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ManipalCigna Accident Shield

Plans: Classic | Plus | Pro
(PROSPECTUS)

I. What are the Key Highlights of the Policy?

BASE COVERS
- Accidental Death
- Permanent Total Disablement
- Permanent Partial Disablement
- Funeral Expenses
- Repatriation of Mortal Remains

OPTIONAL COVERS
- Temporary Total Disablement
- Burns Benefit
- Broken Bones Benefit
- Coma Benefit
- Child Welfare Benefit
- Loss of Employment
- Air Ambulance
- Accidental Hospitalization
- EMI Shield
- Loan Shield
- Adventure Sports Cover
- Medical Repatriation

II. What are the Basic covers?

II.1.Accidental Death

If the Insured Person suffers an Injury solely and directly due to an Accident that occurs during the Policy Period and such Injury solely and directly results in the death of the Insured Person within 365 days from the date of the Accident, We will pay 100% of opted Sum Insured as specified in the Policy Schedule. Where such Death occurs while the Insured Person is a fare paying passenger on a common carrier, We will pay 200% of opted Sum Insured as specified in the Policy Schedule.

Table of Benefits	Percentage of the Sum Insured payable
a. Accidental Death	100%
b. Accidental Death (Common Carrier)	200%

Once a claim has been accepted and paid under this Benefit then this Policy will automatically terminate in respect of that Insured Person.

II.2.Permanent Total Disablement

If the Insured Person suffers an Injury solely and directly due to an Accident that occurs during the Policy Period and such Injury solely and directly results in the Permanent Total Disablement of the Insured Person which is of the nature specified in the table below, within 365 days from the date of the Accident, We will pay the Sum Insured as specified in the table below. Where such Permanent Total Disablement occurs while the Insured Person is a fare paying passenger on a common carrier, We will pay 200% of opted Sum Insured as specified in the table below.

Table of Benefits	Percentage of the Sum Insured payable
a. Type of Permanent Total Disablement	
i. Total and irrecoverable loss of sight of both eyes	100%
ii. Loss by physical separation or total and permanent loss of use of both hands or both feet	100%
iii. Loss by physical separation or total and permanent loss of use of one hand and one foot	100%
iv. Total and irrecoverable loss of sight of one eye and loss of a Limb	100%
v. Total and irrecoverable loss of hearing of both ears and loss of one Limb/loss of sight of one eye	100%
vi. Total and irrecoverable loss of hearing of both ears and loss of speech	100%
vii. Total and irrecoverable loss of speech and loss of one Limb/loss of sight of one eye	100%

viii. Permanent total and absolute disablement (not falling under the above) disabling the Insured Person from engaging in any employment or occupation or business for remuneration or profit,of any description whatsoever which results in "Loss of Independent Living"	100%
b. Permanent Total Disablement (of the nature listed under D.I.2.a which occurs due to an Accident while the Insured Person is a fare paying passenger on a common carrier)	200%

For the purpose of this benefit,

- **Limb** means a hand at or above the wrist or a foot above the ankle;
- **Physical separation of one hand** or **foot** means separation at or above wrist and/or at or above ankle, respectively.

The benefits as specified above will be payable provided that:

a. The Permanent Total Disablement is proved to Our satisfaction; and a disability certificate issued by a Civil Surgeon or the equivalent appointed by the District/State or Government Board; and

b. The Permanent Total Disablement continues for a period of at least 180 days from the commencement of the Permanent Total Disablement; provided that We must be satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement.

c. If the Insured Person dies before a claim has been admitted under this Benefit, then no amount will be payable under this Benefit; however it will be payable under Accidental Death Benefit under Section II.1 above provided it is payable as per the coverage under Section II.1 and such intimation of death has been made to Us.

d. If We have admitted a claim for Permanent Total Disablement in accordance with this Benefit, then We shall not be liable to make any payment under the Policy on the death of the Insured Person, if the Insured Person subsequently dies.

e. Once a claim has been accepted and paid under this Benefit then cover under this Policy shall immediately and automatically cease in respect of that Insured Person.

Claims in respect of Common Carrier benefit are limited to Accidental Death II.1 & Permanent Total Disability II.2 only.

II.3. Permanent Partial Disablement

If the Insured Person suffers an Injury solely and directly due to an Accident that occurs during the Policy Period and such Injury solely and directly results in the Permanent Partial Disablement of the Insured Person which is of the nature specified in the table below within 365 days from the date of the Accident, We will pay the amount specified in the table below.

Table of Benefits	**Percentage of the Sum Insured payable**
a. Permanent Partial Disablement	
i) Total and irrecoverable loss of sight of one eye	50%
ii) Loss of one hand or one foot	50%
iii) Loss of all toes - any one foot	10%
iv) Loss of toe great - any one foot	5%
v) Loss of toes other than great, if more than one toe lost, each	2%
vi) Total and irrecoverable loss of hearing in both ears	50%
vii) Total and irrecoverable loss of hearing in one ear	15%
viii) Total and irrecoverable loss of speech	50%
ix) Loss of four fingers and thumb of one hand	40%
x) Loss of four fingers	35%
xi) Loss of thumb - both phalanges	25%

xii) Loss of thumb - one phalanx	10%
xiii) Loss of index finger-three phalanges	10%
- two phalanges	8%
- one phalanx	4%
xiv) Loss of middle/ring/little finger-three phalanges	6%
- two phalanges	4%
- one phalanx	2%

The benefits specified above will be payable provided that:

a. The Permanent Partial Disablement is proved to Our satisfaction; and a disability certificate issued by a Civil Surgeon or the equivalent appointed by the District/State or Government Board;

b. The Permanent Partial Disablement continues for a period of at least 180 days from the commencement of the Permanent Partial Disablement; provided that We must be satisfied at the expiry of the 180 days that there is no reasonable medical hope of improvement.

c. If the Insured Person dies before a claim has been admitted under this Benefit, then no amount will be payable under this Benefit; however it will be payable under Accidental Death Benefit under II.1 above, provided it is payable as per the coverage under Section II.1 and such intimation of death has been made to Us.

d) In case the Insured Person suffers a loss not mentioned in the table above, then Our medical advisors will determine the degree of disablement and the amount payable, if any.

e) We will not make any payment under Permanent Partial Disability if we have already paid or accepted any claims under Permanent Total Disability, Permanent Partial Disability or Temporary Total Disability in respect of the Insured Person and the total amount paid or payable under those claims is cumulatively greater than or equal to the opted Sum Insured for that Insured Person.

f) Once a claim has been accepted and paid under this Benefit then cover under this Policy shall be reduced to the extent of payment made under Permanent Partial Disability in respect of that Insured Person.

II.4. Funeral Expenses

If We have accepted a claim under Section II.1 in respect of an Insured Person, then in addition to any amount payable under Section II.1, We will make a onetime lump sum payment as per the amount specified in the table below, towards the funeral/cremation expenses of that Insured Person.

Sum Insured Opted (In ₹)	**Funeral Expenses (in ₹)**
Up to 50 Lac	₹50,000
Above 50 Lacs	₹1,00,000

II.5. Repatriation of Mortal Remains

If We have accepted a claim under Section II.1, in respect of an Insured Person, We will reimburse the Reasonable and Customary expenses up to the limit specified against this benefit in the Policy Schedule/ Product Benefit Table towards the costs associated with the transportation of mortal remains from the place of death to the home location as mentioned in the Policy Schedule

Any claim under this Benefit shall be payable if the death of the insured person occurs outside the city of residence as mentioned in the Policy Schedule.

III. What are the Value Added Covers?

III.1. Temporary Total Disablement

If the Insured Person suffers an Injury solely and directly due to an Accident that occurs during the Policy Period and such Injury solely and directly results in the Temporary Total Disablement of the Insured Person immediately after an Accident, We will pay an amount equal to 2% of the Sum Insured or Rs.1,00,000 or the actual base weekly income whichever is lesser, per week in case of an earning member, and 1% of the Sum Insured or Rs.50,000 or 50% of the weekly compensation payable for the earning member (at the time of claim) covered in the same Policy, whichever is lesser, per week in case of a non-earning member, for the duration of the Temporary Total Disablement provided that We shall not be liable to make payment under this benefit for more than a total of 100 weeks in respect of any one Injury calculated from the date of commencement of the Temporary Total Disablement, subject always to the availability of the Sum Insured. Minimum absence from work and unable to perform his/her duties must be for 7 consecutive days, post which if the Insured Person is disabled for a part of the week, then only a proportionate part of the weekly benefit will be payable.

