



General Insurance Company Ltd.  
DEVELOPMENT HOUSE, 24 Park Street , Kolkata -700016  
(www.magmahdi.com)

IRDA REG NO. 149 DATED 22nd MAY,2012  
CIN: U66000WB2009PLC136327

In case of any query,assistance or claims, please contact us at 18002663202  
UIN: MAGHLIP24088V052324  
OneHealth

Mr OMER FAROOQ ALI MOHD  
16-2-867/A/20, JEEVAN YARJUNG, SAIDABAD  
HYDERABAD  
TELANGANA 500059  
Mobile:8297196741

Date : 30/09/2024



P0525300005/6111/100130500059

## OneHealth Health Insurance Policy

Dear Sir/Madam,

Welcome to the Magma HDI family!

We are delighted to have you on board and sincerely thank you for choosing us to cater to your health insurance needs. At Magma HDI, we are dedicated to ensuring comprehensive coverage for you and your loved ones.

Our commitment extends beyond hospitalization expenses. Our insurance policies are designed to provide you with complete protection. Here are some highlights of your policy:

- In-patient Care expenses
- Pre/Post Hospitalisation Expenses
- Alternative Inpatient Treatment
- Day Care Treatment
- Early Joining Benefits
- Free Annual Health Check-up irrespective of claims
- Fitness Rewards, and many more
- Cover for Modern treatment procedures

Your policy kit contains detailed information about your health insurance coverage, including terms and conditions, claims procedures, and wellness services. We kindly request that you thoroughly review the policy details to ensure accuracy in personal information such as your name, address, date of birth, contact details, health declaration, and sum insured.

If you have any concerns with the product, you have the option to cancel the policy within 30 days of receiving this document. During the free-look period, you can terminate the policy if you are dissatisfied with its terms, which include the inclusions and exclusions discussed during purchase. Please reach out to us at our toll-free number, 1800 266 3202, or email us at [customercare@magma-hdi.co.in](mailto:customercare@magma-hdi.co.in). Additionally, you can access the free-look cancellation request form on our website at [www.magmahdi.com](http://www.magmahdi.com). For further assistance with policy and claim-related queries, our website is a valuable resource. Your policy kit also includes a QR code for downloading the 'Magma HDI' app. Install the app to conveniently manage all your policy-related queries.

Dear Customer , Magma HDI general Insurance Company may be storing your AML/KYC details and might require you to update the information submitted from time-to-time, in accordance with and requirements under the Master Guidelines on Anti-Money Laundering/ Counter Financing of Terrorism (AML/CFT), 2022 issued by the Insurance Regulatory Development Authority of India.

In line with our commitment to environmental sustainability, we have transitioned to e-policies. If you need a printed copy, please call us at 1800 266 3202 or email us at [customercare@magma-hdi.co.in](mailto:customercare@magma-hdi.co.in)

We are excited to accompany you on your health insurance journey with enthusiasm and care.

Yours Truthfully,

For Magma HDI General Insurance Company Limited

Authorised Signatory



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**OneHealth  
Renewal Policy Schedule /TAX INVOICE**

1. Policyholder Details	
Customer ID	20004047986
Policyholder Name	Mr OMER FAROOQ ALI MOHD
Policyholder Address	16-2-867/A/20, JEEVAN YARJUNG, ,SAIDABAD HYDERABAD TELANGANA 500059 Mobile:8297196741
GST Number	Unregistered
Phone number	8297196741
Email ID	OMERFAROOQALI6424@GMAIL.COM

2. Policy Details			
Branch Name	HYDERABAD-AMEERPET	Branch Code	300005
Address	G-2, GROUND FLOOR, MANDHANA TOWERS, 7-1-59/2 & 59/6, ,AMEERPET, , HYDERABAD -500016 ,TELANGANA , PH: (1800) 2663202		
Helpline Number	1800 266 3202		
Proposal Number	202409300119624		
Product Name	OneHealth	Plan Name	Support Plus
Policy Number	P0525300005/6111/100130		
Policy Start Date and time	07:48 Hrs on 30/09/2024	Policy Expiry Date and time	23:59 hrs on 29/09/2025
Policy Period	1 Year	Zone	Zone 2
Sum Insured	1000000	Cumulative Bonus	400000
Policy Type	Family Floater		
Previous Policy Number	P0424300005/6111/100130		

3. Insured Person(s) Details											
Name of Insured Person	Date of Birth	Age	Gender	Member ID	Relationship with Policyholder	Policy Inception Date	Pre-Existing Disease	Permanently Excluded PED	Optional Cover (Critical Illness Cover)	Optional Cover (Personal Accident Cover)	Optional cover- Home Care for Covid-19*
OMER FAROOQ ALI MOHD	24/12/1987	36	Male	MH1900000017327	Self	30/09/2019	None	None	No	No	
SYEDA KHATIJA HASHMI	19/04/1992	32	Female	MH1900000017328	Spouse	30/09/2019	None	None	No	No	
AROOSH OMER	04/05/2018	6	Female	MH1900000017329	Daughter	30/09/2019	None	None	No	No	

Following Optional cover are also applicable to this Policy:

Optional Cover Name	Cover limits
Non-Payable expense Cover	Covered
Zone wise Co-pay Waiver	Covered Effective date 30/09/2023

4. Portability Details (applicable only for portability cases)				
Name of Insured Person	Previous Policy No.	Date of first enrollment	Portability SI	Waiting period waived off (in years)

We reserve the right to modify or amend the terms and the applicability of the Portability benefit in accordance with the provisions of the regulations and guidance issued by the IRDAI and as amended from time to time.

5. Nominee Details			
Nominee Name	Relationship to Policyholder	Date of Birth	Contact No.
Khatija Hashmi	Spouse	19/04/1992	9130033315
If Nominee is a minor,			
Appointee Name	Relationship to Nominee	Contact No.	

6. Agent Details						
Agent Name	Agent Code	Agent Contact Number	Agent landline number	Agent address	Agent Email Id	Toll Free No.
VAMAN RAO BALMURI	AGD0000449			76/92-1 VIDYA NAGAR,JAGTIAL,KARIMNAGAR,KARIMNAGAR,ANDHRA PRADESH-505327--9949795878, , , , KARIM NAGAR, TELANGANA-505327		

7. Premium Details	
Premium excluding GST	19,193.79
Premium payment mode	Single premium
Loading (₹)	0.00
Discounts (₹) ( applicable on premium excluding GST)	959.69
Employee discount (₹)	0.00
Cross sell discount	959.69

CGST @ 9% (₹)	1,641.06
SGST @ 9% (₹)	1,641.06
Gross Premium (₹)	21,516.00

Consolidated Stamp Duty on the issue of General Insurance Policies Paid vide G.O No. 2250, dated 20/12/2023

**Premium Amount in Word's (₹)** :- Twenty-One Thousand Five Hundred Sixteen Only

For and behalf of Magma HDI General Insurance Company Limited  
 Location : HYDERABAD-AMEERPET



Date : 30/09/2024

Authorized Signatory

GST Number of MHD1 36AAGCM1685C1ZK  
 GST Invoice Number - POL3609250003355  
 GST Invoice Date - 30/09/2024  
 Accounting Code for Service - 997133, Accident and health insurance services

Previous GST Invoice No. -POL3609240005412

Place of Supply:TELANGANA ( 36 )

Whether Tax is payable on Reverse Charge - No  
 UIN : MAGHLIP24088V052324

This is a valid Tax invoice in terms of Sub-rule 2 of Rule 54 of CGST Rule 2017. Further, being an Insurance Company, issuing of e-invoice and QR Code are not applicable on us in terms of Notification No 13 and 14 of 2020 dated 21st March 2020 issued from Central Board of Indirect Taxes and Customs. I/We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

**Note** : All dates to be read in dd/mm/yyyy format.

PED Details as provided in Proposal Form			
Section A	OMER FAROOQ ALI MOHD	SYEDA KHATIJA HASHMI	AROOSH OMER
1. Hypertension History	No	No	No
b) Duration			
b) Medication			
c) Dosage			
2. Diabetes Mellitus History	No	No	No
Diabetes Type1 or Type2			
b)A Duration			
c) Medication			
d) Dosage			

	OMER FAROOQ ALI MOHD	SYEDA KHATIJA HASHMI	AROOSH OMER
1. Heart and Circulatory Conditions/Disorders: chest pain, angina, high cholesterol/lipids, palpitations, congestive heart failure, coronary artery disease, heart attack, bypass surgery/angioplasty, valve disorder/replacement, pacemaker insertion, rheumatic fever, congenital heart condition, varicose veins, thrombosis, blood disorders etc.?	No	No	No
2. Urinary Conditions/Disorders: Blood in urine, urinary frequency, painful/difficult urination Kidney and/or Bladder infections, stones of urinary system, renal failure, dialysis or Any Other Kidney/Urinary Tract Or Prostate Disease	No	No	No
3. Musculoskeletal Conditions/Disorders: Joint/back pain Arthritis, Spondylosis, Joint Replacement Or Any Other Disorder of Muscle/ Bone/ Joint/Ligaments, tendons or discs, gout, herniated disc, amputation/prosthesis	No	No	No
4. Respiratory Conditions/Disorders: Shortness/difficulty of breath, Tuberculosis, Asthma, Bronchitis, Chronic Obstructive Pulmonary Disease COPD, chronic cough , coughing of blood, etc or any Other Lung / Respiratory Disease	No	No	No
5. Digestive Conditions/Disorders: Jaundice, chronic diarrhea, intestinal bleeding/problems/polyps, diseases of the pancreas, liver or gall bladder, hepatitis A/B/C/other, jaundice, Cirrhosis, unexplained weight loss or gain, eating disorder or any Other Gastro Intestinal condition	No	No	No
6. Cancer/Tumor - Benign Or Malignant tumor, Any Growth/Cyst, any Cancer	No	No	No
7. Brain/Nervous System/ Psychiatric Conditions/Disorders: Loss of consciousness, fainting, dizziness, numbness/tingling, weakness, paralysis, head injury, stroke, migraine headaches or chronic severe headaches, sleep apnea, multiple sclerosis, seizures/epilepsy or any Other Brain/ Nervous System Disease, Mental/Psychiatric disorder	No	No	No
8. Female Reproductive Conditions/Disorders: Pelvic pain, abnormal, menstrual bleeding abnormal PAP smear, endometriosis, Fibroid, Cyst/ Fibroadenoma, Bleeding Disorder, Pelvic infection Or Any Other Gynecological / Breast cysts/lumps/tumor	No	No	No
9. Is any female person proposed to be insured pregnant, tested positive with a home pregnancy test, or in the process of adoption or becoming a surrogate?	No	No	No
10. Metabolic and Endocrine Conditions/Disorders: Adrenal/pituitary disorders, lupus, scleroderma, thyroid disorders, any autoimmune/genetic disorder	No	No	No
11. Does the person proposed to be insured suffer from any chronic or long-term medical condition, or have any other disability, abnormality or recurrent illness or injury or unable to perform normal activities?	No	No	No
12. Does the person proposed to be insured use tobacco products/cigarettes or drinks alcohol?	No	No	No
13. Does any of the person proposed to be insured suffers from any infertility related condition?	No	No	No
14. Has any person proposed to be insured consulted with or received treatment from any doctor or other health care provider for any other condition or symptom(s)/any psychiatric condition/ undergone any hospitalization/illness/surgery/ currently taking medication(s) for any condition or medical procedures (including diagnostic testing)	No	No	No
15. Have you or any of the persons proposed to be insured been diagnosed with or undergone surgery for any of the following Critical Illnesses, prior to proposing for this cover - Cancer, Heart Attack, Coronary Artery, Bypass Graft, Heart Valve Replacement/ Repair, Coma, Kidney Failure, Stroke, any Transplant, Paralysis, Multiple Sclerosis, Motor Neurone Disease or HIV/AIDS	No	No	No

Any Other details

**\* Dear Customer, Please check the above details carefully. If the details are not correct, please contact us immediately to get it rectified. Please note that non declaration or mis-presentation will render your policy null & void.**

**Product Benefit Table**

**OneHealth**

	<b>Plan</b>	<b>Support Plus</b>	
	Sum Insured (SI) Rs.	2 L   3 L   4 L   5 L   7.5L   10L   15L   20L   25L   30L   50L	
<b>Base Covers</b>	1 In-patient care Room Rent Capping	Covered up to SI. No Room rent capping	
	2 Pre Hospitalisation Expenses	30 days	
	3 Post Hospitalisation Expenses	60 days	
	4 Day Care Treatment	Covered up to SI	
	5 Ambulance Cover	Up to Rs. 5,000 per hospitalisation	
	6 Organ Donor Expenses	Covered up to SI	
	7 Domiciliary Hospitalisation	Covered up to SI	
	8 AYUSH Treatment	Covered up to SI	
	9 IVF Treatment Cover	Up to Rs. 50,000	
	10 Bariatric Surgery Cover	Up to 1,00,000	
	11 Psychiatric treatment Cover	Covered up to SI (sub-limit of Rs. 50,000 applicable for few conditions)	
	12 Lasik Surgery Cover	Up to Rs. 25,000	
	13 HIV/AIDS Cover	Covered up to SI	
	14 Modern Treatment Procedures	Covered up to SI	
	15 Cumulative Bonus	10% of SI, subject to a maximum of 100%	
	16 E Opinion for Critical Illness	Covered	
	17 Annual Health Check-up	Annual	
	18 Fitness Rewards and Wellness Services	Applicable (Fitness Rewards points maximum up to 10% of premium can be earned)	
	19 Early Joining Benefit	One time benefit amount of Rs 2500 for 5 claim-free years and Rs 5000 for 10 claim-free years	
	20 Green Channel Benefit	Rs.1000 for claims up to 50,000 and Rs. 2,000 for claims above 50,000 if treatment taken at PPN	
	21 Recharge of Sum Insured	Unlimited Recharge Up to 100% of SI in a policy year	
	22 Hospital Cash	Rs. 500 per day	
	23 Compassionate visit in case of CI	Rs. 5,000	
	24 Loss of Income benefit	1/12th of SI or 1/12th of annual salary, whichever is lower; payable in lump sum each month for 6 months	
	25 Enhanced Daily Cash Benefit	Rs. 1000 per day	
	26 Home Treatment Additional Daily Cash Benefit	Home treatment covered up to SI; Daily cash- Not Applicable	
	27 Companion Benefit	Not Applicable	
	<b>Maternity Benefits</b>	1) Maternity Cover	Not Applicable
2) New Born Baby Cover		Not Applicable	
3) Vaccination for New Born		Not Applicable	
29 Outpatient Cover		Not Applicable	
30 Convalescence Benefit		Not Applicable	
31 Worldwide Emergency Hospitalization Cover		Not Applicable	
32 Air Ambulance Cover		Not Applicable	
<b>Waiting Period</b>		1 Initial waiting period	30 days
		2 Specific Disease waiting Period	2 years
		3 Pre-Existing Disease Waiting Period	3 years
<b>Cost Sharing</b>	1 Mandatory Co-Payment	20% if entry age >60 yrs	
	2 Cataract sub-limit	Up to Rs. 35,000/eye/policy year	
<b>Optional Covers</b>	1 Critical Illness Cover	Equal to SI	
	2 Personal Accident Cover	Equal to SI	
	3 Aggregate Deductible	For SI 2,3L: 1L/ 2L/ 3L For SI 4L: 1L/ 2L/ 3L/ 4L For SI 5L: 1L/ 2L/ 3L/ 4L/ 5L For SI 7.5L: 2L/ 3L/ 4L/ 5L For SI 10L: 2L/ 3L/ 4L/ 5L/10L	
	4 Voluntary Co-Payment	10% or 20%	
	12 Non-payable expense Cover	Covered	
14 Zone wise Co-pay waiver	Covered		

Note: The information above must be read in conjunction with the Policy document.

**CUSTOMER INFORMATION SHEET/ KNOW YOUR POLICY- OneHealth**

This document provides key information about your policy. You are advised to go through your policy document and policy schedule.

Sr No	Title	Description (Please refer to the Policy Clause Number in next column)	Policy Clause Number
1	<b>Name of Insurance Product/ Policy</b>	<b>OneHealth</b>	
2	<b>Policy Number</b>	<b>P0525300005/6111/100130</b>	
3	<b>Type of Insurance Product/Policy</b>	Indemnity (Where insured losses are covered up to the Sum Insured under the policy).	
4	<b>Sum Insured (Basis)</b> ₹ 1000000	<input type="checkbox"/> Individual Sum Insured- Where each member has a separate sum insured under the policy) OR <input checked="" type="checkbox"/> Floater Sum Insured- Where all members under the policy have a single sum insured limit which may be utilized by any or all members	
5	<b>Policy Coverage</b> (What the policy covers?) (Policy Clause Number/s)	<p><b>Expenses in respect of:</b></p> <p><b>In-patient Care:</b> Admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours. Section 2.1</p> <p><b>Pre-Hospitalisation Expenses:</b> (treatment prior to admission in hospital) of 30 days. Section 2.2</p> <p><b>Post-Hospitalisation Expenses:</b> (treatment after discharge from hospital) within 60 days from date of discharge from the hospital. Section 2.3</p> <p><b>Day Care Treatment:</b> Listed procedures requiring less than 24 hours of hospitalization (day care). Section 2.4 Annexure III</p> <p><b>Ambulance Cover:</b> Reasonable Charges up to Rs. 5000 for ambulance expenses incurred to transfer the Insured Person by road transport following an Emergency to the nearest Hospital. Section 2.5</p> <p><b>Organ Donor Expenses:</b> Medical Expenses incurred towards In Patient Hospitalization of an organ donor for Insured's organ transplant Surgery. Section 2.6</p> <p><b>Domiciliary Hospitalisation:</b> Medical Expenses for medical treatment taken at home if the treatment continues for an uninterrupted period of at least 3 days. Section 2.7</p> <p><b>AYUSH Treatment:</b> Medical expenses up to the SI for in-patient AYUSH Treatment. Section 2.8</p> <p><b>IVF Treatment Cover:</b> Medical expenses up to Rs. 50,000 incurred for IVF treatment provided this treatment is undergone before 40 years of age. Section 2.9</p> <p><b>Bariatric Surgery Cover:</b> Medical expenses up to Rs. 1,00,000 incurred for undergoing medical necessary Bariatric surgery. Section 2.10</p> <p><b>Psychiatric treatment Cover:</b> Medical In-patient treatment expenses up SI, with sublimit of Rs. 50,000 for specified Psychiatric conditions. Section 2.11</p> <p><b>Lasik Surgery Cover:</b> Medical expenses incurred up to Rs. 25,000 for undergoing LASIK surgery provided the insured person has a refractive index plus/minus 7.5 or more. Section 2.12</p> <p><b>HIV/AIDS Cover:</b> In-patient Hospitalization, Day care treatment and Pre-post Hospitalization expenses for HIV/AIDS related treatment. Section 2.13</p> <p><b>Modern Treatment Procedures:</b> Coverage for listed Modern treatment procedures Section 2.14</p> <p><b>E Opinion For Critical Illness:</b> You may avail of a second e-opinion from Our panel of Medical Practitioners for the Critical Illness Section 2.16</p> <p><b>Free Health Check-up -</b> Annual health check-up for Insured above age 25 years irrespective of claims in the Policy year Section 2.17</p> <p><b>Fitness Rewards and Wellness Services:</b> Points can be earned maximum up to 10% of existing Policy Premium which can be redeemed as discount on premium at the time of Renewal of the Policy. Points can be earned by undergoing medical check-up or through participation in various fitness activities as specified in policy document. Wellness services like Doctor on Call, Specialist's e-opinion, Nutritional e-counselling and information of healthcare related offers can also be availed. Section 2.18</p> <p><b>Early Joining Benefit:</b> We shall provide you one-time benefit amount of Rs. 2,500 for 5 claim-free years and Rs. 5,000 for 10 claim-free years if You have first bought this Policy with Us before age 40 and continue to renew with Us and provided that the policy is claim-free since Policy Inception Date Section 2.19</p> <p><b>Green Channel Benefit:</b> If You opt to avail in-patient treatment in a PPN (preferred provider network), We shall additionally provide You onetime benefit amount of Rs.1,000 for claims up to Rs. 50,000 and Rs. 2,000 for claims above Rs. 50,000. Section 2.20</p> <p><b>Recharge of Sum Insured:</b> Unlimited recharge of Sum Insured up to 100% of base sum insured, in case base sum insured and No Claim Bonus is insufficient due to previous claims in the policy year. Section 2.21</p> <p><b>Hospital Cash:</b> Lump sum Benefit of 500 per day for each continuous and completed period of 24 hours of Hospitalization. Section 2.22</p> <p><b>Compassionate visit in case of CI:</b> In case the insured is hospitalized for a CI at a hospital at least 100 km from residence, two-way airfare or first-class railway ticket for two immediate family members shall be covered up to Rs. 5000 Section 2.23</p> <p><b>Loss of Income Benefit:</b> In case of a disease of injury that results in Permanent Total Disablement, we shall pay 1/12th of SI or 1/12th of annual salary, whichever is lower payable in lump sum each month for 6 months. Section 2.24</p> <p><b>Enhanced Daily Cash Benefit:</b> A daily cash amount of Rs.1000 will be payable per day in case of Hospitalization in a shared accommodation at a Network Provider. Section 2.25</p> <p style="text-align: center;"><b>Optional Covers</b></p> <p><b>Non-payable expense Cover:</b> Expenses as listed under 'List I - Item for which coverage is not available in the policy' of Annexure II of this Policy will be covered. Optional Benefits 12</p> <p><b>Zone wise Co-pay Waiver:</b> We shall waive off the co-pay as applicable per section 5.5 of this policy, in case treatment is taken in a zone higher than the applicable zone. Optional Benefits 14</p>	
6	<b>Exclusions</b> (What the policy does not cover)	<p><b>Standard Exclusions</b></p> <ol style="list-style-type: none"> <li>Investigation &amp; Evaluation (Code- Excl04)</li> <li>Rest Cure, Rehabilitation and respite Care (Code- Excl05)</li> <li>Change of Gender treatment (Code - Excl07)</li> <li>Cosmetic or Plastic Surgery (Code - Excl08)</li> <li>Hazardous or Adventure sports: (Code - Excl09)</li> <li>Breach of law (Code - Excl10)</li> <li>Excluded Providers (Code - Excl11)</li> <li>Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.</li> <li>Treatment received in health 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)</li> <li>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 - Excl14)</li> <li>Refractive Error (Code - Excl15)</li> <li>Unproven treatments (Code - Excl16)</li> <li>Sterility and Infertility (Code - Excl17)</li> <li>Maternity expenses (Code Excl18) Note: This exclusion does not apply to Maternity Benefits (Section 2.28)</li> </ol> <p><b>Specific Exclusions</b></p> <ol style="list-style-type: none"> <li>Any Alternative Treatment except for the Benefits under Section 2.8 (AYUSH Treatment)</li> <li>Charges related to a Hospital stay not expressly mentioned as being covered. Service charges levied by the Hospital under whatever head. Complete list of these excluded expenses are mentioned in Annexure II of this Policy The list is available on our website www.magmahdli.com. This exclusion does not apply for Section 2.20 (Green Channel Benefit)</li> <li>Expenses for Artificial life maintenance, including life support machine used to sustain a person, incurred after confirmation by the treating doctor that the patient is in vegetative state</li> <li>Any charges incurred to procure any medical certificate, medical records, treatment or Illness Injury related documents pertaining to any period of Hospitalization/DayCare Treatment undertaken for any Illness or Injury.</li> <li>Circumcision unless necessary for the treatment of an Illness or disease or necessitated by an Accident.</li> <li>Treatment for any Illness or Injury resulting from nuclear or chemical contamination, war, riot, revolution or acts of terrorism (other than natural disaster or calamity).</li> <li>Treatment for any External Congenital Anomaly. 3.2.10) 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. This exclusion does not apply for Outpatient Cover (Section 2.29) 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.</li> <li>Any drugs or Surgical dressings that are provided or prescribed in the case of OPD treatment, or for the Insured Person to take home on leaving the Hospital, for any condition, except as included in Post- hospitalization Medical Expenses under Section 2.3 above. This exclusion does not apply to Outpatient Cover (Section 2.29)</li> <li>We will not pay for routine eye examinations, contact lenses spectacles, hearing aids, dentures and artificial teeth. This exclusion does not apply for Outpatient Cover (Section 2.29)</li> <li>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.</li> <li>Private nursing/attendant's charges incurred during pre-hospitalization or post-hospitalization.</li> <li>Drugs or treatment not supported by prescription.</li> <li>Issue of fitness certificate and fitness examinations.</li> </ol>	Section 3

