

Group Accident Suraksha

Extension Covers Wordings

1. Accidental Medical Expenses:

We will cover the medical expenses incurred by the Insured Person for treatment required as a result of an accident during Policy Period. Our maximum liability under this cover will be as per limit mentioned against this cover in Policy Schedule/Certificate of Insurance.

Claim under this extension cover will be applicable only if the claim is admissible under any of the Base Covers in this Policy, for the same accident event.

This cover is applicable for treatment in India only.

2. Accidental OPD Cover:

We will cover the medical expenses incurred by the Insured Person as an Outpatient due to Accidental injury only. Our maximum liability under this cover will be as per the limit mentioned against this cover in Policy Schedule/Certificate of Insurance.

OPD treatment means the one in which the Insured visits a clinic/ hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

This cover is applicable for treatment in India only.

3. Broken Bones Cover:

If an Insured Person suffers an Accident during Policy Period which directly and solely results in broken bone, then We will pay a lump sum amount as per the nature of bone broken as specified below. Our maximum liability under this cover will be as per the limit mentioned against this cover in Policy Schedule/Certificate of Insurance.

Nature of Broken Bone	Payable amount as % of limit for Broken Bone Extension Cover
Multiple Hip/pelvis bones: at least one compound fracture and one complete fracture	100%
Vertebral Body (excluding coccyx)	30%
Coccyx	5%
Arms	25%
Lower limbs	25%
Wrist	10%
Ankle	10%
Finger	3%
Others	Max up to 20%

If an Injury results in more than one of the “nature of Broken Bone” as listed above, then Our liability will be as per the sum of respective benefit percentage applicable on all such “nature of Broken Bones”.

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.

We will not pay any amount with respect to dislocation of bones/joints or hairline fractures under this extension cover.

4. Modification of residential accommodation & vehicle & Workplace:

We will cover expenses incurred for modification of house and/or workplace and/or vehicle necessitated due to disability of the Insured Person resulting from an accident. Our maximum liability under this cover will be as per the limit mentioned against this cover in Policy Schedule/Certificate of Insurance.

Claim under this extension cover will be applicable only if the claim is admissible under PTD or PPD Base Covers in this Policy, for the same accident event.

5. Carriage of dead body:

We will cover the expenses incurred for transportation of Insured's dead body to the place of residence from the place of death. Our maximum liability under this cover will be as per the limit mentioned against this cover in Policy Schedule/ Certificate of Insurance.

Claim under this extension cover will be applicable only if the claim is admissible under Accidental Death Base Covers in this Policy for the same accident event.

6. Funeral Benefit:

We will cover the expenses incurred towards funeral/ last rites of Insured's Person. Our maximum liability under this cover will be as per the limit mentioned against this cover in Policy Schedule/Certificate of Insurance.

Claim under this extension cover will be applicable only if the claim is admissible under Accidental Death Base Covers in this Policy for the same accident event.

7. Repatriation of Remains:

We will cover the expenses incurred towards repatriation of mortal remains of Insured Person to the place of residence from the place of death. Our maximum liability under this cover will be as per the limit mentioned against this cover in Policy Schedule/Certificate of Insurance.

Claim under this extension cover will be applicable only if the claim is admissible under Accidental Death Base Covers in this Policy for the same accident event.

8. Ambulance cover:

We will cover the Reasonable and Customary Charges up to the limit specified in the Policy Schedule/ Certificate of Insurance that are incurred towards Insured Person's transportation by road ambulance to the nearest Hospital with adequate facilities in an Emergency following an Accidental Injury which occurs during the Policy Period which requires Hospitalization of Insured and provided that the ambulance service is offered by a registered healthcare or ambulance service provider.