In case of salaried persons this weekly benefit shall in no case exceed the Insured Persons base weekly income excluding overtime, bonuses, tips, commissions or any other special compensation. In case of self-employed persons this weekly benefit shall in no case exceed the Insured Persons base weekly income derived from the income tax returns filed for the previous financial year.

This cover can be opted by the non-earning members only when an earning member has opted for the Temporary Total Disablement cover.

This cover is not applicable for Dependent Children.

For the purpose of this benefit, Temporary Total Disablement means a disablement of an Insured Person such that he/she is totally disabled from engaging in any employment or occupation or business for remuneration or profit or unable to perform his/her duties, of any description whatsoever on a temporary basis and a disability certificate is issued by the treating Doctor or Civil Surgeon or the equivalent appointed by the District/State or Government Board.

III.2. Burns Benefit

If the Insured Person suffers from Burns due to an Injury solely and directly due to an Accident that occurs during the Policy Period, We will

pay the amount specified in the table below to the Insured Person subject to the following:

- The Burns are not self-inflicted by the Insured Person in any way; and
- A Medical Practitioner has confirmed the diagnosis of the burn and the percentage of surface area in writing.
- If the Injury results in more than one of the descriptions in the table mentioned below, then We will pay cumulatively maximum up to the Sum Insured.

For the purpose of this benefit, **Burns** means any burns suffered by the Insured Person as specifically defined in the table below.

Table of Benefits Burns	**Percentage of the Sum Insured payable**
1. Head	
a. Third degree burns of 8% or more of the total head surface area	100%
b. Second degree burns of 8% or more of the total head surface area	50%
c. Third degree burns of 5% or more, but less than 8% of the total head surface area	80%
d. Second degree burns of 5% or more, but less than 8% of the total head surface area	40%
e. Third degree burns of 2% or more, but less than 5% of the total head surface area	60%
f. Second degree burns of 2% or more, but less than 5% of the total head surface area	30%
2. Rest of the body	
a. Third degree burns of 20% or more of the total body surface area	100%

b. Second degree burns of 20% or more of the total body surface area	50%
c. Third degree burns of 15% or more, but less than 20% of the total body surface area	80%
d. Second degree burns of 15% or more, but less than 20% of the total body surface area	40%
e. Third degree burns of 10% or more, but less than 15% of the total body surface area	60%
f. Second degree burns of 10% or more, but less than 15% of the total body surface area	30%
g. Third degree burns of 5% or more, but less than 10% of the total body surface area	20%
h. Second degree burns of 5% or more, but less than 10% of the total body surface area	10%

Where a claim for 100% Sum Insured has been paid under this coverage this benefit shall lapse and the policy will continue for the balance period for the other covers, however no further renewals will be permitted.

III.3. Broken Bones Benefit

If the Insured Person suffers from Broken Bones due to an Injury solely and directly due to an Accident that occurs during the Policy Period, We will pay the amount specified in the table below to the Insured Person subject to the following:

- The breakage of bones is not self-inflicted by the Insured Person in any way; and

For the purpose of this benefit, Broken Bones means the breakage of such bones of the Insured Person evidenced by a Fracture and are specifically defined in the table below excluding any form of hair line or simple fracture.

If the Injury results in more than one of the descriptions mentioned in the table below, then We will pay for the highest one up to the limits as mentioned against that particular description

Table of Benefits	**Payable Percentage of Sum Insured applicable for Broken Bones Benefit**
Injury to vertebral body resulting in spinal cord damage	100% of Sum Insured or ₹20 Lacs whichever is lower
Pelvis	50% of Sum Insured or ₹10 Lacs whichever is lower
Skull (excluding nose and teeth)	1. Compound fracture with damage to the brain tissue - 100% of Sum Insured or ₹20 Lacs whichever is lower 2. Compound fracture without damage to the brain tissue - 50% of Sum Insured or ₹10 Lacs whichever is lower 3. All other fractures - 30% of Sum Insured or ₹3 Lacs whichever is lower
Chest (all ribs and breast bone)	1. Open Fracture - 50% of Sum Insured or ₹5 Lacs whichever is lower 2. Closed Fracture - 25% of Sum Insured or ₹3 Lacs whichever is lower
Shoulder (collar bone and shoulder blade)	1. Open Fracture - 30% of Sum Insured or ₹3 Lacs whichever is lower 2. Closed Fracture- 15% of Sum Insured or ₹2 Lacs whichever is lower
Arm	25% of Sum Insured or ₹5 Lacs whichever is lower
Leg	25% of Sum Insured or ₹5 Lacs whichever is lower
Vertebra - vertebral arch (excluding coccyx)	30% of Sum Insured or ₹5 Lacs whichever is lower
Wrist (collies or similar fractures)	1. Open Fracture - 30% of Sum Insured or ₹3 Lacs whichever is lower 2. Closed Fracture - 15% of Sum Insured or ₹2 Lacs whichever is lower
Ankle (Potts or similar fracture)	1. Open Fracture - 10% of Sum Insured or ₹2 Lac whichever is lower 2. Closed Fracture - 5% of Sum Insured or ₹1 Lac whichever is lower
Coccyx	5% of Sum Insured or ₹1 Lacs whichever is lower
Hand	3% of Sum Insured or ₹1 Lac whichever is lower
Finger	3% of Sum Insured or ₹1 Lac whichever is lower
Foot	3% of Sum Insured or ₹1 Lac whichever is lower
Toe	3% of Sum Insured or ₹1 Lac whichever is lower
Nasal bone	3% of Sum Insured or ₹1 Lac whichever is lower

For the Purpose of this benefit;

- Pelvis means all pelvic bones which shall be treated as one bone. The sacrum will be considered as part of the vertebral column.
- Skull means all skull and facial bones (excluding nasal bones and teeth) which shall be treated as one bone.
- Any Fracture caused as a result of Sickness or disease (including malignancy), or due to osteoporosis will not be payable under this benefit.
- If an Insured Person suffers a fracture not mentioned in the table above, then We will assess the fracture with Our medical advisors and determine the amount of payment to be made.
- Our maximum liability under this benefit is limited to the opted Sum Insured, irrespective of the number of fractures that the Insured Person suffers caused by the same Accident. Where a claim for 100% Sum Insured has been paid under this coverage this benefit shall lapse and the policy will continue for the balance period for the other covers, however no further renewals will be permitted.
- If a claim in respect of any fracture of a whole bone also encompasses some or all of its parts, Our liability to make payment will be limited to the whole bone only and not any of its parts.

III.4. Coma Benefit

If the Insured Person suffers from a Coma due to an Injury solely and directly due to an Accident that occurs during the Policy Period, We will pay an amount equal to the limit applicable for this benefit and as specified in the Policy Schedule/Product Benefit Table in respect of that Insured Person, subject to the terms below.

For the purpose of this benefit, **Coma** means a state of unconsciousness with no reaction or response to external stimuli or internal needs. The Insured Person suffers from a Coma within 30 days from the date of Accident.

This diagnosis of Coma must be supported by evidence of all of the following:

a) no response to external stimuli continuously for at least 96 hours;

b) life support measures are necessary to sustain life; and

c) permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

The con dition of Coma has to be confirmed by a specialist Medical Practitioner in writing. Coma resulting directly from alcohol/drug abuse or due to sickness or disease is excluded under this Policy.

III.5. Child Welfare Benefit

i) Education Benefit

If an Insured Person suffers an Injury solely and directly due to an Accident that occurs during the Policy Period and such injury solely and directly results in Accidental Death (AD), in respect of an Insured Person, We will make an one-time payment equal to the limit applicable for this benefit and as specified in the Policy Schedule/Product Benefit Table of this Policy towards the Dependent Child/Children irrespective of whether the Dependent Child/Children is also an insured.

This benefit shall be payable subject to the Dependent Child / Children being up to 25 years of age as on date of occurrence of the event and provided that the Dependent Child is pursuing an educational course as a full time student at an accredited educational institution and does not have any independent source of income.

Our maximum and cumulative liability under this benefit shall be equal to the limit applicable for this benefit and as specified in the Policy Schedule/Product Benefit Table of this Policy, irrespective of the number of Dependent Child / Children.

ii) Orphan Benefit

If an Insured Person suffers an Injury solely and directly due to an Accident that occurs during the policy period and such injury solely and directly results in Accidental Death (AD) in respect of an Insured person who is a Parent, We will make an one-time payment equal to the limit applicable for this benefit and as specified in the Policy Schedule/Product Benefit Table of the policy towards the Dependent Child/Children irrespective

of whether the Dependent Child/Children is also an insured.

The pay-out under orphan benefit this cover will be in addition to the Education Benefit.