		<p>14. Any charges incurred to procure any treatment/ Illness related documents pertaining to any period of Hospitalization/Illness.</p> <p>15. External and/ or durable medical/non-medical equipment used for diagnosis and/ or treatment, CPAP, CAPD, infusion pump.</p> <p>16. 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.</p> <p>17. OPD treatment is not covered. However this exclusion does not apply for:</p> <p>a. Outpatient Cover (Section 2.29)</p> <p>b. Vaccination for New Born Baby (Section 2.28 (3))</p> <p>18. All preventive care, vaccination including inoculation and immunisations except in case of Vaccination for New Born Baby (Section 2.28 (3))</p> <p>19. Treatment for, or arising from, an Injury that is intentionally self-inflicted, including attempted suicide.</p> <p>20. Treatment for sleep apnea, snoring, or any other sleep-related breathing problem.</p> <p>21. Any treatment received outside India. This exclusion does not apply for Section 2.31 (Worldwide Emergency Hospitalization Cover).</p> <p>22. Treatment provided by a Medical Practitioner who is not recognized by the Medical Council of India.</p> <p>23. Treatment provided by anyone with the same residence as the Insured Person or who is a member of the Insured Person's immediate family.</p> <p>24. 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.</p>	
7	Waiting Period	<p>• <b>First Thirty Days Waiting Period (Code- Excl03):</b> 30 days for all illnesses (not applicable on renewal or for accidents)</p> <p>• <b>Initial Waiting Period for Critical Illness:</b> 90 days for all critical illness as specified in the Policy document.</p> <p>• <b>Specific Waiting Periods:</b> 24 months on treatment towards specified diseases</p> <p>List of these diseases is:</p> <ol style="list-style-type: none"> <li>Cataract</li> <li>Stones in biliary and urinary systems</li> <li>Hernia / Hydrocele</li> <li>Hysterectomy for any benign disorder</li> <li>Lumps / cysts / nodules / polyps / internal tumours</li> <li>Gastric and Duodenal Ulcers</li> <li>Surgery on tonsils / adenoids</li> <li>Osteoarthritis/ Arthritis/ Gout/ Rheumatism/ Spondylosis/ Spondylitis/ Intervertebral Disc Prolapse</li> <li>Fissure / Fistula / Haemorrhoid</li> <li>Sinusitis / Deviated Nasal Septum / Tympanoplasty/ Chronic Suppurative Otitis Media</li> <li>Benign Prostatic Hypertrophy</li> <li>Knee/Hip Joint replacement and any ligament, tendon or muscle tear</li> <li>Dilatation and Curettage</li> <li>Varicose veins</li> <li>Dysfunctional Uterine Bleeding / Fibroids/ Prolapse Uterus/ Endometriosis</li> <li>Chronic Renal Failure or end stage Renal Failure</li> <li>Internal congenital anomalies/diseases/defects</li> </ol> <p>• <b>Pre-Existing Diseases (Code- Excl01): A waiting period for coverage of declared and accepted Pre-existing diseases is applicable- 36 months</b></p> <ul style="list-style-type: none"> <li>For IVF Cover: a waiting period of 3 years from Policy Inception Date shall be applicable.</li> <li>For Maternity benefits: 48 months from Policy Inception Date.</li> <li>Enhanced Maternity Benefit: A waiting period of 24 months shall be applicable for this Benefit.</li> </ul>	<p>Section 3.1.3</p> <p>Section 3.2.1</p> <p>Section 3.1.2</p> <p>Section 3.1.1</p> <p>Section 2.9</p> <p>Section 2.28</p>
8	Financial limits of coverage	<p>1. <b>Sub-limit</b>(it is pre-defined limit, and We will not pay any amount in excess of this limit)</p> <ul style="list-style-type: none"> <li>For a claim, this policy requires you to share the following costs: Expenses exceeding the following Sub-limits-</li> <li>For the following specified diseases:</li> <li>For cataract treatment, following per eye per Policy Year sublimit shall apply: Rs. 35,000</li> <li>Under Worldwide Emergency Hospitalization Cover, a deductible of Rs. 2Lakhs shall be applicable</li> </ul> <p>2. <b>Co-payment</b>(it is a specified amount/ percentage of the admissible claim amount to be paid by policyholder/ insured)</p> <p>A co-payment will apply to all claims made for treatment at higher zone hospitals-</p> <p>Zone 2 to Zone 1: 25%</p> <p>Zone 3 to Zone 2: 20%</p> <p>Zone 3 to Zone 1: 35%</p> <p>Such co-pay shall not be applicable for Emergency Hospitalization and Emergency treatment required due to Accident that happens whilst the Insured Person was outside the zone as applicable in the Policy Schedule.</p> <p>A 20% Co-Payment on admissible claim amount shall be applicable for each claim if the Insured Person is Aged 61 years or more at the Policy Inception Date</p> <p>3. <b>Deductible</b>(it is a specified amount up to which an insurance company will not pay any claim and which will be deducted from the total claim amount (if claim amount is more than the specified amount)</p>	<p>Section 2.1</p> <p>Section 2.31</p> <p>Section 5.5</p> <p>Section 5.2</p>
9	Claims/ Claims Procedures	<p><b>For cashless service:</b></p> <ul style="list-style-type: none"> <li>The standard claim form (Part A and Part B) and the cashless pre-authorisation request form are available in our website <a href="http://www.magmahdi.com">www.magmahdi.com</a> for ready reference. The same may be also obtained from any of our offices on request.</li> <li>Toll Free No- 1800 266 3202</li> <li>The updated Network Hospital List may be obtained at our website <a href="http://www.magmahdi.com">www.magmahdi.com</a> and also from the website of our TPA. Please note the Network Hospitals of the TPA are subject to change.</li> <li>The authorization shall be issued to the Network Provider within 24 hours of receiving the complete information.</li> </ul> <p><b>For Reimbursement of Claim:</b></p> <ul style="list-style-type: none"> <li>Notice of claim: Please contact us at least 72 hours before admission in case of planned hospitalization. For emergency hospitalization, kindly contact us within 24 hours of admission to Hospital.</li> <li>Submission of claim: The insured shall submit all the required claim documents as mentioned in Policy document not later than 30 days from the date of discharge.</li> </ul>	<p>Section 5.6-1</p> <p>Section 5.6 (2) (a)</p> <p>Section 5.6 (3)</p>
10	Policy Servicing	<p>Call us at: 1800 266 3202</p> <p>Address: Any of Our branch offices or corporate office during business hours. List of branch offices can be found at <a href="http://www.magmahdi.com">www.magmahdi.com</a></p>	
11	Grievances/Complaints	<p><b>Company Officials:</b> In case the Insured Person is aggrieved in any way, the Insured Person may contact Us at:</p> <p>Email: <a href="mailto:Gro@magma-hdi.co.in">Gro@magma-hdi.co.in</a></p> <p>Call us at: 1800 266 3202</p> <p><b>IRDAI (IGMS/Call Centre):</b></p> <p>Toll Free Number: 155255 (or) 1800 4254 732</p> <p>Timings: 8 AM to 8 PM -- (Monday to Saturday)</p> <p><b>Ombudsman:</b> In case You/Insured Person are not satisfied with Our decision/resolution, You may approach the Insurance Ombudsman at the addresses given in Annexure 1 of the Policy document</p>	<p>Section 4.1.16</p> <p>Annexure 1</p>
12	Things to remember	<p><b>Free Look Cancellation:</b> You may cancel the insurance policy if you do not want it, within 30 days from the beginning of the policy.</p> <p>For process related to Free Look Call us at: 1800 266 3202</p> <p><b>Policy Renewal:</b> Except on the grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy not withdrawn.</p> <p><b>Migration and Portability:</b> When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer. Insurer to specify the process for migration and portability.</p> <p><b>Change in Sum Insured:</b> Sum Insured can be changed (increased/ decreased) only at the time of renewal or at any time subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.</p> <p><b>Moratorium Period:</b> After completion of continuous 60 months under the policy no look back to be applied. This period is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of continuous 60 months would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.</p>	<p>Section 4.1.15</p> <p>Section 4.1.10</p> <p>Section 4.1.9</p> <p>Section 5.3</p> <p>Section 4.1.12</p>
13	Your Obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. Disclosure of other Material Information during the policy period. Material facts for the purpose of this policy shall mean all relevant information sought by Us in the proposal form and other connected documents to enable Us to take informed decision in the context of underwriting the risk.</p> <p>Please notify Us in writing of any material change in the risk on account of change in the nature of occupation or business</p>	<p>Section 4.1.1</p> <p>Section 4.2.8</p>

**Declaration by the Policy Holder**

I have read and confirm having noted the details.

Place: HYDERABAD

Date: 30/09/2024

(Signature of the Policyholder)

Digital Acknowledgement Received.

Note: In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.

**Policy Document**

**Preamble**

The insurance cover provided under this Policy up to the Sum Insured is and shall be subject to (a) the terms and conditions of this Policy, (b) the receipt of premium, and (c) Disclosure to information norm (including information and statements which the Policyholder has provided in the proposal form or Information Summary Sheet as applicable) for all persons to be insured. Please inform Us immediately of any change in the address, nature of job, state of health, or of any other changes affecting any Insured Person.

If any claim arising as a result of an Illness or Injury that occurred during the Policy Period becomes payable, then We shall pay the Benefits in accordance with the terms, conditions and exclusions of the Policy subject to availability of Sum Insured and Cumulative Bonus (if any).

**Section 1. Definitions**

The terms defined below have the meaning ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural, references to male include female and references to any statutory enactment include subsequent changes, replacements or amendments to the same:

**1.1 Standard Definitions:**

**Accident:** An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.

**AYUSH treatment** refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

An **AYUSH Hospital** is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

- a. Central or State Government AYUSH Hospital or
- b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/ Central Council for Homeopathy; or
- c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with the following criterion:
  - i) Having at least 5 in-patient beds;
  - ii) Having qualified AYUSH Medical Practitioner in charge round the clock;
  - iii) Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
  - iv) Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

AYUSH Hospitals referred above shall also obtain either pre-entry level certificate (or higher level of certificate) issued by National Accreditation Board for Hospitals and Healthcare Providers (NABH) or State Level Certificate (or higher level of certificate) under National Quality Assurance Standards (NQAS), issued by National Health Systems Resources Centre (NHSRC).

**AYUSH Day Care Centre** means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/ para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner(s) on day care basis without in-patient services and must comply with all the following criterion:

- i. Having qualified registered AYUSH Medical Practitioner(s) in charge;
- ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
- iii. Maintaining daily records of patient and making them accessible to the insurance company's authorized representative

**Any One Illness:** Any one illness means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.

**Cashless facility:** Cashless facility means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization is approved.

**Condition Precedent:** Condition Precedent means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

**Congenital Anomaly:** Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position.

**a) Internal Congenital Anomaly**

Congenital anomaly which is not in the visible and accessible parts of the body.

**b) External Congenital Anomaly**

Congenital anomaly which is in the visible and accessible parts of the body

**Co-Payment:** Co-payment means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.

**Critical Illness** means the following:

**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;

**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**

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**

I. 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.
- II. Other causes of neurological damage such as SLE are excluded.

**Cumulative Bonus:** Cumulative Bonus means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.

**Day Care Centre:** A day care centre means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner and must comply with all minimum criteria as under:-

- i) has qualified nursing staff under its employment;
- ii) has qualified medical practitioner/s in charge;
- iii) has fully equipped operation theatre of its own where surgical procedures are carried out;
- iv) maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

**Day Care Treatment:** Day care treatment means medical treatment, and/or surgical procedure which is:
 

- i. undertaken under General or Local Anaesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
- ii. which would have otherwise required hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

**Deductible:** Deductible means a cost sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

**Dental Treatment:** Dental treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

**Disclosure to information norm:** The policy shall be void and all premium paid hereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.

**Domiciliary Hospitalization:** Domiciliary hospitalization means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:

- i) the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
- ii) the patient takes treatment at home on account of non-availability of room in a hospital.

**Emergency Care:** Emergency care means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.

**Grace Period:** Grace period means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases. Provided the insurers shall offer coverage during the grace period, if the premium is paid instalments during the policy period.

**Hospital:** A hospital means any institution established for in-patient care and day care treatment of illness and / or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) of the said act Or complies with all minimum criteria as under:

- i) Has qualified nursing staff under its employment round the clock;
- ii) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- iii) has qualified medical practitioner(s) in charge round the clock;
- iv) has a fully equipped operation theatre of its own where surgical procedures are carried out;
- v) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel:

Only for the purposes of any claim or treatment permitted to be made or taken outside India in accordance with Section 2.31, Hospital (outside India) means an institution (including nursing homes) established outside India for indoor medical care and treatment of Illness and/or Injuries which has been registered and licensed as such with the appropriate local or other authorities in the relevant area, wherever applicable, and is under the constant supervision of a medical practitioner. The term Hospital shall not include a clinic, rest home, or convalescent home for the addicted, detoxification centre, sanatorium, and old age home.

**Hospitalization :** Hospitalization means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

**Illness:** Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

(a) **Acute condition -** Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery

(b) **Chronic condition -** A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:

- 1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
- 2. it needs ongoing or long-term control or relief of symptoms
- 3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
- 4. it continues indefinitely
- 5. it recurs or is likely to recur

**Injury:** Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

**Inpatient Care:** Inpatient care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

**Intensive Care Unit:** Intensive care unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

**ICU Charges:** ICU (Intensive Care Unit) Charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivists charges.

**Maternity expenses:** Maternity expenses means:

- a) medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);
- b) expenses towards lawful medical termination of pregnancy during the policy period.

**Medical Advice:** Medical Advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

**Medical Expenses:** Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

**Medical Practitioner:** Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy setup by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of licence.

**Medically Necessary Treatment:** Medically necessary treatment means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:

- i) is required for the medical management of the illness or injury suffered by the insured;
- ii) must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- iii) must have been prescribed by a medical practitioner;
- iv) must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

**Network Provider:** Network Provider means hospitals enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.

**New Born Baby:** New born baby means baby born during the Policy Period and is aged up to 90 days.

**Notification of Claim:** Notification of claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

**Non-Network Provider:** Non-Network means any hospital, day care centre or other provider that is not part of the network.

**OPD treatment:** 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.

**Pre-Existing Disease:** Pre-Existing Disease means any condition, ailment, injury or disease:

**Pre-hospitalization Medical Expenses:** Pre-hospitalization Medical Expenses means medical expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that:
 

- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
- ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

**Post-hospitalization Medical Expenses:** Post-hospitalization Medical Expenses means medical expenses incurred during pre-defined number of days immediately after the insured person is discharged from the hospital provided that:

- i. Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and
- ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

**Qualified Nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

**Reasonable and Customary Charges:** Reasonable and Customary charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.

**Renewal:** Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

**Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.

**Surgery or Surgical Procedure:** Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.

**Unproven/Experimental treatment:** Unproven/Experimental treatment means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

**Break in policy:** means the period of gap that occurs at the end of the existing policy term/installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or grace period.

**Specific waiting period:** means a period up to 36 months from the commencement of a health insurance policy during which period specified diseases/treatments (except due to an accident) are not covered. On completion of the period, diseases/treatments shall be covered provided the policy has been continuously renewed without any break.

**Complaint or Grievance:** means written expression (includes communication in the form of electronic mail or voice based electronic scripts) of dissatisfaction by a complainant with respect to solicitation or sale or

purchase of an insurance policy or related services by insurer and /or by distribution channel.  
Explanation: An inquiry or service request would not fall within the definition of the "complaint" or "grievance".

**Complainant:** means a policyholder or prospect or nominee or assignee or any beneficiary of an insurance policy who has filed a complaint or grievance against an insurer and /or distribution channel.

**Mis-selling:** includes sale or solicitation of policies by the insurer or through distribution channels, directly or indirectly by  
a. exercising undue influence, use of dominant position or otherwise, or  
b. making a false or misleading statement or misrepresenting the facts or benefits, or  
c. concealing or omitting facts, features, benefits, exclusions with respect to products, or  
d. not taking reasonable care to ensure suitability of the policy to the prospects/policyholders.

**Proposal form:** means a form to be filled in by the prospect in physical or electronic form, for furnishing the information including material information, if any, as required by the insurer in respect of a risk, in order to enable the insurer to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, advantages terms and conditions of the cover to be granted.

**Prospectus:** means a document either in physical or electronic format issued by the insurer to sell or promote the insurance product.

