated to the customer and consent shall be taken before policy is issued
iii. This loading will take effect from the policy's Commencement Date and will apply to any subsequent renewals with the company.

What we will pay for

1. Vita Shield

The Vita Shield benefit has 4 inbuilt covers and 3 optional extensions

A. Critical Illness Cover

If the Insured Member is diagnosed with any of the listed Critical Illnesses during the Policy Period, we will pay 100% of the Sum Insured specified under this cover, subject to .

i. A Survival period
ii. If claims are admissible for more than one listed critical illness, our maximum liability is limited to 100% of the Sum Insured under this cover
iii. List of Critical illness and procedures covered

Sr. No.	Critical Illness
1.	Breast Cancer
2.	Fallopian Tube Cancer
3.	Uterine/Cervical Cancer
4.	Ovarian Cancer
5.	Vaginal Cancer
6.	Thyroid Cancer
7.	Multi trauma
8.	Third degree Burns
9.	Osteoporotic Fracture
10.	Cancer of Specified Severity (All cancers other than those under 1-6 above)
11.	Myocardial Infarction (First Heart Attack – of Specific Severity)
12.	Open Chest CABG
13.	Open Heart Replacement or Repair of Heart Valves

14.	Major Surgery of Aorta
15.	Heart Transplant
16.	Cardiomyopathy
17.	Kidney Failure Requiring Regular Dialysis
18.	Systematic lupus Erythematosus. with Renal Involvement
19.	Kidney Transplant
20.	Stroke Resulting in Permanent Symptoms
21.	Coma of Specified Severity
22.	Permanent Paralysis of one limb
23.	Motor Neurone Disease with Permanent Symptoms
24.	Multiple Sclerosis with Persisting Symptoms
25.	Benign Brain Tumour
26.	Brain Surgery
27.	Major Head Trauma
28.	Blindness in both the eyes
29.	Deafness in both ears
30.	Loss of Speech
31.	End stage lung failure
32.	End Stage liver failure
33.	Major organ /Bone Marrow Transplant
34.	Primary (Idiopathic)Pulmonary Hypertension

Note: the conditions listed in table above are defined in Annexure I of Policy Wordings

Extension applicable to Critical Illness cover

You can opt for any of the below extensions on payment of additional premium along with Vita Shield Section. The payout for the extensions shall be over and above the Critical Illness Sum Insured.

Extension 1. Children Education Bonus

In the event of a Claim being admissible under Critical Illness cover the policy will pay Children's Education Bonus for future education of Your children. The amount payable under this section would be restricted to 10% of Critical Illness Sum insured maximum up to INR 2 Lakhs as a lump sum for one or more child put together, subject to dependent child(ren) are less than 25 years of age.

Extension 2. Loss of Job

In the event of the Insured Member losing their job within a period of 3 months of the date of diagnosis of any of the listed conditions under Critical illness , the policy will pay 10% of Critical illness Sum insured maximum up to INR 5 Lakhs towards loss of employment as a lump sum. Claim for Loss of Job shall be paid only if We have accepted a claim under Critical Illness cover.

Specific Exclusions

The Company shall not be liable to make any payment under this extension with respect to:

i. Loss of Job due to voluntary resignation from service
ii. Self-employed persons;
iii. Any claim relating to unemployment from a job which is casual, temporary, seasonal or contractual in nature or any claim relating to an employee not on the direct rolls of the employer
iv. Any unemployment from a job under which no salary or any remuneration is provided to the Insured Member

Extension 3. Incidental Expense

The benefits under this extension aid faster recovery of the Insured Member post a critical illness being diagnosed and claim being paid by Us under Critical Illness cover. The Company will make an additional payment of 5% of the Critical illness Sum Insured subject to a maximum limit of INR 25000 as specified in the Policy Schedule as a lump sum towards expenses incurred on either Medically necessary reconstructive surgery, Physiotherapy/Home Nursing expense, Post-Surgical Implants or Rehabilitation counselling of the insured.

B. On the Mend (Getting back on Feet)

We will pay You a weekly expense of INR 5000/week for maximum 4 weeks per Policy Year, as post hospitalization rehabilitation expense, subject to following

i. Hospitalization is for at least 10 consecutive days,
ii. We have received a medical certificate from treating Medical practitioner confirming that Insured Member is not able to perform 3 out of 6 daily living activities.
iii. The Activities of Daily Living are:
    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, 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. Mobility: the ability to move indoors from room to room on level surfaces;
    e. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
    f. Feeding: the ability to feed oneself once food has been prepared and made available.

C. Holistic Wellness
Wellness is crucial because it promotes overall health, enhances quality of life, and prevents chronic diseases. It encompasses physical, mental, and emotional well-being, leading to increased productivity, better stress management, and a more balanced life. Under this benefit the Insured Member is eligible for a Holistic Wellness experience which shall include Value Added Services and Preventive Care.

a) Value Added Services
We will render services incurred for below listed coverages during the Policy Period up to the number of sessions/ vouchers as specified under this cover. These services would be offered on the App / Website of Insurer or the concerned Service Provider. Services offered under this benefit include

a. Knowledge and Content
b. Community, courses and webinar support
c. Tele Consultation Cover (Insta Consultation)
d. Diet and Nutrition Consultations Cover
e. Emotional Wellness Cover
f. Physical Fitness Cover

Note: Max 4 Teleconsultations will be available per Policy Year for c.d. and e. put together

a. Knowledge and Content
Hereunder, the Insured Member has an access to wellness content, which provides valuable information and help individuals make informed choices and adopt healthy habits.