This benefit shall be payable subject to the Dependent Child/ Children being up to 25 years of age as on date of occurrence of the event. In case of any surviving parent, Orphan Benefit is not payable.

Our maximum and cumulative liability under this benefit shall be equal to the limit applicable for this benefit and as specified in the Policy Schedule/Product Benefit Table of this Policy, irrespective of the number of Dependent Child / Children.

III.6. Loss of Employment

If an Insured Person suffers an Injury solely and directly due to an Accident that occurs during the Policy Period and such injury solely and directly results in Permanent Total Disablement(PDT), Permanent Partial Disablement(PPD) in respect of an Insured Person, due to which the Insured Person is totally disabled from engaging in his/her employment and loses his/her source of income generation through engaging in his/her primary occupation, We will make an one-time payment equal to the limit applicable for this benefit and as specified in the Policy Schedule/Product Benefit Table of this Policy.

The pay-out under this benefit is limited to the least of base monthly net income excluding overtime, bonuses, tips, commissions, any other special compensation or the Sum Insured opted under this cover.

This benefit is applicable only for the salaried employees and available once in a lifetime in respect of that Insured Person.

III.7. Air Ambulance

If an Insured Person suffers an Injury solely and directly due to an Accident that occurs during the Policy Period and such injury solely and directly results in requirement of an Air Ambulance, We will reimburse the Reasonable and Customary expenses incurred towards transportation of an Insured Person, to the Hospital or to move the Insured Person to and from healthcare facilities, by an Air Ambulance, provided that:

i. Air Ambulance is used in case of an Emergency life threatening health condition of the Insured Person which requires immediate and rapid ambulance transportation to the hospital or a medical centre which ground transportation cannot provide;
ii. The transportation should be provided by medically equipped aircraft which can provide medical care in flight and should have medical equipment to monitor vitals and treat the Insured Person suffering from an Illness/Injury such as but not limited to ventilators, ECG's, monitoring units, CPR equipment and stretchers;
iii. Air Ambulance service is offered by a Registered Ambulance service provider;
iv. The treating Medical Practitioner certifies in writing that the severity and nature of the Insured Person's Injury warrants the Insured Person's requirement for Air Ambulance;

Benefit under this cover is payable up to the limits as specified in the Policy Schedule/Product Benefit Table of this Policy. This coverage is available only on reimbursement basis.

What is not covered: Expenses incurred in return transportation to Insured Person's home by air ambulance is excluded.

III.8. Accidental Hospitalization

If an Insured Person suffers an Injury solely and directly due to an Accident that occurs during the Policy Period and such injury solely and directly results in requirement of Hospitalization, We will indemnify the Reasonable and Customary expenses incurred towards the Hospitalization Expenses of an Insured Person, as per the limits specified in the Policy Schedule/Product Benefit Table of this Policy.

This cover is applicable only within India.

The Accidental Hospitalization expenses shall cover the following:

1. In-Patient Hospitalization and Day Care treatment Expenses:

We will pay Medical Expenses up to the limits as specified in the Policy Schedule for:

a. Reasonable and Customary Charges for Room Rent for accommodation in Hospital room up to any room Category,

b. Intensive Care Unit charges for accommodation in ICU,
c. Operation theatre charges,
d. Fees of Medical Practitioner/ Surgeon
e. Anesthetist,
f. Qualified Nurses,
g. Specialists,
h. Cost of diagnostic tests,
i. Medicines,
j. Drugs and consumables, blood, oxygen, surgical appliances and prosthetic devices recommended by the attending Medical Practitioner and that are used intra operatively during a Surgical Procedure.

2. Ayush In-Patient Treatment: Expenses incurred on hospitalization due to accident, under AYUSH systems of medicine shall be covered.
3. Pre-hospitalization and Post-hospitalization Medical Expenses up to 30 days each on reimbursement basis.
4. Reasonable and Customary expenses incurred on road Ambulance subject to a maximum of ₹10,000/- per hospitalization on reimbursement basis, within the Accidental Hospitalization Sum Insured.
5. Medically necessary Dental treatment and Plastic Surgery
6. Accidental OPD Expenses: Covered up to 1% of the Accidental Hospitalization Sum Insured, subject to a maximum of ₹25,000/-, within the Accidental Hospitalization Sum Insured, towards the Reasonable and Customary expenses for Doctor consultation & prescribed Diagnostic tests.

We will indemnify the Reasonable and Customary expenses of the following Medical expenses incurred by the Insured Person, for an Injury solely and directly due to an Accident that occurs during the Policy Period and such injury solely and directly results in requirement of an Out-patient treatment.

- Consultations with Medical Practitioners and Specialists;
- Diagnostic tests as recommended by the treating Medical Practitioner and Specialist

Exclusion IV.17.9 is not applicable towards Accidental OPD Expenses.

7. Cost of Crutches, Wheel chairs, Prosthetics & Artificial limbs will be covered maximum up to ₹1 Lac, within the Accidental Hospitalization Sum Insured, and will be payable as per actuals for purchasing or renting of the necessary Crutches, Wheel chairs, Prosthetics & Artificial Limbs provided that:
   i. The necessity of the Medical equipment and/or artificial limbs to be recommended by the treating Doctor.
   ii. Purchase or Renting to be initiated during hospitalization or within 30 days from the time of discharge from the hospital.

For the benefit of this cover,

Medical Equipment and Artificial limbs shall include artificial devices replacing body parts such as artificial limbs or eyes, orthopectic braces and durable medical equipment such as wheelchair, crutches, hospital beds, traction equipment, Walkers.

III.9. EMI Shield

If an Insured Person suffers an Injury solely and directly due to an Accident that occurs during the Policy Period and such injury solely and directly results in Accidental Death (AD), Permanent Total Disablement (PTD), Permanent Partial Disablement (PPD) in respect of an Insured Person, We will make an one-time payment to You, equal to the limit applicable for this benefit and as specified in the Policy Schedule/Product Benefit Table of this Policy towards the payment of EMIs (Equated Monthly Instalments)

EMI amount under this benefit would not include any arrears due to any reasons whatsoever.

The pay-out under this benefit is limited to the least of sum total of 3 EMIs due or the Sum Insured opted under this cover.

During the subsequent renewal, the Sum Insured under this cover can be modified basis the EMIs due or this cover can be removed if the loan is closed.

III.10. Loan Shield

If an Insured Person suffers an Injury solely and directly due to an Accident that occurs during the Policy Period and such injury solely and directly results in Accidental Death (AD), Permanent Total Disablement (PTD) in respect of an Insured Person, We will make an one-time payment to You, equal to the outstanding loan amount (excluding any arrears, penalties and penal interest) as on date of the accident, or the limit applicable for this benefit and as specified in the Policy Schedule/Product Benefit Table of this Policy, whichever is lower.

During the subsequent renewal, the Sum Insured under this cover can be modified basis the actual outstanding of loan or this cover can be removed if the loan is closed.

For the purpose of this benefit:

a. The loan has to be in the name of the insured and from a bank or a housing finance company licensed by the appropriate authority.
b. Loans from Credit Societies, Moneylenders or similar unorganized lending institutions are excluded.
c. If the member has more than one loan outstanding, the cumulative amount of all the loans together would be considered.
d. Claim will be payable only to You or the nominee and not to any financial institution

III.11. Adventure Sports Cover

If an Insured Person suffers an Injury solely and directly due to an Accident, whilst engaging in an Adventure Sports, that occurs during the Policy Period and such injury solely and directly results in Accidental Death (AD), Permanent Total Disablement (PTD) in respect of an Insured Person We will pay as per the limits specified in the Policy Schedule/Product Benefit Table of this Policy.

This cover can be opted only at the time of new Policy purchase and shall not be permitted to opt in during the renewals (wherever not opted at the time of Policy purchase).

This cover shall cease to exist from the Policy once any Insured person attains the Age of 60 years either during the Policy purchase or during subsequent renewals.

Exclusions IV.17.15, IV.17.32, IV.17.34 shall not be applicable for this cover, only to the extent of the Adventure Sports that are defined as below.