## 1.2 Specific Definitions:

**Age or Aged** means age as on last birthday.

**Alternative Treatments or AYUSH** are forms of treatments other than treatment of "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.

**Diagnostic Tests:** Investigations, such as X-Ray or blood tests, to find the cause of the Insured Person's symptoms and medical condition.

**Emergency** means a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health.

**Family Floater Policy** means a policy named as a Family Floater Policy in the Policy Schedule in terms of which, two or more persons of a family are named in the Policy Schedule as Insured Persons. In a Family Floater Policy, family means a unit comprising of up to seven members who are related to the Policyholder in the following manner:

- 1) Self (ie, the Policyholder); and/or
- 2) Legally married spouse as long as they continue to be married; and/or
- 3) Up to three children (children who are up to 25 years of Age on the Policy Start Date shall be considered as dependent children, if Aged 26 and above, they shall be considered as adults in this Policy); and/or
- 4) Natural parents or parents that have legally adopted the Policyholder; or
- 5) Parents-in-law as long as the Policyholder continues to be legally married to the spouse referred above.
- 6) Grand children
- 7) Daughter-in-law and Son-in-law
- 8) Brother(s) and Sister(s)

All parents and parents-in-law referred above must be financially dependent on the Policyholder.

**Individual Policy** means a policy named as an Individual Policy in the Policy Schedule in terms of which only one person is named in the Policy Schedule as the Insured Person.

**IRDAI** means the Insurance Regulatory and Development Authority of India.

**Information Summary Sheet** means the record and confirmation of information provided to Us or Our representatives over the telephone for the purposes of applying for this Policy.

**Insured Person/You/Your/Yours** means the person(s) named in the Policy Schedule who are covered under this Policy and in respect of whom the appropriate premium has been received.

**Migration** means a facility provided to policyholders (including all members under family cover and group policies), to transfer the credits gained for pre-existing diseases and specific waiting periods from one health insurance policy to another with the same insurer.

**Policy** means this Policy document, any annexures thereto and the Policy Schedule including endorsements, if any, Your statements in the proposal form and the Information Summary Sheet as applicable.

**Policy Inception Date** means the Policy Start Date of the first Policy with Us, as specified in the Policy Schedule, and renewed with Us continuously thereafter.

**Policy Start Date** means the start date of the Policy as specified in the Policy Schedule.

**Policy Expiry Date** means the date on which the Policy expires as specified in the Policy Schedule.

**Policy Period** means the period between the Policy Start Date and the Policy Expiry Date as shown in the Policy Schedule.

**Policy Year** means a period of twelve consecutive months commencing from the Policy Start Date as specified in the Policy Schedule or any anniversary thereof.

**Policyholder** means the person named in the Policy Schedule as the policyholder and who has concluded this Policy with Us.

**Policy Schedule** means the schedule issued by Us along with this Policy mentioning the details of the Policyholder and Insured person, period of Policy and other details. Any changes made to it shall be issued as Endorsement Schedule and shall be considered a part of this Policy.

**Portability** means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for, pre-existing diseases and specific waiting periods from one insurer to another insurer.

**Product Benefits Table** means the Product Benefits Table issued by Us and accompanying the sales literatures, including the prospectus of this product.

**Rehabilitation** includes treatment aimed at restoring health or mobility, or to allow a person to live an independent life, such as after a stroke.

**Relaxation Period** means the specified period of time immediately following the premium instalment due date during which a payment can be made to continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing. Coverage will be available during this period provided instalment is paid before the Relaxation period gets over. Policy will be automatically terminated if the due instalment is not received within this specified time.

**Shared Accommodation** means a Hospital room with two or more patient beds

**Single Private room** means basic category of Single room in the Hospital wherein a single patient is accommodated. It may be with or without air conditioning facility.

### Sum Insured means:

- i) For an Individual Policy, the sum shown in the Policy Schedule/ Product Benefits Table against an Insured Person which represents Our maximum, total and cumulative liability for any and all claims under the Policy during a Policy Year in respect of that Insured Person.
- ii) For a Family Floater Policy, the sum shown in the Policy Schedule/ Product Benefits Table which represents Our maximum, total and cumulative liability for any and all claims under the Policy during a Policy Year in respect of any and all Insured Persons.

**TPA or Third Party Administrator** means a company registered with the Authority, and engaged by an insurer, for a fee, by whatever name called and as may be mentioned in the agreement, for providing health services.

**We/Our/Us** means MAGMA HDI General Insurance Company Ltd.

## Section 2. Benefits

The Benefits under this Policy are subject always to the Sum Insured and Cumulative Bonus, if any, any subsidiary limit specified in the Policy Schedule/Product Benefits Table, the terms, conditions, limitations and exclusions mentioned in the Policy and eligibility as per the insurance plan opted for in the Product Benefits Table and as shown in the Policy Schedule:

### Base Covers:

#### 2.1 Inpatient Care

We shall cover the Reasonable and Customary Charges for the following Medical Expenses incurred by You if during the Policy Period, You require Hospitalization on the written Medical Advice of a Medical Practitioner, for any Illness or Injury which is contracted or sustained by You during the Policy Period and is covered under this Policy:

- 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

#### Room Rent Capping:

(1) For Support plan (all Sum Insured):

Reimbursement or payment of Room Rent and associated charges incurred at the Hospital shall not exceed 1% of the Sum Insured per day. In case of admission to Intensive Care Unit or Intensive Cardiac Care Unit (ICCU), reimbursement or payment of such Medical Expenses shall not exceed 2% of the Sum Insured per day.

Proportionate Deduction:

In case of admission to a room at rates exceeding the aforesaid limits, the reimbursement or payment of all associated Medical Expenses incurred at the Hospital, shall be effected in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent.

(2) For Secure plan (all Sum Insured):

Reimbursement or payment of Room Rent and other boarding charges, and Qualified Nurses' charges incurred at the Hospital shall be as per "Single private room category. In case of admission to Intensive Care Unit or Intensive Cardiac Care Unit (ICCU), reimbursement or payment of such Medical Expenses shall be as per actual expenses.

Proportionate Deduction:

In case of admission to a room category higher than the basic Single room category (Deluxe, Super deluxe, Suite room and likewise) of the Hospital, the reimbursement or payment of all associated Medical Expenses incurred at the Hospital, shall be effected in the same proportion as the Single private room category rate per day bears to the actual rate per day of the room category utilized. Such proportionate deductions shall not be applied in respect of the hospitals which do not follow differential billing or for those expenses in respect of which differential billing is not adopted based on the room category.

(3) For Support Plus plan, Shield and Premium plans, there will not be any cap on the Room Rent and We will reimburse reasonable and necessary Room Rent, other boarding charges and Qualified Nurses' charges incurred at the Hospital for treatment of an Illness or Injury which is admissible and payable under the Policy.

**Associated expenses** refer to the medical expenses which vary as per room category opted in the Hospital. These shall not include Cost of pharmacy and consumables; cost of implants and medical devices; cost of diagnostics.

For Cataract, following sublimits shall apply:

- a) Support Plan- up to Rs. 25,000 per eye per Policy Year
- b) Secure and Support Plus plan - up to Rs. 35,000 per eye per Policy Year
- c) Shield plan- up to Rs. 50,000 per eye per Policy Year
- d) Premium plan- up to Rs. 1,00,000 per eye per Policy Year

#### 2.2 Pre-Hospitalisation Expenses

We shall, on a reimbursement basis, cover Your Pre-hospitalization Medical Expenses incurred in respect of an Injury or Illness that occurs during the Policy Period, immediately prior to Your date of Hospitalization and up to the limits specified in the Policy Schedule/Product Benefits Table, provided that a claim has been admitted by Us under Inpatient Care under Section 2.1 above and is related to the **same Illness/Injury/condition**.

#### 2.3 Post-Hospitalisation Expenses

We shall, on a reimbursement basis, cover Your Post-hospitalization Medical Expenses incurred due to an Injury or Illness that occurs during the Policy Period, immediately after Your discharge from the Hospital and up to the limits specified in the Policy Schedule/Product Benefits Table, provided that a claim has been admitted by Us under Inpatient Care under Section 2.1 above and is related to the **same Illness/Injury/condition**.

#### 2.4 Day Care Treatment

We will cover the Medical Expenses incurred on Your Day Care Treatment on the recommendation of a Medical Practitioner following an Illness or Injury which occurs during the Policy Period provided that the Medical Expenses incurred are for Medically Necessary Treatment and up to the limits specified in the Policy Schedule/Product Benefits Table. **Any OPD treatment undertaken in a Hospital/Day Care Centre will not be covered under this Benefit.** Pre-hospitalization Medical Expenses and Post-hospitalization Medical Expenses are not payable under this Benefit. Please refer to Annexure III for list of Day Care Treatments.

**2.5 Ambulance Cover**

We will cover the Reasonable and Customary Charges up to the limit specified in the Policy Schedule/Product Benefits Table that are incurred towards Your transportation by road ambulance to the **nearest Hospital with adequate facilities in an Emergency** following an Illness or Injury which occurs during the Policy Period provided that the ambulance service is offered by a registered healthcare or ambulance service provider and a claim has been admitted by Us under Inpatient Care under Section 2.1 above. This specified limit is per hospitalisation limit.

**2.6 Organ Donor Expenses**

We will cover the Medical Expenses incurred towards in-patient Hospitalization of an organ donor for Your organ transplant Surgery during the Policy Year provided that:

- a) the organ donor conforms to the provisions of The Transplantation of Human Organs Act, 1994 and other applicable laws.
- b) **the organ donated is for the use of the Insured Person** provided that the Insured Person has undergone an organ transplantation on the basis of Medical Advice;
- c) A claim has been admitted by Us under Inpatient Care under Section 2.1 above.

Subject to the above, We will not cover:

- a) Any Pre-hospitalization Medical Expenses, Post-hospitalization Medical Expenses, or screening expenses of the organ donor, or any other Medical Expenses as a result of the harvesting from the organ donor;
- b) Costs directly or indirectly associated with the acquisition of the donor's organ;
- c) Any other medical treatment or complication in respect of the donor consequent to organ donation.

**2.7 Domiciliary Hospitalisation**

We will on reimbursement basis, cover the Medical Expenses incurred for Your Domiciliary Hospitalization during the Policy Period following an Illness or Injury that occurs during the Policy Period provided that the Domiciliary Hospitalization continues for an uninterrupted period of at least 3 days and the condition for which treatment is taken would otherwise have necessitated Hospitalization as long as either

- a) **the attending Medical Practitioner confirms in writing that You cannot be transferred to a Hospital or**
- b) **You satisfy Us that a Hospital bed was unavailable.**

If a claim has been admitted by Us under this Benefit, then claims for Pre-hospitalization Medical Expenses and Post-hospitalization Medical Expenses shall also be payable.

**2.8 AYUSH Treatment**

We will cover Your Medical Expenses incurred for **Inpatient Care** during the Policy Period on treatment taken under AYUSH Treatment in:

- a. Central or State Government AYUSH Hospital; or
- b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
- c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
  - i. Having at least 5 in-patient beds;
  - ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
  - iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
  - iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

Our maximum liability will be limited up to the amount provided in the Policy Schedule/Product Benefits Table.

Exclusion 3.2.3 does not apply to this Benefit.

**2.9 IVF Treatment Cover**

We shall cover the Medical Expenses incurred by the Insured Person during the Policy Period for her IVF (in-vitro fertilization) treatment undertaken at a clinic duly registered in accordance with applicable law and on the written Medical Advice of a specialist Medical Practitioner, maximum up to the limit as mentioned in the Policy Schedule/Product Benefits Table, provided that the Insured Person undergoes the treatment **before 40 years of Age.**

A waiting period of 3 years from the Policy Inception Date shall be applicable for this Benefit.

Following shall not be covered under this Benefit:

- a) Any expenses with respect to the Insured Person's use of third party surrogate or gestational carrier in pregnancy
- b) Any expenses for consultation, diagnostic tests or procedure or any such other expenses for diagnosis of infertility

**2.10 Bariatric Surgery Cover**

We shall cover the Medical Expenses incurred by the Insured Person during the Policy Period for undergoing medically necessary Bariatric Surgery prescribed by a specialist Medical Practitioner, maximum up to the limit as mentioned in the Policy Schedule/Product Benefits Table, provided that

- 1) Surgery to be conducted is upon the advice of the Doctor
- 2) The surgery/Procedure conducted should be supported by clinical protocols
- 3) The member has to be 18 years of age or older and
- 4) Body Mass Index (BMI);
  - a) greater than or equal to 40 or
  - b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
    - i. Obesity-related cardiomyopathy
    - ii. Coronary heart disease
    - iii. Severe Sleep Apnea
    - iv. Uncontrolled Type2 Diabetes

A waiting period of 3 years from the Policy Inception Date shall be applicable for this Benefit.

**2.11 Psychiatric treatment Cover**

We shall cover Medical Expenses for in-patient treatment of the Insured Person during the Policy Period maximum up to the limit as mentioned in the Policy Schedule/Product Benefits Table, provided that the in-patient treatment under this Benefit must at all times be administered under the direct control of a registered Medical Practitioner who is a psychiatrist.

We shall also cover pre & post hospitalization expenses related to such in-patient psychiatric Hospitalization up to the no. of days as covered as per section 2.2 and 2.3 respectively.

For following mental disorders / conditions, shall be covered after a waiting period of 36 months from Policy inception date and a sub-limit of Rs. 50,000 shall be applicable on cumulative basis. This sub-limit includes pre and post hospitalization expenses for these specified disorders.

Name of condition/disorder	ICD codes
Severe Depression	F30, F32, F33
Schizophrenia and Psychosis	F20, F21, F22, F23, F24, F25, F28, F29
Bipolar disorder	F31, F34
Post traumatic stress Disorder	F43
Obsessive compulsive disorders	F42
Panic disorders including anxiety	F40, F41, F93, F94
Personality and related disorders	F60, F44, F48

**2.12 Lasik Surgery Cover**

We shall cover the Medical Expenses incurred by the Insured Person during the Policy Period for undergoing LASIK Surgery for correction of refractive error, maximum up to the limit as mentioned in the Policy Schedule/Product Benefits Table, provided that:

- a) the Insured Person has a refractive index of plus/minus 7.5 or more; and
- b) the procedure is prescribed as medically necessary by a Medical Practitioner who is an ophthalmologist.

A waiting period of 3 years from the Policy Inception Date shall be applicable for this Benefit.

**2.13 HIV/ AIDS Cover**

We will cover the in-patient Hospitalization, Day care treatment and Pre-post Hospitalization expenses incurred by Insured Person during the Policy Period as per the Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Act, 2017 and amendments thereafter due to condition caused by or associated with HIV / AIDS, provided that such treatment is availed as per written prescription by a registered Medical Practitioner.

Pre Hospitalization and Post hospitalization days limit will be as applicable under section 2.2 and 2.3 of this Policy.

**2.14 Modern treatment Procedures:**

The following procedures will be covered (wherever medically indicated) either as in patient (Section 2.1) or as part of day care treatment in a hospital (Section 2.4) up to the Sum Insured, specified in the policy schedule, during the policy period:

- Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
- Balloon Sinuplasty
- Deep Brain stimulation
- Oral chemotherapy
- Immunotherapy- Monoclonal Antibody to be given as injection
- Intra vitreal injections
- Robotic surgeries
- Stereotactic radio surgeries
- Bronchical Thermoplasty
- Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- IONM - (Intra Operative Neuro Monitoring)
- Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

**Additional Benefits:**

**This Policy offers the following additional benefits which shall be applicable to all Insured Persons as per the Plan opted and mentioned in Policy Schedule.** Benefits under this Section are subject to the terms, conditions and exclusions of this Policy. Claims under this Section shall not impact the Sum Insured.

**2.15 Cumulative Bonus**

In a Policy Year, if there are no claims paid or outstanding under Section 2.1 to 2.14 and under Section 2.26 & 2.31, then at the time of Renewal of the Policy, We shall apply a Cumulative Bonus on the Sum Insured for each such claim free Policy Year provided the Policy has been Renewed with Us without a break. The percentage of the Sum Insured and maximum Cumulative Bonus that can be accrued shall be as per the following:

- a) Support plan: 10% of Sum Insured per claim free Policy Year up to a maximum of 50% of Sum Insured
- b) Secure plan: 10% of Sum Insured per claim free Policy Year up to a maximum of 50% of Sum Insured
- c) Support Plus plan: 10% of Sum Insured per claim free Policy Year up to a maximum of 100% of Sum Insured
- d) Shield plan: 20% of Sum Insured per claim free Policy Year up to a maximum of 100% of Sum Insured
- e) Premium plan: 33.33% of Sum Insured per claim free Policy Year up to a maximum of 100% of Sum Insured

The following conditions shall be applicable:

- a) The sub-limits applicable to various Benefits will remain the same and shall not increase proportionately with accrual of Cumulative Bonus
- b) Cumulative Bonus which is accrued during a claim free Policy Year shall be available to those Insured Persons who were insured in such claim free Policy Year and continue to be insured in the subsequent Policy Year;
- c) If the Sum Insured is increased or decreased, Cumulative Bonus shall be calculated on the basis of the Sum Insured of the last completed Policy Year and shall be capped to the maximum amount of Cumulative Bonus on the Sum Insured as permitted under the plan;
- d) Recharge Sum Insured shall not be considered for calculating Cumulative Bonus;
- e) **If a Cumulative Bonus has been applied and a claim is made in any Policy Year, then in the subsequent Policy Year We shall not decrease the accrued Cumulative Bonus except if, and to the extent, it is utilized as claim payout.**

- f) Cumulative Bonus shall be applicable on an annual basis subject to the Renewal of the Policy;
- g) The entire Cumulative Bonus shall be forfeited if the Policy is not continued/Renewed before expiry of the Grace Period.
- h) The Cumulative Bonus shall be available for any claims under sections 2.1 to 2.14 only, subject always to any sub-limits mentioned therein.

**2.16 E-Opinion for Critical Illness**

If You are diagnosed with a Critical Illness during the Policy Period, then You may at Your sole discretion choose to avail of a second e-opinion from Our panel of Medical Practitioners for the Critical Illness and We shall arrange for and cover the e-opinion, provided that:

- a) We have received a request from You to exercise this option;
- b) The e-opinion will be based only on the information and documentation provided by You to Us, which shall be shared with the Medical Practitioner;
- c) This Benefit can be availed only once during a Policy Year and only once during the lifetime of an Insured Person for the same Critical Illness;
- d) This Benefit shall be available to only those Insured Persons that **are Aged 18 years or above** on the Policy Start Date and such Insured Persons are not covered under the Policy as the Policyholder's child;
- e) This Benefit is only a value added service provided by Us and does not deem to substitute Your visit or consultation to an independent Medical Practitioner;
- f) You are free to choose whether or not to obtain the e-opinion, and if obtained then whether or not to act on it;
- g) We shall not, in any event, be responsible for any actual or alleged errors or representations made by any Medical Practitioner (including in any e-opinion) or for any consequence of actions taken or not taken in reliance thereon;
- h) The e-opinion under this Policy shall be limited to the covered Critical Illnesses set out below and not be valid for any medical legal purposes;
- i) We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, Medical Advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner;
- j) **For the purpose of this Benefit, covered 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

**2.17 Annual Health Check-up**

We will arrange for a health check-up in accordance with the plan specified in the Policy Schedule/Product Benefits Table, if requested by You. We will cover health check-ups arranged by Us through Our empanelled Network Providers, provided that:

- a) This Benefit shall be available **once per Policy Year per Insured Person who is Aged 26 and above.**
  - b) This Benefit will be provided **irrespective of any claim being made** in the Policy Year.
- This Benefit is over and above the Sum Insured and cannot be carried forward if the Benefit is not availed during the period as specified above.