b. Community, courses and webinar support
The insured will have access to an online community where they can post questions and receive answers from experts and other individuals. The Insured member will also have access to specific courses based on their journey on the digital platform of Insurer or concerned service provided. The insured can use the same platform to access webinars on specific topics from time to time.

c. Teleconsultation Cover
If the Insured Member requires support/consultations for any of the conditions listed below, they can consult with a Medical Practitioner/ Physician/ Specialist listed on the digital platform of Insurer or concerned Service Provider's App via video, audio, or chat channel, as applicable in the instances mentioned below. The Insured Member will be able to select the specialty of Doctor and will be able to consult the Doctor available at the time of call. This cover shall be in compliance with the Telemedicine Practice Guidelines dated 25th of March 2020 and any amendments thereafter. This is a cashless service.

	Condition covered	Description of services offered
Fertility	PCOS/ PCOD/Irregular Periods	Support to improve insulin sensitivity, regulate menstrual cycles, manage hormonal imbalances and weight
	Infertility	For couples trying to conceive, positive lifestyle habit changes for healthy conception. Aim is to induce pregnancy by understanding and course correcting medical complications
Pregnancy	Pregnancy Support	Guidance on holistic health and knowledge for a healthy delivery including prenatal bonding, Lactation counselling etc.
Baby Care	Baby Care Support (0-1 year of age)	Support for new parents especially with lactation and all other details for baby care to maintain a healthy baby and healthy mother. Complementary food and going back to work
Parenting	Parenting Support (1-18 years of age)	Support based around specific needs of the parent or child: 1) Parent- parenting technique, managing family/ workplace/ stress, physical and emotional health 2) Child- Nutritional Support
General Health	• Anaemia • PMS, Menopause • STI/ UTI • Cervical Cancer • Breast Cancer • Contraception • Osteoporosis • Any other Conditions pertaining to female wellbeing	Medical Guidance and counselling to ensure physical and emotional health

Note: Max 4 Teleconsultations will be available per Policy Year

Exclusions for Teleconsultation Cover
1. Teleconsultation outside the digital platform of Insurer or concerned Service Provider's App / website
2. In-clinic/physical consultation .
3. Teleconsultation benefit is not transferrable to any other person.
4. If the Teleconsultation is not availed in the Policy Year, the benefit cannot be carried forward to the subsequent Policy Year.
5. Reimbursement of expenses incurred for Teleconsultation benefit is excluded.
6. Expenses for consultations with Cosmetologist or Cosmetic and Plastic Surgeon are excluded

d. Diet and Nutrition Consultation Cover
If the Insured Member wants to maintain a balance between good nutrition and diet, she can consult a Dietician or Nutritionist listed on the digital platform of the Insurer/ Service Provider's App via video, audio, or chat channel. This is a cashless service and can be availed through the prescribed network of Service Provider.

Exclusions for Diet and Nutrition Consultation Cover
1. Teleconsultation outside the digital platform of the Insurer or concerned Service Provider's App / Website
2. Consultation with the dietician is strictly limited to in-app/website video/audio/chat consultation, no in-clinic/physical consultation is allowed.
3. Dietician and Nutritionist consultation benefit is not transferrable.
4. If the benefit is not availed in the policy year, it cannot be carried forward to the subsequent policy year.
5. Reimbursement of dietician and nutritionist consultation expenses is excluded.

e. Emotional Wellness Cover

If the Insured Member/s wants to avail emotional wellness services, they can consult an emotional wellness coach/psychologist listed on the Digital platform of the Insurer/ Service Provider's App via video or audio. This is a cashless service and can be availed through the prescribed network of Service Provider.

Exclusions for Emotional Wellness Cover

1. Consultation with the emotional wellness coach/psychologist is strictly limited to in-app/website video/audio consultation, no in-clinic/ physical consultation is allowed.
2. Emotional wellness benefit is not transferrable.
3. If the benefit is not availed in the policy year, it cannot be carried forward to the subsequent policy year.
4. Reimbursement of emotional wellness coach/psychologist consultation expenses is excluded.

f. Physical Fitness Cover

The Insured Member/s can avail online Physical Fitness sessions with listed Fitness trainers on the digital platform of the Insurer or concerned Service Provider's App via live online sessions. All the sessions will be under the supervision of a Physical Fitness expert and will be a group session.

Exclusions for Physical Fitness Cover

1. This benefit cannot be availed by children below 18 years.
2. If the benefit is not availed/partially availed in the policy year, it cannot be carried forward to the subsequent policy year.

b) Preventive care

At the end of every continuous period of three years during which the Insured Member(s) have held our HERizon Care Policy, they become eligible for a free preventive health check-up. This health check-up can be availed by all insured members aged 18 years and above.

CBC	Vitamin D (25-Hydroxy)
Serum Calcium	HbA1c (Haemoglobin A1c)
Total Iron Binding Capacity	T3,T4, TSH
Iron, Serum	Vitamin B12

2. Cradle Care (Surrogacy and Oocyte Donor Cover)

This benefit is specially designed for

a) Surrogate mothers to provide a guarantee of compensation for medical expenses of surrogate mother and such other prescribed expenses incurred on such surrogate mother during the process of surrogacy
b) Oocyte Donor to cover medical expenses related to complications arising due to oocyte retrieval .