9. Transportation Allowance/Compassionate visit:

If We have accepted Your claim for Hospitalization in case of an Injury that results from an Accident event happening during the Policy Period, then We shall reimburse the amount up to the limit specified against this Benefit in the Policy Schedule/Certificate of Insurance, incurred in respect of a maximum of four of Your Immediate Family Members for two way airfare or two way first class railway ticket in a licensed common carrier to the place where Insured Person is Hospitalized provided that:

- The attending Medical Practitioner recommends the personal attendance of an Immediate Family Member;

- Travel by the Immediate Family Member to the place of Hospitalization is commenced during the period of Insured Person's Hospitalization

“Immediate Family Member” would mean spouse, children and dependant parents of the Insured Person.

10. Travel expenses for medical treatment:

We will cover the expenses up to the limit specified in the Policy Schedule/Certificate of Insurance that are incurred towards Insured Person's transportation to another city for the purpose of availing treatment of Accidental injuries as per referral from Medical Practitioner.

11. Catastrophe Evacuation:

We will cover the expenses up to the limit specified in the Policy Schedule/Certificate of Insurance that are incurred due to necessary immediate evacuation of the Insured Person in order to avoid risk of personal Injury on happening of catastrophes fire, flood, earthquake, storm, lightening, explosion, cyclone, inundation, typhoon, tornado, volcanic eruption or hurricane.

12. Medical Evacuation:

We will cover the expenses up to the limit specified in the Policy Schedule/Certificate of Insurance that are incurred due to necessary immediate evacuation of the Insured Person required due to medical emergency arising out of injuries sustained in an Accident.

Provided the following:

1. Adequate medical facility is not available locally
2. Emergency evacuation is done to the nearest facility capable of providing adequate care under proper medical supervision
3. Such evacuation should have been carried out by medically equipped specialty aircraft, commercial airline, train or ambulance depending upon the nature of emergency medical needs and available and suitable transportation mode
4. We must be immediately notified if such emergency evacuation is availed

Claim under this extension cover will be applicable only if the claim is admissible under any of the Base Covers in this Policy for the same accident event.

13. Cost of clothing damage:

We will cover the damage of clothes or uniform due to Accident of Insured Person anytime during the Policy Period. Our maximum liability under this cover will be up to the limit specified in the Policy Schedule/Certificate of Insurance.

14. Loss of Job cover / Separation Cover:

If We have accepted a claim for an Injury that results in Permanent Total Disablement (PTD) or Permanent Partial Disablement (PPD) or Temporary Total Disablement (TTD), due to which the Insured Person is disabled from engaging in his/her occupation and loses his/her source of income generation as a consequence thereof, then We shall pay the amount (as lump sum) as specified against this Benefit in the Policy Schedule/Certificate of Insurance.

For the purpose of this benefit, Insured Person's per month salary based on the average of last 3 months salary slip, will be considered. Monthly salary will mean Net monthly income (post tax), that is, monthly in hand salary excluding overtime, bonuses, tips, commissions or any other special compensation. In case of self-employed Insured Person, monthly income based on the last income tax returns filed with the income tax department will be considered. In any case, the maximum amount will be, the income assessed as per above or amount as

mentioned in in the Policy Schedule/Certificate of Insurance against this benefit; whichever is lower, will be payable.

Maximum number of months for claim payout will be as specified in Policy Schedule/Certificate of Insurance.

15. Accident Hospitalization Daily Cash Benefit:

If an Insured Person is Hospitalized due to Injuries resulting from an Accident that happened during the Policy Period, then We shall pay the daily cash amount specified in the Policy Schedule /Certificate of Insurance for each continuous and completed period of 24 hours of Hospitalization provided that:

- Insured Person should have been Hospitalized for a minimum period of 48 hours continuously;
- We shall not make any payment under this Benefit to Insured Person for more than the no. days of Hospitalisation in total as specified in Policy Schedule/Certificate of Insurance under any Policy Period
- A deductible in terms of no. of days may be applied as specified in Policy Schedule/Certificate of Insurance for each hospitalization

16. Improved Disability Benefit:

In case of Permanent Total Disability (PTD), We will pay you a lump sum amount which is xx times, as specified in Policy Schedule/Certificate of Insurance, the Accidental death Sum Insured (Base Cover 1 of this Policy), instead of the Permanent Total disablement (PTD). All other terms and conditions as defined under Base Cover 2 Permanent Total Disablement will be applicable.