Health check-up test list is as below:

Support Plan	Secure Plan	Support Plus plan	Shield Plan	Premium Plan	Any Plan with Optional covers Aggregate Deductible and/or Voluntary Co-payment opted
(If optional Covers Aggregate Deductible and/or Voluntary Co-payment are <b>not</b> opted)					
CBC	CBC	CBC	CBC	CBC	CBC
ESR	ESR	ESR	ESR	ESR	ESR
Urine Routine	Urine Routine	Urine Routine	Urine Routine	Urine Routine	Urine Routine
MER	MER	MER	MER	MER	MER
Total Cholesterol	Total Cholesterol	Total Cholesterol	Total Cholesterol	Total Cholesterol	Total Cholesterol
FBS	FBS	HbA1c	HbA1c	HbA1c	FBS
		Lipid Profile	Lipid Profile	Lipid Profile	
			ECG	ECG	
			PSA (for males)/ PAP smear (for females)	PSA (for males)/ PAP smear (for females)	
				Liver Profile	
				Kidney Profile	
				Cardiac Risk Profile	

Reference :

- CBC- Complete Blood count
- ESR- Erythrocyte Sedimentation rate
- MER- Medical Examination Report
- FBS- Fasting Blood Sugar
- HbA1c- Glycated Haemoglobin test
- ECG- Electrocardiogram
- PSA- Prostate Specific Antigen

**2.18 Fitness Rewards and Wellness Services**

**1. Fitness Rewards**

You can earn Fitness Rewards points in the manner set out below. **For Policies with Policy Period of one year, percentages as mentioned in the table below shall apply. For Policies with Policy Period of 2 and 3 years, in order to calculate the Fitness Rewards points, the Policy premium shall be divided by 2 and 3 respectively.** Further, for Individual Policies, percentages as mentioned in the tables below would apply and for Family Floater Policies, percentages as mentioned in the tables below divided by the number of Insured Persons who are covered other than as dependent children under the Policy shall be applicable for the purpose of calculating the Fitness Rewards points.

- a) **Through Medical Check up:** If You avail of our Health Check- up Benefit and undergo the medical tests at Our Network Providers and thereafter submit the medical test reports to Us, then if all the test results are within the normal range for the respective tests, We shall award You with Fitness Rewards points equivalent to the percentage of the premium paid as per the table below.
- b) **Through Fitness Activities:** You can also earn Fitness Rewards points by engaging in physical activities to keep Yourself active and healthy. If You do any of the following activities during the Policy Year, We shall award you with Fitness Rewards points equivalent to the percentage of premium paid as per the table below. You can take one or more activities amongst these any number of times in a Policy Year and Fitness Rewards points shall be awarded to You subject to the maximum Fitness Reward points as mentioned in the table below.
  - \* Participation and completion of marathon run (at least 10 Km)
  - \* Gym/Yoga /Zumba/ Dancing or any other fitness centres' membership for atleast one year
  - \* Participation and completion of any other professional sport event
- c) You can also earn Fitness Rewards points by participating in health programs or any health initiatives sponsored by Us. Fitness Rewards points for an activity can be earned only once per Insured Person (who is covered other than as dependent children under this Policy) in a Policy Year, under this section.

Activity	Points to be earned as a percentage of existing Policy premium
By availing our Health Check- up Benefit	1%
Participation and completion of marathon run (at least 10 Km)	1.5%
Gym/Yoga/Zumba/Dancing or any other fitness centres' membership for atleast one year	2%
Participation and completion of any other Professional sport event	2.5%
Participation in any Health Program sponsored by Us	5%
<b>Maximum Fitness Rewards Points per Policy Year</b>	<b>10%</b>

In case We do not sponsor any event during the policy year, We shall consider multiple claims for reward points for other fitness activities as specified above, and provide the points as specified against that activity, subject always to the condition that **maximum 10% of points can be earned per Policy Year.**

**Redemption of Fitness Reward Points:**

You can redeem the earned Fitness Reward points **as discount on premium at the time of Renewal** of the Policy. If You wish to know the present value of Fitness Rewards points earned, then You may contact Us at our toll free number or through Our website. In any event, We shall send You an updated statement of the value of the Fitness Rewards points earned on an annual basis on any of the contact details as provided by You.

**2. Wellness Services:**

- a) **Doctor on call:** You can consult with a Medical Practitioner from Our panel of Network Providers to discuss any health related query. You can avail this service maximum 3 times per Policy Year.
  - b) **Specialist's e-opinion:** You can avail a specialist Medical Practitioner's opinion on Your health queries that require such specialist Medical Practitioner's consideration. We have a panel of specialist Medical Practitioner in the field of pediatrics, gynaecology, cardiology, oncology and other major branches of medical science. You can avail this service maximum 3 times per Policy Year.
  - c) **Nutritional e-counseling:** On Your request, We will provide You with a Dietician and nutritional e-counseling. You can avail this service maximum 3 times per Policy Year.
- For availing above services, You can call our customer care number 1800 266 3202 or write to Us on customercare@magma-hdi.co.in. Our executive will help You for availing these services.
- d) We may provide information on offers related to healthcare services like consultation, diagnostics, medical equipments and pharmacy. Please visit our website www.magma-hdi.com to know about such offers.

**Terms and conditions under Fitness Rewards and Wellness Services**

- \* All relevant documents, reports, receipts etc for earning Fitness Rewards points must be submitted to Us within 60 days of undertaking such activity.
- \* **Wellness services are provided through empanelled service providers as applicable and We are only acting as a facilitator.** Therefore, We shall not be liable for any incremental costs incurred or the services availed.
- \* The decision to utilize these advices/services is solely and absolutely at Your discretion. You should consult Your Medical Practitioner before availing/taking the Medical Advices/ services. We shall not be liable towards any loss or damage arising out of or in relation to any opinion, actual or alleged errors, omissions and representations suggested under this Benefit
- \* There shall not be any cash redemption against the wellness points.
- \* We, Our group entities, or affiliates, their respective directors, officers, employees, agents, vendors, shall not be responsible for or liable for, any actions, claims, demands, losses, damages, costs, charges and expenses which any Insured Person claims to have suffered, sustained or incurred, by way of and / or on account of this Benefit.
- Any wellness services offered hereunder are subject to the guidelines issued by the IRDAI from time to time.
- We shall send You any notifications/communication required to be sent hereunder on your registered email ID or on Your registered contact number or through any other mode as decided by Us.

**2.19 Early Joining Benefit**

We shall provide You a one- time amount of **Rs.2500 in 6th Policy Year** if Policy is claim-free for 5 years from Policy Inception Date and an additional one-time amount of **Rs.5000 in 11th Policy Year** if Policy is claim-free for 10 years from Policy Inception Date provided that:

- a) The age of senior most member covered in the policy at the time of first purchase should be below 40 years, and the policy is renewed continuously with Us;
- b) The Policy is claim-free since the Policy Inception Date;
- c) the amount provided under this Benefit can be reimbursed for any out-patient Medical Expenses including pharmacy. No direct cash benefit shall be offered under this Cover; and
- d) the unutilized amount can be carried forward to the subsequent Policy Years.
- e) **The benefit amount shall lapse if the Policy is not renewed with Us.**

**2.20 Green Channel Benefit**

If You opt to avail of in-patient treatment in a PPN (preferred provider network) as specified by Us, We shall, in addition to the amount payable under Section 2.1 (Inpatient Care), provide a one- time amount for each such Hospitalization as reimbursement against:

- a) expenses for any non-payable items with respect to that particular hospitalization, Or
- b) expenses for any health wearable device purchased by the insured after claim for such hospitalization is accepted

Maximum amount provided under this benefit **for each such hospitalization in PPN network** is:

- Rs. 1,000, if payable Inpatient Care claim amount is up to Rs. 50,000
- Rs. 2,000, if payable Inpatient Care claim amount is above Rs. 50,000

List of PPN is available on Our website [www.magmahdi.com](http://www.magmahdi.com)

**2.21 Recharge of Sum Insured**

We will provide 100% Recharge of the Sum Insured unlimited times in a Policy Year, provided that:

- a) The Sum Insured and Cumulative Bonus (if any) is insufficient for a claim as a result of previous claims in that Policy Year;
- b) The Recharge of Sum Insured shall not be available for claims towards an Illness or Injury (including complications) for which a claim has been paid or accepted as payable in the current Policy Year for the same Insured Person under Inpatient Care under Section 2.1. This condition shall be applicable each time Recharge of Sum Insured is triggered. For any subsequent Recharge of Sum Insured, the Illness or Injury (including any complications) must be unrelated to illness or injury for which claim has been paid earlier in the same policy year under In-patient Section or under Recharge of Sum Insured Section ;
- c) The Recharge of Sum Insured shall be available only in respect of Your future claims that become payable under Section 2 Base Covers of the Policy and shall not be applicable to the first claim in the Policy Year;
- d) If the Policy issued is a Family Floater Policy, then the Recharge of Sum Insured shall also be available on a floater basis;
- e) If the Recharge of Sum Insured is not utilised in a Policy Year, it shall not be carried forward to any subsequent Policy Year.

For any single claim during a Policy Year the maximum claim amount payable shall be the sum of:

- i. The Sum Insured
- ii. Cumulative Bonus

**2.22 Hospital Cash**

If You are Hospitalized during the Policy Period and if We have accepted an Inpatient Care claim under Section 2.1, then We shall, in addition, pay the daily cash amount specified in the Policy Schedule/Product Benefits Table for **each continuous and completed period of 24 hours** of Hospitalization provided that:

- a) **You should have been Hospitalized for a minimum period of 48 hours continuously;**
- b) We shall not make any payment under this Benefit to You for more than 30 days of Hospitalisation in total under any Policy Year.
- c) We shall not make any payment under this Benefit for any diagnosis or treatment arising from or related to pregnancy (whether uterine or extra uterine), childbirth including caesarean section, medical termination of pregnancy and/or any treatment related to pre and post-natal care of the New Born Baby.

**2.23 Compassionate Visit in case of CI**

If We have accepted Your claim for Hospitalization in case of Critical Illness as per Section 2.1, then We shall reimburse the amount up to the limit specified against this Benefit in the Policy Schedule/Product Benefits Table, incurred in respect of a maximum of two 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 You are Hospitalized provided that:

- a) You are Hospitalized in a Hospital which is situated at a distance of **at least 100 kilometres from Your actual place of residence;**
- b) The attending Medical Practitioner recommends the personal attendance of an Immediate Family Member;
- c) Travel by the Immediate Family Member to the place of Hospitalization is commenced during the period of Your Hospitalization
- d) This Benefit shall be provided only once per Policy Year.

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

**2.24 Loss of income benefit**

If We have accepted a claim for an Illness or Injury that results in Permanent Total Disablement, then We shall pay the amount (as lump sum) as specified against this Benefit in the Policy Schedule/Product Benefits Table.

Permanent total disablement for the purpose of this Benefit is defined as any injury or illness due to which the Insured Person is disabled from engaging in his/her primary occupation and loses his/her source of income generation as a consequence thereof. Such state of permanent total disablement must be certified by Medical Practitioner.

1. In case of an Individual Policy :

a. In case of salaried Insured Persons: Monthly amount equal to 1/12th of the Sum Insured or the Insured Person's per month salary based on the average of last 3 months salary slip, whichever is lower shall be paid for a maximum of 6 months. Net monthly income (post tax), that is, monthly in hand salary excluding overtime, bonuses, tips, commissions or any other special compensation shall be considered for the purpose of payout under this benefit;

b. In case of self-employed Insured Persons: Monthly amount equal to 1/12th of the Sum Insured or monthly income based on the last income tax returns filed with the income tax department, whichever is lower; shall be paid for a maximum of 6 months. This payout shall consider income from primary occupation only and shall not include income from any other sources.

2. In case of a Family Floater Policy :

a. In case of salaried Insured Persons: Monthly amount equal to 1/12th of the Sum Insured, or per month salary of the Insured Person based on the average of last 3 months salary slip of the Insured Person, or per month salary of the Policyholder based on the average of last 3 months salary slip of the Policyholder whichever is lower, shall be paid for a maximum of 6 months. Net monthly income (post tax), that is, monthly in hand salary excluding overtime, bonuses, tips, commissions or any other special compensation shall be considered for the purpose of payout under this benefit;

b. In case of self-employed Insured Persons: Monthly amount equal to 1/12th of the Sum Insured, or per month income of the Insured Person based on the last income tax return filed with the income tax department, or monthly income of the Policyholder based on the last income tax returns filed with the income tax department; whichever is lower shall be paid for a maximum of 6 months. This payout shall consider income from primary occupation only and will not include income from any other sources.

3. In case Policyholder and Insured person are not Income Tax Assessee: Monthly income will be assessed basis the income proof provided on self-declaration basis along with bank statements / any other income statements as proof for the past 12 months. However, for such cases income will be considered as lower of self- declared amount or the income slab up to which individual is not an Income Tax Assessee (as per prevalent Income Tax act). We will pay up to a maximum of 6 monthly benefits where each monthly benefit will be equal to 1/12th of the Sum Insured or monthly income as declared by you or 1/12th of the income as defined in the income tax slab for which an individual is not an Income Tax Assessee.

This Benefit shall be paid, subject to a valid admissible claim, **only once during the lifetime** of the Insured Person.

**2.25 Enhanced Daily Cash Benefit**

A daily cash amount will be payable per day if You are Hospitalised in a shared accommodation at a Network Provider for each continuous and completed period of 24 hours if the Hospitalisation exceeds 48 hours, provided that

- a) Our maximum liability shall be restricted to the amount mentioned in the Policy Schedule/Product Benefits Table, and
- b) Complete duration of Hospitalization is in a shared accommodation
- c) This Benefit **shall not be applicable to the time spent by You in an Intensive Care Unit,** and
- d) A claim has been admitted by Us under Inpatient Care under Section 2.1 above.

This allowance shall be paid in addition to the amount paid under Hospital Cash benefit (Section 2.22).

**2.26 Home Treatment Additional Daily Cash Benefit**

In case You opt for home care treatment by a service provider authorised by Us for an Illness or Injury which otherwise would have required Hospitalization as an in-patient, then in addition to coverage for such home hospitalization treatment expenses and Pre & post home hospitalization expenses up to the Sum Insured, We shall pay You a lump sum amount as Daily Cash Benefit for each completed day of such treatment as specified in the Product Benefits Table/ Policy Schedule. Such home care treatment shall be authorized and provided by Our authorized service providers on the basis of Cashless facility. All other conditions and limits in terms of number of days for Pre & post hospitalization as specified in section 2.2 and 2.3 shall be applicable.

The Daily Cash Benefit shall not be available for treatment taken at home for following procedures

- Chemotherapy
- Dialysis

**2.27 : Not Applicable**

**2.28 : Not Applicable**

**2.29 : Not Applicable**

**2.30 : Not Applicable**

**2.31 : Not Applicable**

**2.32 : Not Applicable**

**Optional Covers**

All Optional Covers issued under this Policy shall be subject to the terms, conditions and exclusions of this Policy. All other Policy terms, conditions and exclusions shall remain unchanged.

Critical Illness Cover and Personal Accident Cover shall be applicable for the Insured Person(s) with respect to whom these covers are opted by paying additional premium and upon acceptance by Us and are specified in the Policy Schedule. The limits for these Optional Covers are applicable for each Insured Person.

Optional Covers Aggregate Deductible and Voluntary Co-pay, if opted shall be applicable to all the Insured Persons under the Policy.

Other Optional Covers, if opted shall also be applicable to all the Insured Persons under the Policy and claims under any of these optional covers shall impact the Cumulative Bonus in this Policy.

**1. Critical Illness Cover**

We shall pay the amount as specified in the Policy Schedule/Product Benefits Table against this Benefit as a lump sum in addition to payment made by Us under Section 2.1, if any, 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 from which this Optional Cover was opted with respect to that Insured Person. This Benefit can be availed by the Insured Person only once during his/her lifetime. **No claim under this Benefit will be admissible in case any of the Critical Illnesses is a consequence of or arises out of any Pre-Existing Disease within 48 months of first policy Start date. Such Pre-Existing Illness declared by You and accepted by Us at the time of first Policy issuance.**

For the purpose of this Benefit, covered 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 Optional Cover shall not be available for that Insured Person at the time of Renewal.

Any Mandatory Co-Payment, Voluntary Co-Payment, Aggregate Deductible or Zone based Co-Payment shall not be applicable for claim payment under this Benefit.

**2. Personal Accident Cover**

If at any time during the Policy Period, the Insured Person sustains an Injury resulting solely and directly due to an Accident anywhere in the world, and causes any of the following events, then We shall pay the Insured Person or his/her nominee as the case may be, the amount(s) hereinafter set forth.

**Events covered:**

a) Accidental Death

If such Injury results in the death of the Insured Person within twelve calendar months from the date of the Accident, then We will pay the Sum Insured stated in the Policy Schedule/Product Benefits Table.

b) Permanent Total Disablement

1. If such Injury, within twelve calendar months from the date of the Accident, results in any of the following, then as per the table below, We shall pay a Lump sum amount equal to the percentage of limit as mentioned for Personal Accident Benefit in the Product Benefits Table / Policy Schedule,

Nature of Disablement	Percentage of Limit for Personal Accident Cover payable
Total and irrecoverable loss of sight of both eyes	100%
Actual loss by physical separation of two entire hands	100%
Actual loss by physical separation of two entire feet	100%
Actual loss by physical separation of one entire hand and one entire foot	100%
Total & irrecoverable loss of sight of one eye	50%
Actual loss by physical separation of one entire hand or of one entire foot	50%
Total and irrecoverable loss of use of a hand or a foot without physical separation	50%
If such Injury shall, as a direct consequence thereof, immediately, permanently, totally and absolutely, disable the Insured Person from engaging in any employment or occupation of any description	100%

For the purpose of Clause 1.above, physical separation of a hand means separation at or above the wrist and of the foot means separation at or above the ankle.

If a claim becomes admissible under this Benefit where the claim paid is 100% of the limit under this Optional cover, then this Optional Cover shall not be available for that Insured Person at the time of Renewal.

Any Mandatory Co-Payment, Voluntary Co-Payment, Aggregate Deductible or Zone based Co-Payment shall not be applicable for claim payment under this Benefit.

**3. Aggregate Deductible**

If this cover is opted, the Policy becomes a Top-up policy wherein claim in a Policy Year becomes payable by Us only after deductible limit is crossed. A deductible does not reduce Sum Insured.

The Insured Person shall bear on his/her own account an amount equal to the Deductible specified in the Policy Schedule for any and all claim amounts We assess to be payable by Us in respect of all claims made by the Insured Person under the Policy for a Policy Year. Our liability to make payment under the Policy in respect of any claim made in that Policy Year will only commence once the Deductible has been exhausted during the Policy Year.

The Deductible shall apply on individual basis in case of individual policy and on floater basis in case of floater policy.

Only the expenses incurred by You under the following Sections of this Policy, subject to any sublimit therein and Zone based Co-Payment as per Section 5.5, which otherwise would have been payable under Your Plan, shall be considered for Deductible- Base Covers (i.e. Section 2.1 to Section 2.14), Section 2.28, , Section 2.31 and Section 2.32.

It is further agreed that Mandatory Co-Payment and Voluntary Co-Payment, if opted under this Policy shall be applicable after the Deductible has been exhausted.

All claim documents must be submitted even for the claims which are within the Deductible limit.

If We have admitted a claim under the Policy to which the provisions of Section 4.1.5 are applicable, then:

a) the provisions in Section 4.1.5 will apply only to any amounts payable by Us in respect of a claim made by the Insured Person after the Deductible has been exhausted; and

**4. Voluntary Co-Payment**

For each and every claim You shall bear the percentage of admissible claim amount as opted by You under this Optional Cover and mentioned on Your Policy Schedule irrespective of the Your Age.

Such Voluntary Co-Payment shall not be applicable to any claim amount payable under following Sections of this Policy: Section 2.16 to Section 2.20, Section 2.22 to Section 2.25 and Section 2.27.

Co-payment applicable as per this Cover shall be in addition to any other Co-payment (Mandatory Co-Payment, Co-payment for treatment in higher zone) applicable under this Policy.

**12. Non-payable expense Cover**

If this optional cover is in force, as specified in your Policy Schedule, We shall also cover the expenses as listed under "List I - Item for which coverage in not available in the policy" of Annexure II of this Policy under Section 2.1 (Inpatient Care) and Section 2.4 (Day Care treatment).

**14. Zone wise Co-pay Waiver:**

We shall waive off the co-pay as applicable per section 5.5 of this policy, in case treatment is taken in a zone higher than the applicable zone as mentioned in Policy Schedule. If this optional cover is opted at the time of renewal, a waiting period of 1 year from the date this optional cover is opted in the renewal policy shall be applicable. During this 1 year waiting period, zone based co-pay as specified under section 5.5 will continue to apply. Such waiting period shall not be applicable if this optional cover is opted at the time of first purchase of this policy with us as new customer or as a port policy from other insurer. However, We reserve the right to dis-allow re-opting this optional cover, at our discretion, once it is discontinued by Policyholder. Whenever allowed, the 1 year waiting period shall start afresh on re-opting this optional cover post discontinuation.