A. Surrogate Care

We will indemnify against Surrogate mother's reasonable and customary medical expenses incurred towards inpatient hospitalization expenses covering complications arising during Surrogacy pregnancy and post-partum, subject to the following conditions

i. For the purpose of this cover one member of the Intending couple / Intending woman will be the proposer and the Surrogate Mother will be the Insured.
ii. The Proposal for insurance has to be made 30 days before the embryo transfer for the surrogate mother
iii. The cover will commence from the date of initiation of the treatment/procedure or policy inception dated whichever later.
iv. The policy tenure for this coverage is fixed at 36 months from the date of initiation of the treatment/procedure. After completion of 36 months period, Surrogate Care cover will cease for the insured surrogate mother
v. Our maximum liability for all claims shall be as per the limit specified against this benefit in the Policy Schedule
vi. This benefit shall only be available to Insured Person who is the Surrogate mother and is between the age of 25 to 35 years
vii. The surrogacy is carried out according to the Surrogacy Act 2021, and any amendments thereafter.

Specific Exclusions:

i. Procedures undertaken at an unauthorized fertility center
ii. Pre and Post hospitalization treatment expenses
iii. Payment for services rendered to a surrogate
iv. Expenses for Delivery / Medical termination of pregnancy
v. Any illness or injury other than complications of Surrogacy pregnancy and post-partum.

B. Oocyte Donor cover

We will indemnify against Oocyte Donor's reasonable and customary medical expenses incurred towards inpatient hospitalization expenses covering complications arising during the process of oocyte retrieval, subject to following conditions

i. For the purpose of this cover one member of the Intending couple / Intending woman will be the proposer and the Oocyte Donor will be the Insured
ii. The Proposal for insurance has to be made 30 days before the ovarian stimulation for oocyte donor
iii. The cover will commence from the date of initiation of the treatment/procedure or policy inception dated whichever later.
iv. The cover will be available for up to 12 months from the date of initiation of the treatment/procedure. After completion of 12 months period, Oocyte Donor cover will cease for the Oocyte Donor
v. Our maximum liability for all claims shall be as per the limit specified against this benefit in the Policy Schedule
vi. The Treatment is carried out in accordance to THE ASSISTED REPRODUCTIVE TECHNOLOGY (REGULATION) ACT, 2021, and any amendments thereafter

Specific Exclusions:

i. Procedures undertaken at an un authorized fertility center
ii. Pre and Post hospitalization treatment expenses
iii. Payment for services rendered to an Oocyte Donor
iv. Any illness or injury other than complications arising due to the process of oocyte retrieval.

3. Optional Covers

In consideration of payment of additional premium by the Insured to the Company and realization thereof by the Company, it is hereby agreed that the Insurer will pay benefit amount under cover or indemnify Insured Member against the Reasonable and Customary expenses, as the case may be, in respect of an admissible claim under any or all of the following Optional covers as opted subject to the Sum Insured, limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.

A. Nurture Nest (Baby bearing Support)

Our maximum liability for all claims under the below listed covers shall not exceed the sum insured limit specified against Nurture Nest section in the policy schedule

The Sum insured for Nurture Nest Section shall not exceed that of Vita Shield cover sum insured

If opted , Exclusions - Sterility and Infertility (Excl17) stands waived up to the limit covered under this benefit

a. Expenses towards Surgical management for Infertility

We will indemnify You against reasonable and customary medical expenses incurred towards surgical management for treatment of Infertility subject to following conditions

1. The treatment is availed as inpatient hospitalization during Policy Year.
2. Waiting period of 24 months from the date of issuance Nurture Nest cover under the HERizon Care policy with Us.
3. This cover shall only be available for Insured Person aged between 21years to 45 years of age.

Specific Exclusions:

i. Sub-fertility services that are deemed to be unproven, experimental or investigational
ii. Pre and Post hospitalization treatment expenses
iii. Reversal of voluntary sterilization
iv. Surgery / procedures that enhances fertility but not associated with female genital organs, such as Bariatric Surgery, Diagnostic Laparoscopy and such other similar surgery / procedures
v. Costs associated with cryopreservation and storage of sperm, eggs and embryos
vi. Services done at unrecognized center

b. Adoption Expense

We will indemnify You against reasonable and customary expenses incurred towards any legal and medical expenses incurred towards one time child adoption, subject to

1. The adoption is in accordance and in compliance with The CARA Adoption regulations 2022, and any amendments thereafter.
2. Our maximum liability for all claims under this cover shall be up to INR 50,000.
3. Waiting period of 24 months would apply to the Insured Member who is the Prospective Adoptive parent, from the date of issuance Nurture Nest cover under the policy with Us

c. Egg Freezing (Cryo-Preservation) procedure Expense

We will indemnify You against Medical Expenses incurred towards one time process of harvesting and storage of the Oocyte for cryo-preservation and any complication thereof, subject to following conditions

i. Our maximum liability for all claims under this cover shall be up to 30 % of Sum insured limit specified against Nurture Nest
ii. Waiting period of 24 months would apply to the Insured Member who is the Prospective Adoptive parent, from the date of issuance Nurture Nest cover under the HERizon Care policy with Us
iii. This cover shall only be available for Insured Person aged between 21years to 45 years of age.