For the benefit of this cover, Adventure Sports means:

The Adventure Sports must be performed in a non-professional capacity and are organized and supervised by a trained professional.

a. Sky Sports: Sky Diving, Hang Gliding, Ballooning, Parasailing, Paragliding, Bungee Jumping, Bridge Swinging, Zip Lining, Zip Trekking.

b. Mountain Sports (with equipment): Skiing, Snowboarding, Rock Climbing, Rock Scrambling, Rappelling, Via Ferrata, Fell Running, Fell Walking, Gorge Walking, Indoor Rock Climbing, Mountain Biking, Cannoning, Mountaineering, caving or pot-holing.

c. Water Sports: Fishing, Deep Sea Fishing, Kite Surfing, Body Boarding, Paddle Boarding, Kayaking, Canoeing, Scuba Diving, Shark Diving,Swimming with Dolphins, Diving with Whales, Wakeboarding, Surfing, white water rafting, Snorkelling, Water-skiing, Whale Watching, skin diving or other underwater activity.

d. Earth Sport: Land Windsurfing, Zorbing, Sand Boarding

III.12. Medical Repatriation

If an Insured Person suffers an Injury and hospitalized outside his/her city of residence, solely and directly due to an Accident that occurs during the Policy Period and such injury solely and directly results in requirement of medical repatriation, We will reimburse the Reasonable and Customary expenses incurred towards the medical repatriation of an Insured Person, as per the limits specified in the Policy Schedule/Product Benefit Table of this Policy, provided that:

The repatriation of the Insured Person from outside his/her city of residence as specified in the Policy Schedule to,

i. his/her residence in India; or
ii. a Hospital near his/her residence, in India.

The benefit is payable subject to the below conditions:

i. The medical repatriation must be determined by the attending Medical Practitioner, to be Medically Necessary;
ii. Transportation to be provided by medically equipped specialty aircraft, commercial airline, train or Ambulance depending upon the medical needs and available transportation specific to each case;
iii. These cover shall be applicable across the world only on the reimbursement basis

IV. What are Features of the Policy?

IV.1. Eligibility

The minimum entry age for children under this policy is 5 years and above. The maximum entry Age for children under this policy is 25 years.

The minimum entry age for Adult under this policy is 18 years and above. The maximum entry Age for children under this policy is 70 years.

IV.2. Sum Insured

a. Individual Plan

Sum Insured will range from ₹5,00,000 to a maximum of ₹25,00,00,000 (In multiples of ₹10,000)

Eligibility of Sum Insured will be up to a maximum of 20 times of Annual Income of the Proposer or Earning member to be Insured.

b. Family Cover

Family Member	Sum Insured
Earning Member	As per the Sum Insured Opted
Non- earning Spouse	60% of the Sum Insured of Earning member
Dependent Children /Parents/Parents-in-Laws	30% of the Sum Insured of Earning member

IV.3. Coverage on Individual and Family basis

Covering the following relationships- Self, Lawfully Wedded Spouse, Dependent Children, Dependant Parents, Dependant Parents in laws.

IV.4. Policy Period option

You can buy the policy for one, two or three continuous years at the option of the Insured. 'One Policy Year' shall mean a period of one year from the inception date of the policy.

IV.5. Plan & Sum Insured Options

You have the option to choose from a wide range of Sum Insured's available under different plans.

Plan Name	Sum Insured (Lacs)
Plan Classic/Plus/Pro	₹5 Lac to ₹25 Cr (in multiples of ₹10,000)

IV.6. Discounts under the Policy

You can avail of the following discounts on the premium on Your policy.

i. **Long term Policy Discount**

7.5% and 10% on selecting a 2 and 3 years policy respectively

ii. **Online Renewal Discount**

3% discount on the renewal premium, if the renewal premium is received through NACH or standing instruction (where payment is made either by direct debit of bank account or credit card)

iii. **Corporate Discount** (Only at inception - One time)

5% of one-time discount for an employee who is working in any Public or Private Limited Companies

iv. **Worksite Marketing Discount** (Only at inception - One time)

10% discount on the premium

v. **Employee Discount**

10% discount on premium for the employees of ManipalCigna or Promoter Group of ManipalCigna

Only one of the following discounts can be opted - Worksite Marketing discount / Employee discount / Corporate discount

Maximum Discount in any policy year cannot exceed 25%

IV.7. Loading & Underwriting

There is no defined pre-medical examination grid. Medical examination may be called for in case of disclosure in the Proposal Form / Tele/ Video MER, We may ask such member to undergo specific tests, as We may deem fit to evaluate such member, irrespective of Age/ Sum Insured/ Plan opted. 100% of the pre-policy medical check-up cost will be borne by the company.

Underwriting Loadings will be applicable at the time of acceptance of fresh business on a case to case basis depending on the relevance of each of

the below mentioned criteria.

1. Medical History & Declarations on the Proposal Form/medical documents
2. Overall Health Risk Scoring Generated in the UW Tool

Maximum loading applicable on a policy shall be 100% per Insured Person. There will be no loadings based on individual claims experience

IV.8. Premiums

The Premium charged on the Policy will depend on the Plan, Sum Insured, of the Insured Person and Policy Period.Premiums will be payable either by Single premium mode or Annually in case of 2 & 3 year policy term. For detailed premium chart please refer Annexure “Rate Chart” attached along with this document.

IV.9. Premium payment mode

The Premium charged on the Policy will depend on the Plan, Sum Insured, Optional Covers and Policy Period. Premium can be paid on Single, Yearly, Half yearly, Quarterly or Monthly basis. Premium payment mode can only be selected at the inception of the Policy or at the renewal of the Policy.

In case of premium payment modes other than Single or Yearly, a loading will be applied on the premium.

Loading grid applicable for Half-yearly, Quarterly and Monthly payment mode.

Premium payment mode	% Loading on premium
Monthly	5.5%
Quarterly	3.5%
Half yearly	2.5%

The premium payment mode can be changed only on a policy anniversary by sending a request at least one month in advance. Change in premium

payment mode is subject to:

1. Payment of premium and loading, if any.
2. Minimum premium requirement for the requested premium payment mode, if any.
3. Availability of the requested premium payment mode on the day of implementation of request.
4. Premium rates/ tables applicable for the changed premium payment mode will be the same as the premium

rates/ tables applicable on the date of commencement of policy.

IV.10. Grace Period, Revival and Renewal

Grace Period:

The Policy may be Renewed by mutual consent for life subject to application of renewal and realization of renewal premium and in such event the Renewal premium should be paid to Us on or before the date of expiry of the Policy and in no case later than the Grace Period of 30 days (for Single premium payment mode) from the date of expiry of the Policy. We will not be liable to pay for any claim arising out of an Injury /Accident/ condition that occurred during the Grace Period and the period between the date of expiry of previous policy and date of inception of subsequent policy. The provisions of Section 64VB of the Insurance Act shall be applicable. All policies Renewed within the Grace Period shall be eligible for continuity of cover.

Revival Period:

For instalment (Half-yearly and Quarterly) premium policies, the revival period shall be 30 days and for Monthly premium payment mode the revival period shall be 15 days from the due date of next instalment.

You may pay the premium through National Automated Clearing House (NACH)/ Standing Instruction (Sum Insured) provided that:

i. NACH/Standing Instruction Mandate form is completely filled & signed by You.
ii. The Premium amount which would be auto debited & frequency of instalment is duly filled in the mandate form.
iii. New Mandate Form is required to be filled in case of any change in the Policy Terms and Conditions whether or not leading to change in Premium.
iv. You need to inform us at least 15 days prior to the due date of instalment premium if You wish to discontinue with the NACH/ Standing Instruction facility.
v. Non-payment of premium on due date as opted by You in the mandate form subject to an additional renewal/ revival period will lead to termination of the policy.

Renewal Terms:

a. The Policy will automatically terminate at the end of the Policy Period.
b. The Policy would be considered as a fresh policy if there would be break of more than 30 days for Single, Annual, Half-yearly and Quarterly payment mode and 15 days for Monthly payment mode, between the previous policy expiry date and current Policy start date.
c. Renewals will not be denied except on grounds of misrepresentation, established fraud, non-disclosure by You.
d. Where We have discontinued or withdrawn this product/plan You will have the option to Renew under the nearest substitute policy being issued by Us, provided however benefits payable shall be subject to the terms contained in such other policy. We will notify You regarding withdrawal of this product and the options available at the time of Renewal of this Policy.
e. Insured Persons shall disclose to Us in writing of any material change in his/her health condition or Occupation at the time of seeking Renewal of this Policy, irrespective of any claim arising or made. The terms and condition of the existing policy will not be altered.
f. We may in Our sole discretion, revise the Renewal premium payable under the Policy or the terms of cover, provided that the Renewal premiums are in accordance with the IRDAI guidelines and regulations as applicable from time to time. Renewal premiums will not alter based on individual claims experience. We will intimate You of any such changes at least 3 months prior to date of such revision or modification coming into effect.
g. Alterations like increase/decrease in Sum Insured or change in plan, addition/deletion of Insured Persons, addition/deletion of optional covers/riders will be allowed at the time of Renewal of the Policy. You can submit a request for the changes by filling the proposal form before the expiry of the Policy. We reserve Our right to carry out underwriting in relation to acceptance or rejection of the request for changes on

Renewal. The terms and conditions of the existing Policy will not be altered.