**Section 3. Exclusions**

**3.1 Standard Exclusions**

**3.1.1) Pre-Existing Diseases (Code- Excl01)**

a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of pre-existing disease waiting period mentioned in your policy schedule/Product Benefits Table as per plan opted.

Expiry of pre existing disease waiting period will be considered since continuous coverage from the date of inception of the first policy with us.

b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.

d) Coverage under the policy after the expiry of above defined months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

**3.1.2) Specific Diseases Waiting Period (Code- Excl02):**

a) Expenses related to the treatment of the following listed conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage, as may be the case after the date of inception of the first policy with the Insurer. This exclusion shall not be applicable for claims arising due to an accident.

b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

c) If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.

d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.

e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

List of these diseases is:

1. Cataract
2. Stones in biliary and urinary systems
3. Hernia / Hydrocele
4. Hysterectomy for any benign disorder
5. Lumps / cysts / nodules / polyps / internal tumours
6. Gastric and Duodenal Ulcers
7. Surgery on tonsils / adenoids
8. Osteoarthritis / Arthritis / Gout / Rheumatism / Spondylosis / Spondylitis / Intervertebral Disc Prolapse
9. Fissure / Fistula / Haemorrhoid
10. Sinusitis / Deviated Nasal Septum / Tympanoplasty / Chronic Suppurative Otitis Media
11. Benign Prostatic Hypertrophy
12. Knee/Hip Joint replacement and any ligament, tendon or muscle tear
13. Dilatation and Curettage
14. Varicose veins
15. Dysfunctional Uterine Bleeding / Fibroids / Prolapse Uterus / Endometriosis
16. Chronic Renal Failure or end stage Renal Failure
17. Internal congenital anomalies/diseases/defects except for newborns and infants

**3.1.3) First Thirty Days Waiting Period (Code- Excl03)**

i. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered. The waiting period would be reduced to 7 days if the same is opted and mentioned in the policy schedule / product benefit table.

ii. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.

iii. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

**3.1.4) Investigation & Evaluation (Code Excl04):**

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.

**3.1.5) Rest Cure, Rehabilitation and respite Care (Code Excl05)**

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.

**3.1.6) Change of Gender treatment (Code Excl07)**

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

**3.1.7) Cosmetic or Plastic Surgery (Code Excl08)**

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

**3.1.8) Hazardous or Adventure sports: (Code- Excl09)**

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing,

horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

**3.1.9) Breach of law (Code Excl10)**

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

**3.1.10) Excluded Providers (Code Excl11)**

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim. List of these have been provided on Our website.

**3.1.11) Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12)**

**3.1.12) Treatment received in health 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**

**3.1.13) 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- Excl14**

**3.1.14) Refractive Error (Code Excl15)**

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

**3.1.15) Unproven treatments (Code Excl16)**

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

**3.1.16) Sterility and Infertility (Code Excl17)**

Expenses related to sterility and infertility. This includes:

- (i) Any type of contraception, sterilization
- (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- (iii) Gestational Surrogacy
- (iv) Reversal of sterilization

Note: This exclusion shall not apply for IVF treatment (as per Section 2.9 IVF Treatment Cover).

**3.1.17) Maternity expenses (Code Excl18)**

i. medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;  
ii expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

Note: This exclusion does not apply to Maternity Benefits (Section 2.28 and **Maternity Benefit Optional Cover**)

**3.2) Specific Exclusions:**

**3.2.1) 90 days Initial Waiting Period for Optional Cover-Critical Illness Cover**

The lump sum benefit shall not be payable for any Critical Illness claims arising in the first 90 days from the Policy Start Date from which the Critical Illness optional cover was opted and Renewed continuously thereafter. A special waiting period, not exceeding 48 months, may be applied to individual Insured Persons depending upon the declarations made in the proposal form and existing health conditions. Such waiting periods shall be specifically stated in the Policy Schedule and will be applied only after receiving the Insured Person's specific consent. Any special waiting period in respect of Pre- Existing diseases shall not exceed 48 months.

3.2.3) Any Alternative Treatment except for the Benefits under Section 2.8 (AYUSH Treatment)

3.2.4) Charges related to a Hospital stay not expressly mentioned as being covered. J. Service charges levied by the Hospital under whatever head. Complete list of these excluded expenses are mentioned in Annexure II of this Policy The list is available on our website www.magma hdi.com. This exclusion does not apply for Section 2.20 (Green Channel Benefit)

3.2.5) Expenses for Artificial life maintenance, including life support machine used to sustain a person, incurred after confirmation by the treating doctor that the patient is in vegetative state

3.2.6) 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.

3.2.7) Circumcision unless necessary for the treatment of an Illness or disease or necessitated by an Accident.

3.2.8) Treatment for any Illness or Injury resulting from nuclear or chemical contamination, war, riot, revolution or acts of terrorism (other than natural disaster or calamity)

3.2.9) Treatment for any External Congenital Anomaly.

3.2.10) 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. This exclusion does not apply for Outpatient Cover (Section 2.29)

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. 3.2.11) Any drugs or Surgical dressings that are provided or prescribed in the case of OPD treatment, or for the Insured Person to take home on leaving the Hospital, for any condition, except as included in Post-hospitalization Medical Expenses under Section 2.3 above. This exclusion does not apply to Outpatient Cover (Section 2.29)

3.2.12) We will not pay for routine eye examinations, contact lenses spectacles, hearing aids, dentures and artificial teeth. This exclusion does not apply for Outpatient Cover (Section 2.29)

3.2.13) 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.

3.2.14) Private nursing/attendant's charges incurred during pre-hospitalization or post-hospitalization.

3.2.15) **Drugs or treatment not supported by prescription.**

3.2.16) Issue of fitness certificate and fitness examinations.

3.2.17) Any charges incurred to procure any treatment/Illness related documents pertaining to any period of Hospitalization/Illness.

3.2.18) External and/ or durable medical/non-medical equipment of any kind used for diagnosis and/ or treatment.

3.2.19) 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.

3.2.20) OPD treatment is not covered.

However this exclusion does not apply for:

- a. Outpatient Cover (Section 2.29)
- b. Vaccination for New Born Baby (Section 2.28 (3))

3.2.21) All preventive care, vaccination including inoculation and immunisations except in case of Vaccination for New Born Baby (Section 2.28 (3))

3.2.22) Treatment for, or arising from, an Injury that is intentionally self-inflicted, including attempted suicide.

3.2.23) Treatment for sleep apnea, snoring, or any other sleep-related breathing problem.

3.2.24) Any treatment received outside India. This exclusion does not apply for Section 2.31 (Worldwide Emergency Hospitalization Cover).

3.2.25) Treatment provided by a Medical Practitioner who is not recognized by the Medical Council of India.

3.2.26) Treatment provided by anyone with the same residence as the Insured Person or who is a member of the Insured Person's immediate family.

3.2.27) 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.

**Section 4. General Terms and Clauses**

**4.1) Standard General Term and Clauses**

**4.1.1) Disclosure to Information**

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder.

(Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)

**4.1.2) Condition Precedent to admission of Liability**

The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.

**4.1.3) Claim Settlement (Provision for penal interest)**

(i) The Company shall settle or reject a claim, as may be the case, within 30 days from the date of receipt of last necessary document.

(ii) In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.

(iii) However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.

(iv) In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the Policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

(Explanation: "Bank Rate" means Bank rate fixed by the Reserve Bank of India (RBI) which is prevalent as on 1st day of the financial year in which the claim has fallen due.)

**4.1.4) Complete Discharge**

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

**4.1.5) Multiple Policies**

1. In case of multiple policies taken by an Insured Person during a period from one or more insurers to indemnify treatment costs, the Insured Person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the Insured Person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.

2. Insured Person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy/policies, even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions this Policy.

3. If the amount to be claimed exceeds the sum insured under a single policy, the Insured Person shall have the right to choose insurer from whom he/she wants to claim the balance amount.

4. Where an Insured Person has policies from more than one insurer to cover the same risk on indemnity basis, the Insured Person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

**4.1.6) Fraud**

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

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

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent, or the hospital/doctor/any other party acting on behalf of the insured person with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

- a) the suggestion, as a fact of that which is not true and which the insured person does not believe to be true;
- b) the active concealment of a fact by the insured person having knowledge or belief of the fact;
- c) any other act fitted to deceive; and
- d) any such act or omission as the law specially declares to be fraudulent

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

**4.1.7) Cancellation/ Termination (other than Free Look cancellation)**

Insurer shall

- a. refund proportionate premium for unexpired policy period, if the term of policy upto one year and there is no claim (s) made during the policy period.
- b. refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.

The Company may cancel the policy at any time on grounds of established fraud by the Insured Person, by giving 7 days' written notice. There would be no refund of premium on cancellation.

**4.1.8) Migration**

The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the Policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration. For Detailed Guidelines on migration, kindly refer the link [https://www.irdai.gov.in/ADMINCMS/cms/whatsNew\\_Layout.aspx?page=PageNo3987&flag=1](https://www.irdai.gov.in/ADMINCMS/cms/whatsNew_Layout.aspx?page=PageNo3987&flag=1)

**4.1.9) Portability**

The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI Guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability. For Detailed Guidelines on portability, kindly refer the link [https://www.irdai.gov.in/ADMINCMS/cms/whatsNew\\_Layout.aspx?page=PageNo3987&flag=1](https://www.irdai.gov.in/ADMINCMS/cms/whatsNew_Layout.aspx?page=PageNo3987&flag=1)

**4.1.10) Renewal of Policy**

A health insurance policy shall be renewable provided the product is not withdrawn, except in case of established fraud or non-disclosure or misrepresentation by the Insured.

- a) The Company shall endeavour to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- b) An Insurer shall not deny the renewal on the ground that the policyholder had made a claim (s) in the preceding policy years.
- c) Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period.
- d) At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits with Break in Policy. Coverage is not available during the grace period.
- e) An Insurer shall not resort to fresh underwriting unless there is an increase in sum insured. In case increase in sum insured is requested by the policyholder, the Insurer may underwrite only to the extent of increased sum insured.

**4.1.11) Withdrawal of the Policy**

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

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

**4.1.12) Moratorium Period:**

After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.

**4.1.13) Premium Payment in Instalments (Wherever applicable)**

If the Insured Person has opted for Payment of Premium on an instalment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in the Policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy)

- i. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.
- ii. During such grace period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company.
- iii. The insured person will get the accrued continuity benefits in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace period.
- iv. No interest will be charged if the instalment premium is not paid on due date.
- v. In case of instalment premium due not received within the grace period, the policy will get cancelled
- vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
- vii. The company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.

**4.1.14) Possibility of Revision of Terms of the Policy including the Premium Rates**

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

**4.1.15) Free Look Provision**

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

The insured shall be allowed a free look provision of fifteen days from date of receipt of the Policy document to review the terms and conditions of the Policy, and to return the same if not acceptable.

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

- iv. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges; or
- v. where the risk has already commenced and the option of return of the Policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
- vi. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

**4.1.16) Redressal of Grievance**

In case of any grievance, the insured person may contact the Company through

Website: [www.magmahdi.com](http://www.magmahdi.com)

Toll free: 1800 266 3202

E-mail: [Gro@magma-hdi.co.in](mailto:Gro@magma-hdi.co.in)

Fax: 91 033 4401 7471

Courier: Any of Our branch offices or corporate office during business hours

Insured person may also approach the grievance cell at any of the company's branches with the details of 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:

Magma HDI General Insurance Co. Ltd.,

EQUINOX BUSINESS PARK,

UNIT NO. 1B & 2B, 2ND FLOOR,

TOWER 3, LBS MARG, KURLA (WEST),

Mumbai - Maharashtra 400070

For updated details of grievance officer, kindly refer the link <https://www.magmahdi.com/grievance-redressal>.

If Insured Person is not satisfied with the redressal of grievance through above methods, 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. Detailed process along with list of Ombudsman offices are available at council of Insurance Ombudsman <https://www.cioins.co.in/>

The contact details of the Insurance Ombudsman offices have been provided as Annexure-I

Grievance may also be lodged at IRDAI Integrated Grievance management System: <https://bimbaharosa.irdai.gov.in>

**4.1.17) Nomination**

The Policyholder is required at the Policy Inception Date to make a nomination for the purpose of payment of claims under the Policy in the event of death of the Policyholder.

Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement on the Policy is made. In the event of death of the policyholder, the Company will pay the nominee (as named in Policy Schedule/Policy Certificate/Endorsement, (if any)) and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.

**4.2) Specific Terms and Clauses**

**4.2.1) Alteration to the Policy**

This Policy constitutes the complete contract of insurance. Subject to the provisions of applicable law, no change or alteration will be effective or valid unless approved in writing which will be evidenced by a written endorsement signed and stamped by Us. No one except Us can change or vary this Policy.

**4.2.2) Change of Policyholder**

The Policyholder may be changed only at the time of Renewal of the Policy. The new Policyholder must be a member of the original Policyholder's immediate family. The Renewed Policy shall be treated as having been Renewed without break.

The Policyholder may be changed upon request in situations like Policyholder's demise, moving out of India or in case of divorce

**4.2.3) No Constructive Notice**

Any knowledge or information of any circumstances or condition in relation to the Policyholder/Insured Person which is in Our possession and not specifically informed by the Policyholder/ Insured Person shall not be held to bind or prejudicially affect Us notwithstanding subsequent acceptance of any premium.

**4.2.4) Limitation of Liability**

If a claim is rejected or partially settled and is not the subject of any pending suit or other proceeding or arbitration, as the case may be, within twelve months from the date of such rejection or settlement the claim shall be deemed to have been abandoned and Our liability shall be extinguished and shall not be recoverable thereafter.

**4.2.5) Records to be maintained**

The Policyholder or the Insured Person, as the case may be shall keep an accurate record containing all relevant and accurate medical records like in-patient records, Discharge summary, medical certificates, medical prescriptions, diagnostic reports and reports confirming the need for treatment (if any) and shall allow Us or our representative(s) to inspect such records. The Policyholder or the Insured Person as the case may be, shall furnish such information as may be required by Us under this Policy at any time during the Policy Period or until final adjustment (if any) and resolution of all claims under this Policy.

**4.2.6) Geographical Scope**

The geographical scope of this Policy applies to events within India other than for Worldwide

Emergency Hospitalization Cover and for Personal Accident Optional Covers. However, all admitted or payable claims shall be settled in India in Indian rupees other than for Worldwide Emergency Hospitalization.

**4.2.7) Policy Disputes**

Any and all disputes or differences under or in relation to this Policy herein shall be determined by Indian law and shall be subject to the jurisdiction of the Indian Courts.

**4.2.8) Material Change**

It is a Condition Precedent to the Our liability under the Policy that the Policyholder shall immediately notify Us in writing of any material change in the risk on account of change in the nature of occupation or business at his/her own expense. We may, in Our discretion, adjust the scope of cover and/or the premium payable, accordingly. The Policyholder/You must exercise the same duty to disclose those matters to Us before the Renewal, extension, variation, endorsement or reinstatement of the Policy. The Policy terms and conditions shall not be altered.

**4.2.9) Communications & Notices**

Any communication or notice or instruction under this Policy shall be in writing and will be sent to:

- a) To Us, at the address as specified in Policy Schedule
- b) The Policyholder's, at the address as specified in Policy Schedule
- c) No insurance agents, brokers, other person or entity is authorized to receive any notice on behalf of Us unless explicitly stated in writing by Us
- d) Notice and instructions will be deemed served 10 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

**Section 5) Other Terms and Conditions:**

**5.1) Loading**

We shall apply a risk loading on the premium payable as per Our board approved underwriting policy (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance), which shall be mentioned specifically in the Policy Schedule. The maximum risk loading applicable shall not exceed 100% per diagnosis / medical condition and an overall risk loading of 200%. These loadings are applied from the Policy Inception Date including subsequent Renewal(s) with Us or on the receipt of a request for increase in Sum Insured (for which the loading shall be applied on the increased Sum Insured).

We will inform the Policyholder about the applicable risk loading through post/courier/email/phone. The Policyholder shall revert to Us with his/her written consent and additional premium (if any), within 15 days of the issuance of such counter offer. In case, the Policyholder neither accepts the counter offer nor reverts to Us within 15 days, We shall cancel his/her application and refund the premium paid within the next 15 days.

No loading shall be applied at the time of Renewal on the basis of individual claim experience.

**5.2) Mandatory Co -Payment**

A 20% Co-Payment on admissible claim amount shall be applicable for each claim if the Insured Person is Aged 61 years or more at the Policy Inception Date. This will not be applicable if the Removal of Mandatory Co Payment is opted.

This Mandatory Co-Payment shall apply in addition to any other Co-Payment, if applicable as per the Optional Cover "Voluntary Co-Payment" chosen by the Insured under this Policy.

**5.3) Endorsements**

We may allow the following endorsements. You/the Policyholder should request for any endorsement in writing. Any endorsement that is accepted by Us shall be effective from the date of the request as received from You/the Policyholder, or the date of receipt of premium, whichever is later.

- (i) Non-Financial Endorsements - which do not affect the premium.

- (1) Minor rectification/correction in name of the Policyholder/ Insured Person)
- (2) Rectification in gender
- (3) Rectification in relationship of the Insured Person with the Policyholder
- (4) Rectification of date of birth of the Insured Person (if this does not impact the premium)
- (5) Change in the address of the Policyholder
- (6) Change/Update in the contact details
- (7) Change in Nominee Details
- (ii) Financial Endorsements - which result in alteration in premium
  - (1) Addition of Insured Person (New Born Baby or newly wedded spouse)
  - (2) Addition of any Insured Person
  - (3) Deletion of Insured Person
  - (4) Change in Age/Date of Birth (if this impacts the premium)
  - (5) Change in address (if this impacts zone and hence premium)
  - (6) Change in plan and/or Sum Insured
  - (7) Addition/removal of Optional Cover(s)

Financial endorsements (1), as mentioned above, can be allowed during the term of Policy, all other financial endorsements are allowed at the time of renewal only.

We reserve the rights to do underwriting in case of any such endorsement requests.

Fresh waiting period shall be applicable with respect to the Insured person added after Policy Inception Date. Where the Policy is Renewed for enhanced Sum Insured, all waiting periods would start and apply afresh for the amount of increase in Sum Insured.

**5.4) Special Conditions Applicable for Policies Issued With Premium Payment on Instalment Basis**

Notwithstanding the provision of Grace period as stated in the clause " Premium Payment in Instalments" above, we shall provide, Relaxation period instead of Grace period as below:

- a) A relaxation period of maximum 15 days from the due date of the instalment payable shall be provided. Coverage will be available during such Relaxation period.
- b) In case of any claim during the relaxation period, an amount equivalent to the balance of the instalment premiums payable in the Policy Period shall be recoverable from the admissible claim amount payable.
- c) If the instalment premium due is not received within the above relaxation period, the Policy will be cancelled. We may issue a fresh Policy with all waiting periods applicable subject to Our underwriting guidelines.
- d) If the claim amount is lesser than the balance premium payable, then no claims would be payable till the applicable premium is recovered.

We may also allow premium instalment payment through ECS mode.

You must ensure that there are sufficient funds in Your bank account, through which You have opted ECS facility for payment of premium for this Policy. In case of failure of transactions in ECS mode and non-payment of premium instalment maximum within Relaxation period, the Policy will be terminated. We reserve the rights to do fresh underwriting for issuance of new Policy, in such cases.

In case there is change either in the terms and conditions of the policy contract or in the premium rate, the ECS authorization shall be obtained afresh. You may withdraw from the ECS mode by giving Us a notice at least fifteen days prior to the due date of instalment premium payable as per Your ECS mandate form.

You should carefully take note of the procedures and timelines to be adhered to in connection with the ECS mandate as specified in the ECS mandate form duly filled by You at the time of opting this mode of payment.

**5.5) Zone Classification, Premium and Zone based Co-pay**

For the purpose of Policy issuance, the premium will be computed based the zone of residence of the Policyholder. The premium would be applicable zone wise and the cities defined in each zone are as under:

- a. **Zone 1** means Delhi including National Capital Region, Mumbai including Thane, Navi Mumbai, Vasai-Virar, Bangalore and Gujarat,
- b. **Zone 2** means Coimbatore, Pune, Hyderabad, Chandigarh, Chennai, Kolkata and Kerala
- c. **Zone 3** means Rest of India excluding areas falling under Zone 1 and Zone 2

Zone classification can be changed by Us after informing the Policyholder at least 3 months in advance, subject to approval from the IRDAI.