B. MotherHood

Our maximum liability for all claims under the below listed covers shall not exceed the sum insured limit specified against Nurture Nest section in the policy schedule

The Sum insured for MotherHood Section shall not exceed that of Section 1. Vita Shield sum insured

If opted , Exclusions - Sterility and Infertility (Excl17) and Maternity (Excl18) stands waived up to the limit covered under this benefit

a. Maternity Expense

We will indemnify You against the Medical Expenses for the delivery of a baby (Self/Surrogate Mother) and/or expenses related to medically recommended and lawful termination of pregnancy, limited to maximum 2 deliveries or termination(s) or either during the lifetime of the Insured Beneficiary, subject to following conditions

i. Our maximum liability per delivery or termination shall be as per the Maternity Package limit specified in the Policy Schedule.
ii. We will pay the In-patient Medical Expenses of pre-natal (complete pre-natal period) and post-natal hospitalization (up to 90 days post-delivery) per delivery or termination up to the sum insured specified against this benefit in the Policy Schedule
iii. The cover will be subject to a waiting period of 24 months from the date of issuance of this cover under the HERizon Care policy with Us.

b. Assisted Reproductive Technology Expenses

We will indemnify You against reasonable and customary Medical Expenses incurred for the insured for the below listed procedures subject to following conditions

2. The insured member can avail this cover only in a single policy period during the lifetime of the policy renewal with us.
3. The Treatment is carried out in accordance to The Assisted Reproductive Technology (Regulation) Act, 2021, and any amendments thereafter.
4. This cover shall only be available for Insured Person aged between 21years to 45 years of age
5. Waiting period of 24 months from the date of issuance Motherhood Care cover under the HERizon Care policy with Us
6. Cover will be available for following Listed procedures
   a. Intra Uterine Insemination (IUI)
   b. In vitro fertilization and embryo transfer (IVF-ET) and similar techniques.
   c. Intracytoplasmic sperm injection (ICSI)
   d. Gamete Intrafallopian Tube Transfer (GIFT)
   e. Zygote Intra-Fallopian Transfer (ZIFT)

   Specific Exclusions:
   i. Sub-fertility services that are deemed to be unproven, experimental or investigational
   ii. Pre and Post treatment expenses
   iii. Reversal of voluntary sterilization
   iv. Payment for services rendered to a surrogate
   v. Costs associated with cryopreservation and storage of sperm, eggs and embryos
   vi. Services done at unrecognized center

C. Fetal Flourish (Health support for your baby)

Our maximum liability for all claims under the below listed covers shall not exceed the sum insured limit specified against Fetal Flourish section in the policy schedule

The Sum insured for Fetal Flourish Section shall not exceed that of Section 1. Vita Shield sum insured

a. Pre-natal Health

We will indemnify You against reasonable and customary medical expenses incurred towards invasive investigations and/or treatment for complications of the Your Unborn baby, subject to following conditions

i. The treatment is carried out as inpatient /Daycare hospitalization.
ii. The cover will be subject to a waiting period of 24 months from the date of issuance of Fetal Flourish cover under HERizon Care policy with Us
iii. If Fetal Flourish section is opted by You, then Standard Exclusion Investigation and Evaluation (Code-Excl04) stands waived up to the limit covered under this benefit

List of procedures covered :

1. Prenatal Invasive techniques

- Amniocentesis
- Chorionic Villus Sampling (CVS)
- Percutaneous Umbilical Blood Sampling (PUBS) or Cordocentesis
- Fetal Tissue Biopsy
- Amnioinfusion
- Fetoscopy

2. In Utero-surgeries

- Fetoscopic Laser Surgery for Twin-to-Twin Transfusion Syndrome (TTTS)
- Open Fetal Surgery for Myelomeningocele (Spina Bifida)
- Fetoscopic Endotracheal Occlusion (FETO) for Congenital Diaphragmatic Hernia (CDH)
- Amniotic Band Syndrome (ABS) Surgery
- Fetal Aortic Valvuloplasty for Severe Aortic Stenosis
- Thoracoamniotic Shunt for Fetal Pleural Effusion

Note: the description of procedures listed above are given in Annexure II of Policy Wordings

Specific Exclusions for Pre-natal Health

1. Voluntary/unlawful termination of pregnancy/investigations done for identification of fetal sex
2. Expenses related to Delivery/termination of pregnancy
3. Pre and Post hospitalization treatment expenses
4. Treatment that are deemed to be unproven, experimental or investigational
5. Treatment done at unrecognized center

b. Congenital Disability Benefit

We will indemnify You against reasonable and customary in-patient medical expenses for treatment of Your Baby born during the policy period with any one or more of the Congenital Disabilities listed below, subject to following conditions

i. This benefit will be available for first two children only and will not be available if the birth of the Baby occurs after the mother, who is the Insured Member, attains the age of 40 years.
ii. The cover will be subject to a waiting period of 24 months from the date of issuance of Fetal Flourish cover under HERizon Care policy with Us
iii. This cover shall be applicable till the Baby attains the age of 1 year.
iv. List of conditions covered as below

a) **Down's syndrome**

Diagnosis confirmed by chromosomal analysis showing trisomy 21 pattern (an extra chromosome), translocation (a breaking off of one chromosome and attaching to another), or mosaicism (some cells have 46 chromosomes and some have 47); resulting in genetic, physical, mental defects.

b) **Congenital cyanotic heart disease**

Congenital heart diseases characterized by presence of cyanosis at birth due to any one or more of the following cardiac lesions.

i. Tetrology of Fallot
ii. Transposition of great vessels
iii. Total Anomalous pulmonary venous drainage
iv. Truncus Arteriosus,
v. Tricuspid Atresia,
vi. Hypoplastic Left Heart Syndrome

c) **Tracheo-esophageal fistula**

Fistula detected at birth due to developmental defect of either trachea and or esophagus, excluding any other cause for such a fistula

d) **Cleft Palate with or without cleft lip**

The cleft in the soft or hard palate, partial or complete, unilateral or bilateral, which is due to developmental defect present at birth either as a single defect or with additional defect of cleft lip.
Specific Exclusions
Cleft lip alone is specifically excluded.

e) **Spina bifida**

Presence of developmental vertebral column defect resulting in incomplete closure of spinal column with meningocele / myelomeningocele.