IV.11. Possibility of Revision of Terms of the Policy Including the Premium Rates

The Company 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.

IV.12. Free-look Period

A period of 30 days from the date of receipt of the Policy document is available to review the terms and conditions of this Policy. You have the option of cancelling the Policy by stating the reasons for cancellation in writing. If there are no claims reported (paid/outstanding) under the Policy, then We shall refund the full premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the insurer on medical examination of the proposer and stamp duty charges.

Free look cancellation & refund will be made within 7 days from the date of receipt of request.

In case of any delay in refund, the insurer shall refund such amounts along with interest at the bank rate plus 2 percent on the refundable amount, from the date of receipt of the request for free look cancellation till the date of refund.

The free look period as provided in this Section shall not be available on the Renewal of this Policy.

IV.13. Cancellations

Request for cancellation shall be notified to Us by giving 15 days' written notice in which case We shall refund the premium for the unexpired term as per the short period scale mentioned below.

Premium shall be refunded only if no claim has been made under the Policy.

<table>
<tr><th colspan="4">Refund Grid as % of Premium</th></tr>
<tr><th>Policy Cancelation Within (Days)</th><th>Policy Year-1</th><th>Policy Year-2</th><th>Policy Year-3</th></tr>
<tr><td>0 - 30 Days</td><td>85.00%</td><td>87.50%</td><td>89.00%</td></tr>
<tr><td>31 - 90 Days</td><td>75.00%</td><td>80.00%</td><td>82.50%</td></tr>
<tr><td>91 - 181 Days</td><td>50.00%</td><td>70.00%</td><td>75.00%</td></tr>
<tr><td>182 - 272 Days</td><td>30.00%</td><td>60.00%</td><td>70.00%</td></tr>
<tr><td>273 - 365 Days</td><td>0.00%</td><td>50.00%</td><td>60.00%</td></tr>
<tr><td>366 - 456 Days</td><td rowspan="10">NIL</td><td>35.00%</td><td>55.00%</td></tr>
<tr><td>457 - 547 Days</td><td>25.00%</td><td>45.00%</td></tr>
<tr><td>548 - 638 Days</td><td>15.00%</td><td>40.00%</td></tr>
<tr><td>639 - 730 Days</td><td>0.00%</td><td>30.00%</td></tr>
<tr><td>731 - 821 Days</td><td rowspan="4">NIL</td><td>25.00%</td></tr>
<tr><td>822 - 912 Days</td><td>15.00%</td></tr>
<tr><td>913 - 1003 Days</td><td>5.00%</td></tr>
<tr><td>1004 and more Days</td><td>0.00%</td></tr>
</table>

No refund will be processed for cancellation of policies with Premium Payment Mode as Half-yearly, Quarterly or Monthly.

Wherever such Instalment premium received as on the cancellation request date is lower than the amount to be retained by Us, the cancellation will be effected without any refund of premium.

You further understand and agree that We may cancel the Policy by giving 15 days' notice in writing by Registered Post Acknowledgment Due/ recorded delivery to Your last known address on grounds of misrepresentation, fraud, non-disclosure of material fact by You without any refund of premium.

An individual Policy with a single Insured Person shall automatically terminate in case of Your death or upon the payment of all eligible Sum Insured's in accordance with the payment of benefits under the applicable sections. In case of a Policy with multiple Insured Persons, the Policy shall continue to be in force for the

remaining Insured Persons up to the expiry of current Policy Period until the death of such Insured Persons or upon the payment of the Sum Insured in accordance with Section D. The Policy may be Renewed on an application by another adult Insured Person under the Policy or any other Member who satisfies the criteria to be a Policyholder whenever such is due for Renewal. All relevant particulars in respect of such person (including his/her relationship with You) must be given to Us along with the application.

IV.14. Endorsements

The Policy will allow the following endorsements during the term of the Policy. Any request for endorsement must be made by You in writing. Any endorsement would be effective from the date of the request as received from You, or the date of receipt of premium, whichever is later.

a) Non-Financial Endorsements shall include but not limited to:

i. Rectification in Name of the Proposer / Insured Person
ii. Change of Policyholder
iii. Rectification in Gender of the Proposer/ Insured Person
iv. Rectification in Relationship of the Insured Person with the Proposer
v. Rectification of Date of Birth of the Insured Person (if this does not impact the premium)
vi. Change in the correspondence address of the Proposer (if this does not impact premium)
vii. Rectification in permanent address
viii. Change of occupation of the insured (if it does not change the risk class of insured)
ix. Change in height & weight of the insured (if it does not change the risk class of insured)
x. Change/ Updation in the contact details viz., Phone No., E-mail Id, etc.
xi. Updation of alternate contact address of the Proposer
xii. Change in Nominee Details
xiii. Change in caregiver details
xiv. Change in Claim Status (for cases where claims are reported post issuance of renewal notice and renewal policy issued before expiry date).

b) Financial Endorsements shall include but not limited to:

i. Deletion of Insured Member on Death or Separation or Policyholder/Insured Person Leaving the Country only if no claims are paid / outstanding.
ii. Change in Age/Date Of Birth
iii. Change of occupation of the insured (if it changes the risk class of insured)
iv. Addition of Member (newly wedded spouse)
v. Rectification in Gender of the Proposer/ Insured Person
vi. Disclosure of any illness/ habit
vii. Change in height & weight of the insured (if it changes the risk class of insured)

All endorsement requests may be assessed by the underwriting team and if required additional information/ documents may be requested.

IV.15. Termination

Coverage under this Policy shall automatically terminate for an Insured Person upon payment of a benefit equal to the total Sum Insured or upon death of an Insured Person. Wherever the benefit paid is partial in nature the policy shall continue for the balance Sum Insured in respect of that Insured Person.

IV.16. Redressal of Grievance

If you have a grievance that you wish us to redress, you may contact us with the details of the grievance through Our website: www.manipalcigna.com

Email: customercare@manipalcigna.com,

Senior Citizens may write to us at - seniorcitizensupport@manipalcigna.com

Toll Free: 1800-102-4462

Contact No.: + 91 22 71781300

Courier: Any of Our Branch office or corporate office during business hours. Insured Person may also approach the grievance cell at any of company's branches with the details of the grievance.

If Insured Person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at,

'The Grievance Cell, ManipalCigna Health Insurance Company Limited,

Techweb center 2nd Floor New Link Rd,

Anand Nagar, Jogeshwari West, Mumbai, Maharashtra 400102, India

or

Email - headcustomercare@manipalcigna.com.

For updated details of grievance officer, kindly refer link - https://www.manipalcigna.com/grievance-redressal

If Insured person is not satisfied with the redressal of grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. The contact details of Ombudsman offices attached as Annexure I to this Policy document.

Grievance may also be lodged at IRDAI complaints management system - https://bimabharosa.irdai.gov.in/

You may also approach the Insurance Ombudsman if your complaint is open for more than 30 days from the date of filing the complaint.

The office Name and address details applicable for your state can be obtained from - https://www.cioins.co.in/Ombudsman

IV.17. What are the Exclusions?

We shall not be liable to make any payment for any claim in respect of any Insured Person, directly or indirectly for, caused by or arising from or in any way attributable to any of the following unless otherwise stated in the Policy:

Exclusions specific to section III.8 "Accidental Hospitalization"

1. Investigation & Evaluation- Code - Excl 04

a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.

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 - Excl 05

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 physical, social, emotional and spiritual needs.

3. Cosmetic or Plastic Surgery: Code - Excl 08

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

4. Excluded Providers: Code - Excl 11

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.

5. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **Code - Excl 12**

6. Treatments received in heath hydros, 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. **Code - Excl13**

7. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a Medical Practitioner as part of hospitalization claim or day care procedure. **Code - Excl 14**

8. Unproven Treatments: Code - Excl 16

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

9. Expenses incurred for treatment of accidental injuries which does not warrant hospitalization.

10. Costs of donor screening or costs incurred in an organ transplant surgery involving organs not harvested from a human body.

11. Any form of Non-Allopathic treatment (except AYUSH Treatment (In-patient Treatment)), Hydrotherapy, Acupuncture, Reflexology, Chiropractic treatment or any other form of indigenous system of medicine.

12. Any expenses incurred on Domiciliary Hospitalization.

13. Treatment taken outside the geographical limits of India.

14. All expenses listed in Annexure-3 (List I) of the Policy.

Exclusions (applicable to all sections of the policy)

15. Hazardous or Adventure sports: Code - Excl 09

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, sky diving, deep-sea diving.