**In case You opt to take treatment in a zone higher than the applicable zone as mentioned in Schedule of Insurance Certificate, You shall bear a Co-Payment on admissible claim amount as mentioned below:**

- a. Zone 2 to Zone 1: 25% for every claim made
- b. Zone 3 to Zone 2: 20% for every claim made
- c. Zone 3 to Zone 1: 35% for every claim made

Such co-pay shall not be applicable for Emergency Hospitalization and Emergency treatment required due to Accident that happens whilst the Insured Person was outside the zone as applicable in the Policy Schedule.

In case You opt to take treatment in a zone lower than the applicable zone as mentioned in Policy Schedule, no Co-Payment shall be applicable. Such Co-Payment shall be in addition to the Mandatory Co-payment and Voluntary Co-Payment, as applicable under the Policy. Zone shall be based on city of residence of the Policyholder. We also provide the Policyholder an option to choose a zone higher or lower than this zone based on residence of the Insured Person(s).

**5.6) Claim Procedure**

Provided that due adherence/observance and fulfillment of the terms and conditions of this Policy (conditions and all endorsements hereon are to be read as part of this Policy) shall so far as they relate to anything to be done or not to be done by You and / or any Insured Person be a Condition Precedent to admission of Our liability under this Policy.

On the occurrence or the discovery of any Illness or Injury that may give rise to a claim under this Policy, then as a Condition Precedent to Our liability under the Policy, the following procedure shall be complied with:

**4. a) For Availing Cashless Facility (Procedure for Domestic Claims )**

Cashless facility can be availed only at Our Network Providers. The complete list of Network Providers is available on Our website and at Our branches and can also be obtained by contacting Us over the telephone. The updated list of TPA containing complete details is available on Our website www.magmahdi.com and is also attached as [Annexure IV].

Cashless facility will be availed through the TPA. The TPA will be contacted on its helpline and must be provided with the membership number, Policy Number and the name of the Insured Person at least 72 hours before admission to the Hospital for planned Hospitalization and within 24 hours of admission to the Hospital in case of Emergency Hospitalization. The TPA will also, by fax or e-mail, be provided with details of Hospitalization like diagnosis, name of the Hospital, duration of stay in the Hospital, estimated expenses of Hospitalization etc. in the prescribed form available with the insurance help desk at the Hospital. Any additional information as may be required by the medical panel of the TPA must also be furnished. After establishing the admissibility of the claim under the Policy, the TPA shall provide a pre-authorisation to the Hospital guaranteeing payment of the Hospitalization expenses subject to the Sum Insured, terms conditions and limitations of the Policy. The authorization shall be issued to the Network Provider within 24 hours of receiving the complete information.

For availing Home treatment, You can contact Our Authorized Home care provider. The updated list of Our authorized Home care provider is available on Our website www.magmahdi.com. You can also call at our customer care number 1800 266 3202 for information and assistance. The Home care provider shall evaluate Your eligibility and, if Home care is assessed to be advisable for Your health condition, will contact Our TPA. The TPA shall provide a pre-authorisation to Home care provider within 24 hours of receiving the complete information.

In case as per Our authorized Home care provider, Home care is not found to be advisable for Your health condition, You can avail the treatment at a Hospital as an in-patient and the claim for the same on Cashless or reimbursement process.

**For Availing cashless facility (Procedure for Worldwide Emergency Cover)**

Please follow the procedure as mentioned in Section 2.31 (i) to avail Cashless facility in case of Hospitalization outside India.

**5. For admission in Non-Network Provider or into Network Provider if Cashless facility is not availed (Re-imbursment Claims) (For Domestic Claims as well as Worldwide Emergency Hospitalization)**

a. **Intimation of claim:** Preliminary intimation of claim with particulars relating to Policy Number, name of the Insured Person in respect of whom claim is made, nature of Illness/Injury and name and address of the attending Hospital, must be provided to Us at least 72 hours before admission to the Hospital in case of planned Hospitalization, and within 24 hours of admission in the Hospital, in case of Emergency Hospitalization.

b. **Submission of claim:** The claim form along with the attending Medical Practitioner's certificate duly filled and signed in all respects with the following claim documents will be submitted to Us not later than 30 days from the date of discharge from the Hospital.

Mandatory documents

- a. Duly completed claim form
- b. Test reports and prescriptions relating to first / previous consultations for the same or related illness.
- c. Case history / admission-discharge summary describing the nature of the complaints and its duration, treatment given, advice on discharge etc. issued by the Hospital.
- d. Death summary in case of death of the Insured Person at the Hospital.
- e. Post Mortem Report, if applicable & if conducted
- f. Hospital receipts / bills / cash memos in original (including advance and final Hospital settlement receipts).
- g. All test reports for X-rays, ECG, Scan, MRI, Pathology etc., including the Medical Practitioner's prescription advising such tests/investigations (CDs of angiogram, surgery etc. need not be sent unless specifically sought).
- h. Medical Practitioner's prescriptions with cash bills for medicines purchased from outside the Hospital.
- i. F.I.R./M.L.C. in the case of Accidental Injury and English translation of the same, if in any other language.
- j. Legal heir certificate in the absence of nomination under the Policy, in case of death of the Insured Person. In the absence of legal heir certificate, evidence establishing legal heirship may be provided as required by Us.
- k. For a) maternity claims, discharge summary mentioning LMP, EDD & Gravida b) Cataract claims - IOL sticker c) PTCA claims - Stent sticker.
- l. Copies of health insurance policies held with any other insurer covering the Insured Person(s).
- m. If a claim is partially settled by any other insurer, a certificate from the other insurer confirming the final claim amount settled by them and that original claim documents are retained at their end.
- n. For Domiciliary Hospitalization claims, a certificate from the attending Medical Practitioner confirming that the condition of the Insured Person is such that he/she is not in a condition to be removed to a Hospital.
- o. Additional documents for Air Ambulance Cover:
  - i. Certification by the treating Medical Practitioner of such life threatening Emergency condition and confirming that current Hospital does not have suitable medical equipment and technology for the life threatening condition.
  - ii. Bills/receipts of transportation agency/ambulance company/air ambulance receipts.
  - iii. Additional documents for Worldwide Emergency Hospitalization- the Insured Person's passport, visa, tickets and boarding passes.
  - iv. Additional documents for Compassionate visit-tickets and boarding passes, if applicable

**Documents to be submitted if specifically sought:**

- a. Copy of indoor case records (including Qualified Nurse's notes, OT notes and anaesthetists' notes, vitals chart).
- b. Copy of extract of inpatient register.
- c. Attendance records of employer/educational institution.
- d. Complete medical records (including indoor case records and OP records) of past Hospitalization/treatment, if any.
- e. Attending Medical Practitioner's certificate clarifying.
- f. reason for Hospitalization and duration of Hospitalization
- g. history of any self-inflicted Injury
- h. history of alcoholism, smoking
- i. history of associated medical conditions, if any
- j. Previous master health check-up records/pre-employment medical records, if any.
- k. Any other document necessary in support of the claim on case to case basis.

For AYUSH Claims:

- AYUSH claims would be payable as per the guidelines determined by Ministry of AYUSH, Government of India or any such committee of experts constituted to determine in-patient admissibility of claims, treatment modalities and corresponding treatment cost for providing AYUSH Coverage as defined from time to time.
- In patient admissibility of AYUSH claims would be determined in line with reasonable admissibility and its reasonable claim cost, as under allopathy or modern medicine for the same ailment or medical condition.

The claim documents should be sent to the address mentioned in Claim form.

**Payment of Claim**

a) No liability under the Policy will be admitted, if the claim is fraudulent or supported by fraudulent means.

b) The Insured Person or any person acting on behalf of the Insured Person, as the case may be, must provide at his/her expense, all the information asked by Us in relation to the claim and he/she must provide all reasonable cooperation and assistance to Us as may be required.

c) If required, the Insured Person or any person acting on behalf of the Insured Person, as the case may be, must give consent to obtain medical reports from the Medical Practitioner at Our expense.

d) If requested by Us, the Insured Person must agree to be examined by a Medical Practitioner of Our choice and at Our expense.

e) All claims under this Policy shall be payable in Indian Currency. All medical treatments for the purpose of this Policy will be required to be taken in India only except for Worldwide Emergency Hospitalization.

f) Claims under this Policy shall be settled or rejected, as the case may be, within 30 days of the receipt of the last necessary document.

**Discount/ Loading Factors:**

Maximum up to 20% discount shall be offered based on following parameters. The discount is applicable on insured level in case of Individual policy. In case of Family floater policy, the discount is on policy level and not on insured level. Therefore, even if one of the insured under the floater cover fulfils the criteria, discount would be given on entire policy.

- 1. Tenure discount

Policy Period	Discount percentage
---------------	---------------------

2 years	10%
2 years	12.5%

- 2. Employee Discount: A discount of 15% is offered for employees of Magma Group provided the Policy is purchased without any intermediary.
- 3. Cross sell discount: A discount of 5% will be offered if the proposer is a Policyholder with Magma HDI on or prior to inception of this Policy.
- 4. Direct Sourcing Discount: A discount of 10% will be offered if the Policy is purchased through direct channel of distribution. This discount will not be offered if Employee discount is availed.
- 5. Credit Score discount: A discount as per the grid below would be given depending on proposer's credit score. The better the credit score the better the discount.

Category	Discount
Excellent category (above 750):	7.5%
Good category (650-750):	5%

Note:- The Company will check your credit score with the Company designated credit scoring agency.

**Loading:** We shall apply a risk loading on the premium payable as per Our board approved underwriting policy (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance), which shall be mentioned specifically in the Policy Schedule. The maximum risk loading applicable shall not exceed 100% per diagnosis / medical condition and an overall risk loading of 200%. These loadings are applied from the Policy Inception Date including subsequent Renewal(s) with Us or on the receipt of a request for increase in Sum Insured (for which the loading shall be applied on the increased Sum Insured). No loading shall be applied at the time of Renewal on the basis of individual claim experience.

**Loading for Instalment Option:** If You want to opt for premium payment in instalments following loading shall be applicable. Tenure discount shall not be applicable if instalment option is chosen.

Instalment Option	Factor to be applicable on premium for one year tenure Policy	Factor to be applicable on premium for two year tenure Policy	Factor to be applicable on premium for three year tenure Policy
Monthly	1.05/12	1.05/24	1.05/36
Quarterly	1.04/12	1.04/24	1.04/36
Semi Annual	1.03/12	1.03/24	1.03/36

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**Annexure I**

The contact details of the Insurance Ombudsman offices are as below-

Jurisdiction	Contact Details	Office of the Ombudsman
Gujarat , UT of Dadra and Nagar Haveli, Daman and Diu	Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th Floor, Tilak Marg, Relief Road,Ahmedabad - 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	AHMEDABAD
Karnataka	Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru - 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	BENGALURU
Madhya Pradesh and Chhattisgarh	Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal - 462 003. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in	BHOPAL
Odisha	Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar - 751 009. Tel.: 0674 - 2596461 /2596455 Email: bimalokpal.bhubaneswar@cioins.co.in	BHUBANESHWAR
Punjab , Haryana(excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, UT of Jammu and Kashmir, Ladakh & Chandigarh	Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 - D, Chandigarh - 160 017. Tel.: 0172 - 2706196 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in	CHANDIGARH
Tamil Nadu, Puducherry Town and Karaikal (which are part of UT of Puducherry)+CB	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI - 600 018. Tel.: 044 - 24333668 / 24335284 Email: bimalokpal.chennai@cioins.co.in	CHENNAI
Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in	Delhi
Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	Office of the Insurance Ombudsman, JeevanNivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati - 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	GUWAHATI
Andhra Pradesh, Telangana, Yanam and part of the UT of Puducherry	Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122 Email: bimalokpal.hyderabad@cioins.co.in	HYDERABAD
Rajasthan	Office of the Insurance Ombudsman, JeevanNidhi - II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in	JAIPUR
Kerala , Lakshadweep, Mahe - a part of UT of Puducherry	Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in	ERNAKULAM
West Bengal, UT of Andaman and Nicobar Islands	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124399 / 22124340 Email: bimalokpal.kolkata@cioins.co.in	KOLKATA
Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.	Office of the Insurance Ombudsman, 6th Floor, JeevanBhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Email: bimalokpal.lucknow@cioins.co.in	LUCKNOW
Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane	Office of the Insurance Ombudsman, 3rd Floor, JeevanSevaAnnexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038821/23/24/25/26/27/28/29/30/31 Email: bimalokpal.mumbai@cioins.co.in	MUMBAI
State of Uttarakhnd and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshihar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur	Office of the Insurance Ombudsman, BhagwanSahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautambuddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	NOIDA
Bihar, Jharkhand.	Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	PATNA
Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region	Office of the Insurance Ombudsman, JeevanDarshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune - 411 030. Tel.: 020 - 41312555 Email: bimalokpal.pune@cioins.co.in	PUNE

Annexure II

**List I - Item for which coverage is not available in the policy**

SI No	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	TELEVISION CHARGES
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/ SHORT/ HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY

**List II - Items that are to be subsumed into Room Charges**

SI No	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER

12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

**List III - Items that are to be subsumed into Procedure Charges**

SI No	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

**List IV - Items that are to be subsumed into costs of treatment**

SI No	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP- COST
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	Glucometer& Strips
18	URINE BAG

**Annexure III**

**List of Day Care Surgeries**

<b>CARDIOLOGY RELATED</b>			
1	CORONARY ANGIOGRAPHY	276	HELICAL TOMOTHERAPY
<b>CRITICAL CARE RELATED</b>			
3	INSERT NON- TUNNEL CV CATH	277	SRS-STEREOTACTIC RADIOSURGERY
4	INSERT PICC CATH ( PERIPHERALLY INSERTED CENTRAL CATHETER )	278	X-KNIFE SRS
5	REPLACE PICC CATH ( PERIPHERALLY INSERTED CENTRAL CATHETER )	279	GAMMAKNIFE SRS
6	INSERTION CATHETER, INTRA ANTERIOR	280	TBI- TOTAL BODY RADIOOTHERAPY
7	INSERTION OF PORTACATH	281	INTRALUMINAL BRACHYTHERAPY
<b>DENTAL RELATED</b>			
9	SPLINTING OF AVULSED TEETH	282	ELECTRON THERAPY
10	SUTURING LACERATED LIP	283	TSET-TOTAL ELECTRON SKIN THERAPY
11	SUTURING ORAL MUCOSA	284	EXTRACORPOREAL IRRADIATION OF BLOOD PRODUCTS
12	ORAL BIOPSY IN CASE OF ABNORMAL TISSUE PRESENTATION	285	TELECOBALT THERAPY
13	FNAC	286	TELECESIUM THERAPY
14	SMEAR FROM ORAL CAVITY	287	EXTERNAL MOULD BRACHYTHERAPY
15	MYRINGOTOMY WITH GROMMET INSERTION	288	INTERSTITIAL BRACHYTHERAPY
16	T Y M P A N O P L A S T Y ( C L O S U R E O F A N E A R D R U M PERFORATION/RECONSTRUCTION OF THE AUDITORY OSSICLES)	289	INTRACAVITY BRACHYTHERAPY
17	REMOVAL OF A TYMPANIC DRAIN	290	3D BRACHYTHERAPY
18	KERATOSIS REMOVAL UNDER GA	291	IMPLANT BRACHYTHERAPY
19	OPERATIONS ON THE TURBINATES (NASAL CONCHA)	292	INTRAVESICAL BRACHYTHERAPY
20	T Y M P A N O P L A S T Y ( C L O S U R E O F A N E A R D R U M PERFORATION/RECONSTRUCTION OF THE AUDITORY OSSICLES)	293	ADJUVANT RADIOOTHERAPY
21	REMOVAL OF KERATOSIS OBTURANS	294	AFTERLOADING CATHETER BRACHYTHERAPY
22	STAPEDOTOMY TO TREAT VARIOUS LESIONS IN MIDDLE EAR	295	CONDITIONING RADIOOTHERAPY FOR BMT
23	REVISION OF A STAPEDECTOMY	296	EXTRACORPOREAL IRRADIATION TO THE HOMOLOGOUS BONE GRAFTS
24	OTHER OPERATIONS ON THE AUDITORY OSSICLES	297	RADICAL CHEMOTHERAPY
25	MYRINGOPLASTY (POST-AURA/ENDAURAL APPROACH AS WELL AS SIMPLE TYPE -I TYMPANOPLASTY)	298	NEOADJUVANT RADIOOTHERAPY
26	FENESTRATION OF THE INNER EAR	299	LDR BRACHYTHERAPY
27	REVISION OF A FENESTRATION OF THE INNER EAR	300	PALLIATIVE RADIOOTHERAPY
28	PALATOPLASTY	301	RADICAL RADIOOTHERAPY
29	TRANSORAL INCISION AND DRAINAGE OF A PHARYNGEAL ABSCESS	302	PALLIATIVE CHEMOTHERAPY
30	TONSILLECTOMY WITHOUT ADENOIDECTOMY	303	TEMPLATE BRACHYTHERAPY
31	TONSILLECTOMY WITH ADENOIDECTOMY	304	NEOADJUVANT CHEMOTHERAPY
32	EXCISION AND DESTRUCTION OF A LINGUAL TONSIL	305	ADJUVANT CHEMOTHERAPY
33	REVISION OF A TYMPANOPLASTY	306	INDUCTION CHEMOTHERAPY
34	OTHER MICROSURGICAL OPERATIONS ON THE MIDDLE EAR	307	CONSOLIDATION CHEMOTHERAPY
35	INCISION OF THE MASTOID PROCESS AND MIDDLE EAR	308	MAINTENANCE CHEMOTHERAPY
36	MASTOIDECTOMY	309	HDR BRACHYTHERAPY
<b>OPERATIONS ON THE SALIVARY GLANDS AND SALIVARY DUCTS</b>			
37	RECONSTRUCTION OF THE MIDDLE EAR	310	INCISION AND LANCING OF A SALIVARY GLAND AND A SALIVARY DUCT
38	OTHER EXCISIONS OF THE MIDDLE AND INNER EAR	311	EXCISION OF DISEASED TISSUE OF A SALIVARY GLAND AND A SALIVARY DUCT
39	INCISION (OPENING) AND DESTRUCTION (ELIMINATION) OF THE INNER EAR	312	RESECTION OF A SALIVARY GLAND
40	OTHER OPERATIONS ON THE MIDDLE AND INNER EAR	313	RECONSTRUCTION OF A SALIVARY GLAND AND A SALIVARY DUCT
41	EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE NOSE	314	OTHER OPERATIONS ON THE SALIVARY GLANDS AND SALIVARY DUCTS
<b>OPERATIONS ON THE SKIN &amp; SUBCUTANEOUS TISSUE</b>			
42	OTHER OPERATIONS ON THE NOSE	316	OTHER INCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES
43	NASAL SINUS ASPIRATION	317	SURGICAL WOUND TOILET (WOUND DEBRIDEMENT) AND REMOVAL OF DISEASED TISSUE OF THE SKIN AND SUBCUTANEOUS TISSUES
44	FOREIGN BODY REMOVAL FROM NOSE	318	LOCAL EXCISION OF DISEASED TISSUE OF THE SKIN AND SUBCUTANEOUS TISSUES
45	OTHER OPERATIONS ON THE TONSILS AND ADENOIDS	319	OTHER EXCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES
46	ADENOIDECTOMY	320	SIMPLE RESTORATION OF SURFACE CONTINUITY OF THE SKIN AND SUBCUTANEOUS TISSUES
47	LABYRINTHECTOMY FOR SEVERE VERTIGO	321	FREE SKIN TRANSPLANTATION, DONOR SITE
48	STAPEDECTOMY UNDER GA	322	FREE SKIN TRANSPLANTATION, RECIPIENT SITE
49	STAPEDECTOMY UNDER LA	323	REVISION OF SKIN PLASTY
50	TYMPANOPLASTY (TYPE IV)	324	OTHER RESTORATION AND RECONSTRUCTION OF THE SKIN AND SUBCUTANEOUS TISSUES.
51	ENDOLYMPHATIC SAC SURGERY FOR MENIERE'S DISEASE	325	CHEMOSURGERY TO THE SKIN.
52	TURBINECTOMY	326	DESTRUCTION OF DISEASED TISSUE IN THE SKIN AND SUBCUTANEOUS TISSUES
53	ENDOSCOPIC STAPEDECTOMY	327	RECONSTRUCTION OF DEFORMITY/DEFECT IN NAIL BED
54	INCISION AND DRAINAGE OF PERICHONDRIITIS	328	EXCISION OF BURSITIS
55	SEPTOPLASTY	329	TENNIS ELBOW RELEASE
<b>OPERATIONS ON THE TONGUE</b>			
56	VESTIBULAR NERVE SECTION	330	INCISION, EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE TONGUE
57	THYROPLASTY TYPE I	331	PARTIAL GLOSSECTOMY
58	PSEUDOCYST OF THE PINNA - EXCISION	332	GLOSSECTOMY
59	INCISION AND DRAINAGE - HAEMATOMA AURICLE	333	RECONSTRUCTION OF THE TONGUE
60	TYMPANOPLASTY (TYPE II)	334	OTHER OPERATIONS ON THE TONGUE
<b>OPHTHALMOLOGY RELATED</b>			
61	REDUCTION OF FRACTURE OF NASAL BONE	335	SURGERY FOR CATARACT
62	THYROPLASTY TYPE II	336	INCISION OF TEAR GLANDS
63	TRACHEOSTOMY	337	OTHER OPERATIONS ON THE TEAR DUCTS
64	EXCISION OF ANGIOMA SEPTUM	338	INCISION OF DISEASED EYELIDS
65	TURBINOPLASTY	339	EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE EYELID
66	INCISION & DRAINAGE OF RETRO PHARYNGEAL ABSCESS	340	OPERATIONS ON THE CANTHUS AND EPICANTHUS
67	UVULO PALATO PHARYNGO PLASTY	341	CORRECTIVE SURGERY FOR ENTROPION AND ECTROPION
68	ADENOIDECTOMY WITH GROMMET INSERTION	342	CORRECTIVE SURGERY FOR BLEPHAROPTOSIS
69	ADENOIDECTOMY WITHOUT GROMMET INSERTION	343	REMOVAL OF A FOREIGN BODY FROM THE CONJUNCTIVA
70	VOCAL CORD LATERALISATION PROCEDURE	344	REMOVAL OF A FOREIGN BODY FROM THE CORNEA
71	INCISION & DRAINAGE OF PARA PHARYNGEAL ABSCESS	345	INCISION OF THE CORNEA
72	TRACHEOPLASTY	346	OPERATIONS FOR PTERYGIUM