Specific Exclusions

i. Spina bifida occulta is specifically excluded.
ii. Pre and Post hospitalization expenses

Extension 6. Hospital Daily allowance

You can opt for this extension on payment of additional premium along with Fetal Flourish section . The payout for the extension shall be over and above the Fetal Flourish section sum insured .

We shall pay a Daily Allowance as specified in policy schedule for each continuous and completed period of 24 hours of Hospitalization of the Mother who is the Insured Member or her Baby (up to 1year of age) for whom we have accepted claim under either Pre-natal Health or Congenital Disability covers listed above.

Our limit of liability is restricted to a maximum period of 10 days per policy period .

D. Prophylactic Surgeries

We will indemnify You against reasonable and customary in-patient medical expenses for undergoing the below listed prophylactic surgeries

i. The Sum insured for Prophylactic Surgery Section shall not exceed that of Section 1. Vita Shield sum insured
ii. The section will be subject to a waiting period of 24 months from the date of issuance of Prophylactic Surgeries cover under HERizon Care policy with Us,
iii. List of Surgeries covered , subject to terms and condition as specified below

1. Prophylactic Mastectomy : Medically necessary removal of one or both breasts to reduce the risk of breast cancer and meeting all the below mentioned Criteria

- Prescribed by the treating Medical Practitioner
- **Genetic mutations:** Women with BRCA1 or BRCA2 gene mutations.
- **Family history:** Strong family history of breast cancer, particularly in close relatives (mother, sister, daughter).

2. Prophylactic Oophorectomy : Medically necessary removal of the ovaries to reduce the risk of ovarian cancer and also reduce breast cancer risk in women with BRCA mutations and meeting all the below mentioned criteria

- Prescribed by the treating Medical Practitioner
- **Genetic mutations:** Lynch syndrome or BRCA1 or BRCA2 gene mutations or similar positive gene mutations .
- **Family history:** Strong family history of ovarian cancer, particularly in close relatives (mother, sister, daughter).
- **Age and menopause status:** Typically recommended after childbearing is complete, often before or during early menopause.

3. Hysterectomy : Medically necessary removal of the uterus to prevent uterine cancer and meeting all the below mentioned criteria

- Prescribed by the treating Medical Practitioner as an Adjunctive Surgery to Prophylactic Mastectomy
- **Genetic conditions:** Lynch syndrome or BRCA1 or BRCA2 gene mutations or similar positive gene mutations
- **Family history:** Strong family history of cancer, particularly in close relatives (mother, sister, daughter)along with family history
- **Recurrent abnormal bleeding or pre-cancerous cells:** Persistent issues that increase the risk of cancer.

4. Salpingectomy : Medically necessary removal of the fallopian tubes to prevent ovarian cancer and meeting all the below mentioned criteria.

- Prescribed by the treating Medical Practitioner
- **Genetic mutations:** BRCA1 or BRCA2 gene mutations.
- **During other surgeries:** Sometimes recommended during other pelvic surgeries, such as hysterectomy, especially if there is a family history of ovarian cancer.
- Salpingectomy for any type of contraception, sterilization is excluded

5. Bariatric Surgery : Medically necessary preventative surgery for obesity-related cancers, such as breast, endometrial, and ovarian cancers. If You are hospitalized on the advice of a Medical Practitioner because of Conditions mentioned below which required You to undergo Bariatric Surgery during the Policy Period, then We will pay You, Reasonable and Customary Expenses related to Bariatric Surgery subject to all the below mentioned criteria being met

For adults aged 18 years or older, presence of severe documented in contemporaneous clinical records, defined as any of the following:

Body Mass Index (BMI);

a. greater than or equal to 40 or

b. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:

i. Obesity-related cardiomyopathy
ii. Coronary heart disease
iii. Severe Sleep Apnea
iv. Uncontrolled Type 2 Diabetes

E. Legal Expense Support

We will pay You a lumpsum amount of INR 50,000 as cost of legal expense in event any of the following situations subject to a FIR report being lodged for same. The insured member can avail this cover once per policy period with us.

a) Sexual Assault
b) Kidnapping
c) Acid attack

What are the Waiting periods and Exclusions applicable under the policy ?

I. Waiting Period

1. Any claim under Vita Shield benefit reported within the waiting period as specified in policy schedule from the date of commencement of the Policy is excluded. This exclusion shall not apply to an Insured for whom coverage has been renewed, without a break, for subsequent years.
   This exclusion is not applicable to claim under Critical illness cover for (7) Multi trauma ,(8) Third Burns (27) Major Head Trauma and Holistic Wellness cover.