17. On Duty cover:

If this extension is in force, then the coverage under this Policy shall be applicable against Injury sustained on account of Accident only during official hours while the Insured is on duty (and not for all the 24 hours of the day & night). Duty hours shall include office hours, during official visit, training, seminars, conference and work related activities. The coverage shall also be provided for travel for work related activities.

18. Off Duty Cover:

If this extension is in force, then the coverage under this Policy shall be applicable against injury sustained on account of Accident only outside official hours while the Insured is not on duty and not for all the 24 hours of the day & night).

19. Children Education Grant:

In the event of Accidental death or Permanent Total Disablement of Insured Person, We shall additionally pay the amount as specified against this cover in Policy Schedule/Certificate of Insurance towards the education expenses of each dependent child(ren) of the Insured Person. Benefit for up to two dependent children, who are below age 25 years and are pursuing an educational course as full time student in an educational institute, shall be paid under this cover.

20. Mysterious Disappearance:

If this extension is in force, We will pay for Benefit under Base Cover 1 (Accidental Death) if Insured Person's body cannot be located within 365 days after the forced landing, stranding, sinking or wrecking of a conveyance in which Insured Person was a passenger or as a result of any acts of God, in which case it shall be deemed that Insured Person shall have suffered loss of life. Such disappearance should be certified by the local police authorities.

If a claim has been paid under this extension cover, no payment shall be made under any Base covers for the same Insured Person.

21. Treatment Outside India:

We will pay for the expenses incurred for in-patient treatment outside India for Injuries resulting solely and directly from Accident occurring during Policy Period. Such medical treatment must be certified by Medical practitioner as necessary. Travelling expenses of Insured Person and one attendant person and expenses for lodging and boarding of one attendant shall also be payable under this cover. Any out-patient expenses or day care treatment expenses will not be paid under this cover.

Our maximum liability under this cover will be up to the limit specified in the Policy Schedule/Certificate of Insurance. Claim under this extension cover will be applicable only if the claim is admissible under any of the Base Covers in this Policy for the same accident event.

22. Damage to Bag:

We will pay for the total and permanent loss/damage, which is beyond economical repair, to Insured Person's Bag due to accident happening during the Policy period. Payment will be based on the replacement of the Bag. Any loss of valuables, Money or any kind of securities or tickets will not be covered. Any loss due to theft of Bag items will not be covered.

Our maximum liability under this cover will be as per limit mentioned against this cover in Policy Schedule/Certificate of Insurance.

23. Widowhood Cover:

If a claim is admissible for an Insured Person under Accidental Death cover (Base Cover 1) of this Policy, then We will additionally pay a lump sum amount as specified in Policy Schedule/Certificate of Insurance to the legally married spouse of such Insured Person.

24. Purchase of Blood:

We will cover the expenses incurred for purchasing blood for Insured Person's treatment necessitated as a result of Injuries solely and directly due to Accident event happening during Policy Period. Blood should be purchased from a Hospital or lawful blood bank only.

Our maximum liability under this cover will be up to the limit specified in the Policy Schedule/Certificate of Insurance. Claim under this extension cover will be applicable only if the claim is admissible under any of the Base Covers in this Policy for the same accident event.

25. Prosthesis & Artificial Limb Cover:

We will cover the reasonable and customary expenses incurred for purchasing Prosthesis or Artificial limb for Insured Person's use, necessitated as a result of Injuries solely and directly due to Accident event happening during Policy Period.

Our maximum liability under this cover will be up to the limit specified in the Policy Schedule/Certificate of Insurance. Claim under this extension cover will be applicable only if the claim is admissible under Permanent Total disablement (Base Cover 2) or Permanent Partial disablement (Base cover 3) in this Policy for the same accident event.