16. Breach of law: Code - Excl 10

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent

17. Any Pre-existing Disease or Disability arising out of a Pre-existing Diseases or any complication arising therefrom.

18. Suicide or attempted Suicide, intentional self-inflicted injury, acts of self-destruction whether the Insured Person is medically sane or insane.

19. Certification by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person's Family.

20. Death or disablement arising out of or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), participation in any naval, military or air-force operation, civil war, public defence, rebellion, revolution, insurrection, military or usurped power.

21. Death or disablement directly or indirectly caused by or associated with any venereal disease, sexually transmitted disease

22. Congenital internal or external diseases, defects or anomalies or in consequence thereof.

23. Benefit under Accidental Death, Permanent Total Disablement, Permanent Partial Disablement arising from Bacterial infections (except pyogenic infection which occurs through an cut or wound due to Accident).

24. Benefit under Accidental Death, Permanent Total Disablement, Permanent Partial Disablement arising from Medical or surgical treatment except as necessary solely and directly as a result of an Accident.

25. Benefit under Accidental Death, Permanent Total Disablement, Permanent Partial Disablement arising from Hernia.

26. Death or disablement directly or indirectly caused due to or associated with human T-call Lymph tropic virus type III (HTLV-III or IITLB-III) or Lymphadinopathy Associated Virus (LAV) and its variants or mutants, Acquired Immune Deficiency Syndrome (AIDS) whether or not arising out of HIV, AIDS related complex syndrome (ARCS) and any injury caused by and/or related to HIV.

27. Any change of profession after inception of the Policy which results in the enhancement of Our risk under the Policy, if not accepted and endorsed by Us on the Policy Schedule.

28. Death or disablement arising or resulting from the Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanor or civil commotion with criminal intent.

29. Death or disablement arising from or caused due to use, abuse or a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen.

30. Death or disablement resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy or a consequence thereof including ectopic pregnancy unless specifically arising due to accident;

31. Death or disablement caused by participation of the Insured Person in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.

32. Insured Persons whilst engaging in a speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet

and breathing apparatus, polo, snow and ice sports in so far as they involve the training for or participation in competitions or professional sports, or involving a naval, military or air force operation and is specifically specified in the Policy Schedule.

33. Working in underground mines, tunneling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel.

34. Engaged or while engaging in Hazardous Activities.

35. Death or disablement arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.

    -Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.

36. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.

V. How can I buy the Policy?

Step 1: The product brochure, policy benefits, exclusions and premium details must be thoroughly understood and discussed with Our advisor/ Company representative, before buying the policy.

Step 2: Once the benefits of the policy are understood, the Proposal Form must be filled, wherein details of the prospective Insured Persons including medical information must be provided as accurately as possible.

Step 3: The proposal form with the required documents have to be submitted along with the premium.

Step 4: Based on the above information we will process Your proposal forInsurance and a policy kit containing the Benefit Schedule, Policy Terms and associated documents will be sent to you.

We shall process the proposals and the decision on the proposal thereof, shall be communicated in writing to You within a reasonable period but not exceeding 7 days from the date of receipt of proposals or any requirements called for by Us.

Upon assessment if there is any change in terms or premium is loaded then We will inform You about any revised terms through a counter offer letter. We will issue the Policy only once you accept the counter offer. Where You do not agree to the counter offer we will cancel your proposal.

VI. What is the Claim Process?

VI.1. Duties of Claimant

- You must Intimate and submit a claim in accordance with the Claim Process defined in the Policy
- You must follow the advice provided by a Medical Practitioner. We shall not be obliged to make any payment that is brought about as a consequence of failure to follow such advice.
- You must upon Our request, submit Yourself for a medical examination by Our nominated Medical Practitioner as often as We consider reasonable and necessary. The cost of such examination will be borne by Us.

Provide Us with complete documentation and information that We have requested to establish admissibility of the claim, its circumstances and its quantum under the provisions of the Policy

VI.2. Claim Process

Notification of Claim

Upon the discovery or occurrence of any Illness / Injury that may give rise to a Claim under this Policy, You / Insured Person or the nominee as the case may be shall undertake the following:

In the event of any Illness or Injury or occurrence of any other contingency which has resulted in a Claim or may result in a claim covered under the Policy, You/the Insured Person, must notify Us either at the call center or in writing within 10 days from the date of such Accident (In case of claims other than for the benefit under Accidental Hospitalisation), in the event of:

- Planned Hospitalization, You/the Insured Person will intimate such admission at least 48 hours prior to the planned date of admission
- Emergency Hospitalization (under benefit - Accidental Hospitalization), You /the Insured Person will intimate such admission within 24 hours of such admission.
- The following details are to be provided to Us at the time of intimation of Claim in case of an Injury / Illness:
- Policy Number
- Name of the Policyholder
- Name of the Insured Person in whose relation the Claim is being lodged
- Nature of Illness / Injury
- Name and address of the attending Medical Practitioner and Hospital (if admission has taken place)
- Date of Admission if applicable
- Any other information as requested by Us

Cashless Facility (Applicable for the Benefit- Accidental Hospitalization)

Cashless facility is available only at our Network Hospital or Common empanelment of hospital/healthcare providers as specified by Insurance Council. The Insured Person can avail Cashless facility at the time of admission into any Network Hospital or Common empanelment of hospital/healthcare providers as specified by Insurance Council, by presenting the health card as provided by Us with this Policy, along with a valid photo identification proof (Voter ID card / Driving License / Passport / PAN Card / any other identity proof as approved by Us).

(a) For Planned Hospitalization:

i. The Insured Person should at least 48 hours prior to admission to the Hospital approach the Network Provider for Hospitalization for medical treatment.

ii. The Network Provider or Common empanelment of hospital/healthcare providers as specified by Insurance Council will issue the request for authorization letter for Hospitalization in the pre-authorization form prescribed by the IRDA.

iii. The Network Provider or Common empanelment of hospital/healthcare providers as specified by Insurance Council shall electronically send the pre-authorization form along with all the relevant details to the 24 (twenty four) hour authorization/cashless department along with contact details of the treating Medical Practitioner and the Insured Person.

iv. Upon receiving the pre-authorization form and all related medical information from the Network Provider or Common empanelment of hospital/healthcare providers as specified by Insurance Council, We will verify the eligibility of cover under the Policy.

v. Wherever the information provided in the request is sufficient to ascertain the authorization We shall issue the authorization Letter to the Network Provider or Common empanelment of hospital/healthcare providers as specified by Insurance Council. Wherever additional information or documents are required We will call for the same from the Network provider or Common empanelment of hospital/healthcare providers as specified by Insurance Council and upon satisfactory receipt of last necessary documents the authorization will be issued. All authorizations will be issued within a period of 1 hours from the receipt of last complete documents.

vi. The Authorization letter will include details of sanctioned amount, any specific limitation on the claim, any

co-pays or deductibles and non-payable items if applicable.

vii. The authorization letter shall be valid only for a period of 15 days from the date of issuance of authorization.

In the event that the cost of Hospitalization exceeds the authorized limit as mentioned in the authorization letter:

i. The Network Provider shall request Us for an enhancement of authorization limit as described under Section VI.2 (a) including details of the specific circumstances which have led to the need for increase in the previously authorized limit.

ii. We will verify the eligibility and evaluate the request for enhancement on the availability of further limits.

iii. We shall accept or decline such additional expenses within 1(one) hours of receiving the request for enhancement from You.

In the event of a change in the treatment during Hospitalization to the Insured Person, the Network Provider shall obtain a fresh authorization letter

from Us in accordance with the process described Section VI.2 (a) above.

At the time of discharge:

i. the Network Provider or common empanelment of hospital/healthcare providers may forward a final request for authorization for any residual amount to us along with the discharge summary and the billing format in accordance with the process described at Section VI.2 (a) above.

ii. We shall accept or decline such additional expenses within 3 (Three) hours of receiving the complete documents for final discharge from Network provider or Common empanelment of hospital/healthcare providers.

iii. Upon receipt of the final authorization letter from us, You may be discharged by the Network Provider.

(b) In case of Emergency Hospitalization

i. The Insured Person may approach the Network Provider or common empanelment of hospital/healthcare providers for Hospitalization for medical treatment.

ii. The Network Provider or common empanelment of hospital/healthcare providers shall forward the request for authorization within 24 hours of admission to the Hospital as per the process under Section VI.2 (a)

iii. It is agreed and understood that we may continue to discuss the Insured Person's condition with the treating Medical Practitioner till Our recommendations on eligibility of coverage for the Insured Person are finalized.

iv. In the interim, the Network Provider or common empanelment of hospital/healthcare providers may either consider treating the Insured Person by taking a token deposit or treating him as per their norms in the event of any lifesaving, limb saving, sight saving, Emergency medical attention requiring situation.

v. The Network Provider or common empanelment of hospital/healthcare providers shall refund the deposit amount to You barring a token amount to take care of non-covered expenses once the pre-authorization is issued.