2. Waiting period of 24 month would apply from the date of issuance of Nurture Nest cover under the HERizon Care policy with Us. If insured had opted out of this cover at renewal and want to opt back in, waiting periods will apply afresh

3. Waiting period of 24 month would apply from the date of issuance of MotherHood cover under the HERizon Care policy with Us. If insured had opted out of this cover at renewal and want to opt back in, waiting periods will apply afresh

4. Waiting period of 24 month would apply to the mother who is the insured person from the date of issuance of Fetal Flourish cover under the HERizon Care policy with Us. If insured had opted out of this cover at renewal and want to opt back in, waiting periods will apply afresh

5. Waiting period of 24 month would apply from the date of issuance of Prophylactic Surgeries cover under the HERizon Care policy with Us. If insured had opted out of this cover at renewal and want to opt back in, waiting periods will apply afresh

II. Standard Exclusions applicable to all benefits

1. Investigation and Evaluation (Code-Excl04)
a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded even if the same requires confinement at a Hospital.
b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

2. Rest Cure, rehabilitation and respite care (Code-Excl05)
a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
ii. Any services for people who are terminally ill to address medical, physical, social, emotional and spiritual needs

3. Obesity/Weight Control (Excl06)
Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
1. Surgery to be conducted is upon the advice of the Doctor
2. The surgery/Procedure conducted should be supported by clinical protocols
3. The member has to be 18 years of age or older and
4. Body Mass Index (BMI);
   a. greater than or equal to 40 or
   b. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
      i. Obesity-related cardiomyopathy
      ii. Coronary heart disease
      iii. Severe Sleep Apnea
      iv. Uncontrolled Type2 Diabetes

4. Change-of-gender treatments (Excl07)
Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

5. Cosmetic or plastic Surgery (Excl08)
Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

6. Hazardous or Adventure Sports (Excl09)
Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para- jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, skydiving, deep-sea diving.

7. Breach of law (Excl10)
Expenses for treatment directly arising from or consequent upon any Insure Person committing or attempting to commit a breach of law with criminal intent.

8. Excluded Providers (Excl11)
Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website
/ notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

9. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Excl12)

10. Treatments received in heath hydro's, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons**.**(Excl13)

11. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless pre- scribed by a medical practitioner as part of hospitalization claim or day care procedure. (Excl14)

12. Refractive Error (Excl15)
Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 diopters

13. Unproven Treatments (Excl16)
Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or sup- plies that lack significant medical documentation to support their effectiveness.

14. Sterility and Infertility (Excl17)
Expenses related to sterility and infertility. This includes:
i. Any type of contraception, sterilization
ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
iii. Gestational Surrogacy
iv. Reversal of sterilization

15. Maternity (Excl 18)
a. Medical Treatment Expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy.
b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

General Exclusions applicable to all benefits
The Company shall not be liable for and no indemnity is available hereunder in respect of

1. Any illness or conditions covered for which care, treatment, or advice was recommended by or received from a Physician, or which first manifested

itself, was diagnosed before the inception of HERizon Care Policy, or for which a claim has or could have been made under any earlier policy.
2. Occupational diseases.
3. War, whether war be declared or not, invasion, act of foreign enemy, hostilities, civil war, insurrection, terrorism or terrorist acts or activities, rebellion, revolution, mutiny, military or usurped power, riot, strike, lockout, military or popular uprising, civil commotion, martial law or loot, sack or pillage in connection therewith, confiscation or destruction by any government or public authority or any act or condition incidental to any of the above.
4. Naval or military operations of the armed forces or air force and participation in operations requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels and the like.
5. Any natural peril (including but not limited to storm, tempest, avalanche, earthquake, volcanic eruptions, hurricane, or any other kind of natural hazard).
6. Radioactive contamination.
7. Consequential losses of any kind, be they by way of loss of profit, loss of opportunity, loss of gain, business interruption, market loss or otherwise, or any claims arising out of loss of a pure financial nature such as loss of goodwill or any legal liability of any kind whatsoever.
8. Intentional self-injury and/or the use or misuse of intoxicating drugs and/or alcohol.
9. Any treatment received outside India is not covered under this Policy
10. Treatment for any other system other than modern medicine (allopathy) and AYUSH therapies
11. All non-medical Items as per Annexure III of policy wordings

What Are the premium payment options ?

Insured has option to pay premium as a lump sum or on instalment basis i.e. Annual (for long term polices only), Half Yearly, Quarterly or Monthly, as mentioned in the Policy Schedule. The following Conditions shall apply(notwithstanding any terms contrary elsewhere in the policy)

i. The grace period of fifteen days (where premium is paid on a monthly instalments) and thirty days (where premium is paid in quarterly/half-yearly/annual instalments) is available on the premium due date, to pay the premium.
ii. If the policy is renewed during grace period, all the credits (sum insured, No Claim Bonus, Specific Waiting periods, waiting periods for pre-existing diseases, Moratorium period etc.) accrued under the policy shall be protected.
iii. If the premium is paid in instalments during the policy period, coverage will be available for the grace period also.
iv. The insured person will get the accrued continuity benefit in respect of the “Waiting Periods”, “Specific Waiting Periods” in the event of payment of premium within the stipulated grace Period.
v. No interest will be charged If the instalment premium is not paid on due date.
vi. In case of instalment premium due not received within the grace period, the policy will get cancelled.
vii. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
viii. The company has the right to recover and deduct all the pending installments from the claim amount due under the policy.