<b>GASTROENTEROLOGY RELATED</b>			
73	CHOLECYSTECTOMY AND CHOLEDOCHO-JEJUNOSTOMY/ DUODENOSTOMY/GASTROSTOMY/EXPLORATION COMMON BILE DUCT	347	OTHER OPERATIONS ON THE CORNEA
74	ESOPHAGOSCOPY, GASTROSCOPY, DUODENOSCOPY/ REMOVAL OF FOREIGN BODY/DIATHERMY OF BLEEDING LESIONS	348	REMOVAL OF A FOREIGN BODY FROM THE LENS OF THE EYE
75	PANCREATIC PSEUDOCYST EUS & DRAINAGE	349	REMOVAL OF A FOREIGN BODY FROM THE POSTERIOR CHAMBER OF THE EYE
76	RF ABLATION FOR BARRETT'S OESOPHAGUS	350	REMOVAL OF A FOREIGN BODY FROM THE ORBIT AND EYEBALL
77	ERCP AND PAPILOTOMY	351	CORRECTION OF EYELID PTOSIS BY LEVATOR PALPEBRAE SUPERIORIS RESECTION (BILATERAL)
78	ESOPHAGOSCOPE AND SCLEROSANT INJECTION	352	CORRECTION OF EYELID PTOSIS BY FASCIA LATA GRAFT (BILATERAL)
79	EUS + SUBMUCOSAL RESECTION	353	DIATHERMY/CRYOTHERAPY TO TREAT RETINAL TEAR
80	CONSTRUCTION OF GASTROSTOMY TUBE	354	ANTERIOR CHAMBER PARACENTESIS / CYCLODIATHERMY / CYCLOCRYOTHERAPY / GONIOTOMY / TRABECULOTOMY AND FILTERING AND ALLIED OPERATIONS TO TREAT GLAUCOMA
81	EUS + ASPIRATION PANCREATIC CYST	355	ENUCLEATION OF EYE WITHOUT IMPLANT
82	SMALL BOWEL ENDOSCOPY (THERAPEUTIC)	356	DACRYOCYSTORHINOSTOMY FOR VARIOUS LESIONS OF LACRIMAL GLAND
83	COLONOSCOPY ,LESION REMOVAL	357	LASER PHOTOCOAGULATION TO TREAT RATINAL TEAR
84	ERCP	358	BIOPSY OF TEAR GLAND
85	COLONOSCOPY STENTING OF STRICTURE	359	TREATMENT OF RETINAL LESION
<b>ORTHOPAEDICS RELATED</b>			
86	PERCUTANEOUS ENDOSCOPIC GASTROSTOMY	360	SURGERY FOR MENISCUS TEAR
87	EUS AND PANCREATIC PSEUDO CYST DRAINAGE	361	INCISION ON BONE, SEPTIC AND ASEPTIC
88	ERCP AND CHOLEDOCHOSCOPY	362	CLOSED REDUCTION ON FRACTURE, LUXATION OR EPIPHYSEOLYSIS WITH OSTEOSYNTHESIS
89	PROCTOSIGMOIDOSCOPY VOLVULUS DETORSION	363	SUTURE AND OTHER OPERATIONS ON TENDONS AND TENDON SHEATH
90	ERCP AND SPHINCTEROTOMY	364	REDUCTION OF DISLOCATION UNDER GA
91	ESOPHAGEAL STENT PLACEMENT	365	ARTHROSCOPIC KNEE ASPIRATION
92	ERCP + PLACEMENT OF BILIARY STENTS	366	SURGERY FOR LIGAMENT TEAR
93	SIGMOIDOSCOPY W / STENT	367	SURGERY FOR HEMOARTHROSIS/PYOARTHROSIS
94	EUS + COELIAC NODE BIOPSY	368	REMOVAL OF FRACTURE PINS/NAILS
95	UGI SCOPY AND INJECTION OF ADRENALINE, SCLEROSANTS BLEEDING ULCERS	369	REMOVAL OF METAL WIRE
<b>GENERAL SURGERY RELATED</b>			
97	INCISION OF A PILONIDAL SINUS / ABSCESS	370	CLOSED REDUCTION ON FRACTURE, LUXATION
98	FISSURE IN ANO SPHINCTEROTOMY	371	REDUCTION OF DISLOCATION UNDER GA
99	SURGICAL TREATMENT OF A VARICOCELE AND A HYDROCELE OF THE SPERMATIC CORD	372	EPIPHYSEOLYSIS WITH OSTEOSYNTHESIS
100	ORCHIDOPEXY	373	EXCISION OF VARIOUS LESIONS IN COCCYX
101	ABDOMINAL EXPLORATION IN CRYPTORCHIDISM	374	ARTHROSCOPIC REPAIR OF ACL TEAR KNEE
102	SURGICAL TREATMENT OF ANAL FISTULAS	375	CLOSED REDUCTION OF MINOR FRACTURES
103	DIVISION OF THE ANAL SPHINCTER (SPHINCTEROTOMY)	376	ARTHROSCOPIC REPAIR OF PCL TEAR KNEE
104	EPIDIDYMECTOMY	377	TENDON SHORTENING
105	INCISION OF THE BREAST ABSCESS	378	ARTHROSCOPIC MENISCECTOMY - KNEE
106	OPERATIONS ON THE NIPPLE	379	TREATMENT OF CLAVICLE DISLOCATION
107	EXCISION OF SINGLE BREAST LUMP	380	HAEMARTHROSIS KNEE- LAVAGE
108	INCISION AND EXCISION OF TISSUE IN THE PERIANAL REGION	381	ABSCESS KNEE JOINT DRAINAGE
109	SURGICAL TREATMENT OF HEMORRHOIDS	382	CARPAL TUNNEL RELEASE
110	OTHER OPERATIONS ON THE ANUS	383	CLOSED REDUCTION OF MINOR DISLOCATION
111	ULTRASOUND GUIDED ASPIRATIONS	384	REPAIR OF KNEE CAP TENDON
112	SCLEROTHERAPY, ETC.	385	ORIF WITH K WIRE FIXATION- SMALL BONES
113	LAPAROTOMY FOR GRADING LYMPHOMA WITH SPLENECTOMY/LIVER/LYMPH NODE BIOPSY	386	RELEASE OF MIDFOOT JOINT
114	THERAPEUTIC LAPAROSCOPY WITH LASER	387	ORIF WITH PLATING- SMALL LONG BONES
115	APPENDICECTOMY WITH/WITHOUT DRAINAGE	388	IMPLANT REMOVAL MINOR
116	INFECTED KELOID EXCISION	389	K WIRE REMOVAL
117	AXILLARY LYMPHADENECTOMY	390	POP APPLICATION
118	WOUND DEBRIDEMENT AND COVER	391	CLOSED REDUCTION AND EXTERNAL FIXATION
119	ABSCESS-DECOMPRESSION	392	ARTHROTOMY HIP JOINT
120	CERVICAL LYMPHADENECTOMY	393	SYME'S AMPUTATION
121	INFECTED SEBACEOUS CYST	394	ARTHROPLASTY
122	INGUINAL LYMPHADENECTOMY	395	PARTIAL REMOVAL OF RIB
123	INCISION AND DRAINAGE OF ABSCESS	396	TREATMENT OF SESAMOID BONE FRACTURE
124	SUTURING OF LACERATIONS	397	SHOULDER ARTHROSCOPY / SURGERY
125	SCALP SUTURING	398	ELBOW ARTHROSCOPY
126	INFECTED LIPOMA EXCISION	399	AMPUTATION OF METACARPAL BONE
127	MAXIMAL ANAL DILATATION	400	RELEASE OF THUMB CONTRACTURE
128	PILES	401	INCISION OF FOOT FASCIA
129	A)INJECTION SCLEROTHERAPY	402	CALCANEUM SPUR HYDROCORT INJECTION
130	B)PILES BANDING	403	GANGLION WRIST HYALASE INJECTION
131	LIVER ABSCESS- CATHETER DRAINAGE	404	PARTIAL REMOVAL OF METATARSAL
132	FISSURE IN ANO- FISSURECTOMY	405	REPAIR / GRAFT OF FOOT TENDON
133	FIBROADENOMA BREAST EXCISION	406	REVISION/REMOVAL OF KNEE CAP
134	OESOPHAGEAL VARICES SCLEROTHERAPY	407	AMPUTATION FOLLOW-UP SURGERY
135	ERCP - PANCREATIC DUCT STONE REMOVAL	408	EXPLORATION OF ANKLE JOINT
136	PERIANAL ABSCESS I&D	409	REMOVE/GRAFT LEG BONE LESION
137	PERIANAL HEMATOMA EVACUATION	410	REPAIR/GRAFT ACHILLES TENDON
138	UGI SCOPY AND POLYPECTOMY OESOPHAGUS	411	REMOVE OF TISSUE EXPANDER
139	REAST ABSCESS I& D	412	BIOPSY ELBOW JOINT LINING
140	FEEDING GASTROSTOMY	413	REMOVAL OF WRIST PROSTHESIS
141	OESOPHAGOSCOPY AND BIOPSY OF GROWTH OESOPHAGUS	414	BIOPSY FINGER JOINT LINING
142	ERCP - BILE DUCT STONE REMOVAL	415	TENDON LENGTHENING
143	ILEOSTOMY CLOSURE	416	TREATMENT OF SHOULDER DISLOCATION
144	COLONOSCOPY	417	LENGTHENING OF HAND TENDON
145	POLYPECTOMY COLON	418	REMOVAL OF ELBOW BURSA
146	SPLENIC ABSCESES LAPAROSCOPIC DRAINAGE	419	FIXATION OF KNEE JOINT
147	UGI SCOPY AND POLYPECTOMY STOMACH	420	TREATMENT OF FOOT DISLOCATION
148	RIGID OESOPHAGOSCOPY FOR FB REMOVAL	421	SURGERY OF BUNION
149	FEEDING JEJUNOSTOMY	422	INTRA ARTICULAR STEROID INJECTION
150	COLOSTOMY	423	TENDON TRANSFER PROCEDURE
151	ILEOSTOMY	424	REMOVAL OF KNEE CAP BURSA

152	COLOSTOMY CLOSURE	425	TREATMENT OF FRACTURE OF ULNA
153	SUBMANDIBULAR SALIVARY DUCT STONE REMOVAL	426	TREATMENT OF SCAPULA FRACTURE
154	PNEUMATIC REDUCTION OF INTUSSUSCEPTION	427	REMOVAL OF TUMOR OF ARM/ ELBOW UNDER RA/GA
155	VARICOSE VEINS LEGS - INJECTION SCLEROTHERAPY	428	REPAIR OF RUPTURED TENDON
156	RIGID OESOPHAGOSCOPY FOR PLUMMER VINSON SYNDROME	429	DECOMPRESS FOREARM SPACE
157	PANCREATIC PSEUDOCYSTS ENDOSCOPIC DRAINAGE	430	REVISION OF NECK MUSCLE (TORTICOLLIS RELEASE )
158	ZADEK'S NAIL BED EXCISION	431	LENGTHENING OF THIGH TENDONS
159	SUBCUTANEOUS MASTECTOMY	432	TREATMENT FRACTURE OF RADIUS & ULNA
160	EXCISION OF RANULA UNDER GA	433	REPAIR OF KNEE JOINT
<b>OTHER OPERATIONS ON THE MOUTH &amp; FACE</b>			
161	RIGID OESOPHAGOSCOPY FOR DILATION OF BENIGN STRICTURES	434	EXTERNAL INCISION AND DRAINAGE IN THE REGION OF THE MOUTH, JAW AND FACE
162	EVERSION OF SAC	435	INCISION OF THE HARD AND SOFT PALATE
163	UNILATERAL	436	EXCISION AND DESTRUCTION OF DISEASED HARD AND SOFT PALATE
164	ILATERAL	437	INCISION, EXCISION AND DESTRUCTION IN THE MOUTH
165	LORD'S PLICATION	438	OTHER OPERATIONS IN THE MOUTH
<b>PAEDIATRIC SURGERY RELATED</b>			
166	JABOULAY'S PROCEDURE	439	EXCISION OF FISTULA-IN-ANO
167	SCROTOPLASTY	440	EXCISION JUVENILE POLYPS RECTUM
168	CIRCUMCISION FOR TRAUMA	441	VAGINOPLASTY
169	MEATOPLASTY	442	DILATATION OF ACCIDENTAL CAUSTIC STRICTURE OESOPHAGEAL
170	INTERSPHINCTERIC ABSCESS INCISION AND DRAINAGE	443	PRESACRAL TERATOMAS EXCISION
171	PSOAS ABSCESS INCISION AND DRAINAGE	444	REMOVAL OF VESICAL STONE
172	THYROID ABSCESS INCISION AND DRAINAGE	445	EXCISION SIGMOID POLYP
173	TIPS PROCEDURE FOR PORTAL HYPERTENSION	446	STERNOMASTOID TENOTOMY
174	ESOPHAGEAL GROWTH STENT	447	INFANTILE HYPERTROPHIC PYLORIC STENOSIS PYLOROMYOTOMY
175	PAIR PROCEDURE OF HYDATID CYST LIVER	448	EXCISION OF SOFT TISSUE RHABDOMYOSARCOMA
176	TRU CUT LIVER BIOPSY	449	MEDIASTINAL LYMPH NODE BIOPSY
177	PHOTODYNAMIC THERAPY OR ESOPHAGEAL TUMOUR AND LUNG TUMOUR	450	HIGH ORCHIDECTOMY FOR TESTIS TUMOURS
178	EXCISION OF CERVICAL RIB	451	EXCISION OF CERVICAL TERATOMA
179	LAPAROSCOPIC REDUCTION OF INTUSSUSCEPTION	452	RECTAL-MYOMECTOMY
180	MICRODOCHECTOMY BREAST	453	RECTAL PROLAPSE (DELORME'S PROCEDURE)
181	SURGERY FOR FRACTURE PENIS	454	DETORSION OF TORSION TESTIS
182	SENTINEL NODE BIOPSY	455	EUA + BIOPSY MULTIPLE FISTULA IN ANO
183	PARASTOMAL HERNIA	456	CYSTIC HYGROMA - INJECTION TREATMENT
<b>PLASTIC SURGERY RELATED</b>			
184	REVISION COLOSTOMY	457	CONSTRUCTION SKIN PEDICLE FLAP
185	PROLAPSED COLOSTOMY- CORRECTION	458	GLUTEAL PRESSURE ULCER-EXCISION
186	PROLAPSED COLOSTOMY- CORRECTION	459	MUSCLE-SKIN GRAFT, LEG
187	LAPAROSCOPIC CARDIOMYOTOMY( HELLERS)	460	REMOVAL OF BONE FOR GRAFT
188	SENTINEL NODE BIOPSY MALIGNANT MELANOMA	461	MUSCLE-SKIN GRAFT DUCT FISTULA
189	LAPAROSCOPIC PYLOROMYOTOMY( RAMSTEDT)	462	REMOVAL CARTILAGE GRAFT
<b>GYNAECOLOGY RELATED</b>			
190	OPERATIONS ON BARTHOLIN'S GLANDS (CYST)	463	MYOCUTANEOUS FLAP
191	INCISION OF THE OVARY	464	FIBRO MYOCUTANEOUS FLAP
192	INSUFFLATIONS OF THE FALLOPIAN TUBES	465	BREAST RECONSTRUCTION SURGERY AFTER MASTECTOMY
193	OTHER OPERATIONS ON THE FALLOPIAN TUBE	466	SLING OPERATION FOR FACIAL PALSY
194	DILATATION OF THE CERVICAL CANAL	467	SPLIT SKIN GRAFTING UNDER RA
195	CONISATION OF THE UTERINE CERVIX	468	WOLFE SKIN GRAFT
196	THERAPEUTIC CURETTAGE WITH COLPOSCOPY / BIOPSY / DIATHERMY / CRYOSURGERY	469	PLASTIC SURGERY TO THE FLOOR OF THE MOUTH UNDER GA
<b>THORACIC SURGERY RELATED</b>			
197	LASER THERAPY OF CERVIX FOR VARIOUS LESIONS OF UTERUS	470	THORACOSCOPY AND LUNG BIOPSY
198	OTHER OPERATIONS ON THE UTERINE CERVIX	471	EXCISION OF CERVICAL SYMPATHETIC CHAIN THORACOSCOPIC
199	INCISION OF THE UTERUS (HYSTERECTOMY)	472	LASER ABLATION OF BARRETT'S OESOPHAGUS
200	LOCAL EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE VAGINA AND THE POUCH OF DOUGLAS	473	PLEURODESIS
201	INCISION OF VAGINA	474	THORACOSCOPY AND PLEURAL BIOPSY
202	INCISION OF VULVA	475	EBUS + BIOPSY
203	CULDOTOMY	476	THORACOSCOPY LIGATION THORACIC DUCT
204	SALPINGO-OOPHORECTOMY VIA LAPAROTOMY	477	THORACOSCOPY ASSISTED EMPYAEMA DRAINAGE
<b>UROLOGY RELATED</b>			
205	ENDOSCOPIC POLYPECTOMY	478	HAEMODIALYSIS
206	HYSTEROSCOPIC REMOVAL OF MYOMA	479	LITHOTRIPSY/NEPHROLITHOTOMY FOR RENAL CALCULUS
207	D&C	480	EXCISION OF RENAL CYST
208	HYSTEROSCOPIC RESECTION OF SEPTUM	481	DRAINAGE OF PYONEPHROSIS/PERINEPHRIC ABSCESS
209	THERMAL CAUTERISATION OF CERVIX	482	INCISION OF THE PROSTATE
210	MIRENA INSERTION	483	TRANSURETHRAL EXCISION AND DESTRUCTION OF PROSTATE TISSUE
211	HYSTEROSCOPIC ADHESIOLYSIS	484	TRANSURETHRAL AND PERCUTANEOUS DESTRUCTION OF PROSTATE TISSUE
212	LEEP	485	OPEN SURGICAL EXCISION AND DESTRUCTION OF PROSTATE TISSUE
213	CRYOCAUTERISATION OF CERVIX	486	RADICAL PROSTATOVESICULECTOMY
214	POLYPECTOMY ENDOMETRIUM	487	OTHER EXCISION AND DESTRUCTION OF PROSTATE TISSUE
215	HYSTEROSCOPIC RESECTION OF FIBROID	488	OPERATIONS ON THE SEMINAL VESICLES
216	LLETZ	489	INCISION AND EXCISION OF PERIPROSTATIC TISSUE
217	CONIZATION	490	OTHER OPERATIONS ON THE PROSTATE
218	POLYPECTOMY CERVIX	491	INCISION OF THE SCROTUM AND TUNICA VAGINALIS TESTIS
219	HYSTEROSCOPIC RESECTION OF ENDOMETRIAL POLYP	492	OPERATION ON A TESTICULAR HYDROCELE
220	VULVAL WART EXCISION	493	EXCISION AND DESTRUCTION OF DISEASED SCROTAL TISSUE
221	LAPAROSCOPIC PARAOVARIAN CYST EXCISION	494	OTHER OPERATIONS ON THE SCROTUM AND TUNICA VAGINALIS TESTIS
222	UTERINE ARTERY EMBOLIZATION	495	INCISION OF THE TESTES
223	LAPAROSCOPIC CYSTECTOMY	496	EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE TESTES
224	HYMENECTOMY( IMPERFORATE HYMEN)	497	UNILATERAL ORCHIDECTOMY
225	ENDOMETRIAL ABLATION	498	BILATERAL ORCHIDECTOMY
226	VAGINAL WALL CYST EXCISION	499	SURGICAL REPOSITIONING OF AN ABDOMINAL TESTIS