The Network Provider or common empanelment of hospital/healthcare providers will send the claim documents along with the invoice and discharge voucher, duly signed by the Insured Person directly to us. The following claim documents should be submitted to Us within 15 days from the date of discharge from Hospital –

- Claim Form Duly Filled and Signed
- Original pre-authorization request
- Copy of pre-authorization approval letter (s)
- Copy of Photo ID of Patient Verified by the Hospital
- Original Discharge/Death Summary
- Operation Theatre Notes(if any)
- Original Hospital Main Bill and break up Bill
- Original Investigation Reports, X Ray, MRI, CT Films, HPE

- Doctors Reference Slips for Investigations/Pharmacy
- Original Pharmacy Bills
- MLC/FIR Report/Post Mortem Report (if applicable and conducted)

We may call for any additional documents as required based on the circumstances of the claim

There can be instances where We may deny Cashless facility for Hospitalization due to insufficient Sum Insured or insufficient information to determine admissibility in which case You/Insured Person may be required to pay for the treatment and submit the claim for reimbursement to Us which will be considered subject to the Policy Terms &Conditions.

We in our sole discretion, reserves the right to modify, add or restrict any Network Hospital for Cashless services available under the Policy. Before availing the Cashless service, the Policyholder / Insured Person is required to check the applicable/latest list of Network Hospital on the Company's website or by calling our call centre

Claim Reimbursement Process

(a) Collection of Claim Documents

i. Wherever You have opted for a reimbursement of expenses, You may submit the following documents for reimbursement of the claim to Our branch or head office at your own expense not later than 15 days from the date of discharge from the Hospital. You can obtain a Claim Form from any of our Branch Offices or download a copy from our website: https://www.manipalcigna.com/downloads/claims

ii. List of necessary claim documents to be submitted for reimbursement are as following:

Claim form duly signed
Copy of photo ID of patient
Hospital Discharge summary
Operation Theatre notes
Hospital Main Bill
Hospital Break up bill
Investigation reports
Original investigation reports, X Ray, MRI, CT films, HPE, ECG
Doctors reference slip for investigation
Pharmacy Bills
MLC/ FIR report, Post Mortem Report if applicable and conducted
KYC documents (Photo ID proof, address proof, recent passport size photograph)
Cancelled cheque for NEFT payment
Payment receipt.

We may call for any additional documents/information as required based on the circumstances of the claim.

iii. Our branch offices shall give due acknowledgement of collected documents to You.

In case You/ Insured Person delay submission of claim documents as specified in G.I.5.(a) above, then in addition to the documents mentioned in G.I.5.(a) above, You are also required to provide Us the reason for such delay in writing. In case You delay submission of claim documents, then in addition to the documents mentioned above, You are also required to provide Us the reason for such delay in writing. We will accept such requests for delay up to an additional period of 30 days from the stipulated time for such submission. We will condone delay on merit for delayed Claims where the delay has been proved to be for reasons beyond Your/Insured Persons control.

VI.3. Claim Documents & Submission

The following documents are required to be submitted to Us within 30 days of the date of occurrence of the Accident to Our branch or Head Office.

Documents required for all Claims:

- Photo Identity Proof - Voter ID, Passport, PAN Card, Driving License, Ration Card, Aadhar, or any other proof accepted by the KYC norms as approved by Us and which is admissible in court of law
- Duly completed and signed claim form in original as prescribed by Us.
- Copy of FIR/ Panchnama /Police Inquest Report (if conducted) duly attested by the concerned Police Station;
- Copy of Medico Legal Certificate(if conducted) duly attested by the concerned Hospital,
- Income Proof
  - Last 3 months Salary Slip/Form 16 for salaried persons
  - Last financial years ITR for self-employed persons

Section II.1 Accidental Death:

- Original Death certificate issued by the office of Registrar of Birth & Deaths;
- Death summary issued by a Hospital;
- Post Mortem Report (if conducted);
- Identity proof of Nominee or Original Succession Certificate/Original Legal Heir Certificate or any other proof to Our satisfaction for the purpose of a valid discharge in case nomination is not filed by deceased.

Claim under Sections II.2 Permanent Total Disablement & II.3. Permanent Partial Disablement as well as optional benefit under Section III. 1 Temporary Total Disablement

- Original treating Med ical Practitioner's certificate describing the disablement;
- Original Discharge summary from the Hospital;
- Photograph of the Insured Person reflecting the disablement;
- Prescriptions and consultation papers of the treatment;
- Disability certificate issued by treating Medical Practitioner (in case of TTD), civil surgeon or equivalent appointed by the District/State or Government Board.
- Any other medical, investigation reports, inpatient or consultation treatment papers, as applicable;

In case of TTD, We may ask for Disability certificate issued by civil surgeon or equivalent appointed by the District/State or Government Board on case to case basis.

The submitted medical documents may be re-validated by Our Doctors.

Additional documents required under Section III.1 Temporary Total Disablement

- Leave/Absence Certificate from Employer (If Employed)
- Latest salary slip or certificate from employer specifying remuneration (in case of salaried Person).
- Income Tax Returns of the previous financial year (in case of self-employed person)

Additional documents required under Section II.1 & II. 2 Accidental Death & Permanent Total Disablement (Common Carrier).

- Original Passenger Ticket / Boarding Pass issued in the name of the Insured Person from the Common Carrier (in case of death in a common carrier), wherever a named ticket is not available, onus of proof of travel will be upon the Insured Person.

Additional documents for Benefits (as applicable):

Air Ambulance:

a. Original Bill from a certified Ambulance Service Provider or Hospital.

Child Welfare Benefit:

Education Fund:

a. Proof to establish relationship - Passport/Education certificate establishing proof of relationship of child with parents/Birth Certificate or Adoption Papers (if adopted).
b. Photo Identity Proof of Child (Children)
c. Age proof of Child (Children)
d. Certificate from Educational Institution describing course details
e. Death / Disability certificate of the parent(s)

Orphan Benefit:

a. Birth Certificate of child or adoption papers (if adopted)
b. Photo Identity Proof of Child (Children)
c. Age proof of Child (Children)
d. Any other proof to establish relationship - Passport/Education certificate establishing proof of relationship of child with parents.
e. Legal Guardian Certificate if the Child is a minor
f. Death certificate of parent(s)

Loss of Employment:

a. Loss of Employment/Termination Letter indicating the reason for loss of employment
b. Salary Slip of last 3 months
c. Last year's Form 16 issued by the employer
d. Income Tax Return attested copy
e. Disability certificate issued by civil surgeon or equivalent appointed by the District/State or Government Board

Broken Bones Benefits:

a. Original X-Ray/MRI/CT-Scan/Radiology Films/Reports confirming the extent of fracture.

Coma benefit:

a. Original Specialist Medical practitioner certificate confirming condition with permanent neurological deficit, and the reason for the same and the duration of comatose stage
b. Other documents as specified under Section III.4 for Coma Benefit

Burns Benefit:

a. Original Specialist Medical practitioner certificate confirming degree of burns and total area involved.

Adventure Sports cover:

a. Same list of documents as per Accidental Death or Permanent Total Disablement (as applicable)
b. Age proof of Insured person.
c. Certificate of participation from Sports event organizer/service provider
d. Pre participation fitness certificate
e. Certificate from the treating doctor mentioning the nature of the Injury

f. All Investigation reports
g. Discharge summary (If hospitalized)

EMI Shield:

a. Latest Loan statement of (for salaried persons) with NEFT of Financial institution.
b. Same list of documents as per Accidental Death, Permanent Total Disablement, Permanent Partial Disablement (as applicable)
c. Current outstanding Loan certificate(s) from financer, along with the documents submitted
d. Loan disbursement letter(s) along with the payment record till the date of Accident
e. Repayment schedule showing the EMI details

Loan Shield:

a. Latest Loan statement of (for salaried persons) with NEFT of Financial institute.
b. Same list of documents as per Accidental Death, Permanent Total Disablement, Permanent Partial Disablement (as applicable)
c. Current outstanding Loan certificate(s) from financer, along with the documents submitted
d. Loan disbursement letter(s) along with the payment record till the date of Accident Latest Loan statement of (for salaried persons) with NEFT of Financial institution
e. Repayment schedule showing the EMI details

Repatriation of Mortal Remains:

a. Original Invoice of expenses.
b. Same list of documents as per Accidental Death

Medical Repatriation:

a. Original Specialist Medical practitioner certificate confirming the requirement of Medical Repatriation
b. Original Invoice of expenses.