General Terms and Conditions

1. Complete Discharge

Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim

2. Multiple Policies

i. In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
ii. Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.
iii. If the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurer from whom he/ she wants to claim the balance amount.
iv. Where an insured person has policies from more than one insurer to cover the same risk on indemnity basis, the insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

3. Claim Settlement. (provision for Penal interest)

i. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of last necessary document.
ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document- In such cases, the Company shall settle or reject the claim within 15 days from the date of receipt of last necessary document.
iv. In case of delay beyond stipulated 15 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
(Explanation “Bank rate” shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due).
Note : In case of claim related to Cradle Care section , the claim payout shall be to the Surrogate mother or the Oocyte Donor as per the cover opted

4. Renewal of Policy

The policy shall ordinarily be renewable except on misrepresentation by the insured person. grounds of fraud, misrepresentation by the insured person.
i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
v. No loading shall apply on renewals based on individual claims experience

5. Possibility of Revision of Terms of the Policy including the Premium Rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.

6. Withdrawal of Policy

i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.

ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break.

7. Portability

The Insured beneficiary will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed

Insured beneficiary will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on portability, kindly refer the link https://irdai.gov.in/document-detail?documentId=393128

(Please note referred link is of the IRDAI website and subject to change from time to time.)

8. Moratorium Period

After completion of sixty continuous months of coverage (including portability and migration) no look back would be applied. This period of sixty months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no claim under this policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co- payments, deductibles as per the policy contract.

9. Cancellation

(A) Cancellation by the Policyholder

The Policyholder can cancel this Policy by providing a written notice of 7 days. In such a case, the Company will refund the premium for the unexpired policy period as detailed below:

1. Cancellation of policy where full premium received at policy inception -
   - Annual Policy: The premium refund for the unexpired risk period will be on a pro-rata basis, provided no claim has been made during the policy year.
   - Multi-year Policy:
     - For any policy year where the risk date has not yet started, the premium will be refunded without any deduction.
     - For any policy year where the risk has started, the premium will be refunded on a pro-rata basis for that policy year, provided no claim has been made during the policy year and in full for future policy years.

2. Cancellation of policy where Premium Received on Instalment Basis

   The premium refund for the unexpired risk period will be on a pro-rata basis, provided no claim has been made during the policy year.

(B) Additional Deductions

Notwithstanding the above, if (i) the risk under the Policy has already commenced, or (ii) only a part of the insurance coverage has commenced, and the option of Policy cancellation is exercised by the Policyholder, then expenses incurred by the Company on medical examination of the Policyholder will also be deducted before refunding of premium.

(C) Cancellation by the Company

The Company may cancel the Policy at any time on the grounds of misrepresentation, non-disclosure of material facts, or fraud by the Policyholder/insured person, by providing 15 days' written notice. There will be no refund of premium for cancellations on these grounds.

10. Fraud

i. If any claim made by the Insured beneficiary, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured beneficiary or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

ii. Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

iii. For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured beneficiary or by his agent or the hospital/ doctor/any other party acting on behalf of the Insured beneficiary, with intent to deceive the insurer or to induce the insurer to issue an insurance policy
   a) the suggestion, as a fact of that which is not true and which the Insured beneficiary does not believe to be true;
   b) the active concealment of a fact by the Insured beneficiary having knowledge or belief of the fact;
   c) any other act fitted to deceive; and
   d) any such actor omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the Insured beneficiary / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer

11. Free Look Period

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

The insured person shall be allowed free look period of thirty days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or

ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or

iii. where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period

12. Nomination

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any) and in case there is no subsisting nominee, to the legal heirs or legal representatives of the

policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

13. Sum Insured Enhancement

The Insured member can apply for enhancement of Sum Insured at the time of renewal, by submitting a fresh proposal form to the company.

14. Migration

The Insured beneficiary will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the Insured beneficiary will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.
For Detailed Guidelines on migration, kindly refer the link https://irdai.gov.in/document-detail?documentId=393128
(Please note referred link is of the IRDAI website and subject to change from time to time.)

15. Grievance Redressal Procedure

The company has always been known as a forward-looking customer centric organization. It takes immense pride in its approach of "Caringly Yours". To provide you with top-notch service on all fronts, the company has provided with multiple platforms via which you can always reach out to us at below mentioned touch points

1. Our toll-free number 1-800-209- 5858 or 020-30305858, say "Hi" on WhatsApp on +91 7507245858
2. Branches for resolution of your grievances / complaints, the Branch details can be found on our website www.bajajallianz.com/branch-locator.html
3. Register your grievances / complaints on our website www.bajajallianz.com/about-us/customer-service.html
4. E-mail

a) Level 1: Write to bagichelp@bajajallianz.co.in and for senior citizens to seniorcitizen@bajajallianz.co.in
b) Level 2: In case you are not satisfied with the response given to you at Level 1 you may write to our Grievance Redressal Officer at ggro@bajajallianz.co.in
c) Level 3: If in case, your grievance is still not resolved, and you wish to talk to our care specialist, please give a missed call on +91 80809 45060 OR SMS To 575758 and our care specialist will call you back

5. If you are still not satisfied with the decision of the Insurance Company, you may approach the Insurance Ombudsman, established by the Central Government for redressal of grievance. Detailed process along with list of Ombudsman offices are available at www.cioins.co.in/ombudsman

The contact details of the Ombudsman offices are mentioned in Annexure IV of policy wordings

What are the Discounts offered?

i. Long Term Policy Discount - applicable in case of single payment for policy term of more than one year
   a. 4% discount is applicable if policy is opted for 2 years
   b. 8% discount is applicable if policy is opted for 3 years
   c. 10% discount is applicable if policy is opted for 4 years
   d. 11% discount is applicable if policy is opted for 5 years