26. Legal Expenses:

We will cover the administrative legal/court expenses borne by the Insured Person against any legal litigations resulting due to any involvement in an accident of the Insured Person during Policy Period. This does not include any legal liability arising out of court award/order. Our maximum liability under this cover will be up to the limit specified in the Policy Schedule/Certificate of Insurance.

Expenses related to litigations arising due to breach of law by the Insured Person are excluded.

27. Convalescence Cover:

We will pay the Insured Person a lump sum amount as specified in Policy Schedule/Certificate of Insurance in case he/she is Hospitalized due to Accidental injuries as an in-patient for consecutive minimum number of days as specified in Policy Schedule/Certificate of Insurance.

28. Home Attendant Cover:

We will cover the expenses of engaging a Home attendant for skilled care of Insured Person post discharge from hospital that was required due to Injuries resulting solely and directly due to Accident event during Policy Period. Engagement of such Home attendant must be certified as necessary by Medical Practitioner.

Our maximum liability under this cover in terms of amount and maximum no. of days and deductible will be up to the limit specified in the Policy Schedule/Certificate of Insurance.

29. Inconvenience Cover:

We will cover the loss as per the limit specified against this cover in Policy Schedule/certificate of Insurance in case of failure of the Insured to reach an event, play or movie on time, due to involvement in an Accident, which results in closure of gates and denied entry or missed movies or a planned public or social occasion for which Insured has paid, caused by reasons beyond the control of Insured Person.

30. Missed Flight/Train Cover:

We will cover the loss due to failure of the Insured Person to access the flight / train)/any mode of scheduled transport (including missed connecting flight / train/any mode of scheduled transport) arising out of and consequent upon the delayed arrival of the insured , caused by reasons beyond the control of the Insured and due to involvement in an Accident..

Our maximum liability under this cover in terms of amount and maximum no. of days will be up to the limit specified in the Policy Schedule/Certificate of Insurance.

31. Corporate Floater:

We will provide additional Sum Insured under this extension cover, as specified in Policy Schedule/Certificate of Insurance that can be used in case of accidental death or permanent total disability for any of the group member from the corporate floater SI taken by the employer/Master policyholder. The claim under this benefit will be paid over and above the Individual member's sum assured, provided that such individual member's Sum insured has been exhausted due to claim(s) in same policy year.

32. Wellness Cover:

We will provide value added services required to maintain or improve overall well-being of Insured Person , counselling, e- consultation, Road side assistance in the form of mobile ambulance facilitation and ambulatory care facilitation in case Medical emergency, under this extension cover.

Our maximum liability under this cover will be up to the limits specified in Policy Schedule/Certificate of Insurance.

33. Marriage fund for Children:

If a claim has been admissible for an Insured Person under Accidental Death or Permanent Total Disablement cover of this policy, then We will additionally pay a lump sum amount towards marriage expenses of the dependent children of such Insured person. Benefit under this cover will be provided for maximum up to 2 dependent children.

Our maximum liability under this cover will be up to the limits specified in Policy Schedule/Certificate of Insurance

34. Air Ambulance:

We shall cover the expenses up to the limit specified in the Policy Schedule/Certificate of Insurance that are incurred towards Insured Person's transportation in an airplane or helicopter certified to be used as an ambulance to the nearest Hospital with adequate facilities in an Emergency following an Injury resulting from an Accident which occurs during the Policy Period provided that:

- a. Such transportation cannot be provided by a road ambulance;
- b. Medically Necessary Treatment is not available at the location where Insured Person is situated at the time of the Emergency;
- c. Such medical evacuation is prescribed by a Medical Practitioner and is medically necessary;
- d. Expenses incurred towards return transportation by air ambulance is excluded under this Benefit

Claim under this extension cover will be applicable only if the claim is admissible under any of the Base Covers in this Policy for the same accident event.