Cost of crutches/Wheel chairs and artificial limbs:

a. Original Invoice of expenses.
b. Original Specialist Medical practitioner prescription advising the same.

Accidental OPD:

a. Completed claim form.
b. Photo Identity proof of the patient.
c. Medical practitioner's prescription
d. Original bills with itemized break-up
e. Payment receipts
f. Investigation / Diagnostic test reports etc. supported by the prescription from attending medical practitioner
g. NEFT details (to enable direct credit of amount in bank account) and cancelled cheque
h. KYC (Identity proof with Address) of the proposer

The above list provided under VII.4 is indicative and We may ask for any other evidence as specified under the relevant Section of the Policy.

Our branch offices shall give due acknowledgement of collected documents. In case there is a delay in the submission of claim documents, then in addition to the documents mentioned above, the claimant is also required to provide Us the reason for such delay in writing. We shall condone delay on merit for delayed claims where delay is proved to be for reasons beyond the control of the Policyholder or Insured Person.

VIII. What are the Plan wise Benefit Details?

The Plan wise benefit details are as mentioned below:

Title	Description Please refer to the Plan and Sum Insured you have opted to understand the available benefits under your plan in brief			
Your Coverage Details:	Identify your Plan	**CLASSIC**	**PLUS**	**PRO**
Basic Covers This section lists the Basic benefits available on your plan	Identify your Opted Sum Insured (SI) (in ₹)	₹5 Lac to ₹25 Cr (in multiples of ₹10,000)	₹5 Lac to ₹25 Cr (in multiples of ₹10,000)	₹5 Lac to ₹25 Cr (in multiples of ₹10,000)
	Accidental Death (AD)	100% of SI 200% of SI (If death occurs due to an Accident while travelling as a fare paying passenger on a common carrier)		
	Permanent Total Disablement (PTD)	Not Applicable	100% of SI 200% of SI (If PTD occurs due to an Accident while travelling as a fare paying passenger on a common carrier)	
	Permanent Partial Disablement	Not Applicable		Up to percentage as specified in the policy wordings
	Funeral expenses	SI Up to ₹50 Lacs - ₹50,000 SI Above ₹50 Lacs - ₹1,00,000		
	Repatriation of Mortal Remains	Up to 2% of SI, subject to a maximum of Rs 5 Lac Payable on Reimbursement basis. Any claim under this Benefit shall be payable if the death of the insured person occurs outside his city of residence.		
Optional Covers This section lists the available optional covers under your plan and the limits under each of these options	Temporary Total Disablement (TTD)	Limit (Applicable for Adult Insured members): For earning member - 2% of SI or ₹1,00,000 per week or Insured Persons base weekly income at the time of claim, whichever is lower (for a maximum of 100 weeks) for the duration of the Temporary Total Disablement of the Insured Person. Minimum absence from work shall be for 7 consecutive days. For Non-earning member (Can be opted only if the earning member is part of the TTD cover) - 1% of SI or ₹50,000 per week or 50% of the weekly compensation payable for the earning member (at the time of claim) covered in the same Policy, whichever is lower (for a maximum of 100 weeks) for the duration of the Temporary Total Disablement of the Insured Person.		
	Burns benefit	Injury due to accidents leading to Burns is payable as a % of SI If the Injury results in more than one of the Descriptions of policy wordings, then the Company will pay cumulatively maximum up to the Sum Insured		
	Broken Bones Benefit	Not Applicable	Not Applicable	Injury due to accidents leading to Broken Bones is payable as a % of SI If the Injury results in more than one of the Descriptions of policy wordings, then the Company will pay for the highest one up to the limits as mentioned against that particular description
	Coma Benefit	25% of SI subject to a maximum of ₹25 Lac. Should be in comatose state for at least 96 hours Coma resulting directly from alcohol / drug abuse or due to sickness or disease is excluded.		

	Child Welfare Benefit	In case of Accidental Death of an Insured Person Education Benefit: 10% of the SI, subject to a maximum of ₹20 Lac (Irrespective of number of dependent chid(ren)) Available for dependent children up to age 25 years, even if not insured in the policy. Orphan Benefit: (In addition to Education Benefit) 20% of the SI, subject a maximum of ₹40 Lac (Irrespective of number of dependent chid(ren)) Available for dependent children up to age 25 years, even if not insured in the policy. In case of any surviving parent, Orphan benefit shall not be payable.
	Loss of employment	Payable in case of PTD / PPD Options: 3 months salary totalling up to the following options: ₹50000 to ₹500000 (in multiples of ₹10,000) This benefit is applicable only for the salaried employees and not applicable for self employed. Customer can select the nearest SI option(s) as per the Salary. The pay-out under this benefit is limited to the least of base monthly net income excluding overtime, bonuses, tips, commissions, any other special compensation or the Sum Insured opted under this cover We will pay for this benefit on Lump sum basis once upon occurrence of PTD / PPD that results in loss of employment. Would be available once in a lifetime of the insured person.
	Air Ambulance	Up to ₹10 Lacs Payable on Reimbursement basis Applicable across the World, from the point of incidence to the hospital. We will not pay for return transportation to the Insured Person's home by air ambulance
	Accidental Hospitalization	Sum Insured options(₹) - 5 Lac, 10 Lac, 15 Lac, 20 Lac, 25 Lac, 50 Lac Applicable only within India. Room type - Any Room ICU- Up to SI 1) Inpatient treatment 2) Ayush Expenses 3) Medically necessary Dental Treatment 4) Medically necessary Plastic surgery 5) Day care Treatment 6) Pre & Post Hospitalisation (up to 30 days each) 7) Road Ambulance - Covered Up to ₹10,000 per hospitalization (Covered within the accidental hospitalization SI) 8) Accidental OPD (For procedures that require less than 24 hours of hospitalization, Doctor consultation & Diagnostic Tests) (Covered within the accidental hospitalization SI) - Upto 1% of SI, subject to a maximum of ₹25,000. (Available on Reimbursement basis) 9) Cost of Crutches, Wheel chairs, Prosthetics & Artificial limbs - Maximum up to ₹1 Lac (Covered within the accidental hospitalization SI) Payable as per actuals for purchase or renting of necessary Crutches, Wheel chairs, Prosthetics & Artificial limbs as recommended by the treating Doctor. Purchase or Renting to be initiated within 30 days from the time of discharge from the hospital.

	EMI Shield	Payable in case of AD /PTD / PPD 3 EMIs totaling up to the following SI options (₹): 50000 to 5 Lac (in multiples of ₹10,000) Customer can select the nearest SI options as per the EMI at the time of policy purchase and at the time of Renewal. EMI amount under this benefit would not include any arrears due to any reasons whatsoever. The pay-out under this benefit is limited to the least of sum total of 3 EMIs due or the Sum Insured opted under this cover. We will pay for this benefit on Lump sum basis once upon the occurrence of AD / PTD / PPD		
	Loan Shield	Payable in case of AD / PTD SI Options(₹) - 1 Lac to ₹1 Cr (in multiples of ₹10,000) SI option(s) under this benefit can be chosen only up to the Accidental Death SI amount, subject to a maximum SI limit available under Loan Shield cover. Customers can select the nearest SI option(s) as per the outstanding loan amount at the time of policy purchase and at the time of Renewal. We will pay the only the lowest of outstanding loan amount or the SI chosen under this benefit, upon occurrence of AD / PTD.		
	Adventure Sports Cover (Cover can be opted only at the time of policy purchase and shall not be permitted to opt in during the renewals (wherever not opted at the time of policy purchase)	Not Applicable	Not Applicable	Payable in case of AD / PTD 50% of SI, subject to a maximum of ₹50 Lac. Covered as per the list of specified adventure sports in Policy Wordings. This cover is available only up to 60 years of age (at New Business / Renewal)
	Medical Repatriation	Up to 25% of SI, subject to a maximum of ₹25 Lac Applicable across the world on reimbursement basis		

Disclaimer:

This is only a summary of the product features. The actual benefits available shall be described in the policy, and will be subject to the policy terms, conditions and exclusions.

For more details on risk factors, terms and conditions read the sales brochure and speak to Your advisor before concluding a sale.

Prohibition of Rebates (under section 41 of Insurance Act, 1938)

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Insurance is a subject matter of solicitation

Annexures:

Benefit Illustration

Rate Charts

ManipalCigna Health Insurance

ManipalCigna Health Insurance