   This is not applicable if premium is paid in instalments.

ii. Preventive Health Discount - 5% discount on insured first year HERizon Care policy premium only if Insured is HPV vaccinated

iii. Family discount - 10% family discount shall be offered if 2 eligible Family Members are covered under a single Policy and 15 % if more than 2 of any of the eligible Family Members are covered under a single Policy. Moreover, this family discount will be offered for both new policies as well as for renewal policies

iv. Early entry discount - 5% discount shall be offered if, Insured is opting the HERizon Care policy prior to 35 years of age. In policies where Proposer is also an Insured member, and her age is 35 years or below, this discount shall be extended to all other insured members also who are aged 35 years and below in the same policy. This discount shall be applicable at inception of policy as well as at each subsequent renewal, irrespective of claims, until the Insured member/s completes 45 years of age.
   Note: This discount will apply only if long term policy is opted. This will not apply to policies where premium is paid in instalments.

v. Loyalty Discount – Discount of 5% shall be offered if the insured member is having any of the listed active Bajaj Allianz General Insurance Co. Ltd.'s retail policy of Motor, Health, Home, Cyber and Pet Insurance with a minimum premium of INR 2500.

vi. Employee Discount – 20% discount on published premium rates will be applicable for the Company's employees and employees of group companies, employees of Corporate customers of Bajaj Allianz General Insurance Co. Ltd. provided the Policy is booked in direct code. This discount shall also be applicable to Intermediaries of Bajaj Allianz General Insurance Co. Ltd. for their own policies booked under Direct code, provided that the Intermediaries themselves are covered under the Policy and any other partner Viz. Bank, Financial Institution

vii. Online/Direct Business Discount - Discount of 10% will be offered in this product for Policies underwritten through direct/online channel. Note: this discount is not applicable for Policies where employee discount is given.

What will be the claims procedure?

1. Claim Procedure

a. You or someone claiming on Your behalf must inform Us in writing immediately within 48 hours of diagnosis of any of the listed Critical Illnesses / 48 hours of Hospitalisation in case of emergency Hospitalisation and 48 hours prior to Hospitalisation in case of planned Hospitalisation
b. You must immediately consult a Doctor and follow the advice and treatment that he recommends.
c. You must have Yourself examined by Our medical advisors if We ask for this, and as often as We consider this to be necessary at Our cost.
d. You or someone claiming on Your behalf must promptly and in any event within 30 days of diagnosis of any of the listed Critical Illnesses/ within 30 days of discharge from a Hospital(if admitted) give Us the documentation as listed out in greater detail below and other information We ask for to investigate the claim or Our obligation to make payment for it.

***Note**

Waiver of conditions (a) and (d) may be considered 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 from him or any other person to give notice or file claim within the prescribed time limit.

Claim documents to be submitted for claim

A. General (applicable to all claims)

- Claim Form duly signed by the insured along with NEFT Form signed by the Claimant
- Aadhar card and PAN card Copies (Not mandatory if the same is linked with the policy while issuance or in previous claim)
- Any additional documents required for confirming the admissibility of claim

B. Documentation for claim under Vita Shield

1. Claim for Critical illness Cover
   i. Certificate from the attending Medical Practitioner of the Insured confirming, inter alia,
      a. Name of the Insured;
      b. Name, date of occurrence and medical details of the Insured Event;
      c. Confirmation that the Insured Event does not relate to any Pre-Existing Condition; and
      d. Confirmation that the Insured Event does not relate to any Illness or Injury which existed within the first 90 days of commencement of the Policy Period
   ii. Investigation reports and films supporting the diagnosis
   iii. Attested copy of disability certificate from Civil Surgeon of Government Hospital stating percentage of disability (if applicable)

2. Claim for Children Education Bonus
   i. Document supporting the age of dependent child for claim under
   ii. Bonafide Certificate duly signed by the educational institution where Insured's dependent children are studying;

3. Claim for Loss of Job
   - Copy of Your Letter of Appointment by Your employer
   - A letter from Your employer stating the reasons for termination of the contract of Your employment
   - Previous three month's pay slips
   - Other documents as may be required by Us to process the claim

4. Claim for On the Mend cover
   Discharge Summary / Discharge Certificate.
   Medical certification from Medical Practitioner confirming insured is not able to perform 3 out of 6 daily living activities

5. Claim for Surrogate Care cover
   - Photo Identification card
   - Photocopy of certificate of registration of Intending couple and Surrogate mother to the surrogacy clinic
   - Original Discharge Summary / Discharge Certificate.
   - Original Final Hospital Bill
   - First consultation letter for Illness
   - Medical certificate for the duration of illness
   - All required Original Investigation Reports

6. Claim for Oocyte Donor cover
   - Photo Identification card
   - Photocopy of certificate of registration of Oocyte donor at IVF clinic
   - Original Discharge Summary / Discharge Certificate.
   - Original Final Hospital Bill
   - Document supporting the details of treatment
   - Medical certificate for the duration of illness
   - All required Original Investigation Reports

7. Claim for Nurture Nest and MotherHood covers as
   - Original Discharge Summary / Discharge Certificate.
   - Document supporting the details of treatment
   - Original Final Hospital Bill
   - First consultation letter for Illness
   - Medical certificate for the duration of illness
   - All required Original Investigation Reports as per the Illness
   - Photocopy of Certificate and Original bills for expenses related to adoption procedure
   - Original bills for expenses related to Egg Freezing (Cryo-Preservation) procedure

V.1