35. Attendant/Companion Benefit:

We of If an Insured Person is Hospitalized due to Injuries resulting from an Accident event which occurs during Policy Period, then for each such day that the Insured is Hospitalized, We will pay an additional lump sum daily amount towards expenses of attendant/companion.

Our maximum liability under this cover in terms of amount and maximum no. of days and deductible will be up to the limit specified in the Policy Schedule/Certificate of Insurance.

36. Restoration Benefit:

If a claim is admissible under Permanent Total Disablement (PTD) or Permanent Partial Disablement (PPD) under this Policy with respect to an Insured Person and if in the same Policy Period another Accidental injury occurs which results in claim under Accidental death or Permanent Total Disablement (PTD) then We shall restore the Sum Insured for that Insured Person up to 100% of Sum Insured as on Start Date of the Policy.

Such Restoration will be done maximum once per Insured Person per Policy Period.

37. Medical Expenses without Accident:

We will cover Medical expenses incurred for in-patient Hospitalization of an Insured Person required due to any Illness during Policy Period.

Following Medical expenses will be covered under this extension Cover maximum up to the limit as specified in Policy Schedule/Certificate of Insurance.

- a) Medical Practitioners' fees
- b) Room Rent and other boarding charges
- c) ICU Charges
- d) Operation theatre charges
- e) Diagnostic procedures' charges
- f) Medicines, drugs and other consumables as prescribed by the Medical Practitioner
- g) Qualified Nurses' charges
- h) Intravenous fluids, blood transfusion, injection administration charges

- i) Anaesthesia, Blood, Oxygen, operation theatre charges, surgical appliances
- j) The cost of prosthetics and other devices or equipment if implanted internally during a Surgical Procedure

Following exclusion shall also apply to coverage under this extension Cover:

1. Treatment related to addictive conditions and disorders, resulting from any kind of substance abuse or misuse including alcohol abuse or misuse.
2. Participation in Adventurous Sports
3. Any Alternative Treatment other than Allopathic treatment.
4. Charges related to a Hospital stay not expressly mentioned as being covered, including charges for admission, discharge, administration, RMO charges, night charges, registration, documentation and filing, surcharges. Service charges levied by the Hospital under whatever head. Complete list of these excluded expenses are mentioned in “List of Items for which optional cover may be offered by insurer”. The list is available on our website www.magma-hdi.co.in
5. Artificial life maintenance, including life support machine used to sustain a person, who has been declared brain dead, as demonstrated by:
 - a) Deep coma and unresponsiveness to all forms of stimulation;
 - b) Absent pupillary light reaction;
 - c) Absent oculovestibular and corneal reflexes; or
 - d) Complete apnoea
6. Any charges incurred to procure any medical certificate, medical records, treatment or Illness/Injury related documents pertaining to any period of Hospitalization/Day Care Treatment undertaken for any Illness or Injury
7. Circumcision unless necessary for the treatment of an Illness or disease or necessitated by an Accident.
8. Treatment for any Illness or Injury resulting from nuclear or chemical contamination, war, participation in riot, revolution, acts of terrorism or any similar event (other than natural disaster or calamity)
9. Treatment for any External Congenital Anomaly
10. Treatment undergone purely for cosmetic or psychological reasons to improve appearance. However, this exclusion does not apply where medically required as a part of treatment for cancer, Accidents and burns to restore functionality
11. Dental Treatment including Surgical Procedures for the treatment of bone disease when related to gum disease or damage, or treatment for, or treatment arising from, disorders of the temporomandibular joint. EXCEPTION: We will pay for a Surgical Procedure wherein the Insured Person Hospitalized as a result of an Accident and which is undertaken for Inpatient Care in a Hospital and carried out by a Medical Practitioner.
12. Any expenses for OPD treatment, or any expenses for drugs or dressings not prescribed for Insured Person’s intake within hospitalization period.
13. Treatment to correct refractive errors of the eye. We will not pay for routine eye examinations, contact lenses spectacles, hearing aids, dentures and artificial teeth
14. Treatment or services received in health hydro, nature cure clinics or any establishment that is not a Hospital

15. Any treatment arising from and/or taken for Crohn's Disease ,Ulcerative colitis, Cystic kidneys, Neurofibromatosis, Factor V Leiden Thrombophilia, Familial Hypercholesterolemia, Haemophilia, Hereditary Fructose Intolerance, Hereditary Hemochromatosis, Hereditary Spherocytosis
16. Hospitalization undertaken for observation or for investigations only and where no medical treatment is provided.
17. Private nursing/attendant's charges incurred during pre-hospitalization or post-hospitalization
18. Drugs or treatment not supported by prescription
19. Issue of fitness certificate and fitness examinations
20. External and/ or durable medical/non-medical equipment of any kind used for diagnosis and/ or treatment including CPAP, CAPD, infusion pump.
21. Ambulatory devices, walkers, crutches, belts, collars, caps, splints, slings, braces, stockings of any kind, diabetic foot wear, glucometer/thermometer and also any medical equipment which is subsequently used at home
22. Qualified Nurses hired in addition to the Hospital's own staff
23. Treatment for obesity
24. OPD treatment is not covered
25. All preventive care, vaccination including inoculation and immunisations except if it is certified and recommended by the attending Medical Practitioner as part of in-patient treatment
26. Any type of contraception, sterilization, termination of pregnancy or family planning or Treatment to assist reproduction
27. Any expense incurred on treatment arising from or traceable to pregnancy (including voluntary termination of pregnancy, childbirth, miscarriage (except if due to Accident), abortion or complications of any of these, including caesarean section
28. Treatment for, or arising from, an Injury that is intentionally self-inflicted, including attempted suicide
29. Treatment of any sexual problem including impotence (irrespective of the cause) and sex changes or gender reassignments or erectile dysfunction
30. Treatment for any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis
31. Treatment for sleep apnea, snoring, or any other sleep-related breathing problem
32. Treatment for speech disorders, including stammering unless the disorder occurs directly due to an Accident
33. Treatment for, or related to developmental problems, learning difficulties, such as dyslexia; behavioural problems, including attention deficit hyperactivity disorder (ADHD).
34. Any treatment received outside India
35. Unproven/Experimental treatment, including medication, which, in a competent Medical Practitioner's opinion is experimental
36. Treatment provided by a Medical Practitioner who is not recognized by the Medical Council of India

37. Treatment in any Hospital or by any Medical Practitioner or any other provider of services specifically excluded by Us except in case of Emergency treatment when other hospital/ Medical Practitioner was not available in the vicinity . The list of such excluded Hospitals is available on Our website
38. Treatment provided by anyone with the same residence as the Insured Person or who is a member of the Insured Person’s immediate family
39. Charges incurred at a Hospital primarily for evaluative or diagnostic or observation purposes for which no active treatment is given, X-Ray or laboratory examinations or other diagnostic studies, not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness or Injury, whether or not requiring Hospitalization
40. Any condition as a result of the Insured Person committing or attempting to commit a breach of law with criminal intent.
41. Any costs or expenses (other than as mentioned therein) specified in the List of “Items for which optional cover may be offered by insurer” The list is available on Our website www.magma-hdi.co.in .

38. Critical Illness Cover:

We shall pay the amount as specified in the Policy Schedule/Certificate of Insurance against this Benefit as a lump sum amount, provided that:

- i. The Insured Person is first diagnosed as suffering from a Critical Illness during the Policy Period, and
- ii. The Insured Person survives for at least 30 days following such diagnosis.

We will not make any payment under this Benefit if the Insured Person is first diagnosed as suffering from a Critical Illness within 90 days of the Policy Start Date. This Benefit can be availed by the Insured Person only once during his/her lifetime.

A waiting period of 48 months will be applicable for claim under this Benefit in case claim is for any of the Critical Illnesses which is a consequence of or arises out of any Pre-Existing Disease.

We will provide coverage for 11 Critical Illnesses as specified in Policy Schedule/Certificate of Insurance under this extension Cover.

For the purpose of this Benefit, coverage for 11 Critical Illness means:

- i. Cancer of Specified Severity
- ii. Myocardial Infarction (First Heart Attack of specific severity)
- iii. Open Chest CABG
- iv. Open Heart Replacement or Repair of Heart Valves
- v. Coma of Specified Severity
- vi. Kidney Failure requiring Regular Dialysis
- vii. Stroke resulting in Permanent Symptoms
- viii. Major Organ/Bone Marrow Transplant
- ix. Permanent paralysis of Limbs
- x. Motor Neurone Disease with Permanent Symptoms
- xi. Multiple Sclerosis with Persisting Symptoms

If a claim becomes admissible under this Benefit, this Extension Cover shall not be applicable for that Insured Person at the time of Renewal.

Definition of Critical Illnesses:

1) Cancer of Specified Severity

- I. A malignant tumour characterised by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukaemia, lymphoma and sarcoma.
- II. The following are excluded-
 - i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behaviour, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
 - ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
 - iii. Malignant melanoma that has not caused invasion beyond the epidermis;
 - iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
 - v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
 - vi. Chronic lymphocytic leukaemia less than RAI stage 3
 - vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification
 - viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
 - ix. All tumors in the presence of HIV infection.

2) Myocardial Infarction (First Heart Attack of specific severity)

- I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:
 - i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
 - ii. New characteristic electrocardiogram changes
 - iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
- II. The following are excluded:
 - i. Other acute Coronary Syndromes
 - ii. Any type of angina pectoris
 - iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

3) Open Chest CABG

- I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.
- II. The following are excluded:
 - i. Angioplasty and/or any other intra-arterial procedures

4) Open Heart Replacement or Repair of Heart Valves

- I. The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

5) Coma of Specified Severity

- I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
 - i. no response to external stimuli continuously for at least 96 hours;
 - ii. life support measures are necessary to sustain life; and
 - iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
- II. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

6) Kidney Failure Requiring Regular Dialysis

- I. End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

7) Stroke Resulting in Permanent Symptoms

- I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolization from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.
- II. The following are excluded:
 - i. Transient ischemic attacks (TIA)
 - ii. Traumatic injury of the brain
 - iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

8) Major Organ/Bone Marrow Transplant

- I. The actual undergoing of a transplant of:

- i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
 - ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.
- II. The following are excluded:
- i. Other stem-cell transplants
 - ii. Where only islets of langerhans are transplanted

9) Permanent Paralysis of Limbs

- I. Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

10) Motor Neurone Disease with Permanent Symptoms

Motor neurone disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

11) Multiple Sclerosis with Persisting Symptoms

- I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
 - i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
 - ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

Other causes of neurological damage such as SLE and HIV are excluded.

39. Transport of imported medicines cover:

We shall cover the amount as specified in the Policy Schedule/Certificate of Insurance against this Benefit on reimbursement basis for expenses incurred on freight charges for importing medicines to India, provided that:

- i. Such medicines, formulations or their alternatives are not available in India.
- ii. Such medicines are necessary for the medical or surgical treatment of the Insured Person in a Hospital following the Accident within the Policy Period.
- iii. Such medicines shall not include any drugs under clinical trial or medicines, formulations or molecules of unproven efficacy.

40. Life Support Ambulance Cover:

We shall cover the amount as specified in the Policy Schedule/Certificate of Insurance against this Benefit on reimbursement basis for expenses incurred on availing advanced life support care in case of accident, required in life threatening condition only until the insured is taken to a nearby hospital where necessary medical care can be given.

41. Life Support Benefit:

If the Insured/Insured Person suffers an Accident during the Policy Period for which medical life support is required for Insured Person(s) and the claim is admissible under any of the Base Cover of this Policy for the same accident event, then We will also indemnify for expenses incurred towards life support, for maximum up to 12 months from date of such Accident.

Life support are special medical procedures required to maintain body functions when these functions stop working due to trauma or medical condition. Such life support procedures are aimed at keeping the patient alive till the condition is cured and normal functioning resumes.

Our maximum liability under this cover in terms of amount per month and maximum no. of months will be up to the limit specified in the Policy Schedule/Certificate of Insurance.

42. Loss of Income due to Accidental injuries or CI:

If We have accepted a claim under Extension cover 38 (Critical Illness cover) Or under any of the Base covers (other than Accidental Death) of this policy and if such Critical illness or Accidental injuries renders the Insured Person disabled from engaging in his/her occupation and the Insured loses his/her source of income generation as a consequence thereof, then We shall pay the amount (as lump sum) as specified against this Benefit in the Policy Schedule/Certificate of Insurance.

For the purpose of this benefit, Insured Person's per month salary based on the average of last 3 months salary slip, will be considered. Monthly salary will mean Net monthly income (post tax), that is, monthly in hand salary excluding overtime, bonuses, tips, commissions or any other special compensation. In case of self-employed Insured Person, monthly income based on the last income tax returns filed with the income tax department will be considered. In any case, the maximum liability will be, the income as assessed per above or amount as mentioned in in the Policy Schedule/Certificate of Insurance against this benefit; whichever is lower, will be payable.

Maximum number of months for claim payout will be as specified in Policy Schedule/Certificate of Insurance.

43. Fracture indemnity cover:

If an Insured Person suffers an Accident during Policy Period which directly and solely results in one or more broken bones (fracture), then We will reimburse the expenses of treatment of such fracture. Our maximum liability under this cover will be as per the limit mentioned against this cover in Policy Schedule/Certificate of Insurance.

We will not pay any amount with respect to dislocation of bones/joints or hairline fractures under this extension cover.

44. Emergency Hotel expense cover:

If an Insured Person is outside his/her city of residence during Policy Period and needs to stay in a hotel due to injuries resulting from an Accident with respect to himself/herself or with respect to his immediate relative, then We will reimburse the expenses for such emergency hotel stay of the Insured Person. In case of claim where relative of Insured Person is injured, travel date by Insured to such other city must be before the Accident event. Any expense for stay where travel has been undertaken by Insured after the Accident of such relative person has happened, shall not be covered. Our maximum liability under this cover will be as per the limit mentioned against this cover in Policy Schedule/Certificate of Insurance.

We will cover the expenses only till the duration that the injured person (Insured Person or his/her immediate relative) is not fit to travel to his/her own city of residence, as certified by a Medical Practitioner.

For the purpose of this cover, “Immediate relative” means spouse, children, parents, grand-parents, grand children, brother and sister.

For claims under this extension cover, where Insured Immediate relative has been injured, Hospital admission records of injured person, evidence for date of travel by Insured person to the city where Accident occurred and payment receipt to hotel for Insured’s stay must be submitted.

45. Minor childcare cover:

In the event of Accidental death or Permanent Total Disablement of Insured Person, We shall additionally pay the amount as specified against this cover in Policy Schedule/Certificate of Insurance towards the expenses of travelling of any one ‘family member’ from his/her permanent residence in any city in India to the city of residence of dependent child(ren) of the Insured Person or to the city where the Insured Person has met with an Accident and children are present with him/her..

For the purpose of claim payment under this extension cover,

- dependent child will mean legal or adopted child of Insured Person who are aged 18 years or below
- Family member will include spouse, parents, brother, sister, brother-in-law, sister-in-law, mother-in-law or father-in-law of the Insured person

46. Adventure Sports Cover:

If this extension cover is in force, as mentioned in Policy Schedule/Certificate of Insurance, then the permanent exclusion of Adventure sports shall be waived for this Policy and any claim arising out of involvement of Insured Person in such Adventure sports activity shall be admissible under this Policy.