227	VULVAL CYST EXCISION	500	RECONSTRUCTION OF THE TESTIS
228	LAPAROSCOPIC PARATUBAL CYST EXCISION	501	IMPLANTATION, EXCHANGE AND REMOVAL OF A TESTICULAR PROSTHESIS
229	REPAIR OF VAGINA ( VAGINAL ATRESIA )	502	OTHER OPERATIONS ON THE TESTIS
230	HYSTEROSCOPY, REMOVAL OF MYOMA	503	EXCISION IN THE AREA OF THE EPIDIDYMIS
231	TURBT	504	OPERATIONS ON THE FORESKIN
232	URETEROCOELE REPAIR - CONGENITAL INTERNAL	505	LOCAL EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE PENIS
233	VAGINAL MESH FOR POP	506	AMPUTATION OF THE PENIS
234	LAPAROSCOPIC MYOMECTOMY	507	OTHER OPERATIONS ON THE PENIS
235	SURGERY FOR SUI	508	CYSTOSCOPICAL REMOVAL OF STONES
236	SURGERY FOR SUI	509	CATHETERISATION OF BLADDER
237	PELVIC FLOOR REPAIR( EXCLUDING FISTULA REPAIR)	510	LITHOTRIPSY
238	URS + LL	511	BIOPSY OFTEMPORAL ARTERY FOR VARIOUS LESIONS
239	LAPAROSCOPIC OOPHORECTOMY	512	EXTERNAL ARTERIO-VEINOUS SHUNT
240	NORMAL VAGINAL DELIVERY AND VARIANTS	513	AV FISTULA - WRIST
<b>NEUROLOGY RELATED</b>			
241	FACIAL NERVE PHYSIOTHERAPY	514	URSL WITH STENTING
242	NERVE BIOPSY	515	URSL WITH LITHOTRIPSY
243	MUSCLE BIOPSY	516	CYSTOSCOPIC LITHOLAPAXY
244	EPIDURAL STEROID INJECTION	517	ESWL
245	GLYCEROL RHIZOTOMY	518	BLADDER NECK INCISION
246	SPINAL CORD STIMULATION	519	CYSTOSCOPY & BIOPSY
247	MOTOR CORTEX STIMULATION	520	CYSTOSCOPY AND REMOVAL OF POLYP
248	STEREOTACTIC RADIOSURGERY	521	SUPRAPUBIC CYSTOSTOMY
249	PERCUTANEOUS CORDOTOMY	522	PERCUTANEOUS NEPHROSTOMY
250	INTRATHECAL BACLOFEN THERAPY	523	CYSTOSCOPY AND "SLING" PROCEDURE.
251	ENTRAPMENT NEUROPATHY RELEASE	524	TUNA- PROSTATE
252	DIAGNOSTIC CEREBRAL ANGIOGRAPHY	525	EXCISION OF URETHRAL DIVERTICULUM
253	VP SHUNT	526	REMOVAL OF URETHRAL STONE
254	VENTRICULOATRIAL SHUNT	527	EXCISION OF URETHRAL PROLAPSE
255	RADIOTHERAPY FOR CANCER	528	MEGA-URETER RECONSTRUCTION
256	CANCER CHEMOTHERAPY	529	KIDNEY RENOSCOPY AND BIOPSY
257	IV PUSH CHEMOTHERAPY	530	URETER ENDOSCOPY AND TREATMENT
258	HBI-HEMIBODY RADIOETHERAPY	531	VESICO URETERIC REFLUX CORRECTION
259	INFUSIONAL TARGETED THERAPY	532	SURGERY FOR PELVI URETERIC JUNCTION OBSTRUCTION
260	SRT-STEREOTACTIC ARC THERAPY	533	ANDERSON HYNES OPERATION
261	SC ADMINISTRATION OF GROWTH FACTORS	534	KIDNEY ENDOSCOPY AND BIOPSY
262	CONTINUOUS INFUSIONAL CHEMOTHERAPY	535	PARAPHIMOSIS SURGERY
263	INFUSIONAL CHEMOTHERAPY	536	INJURY PREPUCE- CIRCUMCISION
264	CCRT-CONCURRENT CHEMO + RT	537	FRENULAR TEAR REPAIR
265	2D RADIOETHERAPY	538	MEATOTOMY FOR MEATAL STENOSIS
266	3D CONFORMAL RADIOETHERAPY	539	SURGERY FOR FOURNIER'S GANGRENE SCROTUM
267	IGRT- IMAGE GUIDED RADIOETHERAPY	540	SURGERY FILARIAL SCROTUM
268	IMRT- STEP & SHOOT	541	SURGERY FOR WATERING CAN PERINEUM
269	INFUSIONAL BISPHOSPHONATES	542	REPAIR OF PENILE TORSION
270	IMRT- DMLC	543	DRAINAGE OF PROSTATE ABSCESS
271	ROTATIONAL ARC THERAPY	544	ORCHIECTOMY
272	TELE GAMMA THERAPY	545	CYSTOSCOPY AND REMOVAL OF FB
273	FSRT-FRACTIONATED SRT		
274	VMAT-VOLUMETRIC MODULATED ARC THERAPY		
275	SBRT-STEREOTACTIC BODY RADIOETHERAPY		

Magma HDI General Insurance Co. Ltd. IRDAI Reg. No.149 CIN: U66000WB2009PLC136327. www.magmahdi.com | E-mail: customercare@magma-hdi.co.in | Toll free No: 1800 266 3202. Registered Office: Development House, 24 Park Street, Kolkata - 700016. For more details on the risk factors, terms and conditions, please read the policy document carefully before concluding a sale. Trade Logo displayed above belongs to Magma Ventures Private Limited and HDI Global SE, and used by Magma HDI General Insurance Company Limited, under license.

**TRUTH MUST BE TOLD** **MAGMA HDI**  
General Insurance Company Ltd.

**Magma HDI's OneHealth - Support Plus Plan**

Name	:OMER FAROOQ ALI MOHD	Gender	:Male
Date of Birth	:24/12/1987		
Policy No.	:P0525300005/6111/100130		
Member ID	:MH1900000017327		
Valid From	:30/09/2024	Valid To	:29/09/2025

**Service Partner: Family Health Plan Insurance TPA limited**

**Toll Free No.: 1800 266 3202**

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Please submit the claim documents at:

**Family Health Plan Insurance TPA Limited**  
**Srinilaya - cyber spazio suite**  
**101,102,Ground Floor,**  
**Road No. 2, Banjara Hills,**  
**Hyderabad, Telangana 500034**

Email us at: [customer-care@magma-hdi.co.in](mailto:customer-care@magma-hdi.co.in)

IRDA Registration No. 149

**TRUTH MUST BE TOLD**



**MAGMA HDI**  
General Insurance Company Ltd.

**Magma HDI's OneHealth - Support Plus Plan**

Name	:SYEDA KHATJIA HASHMI	Gender	:Female
Date of Birth	:19/04/1992		
Policy No.	:P0525300005/6111/100130		
Member ID	:MH1900000017328	Valid To	:29/09/2025
Valid From	:30/09/2024		

**Service Partner: Family Health Plan Insurance TPA limited**

**Toll Free No.: 1800 266 3202**

**TRUTH MUST BE TOLD**



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**Family Health Plan Insurance TPA Limited**  
Srinilaya - cyber spazio suite  
101,102,Ground Floor,  
Road No. 2, Banjara Hills,  
Hyderabad, Telangana 500034

Email us at: [customercare@magma-hdi.co.in](mailto:customercare@magma-hdi.co.in)

IRDA Registration No. 149

**TRUTH MUST BE TOLD****MAGMA HDI**  
General Insurance Company Ltd.

**Magma HDI's OneHealth - Support Plus Plan**

Name	:AROOSH OMER	Gender	:Female
Date of Birth	:04/05/2018		
Policy No.	:P0525300005/6111/100130		
Member ID	:MH1900000017329	Valid To	:29/09/2025
Valid From	:30/09/2024		

**Service Partner: Family Health Plan Insurance TPA limited**

**Toll Free No.: 1800 266 3202**

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**Family Health Plan Insurance TPA Limited**  
**Srinilaya - cyber spazio suite**  
**101,102,Ground Floor,**  
**Road No. 2, Banjara Hills,**  
**Hyderabad, Telangana 500034**

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## Claim Process



Call us at  
**1800 266 3202**

- 1 Before you get admitted to any of our network or non-network hospitals or avail home care service, we request you to reach out to us 3 days in advance. In case of emergency hospitalization, you can contact us within 24 hours from the admission to the hospital.

### Cashless

- 2 To avail the cashless facility, you may get admitted to any of our network hospitals. You will need to present your health card along with any government issued valid photo ID proof to the hospital.

- 3 The hospital will send us your cashless hospitalization request, which we will approve in line with your policy plan.

- 4 At the time of discharge, the hospital will send us the final bill and the discharge summary. After we approve the final bill, you will be discharged from the hospital. You will need to pay any inadmissible expenses, copayment or deductions directly to the hospital in line with your policy plan.

### Home Care Cashless

- 2 To avail the Home Care service, you can contact our authorized Home care provider  
**+91 1800 102 42224**

- 3 The Home care provider shall evaluate your eligibility and will submit us your cashless request for home care, if home care is assessed to be advisable for your health condition. We will approve the request in line with your plan.

- 4 We will receive the final bill and the discharge summary from the Home care provider. We will assess and settle the claim as appropriate. You will only need to pay any inadmissible expenses, copayment or deductions directly to the home care provider in line with your policy plan.

### Reimbursement

- 2 If you are already admitted to the hospital and the treatment has begun or wish to take services from a non-network hospital, you may submit a claim after you are discharged from the hospital.

- 3 At the time of discharge, you will need to pay directly to the hospital. Please ensure to collect all relevant documents such as original hospital bill, payment receipts, pharmacy bills, investigation reports and discharge summary from the hospital.

- 4 You can submit all these documents along with the dully filled claim form at

**Family Health Plan Insurance  
TPA Limited**  
Srinilaya Cyber Spazio Suite  
101, 102, Ground Floor, Road  
No. 2, Banjara Hills, Hyderabad,  
Telangana - 500034



General Insurance Company Ltd.

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Details of TPA are available on our website [www.magma-hdi.co.in](http://www.magma-hdi.co.in).  
In case of any change in TPA details, same will be updated on our website.



Title							
Name*	OMER FAROOQ ALI MOHD	KHATIJA HASHMI	AROOSH OMER				
Gender (M/F/None of these)	Male	Female	Female				
Height* (cm)	172	164	50				
Weight* (kg)	65	55	6				
Eye refractive error index (Left & Right Eye)							
Date of Birth* (DD MM YYYY)	24/12/1987	19/04/1992	04/05/2018				
Relationship with Proposer*	Self	Spouse	Daughter				
Occupation(Salaried/Self-employed/ Professional/ Others)	Salaried	HOUSEWIFE	KID				
ABHA No							
Optional Cover: Critical Illness Cover	N	N	N				
Optional Cover: Personal Accident Cover	N	N	N				
Optional Cover: Home Care for Covid-19*							

\*25,000 option available only with Premium plan

**Unique Reference No.:** MHDI/Health/Retail/OneHealth/008  
**UIN:** UIN: MAGHLIP24088V052324



**5. NOMINATION**

Policyholder is the nominee for all Insured members. Below details are for nominee to Policyholder

<b>Name of Nominee</b>	Khatija Hashmi		
<b>Relationship with Proposer</b>	Spouse	<b>Date of Birth</b>	19/04/1992
<b>Contact Number of Nominee</b>	9130033315		

If the Nominee is minor, Name and Address of Appointee and Relationship with Minor:

<b>Appointee Name</b>	<b>Relationship with Nominee</b>	<b>Contact Number of Appointee</b>

**6. EXISTING/PREVIOUS INSURANCE DETAILS**

Is the proposer or the persons proposed, already insured under or proposed for a health insurance policy with Magma HDI General Insurance Company Limited or any other insurance company?  Yes  No

If YES, please indicate below the Policy/ Application number(s) (Please mention application number in case of pending proposal.)

Since when are you continuously insured: 30/09/2023

Insured Person Name (First, Middle, Last)	Insurer Name	Policy No./Application No.	Period of Insurance		Sum Insured (Rs.)	Claims details if any
			From	To		

If you want to avail the portability benefit from your existing insurance policy, please also submit to Us (as an annexure to this proposal form) all the policy documents relating to the existing policy in addition to the information given above

**7. MEDICAL & LIFESTYLE INFORMATION\***

SECTION A: Have any of the person proposed to be insured ever suffered from / are suffering from any of the following: Please tick 'YES' for insured person wherever applicable and provide details in Section B	OMER FAROOQ ALI MOHD	SYEDA KHATJIA HASHMI	AROOSH OMER				
1. Hypertension History	No	No	No				
a) Duration							
b) Medication							
c) Dosage							
2. Diabetes Mellitus History	No	No	No				
a) Type 1 or Type 2							
b) Duration							
c) Medication							
d) Dosage							

	Yes/No	Insured Person No
3. Heart and Circulatory Conditions/Disorders: chest pain, angina, high cholesterol/lipids, palpitations, congestive heart failure, coronary artery disease, heart attack, bypass surgery/angioplasty, valve disorder/replacement, pacemaker insertion, rheumatic fever, congenital heart condition, varicose veins, thrombosis, blood disorders etc.?	N	1 2 3 4 5 6 7
4. Urinary Conditions/Disorders: Blood in urine, urinary frequency, painful/difficult urination Kidney and/or Bladder infections, stones of urinary system, renal failure, dialysis or Any Other Kidney/Urinary Tract Or Prostate Disease	N	1 2 3 4 5 6 7
5. Musculoskeletal Conditions/Disorders: Joint/back pain Arthritis, Spondylosis, Joint Replacement Or Any Other Disorder of Muscle/ Bone/ Joint/Ligaments, tendons or discs, gout, herniated disc, amputation/prosthesis	N	1 2 3 4 5 6 7
6. Respiratory Conditions/Disorders: Shortness/difficulty of breath, Tuberculosis, Asthma, Bronchitis, Chronic Obstructive Pulmonary Disease COPD, chronic cough, coughing of blood, etc or any Other Lung / Respiratory Disease	N	1 2 3 4 5 6 7
7. Digestive Conditions/Disorders: Jaundice, chronic diarrhea, intestinal bleeding/problems/polyps, diseases of the pancreas, liver or gall bladder, hepatitis A/B/C/other, jaundice, Cirrhosis, unexplained weight loss or gain, eating disorder or any Other Gastro Intestinal condition	N	1 2 3 4 5 6 7
8. Cancer/Tumor - Benign Or Malignant tumor, Any Growth/Cyst, any Cancer	N	1 2 3 4 5 6 7
9. Brain/Nervous System/ Psychiatric Conditions/Disorders: Loss of consciousness, fainting, dizziness, numbness/tingling, weakness, paralysis, head injury, stroke, migraine headaches or chronic severe headaches, sleep apnea, multiple sclerosis, seizures/epilepsy or any Other Brain/ Nervous System Disease, Mental/Psychiatric disorder	N	1 2 3 4 5 6 7
10. Female Reproductive Conditions/Disorders: Pelvic pain, abnormal, menstrual bleeding abnormal PAP smear, endometriosis, Fibroid, Cyst/ Fibroadenoma, Bleeding Disorder, Pelvic infection Or Any Other Gynecological / Breast cysts/lumps/tumor	N	1 2 3 4 5 6 7
11. Is any female person proposed to be insured pregnant, tested positive with a home pregnancy test, or in the process of adoption or becoming a surrogate?	N	1 2 3 4 5 6 7
12. Metabolic and Endocrine Conditions/Disorders: Adrenal/pituitary disorders, lupus, scleroderma, thyroid disorders, any autoimmune/genetic disorder	N	1 2 3 4 5 6 7
13. Does the person proposed to be insured suffer from any chronic or long-term medical condition, or have any other disability, abnormality or recurrent illness or injury or unable to perform normal activities?	N	1 2 3 4 5 6 7
14. Does the person proposed to be insured use tobacco products/cigarettes or drinks alcohol?	N	1 2 3 4 5 6 7
15. Does any of the person proposed to be insured suffers from any infertility related condition?	N	1 2 3 4 5 6 7
16. Has any person proposed to be insured consulted with or received treatment from any doctor or other health care provider for any other condition or symptom(s)/any psychiatric condition/ undergone any hospitalization/illness/surgery/ currently taking medication(s) for any condition or medical procedures (including diagnostic testing)	N	1 2 3 4 5 6 7
17. Have you or any of the persons proposed to be insured been diagnosed with or undergone surgery for any of the following Critical Illnesses, prior to proposing for this cover - Cancer, Heart Attack, Coronary Artery, Bypass Graft, Heart Valve Replacement/ Repair, Coma, Kidney Failure, Stroke, any Transplant, Paralysis, Multiple Sclerosis, Motor Neurone Disease or HIV/AIDS	N	1 2 3 4 5 6 7

**Unique Reference No.:** MHD/Health/Retail/OneHealth/008  
**UIN:** UIN: MAGHLIP24088V052324



SECTION B: Name and details of Illness / Medicine / Test / Surgery /Dioptr grade (for questions answered as yes in SECTION A above)	Date of Last Consultation	Doctor's Name	Hospital Name & Phone No.
OMER FAROOQ ALI MOHD			
SYEDA KHATIJA HASHMI			
AROOSH OMER			

**Any other details:**  
 Please add additional sheets if required.

**Section C: Important Notes:**

- The information that you give to Us on this proposal form or in any supplementary information form or documentation supplied by you or on your behalf will influence Our decision to offer insurance and the terms upon which to offer it. Further, any policy We issue will be based on what you have communicated to Us. It is therefore important that your answers are complete and accurate in all respect.
- The questions in this proposal are indicative rather than exhaustive. You must provide Us with all information relevant to the risk to be insured, even if it is not the subject of a question in this proposal. If you are in any doubt as to what information should be given, you should liaise with your insurance advisor/ company.
- Acceptance of your proposal would be subject to receipt of complete medical reports (wherever applicable), medical underwriting and realization of full premium amount by the company and the insurance coverage will commence from the date of underwriting by the company.
- The list of exclusions/ inclusions and other policy details are indicative, for complete list and comprehensive details kindly refer policy wordings.

**Section D: Family Physician details:**

Name	
Contact No.	

**8. PAYMENT DETAILS**

- Payment Details: Please tick (✓) payment option Premium Amount (₹) 21516  Cash  Cheque/NEFT/DD Payment Option  Digital Payment  
 Cheque/NEFT/DD Number Cheque/NEFT/DD Date Bank
- For payment of claims/refund through direct bank transfer, please provide the following details: (please enclose a cancelled cheque along with the proposal form)  
 Name of the bank Branch City  
 Account Type IFSC Code Account Number

**I/We hereby declare and undertake that the amount paid by me/us as premium for the aforementioned policy is out of my/our lawful and declared source of Income.**

**9. ELECTRONIC INSURANCE DETAILS**

- Do you wish to have this Policy credited to an eIA? (Please select any one)
  - No, I do not have an eIA and do not wish to open one  Yes, Credit this Policy to my e-Insurance account
- If yes, Please share existing e-Insurance Account No :
- Please select Insurance Repository Name (you have opened your account with)
  - M/s NSDL Database Management Limited  M/s Karvy Insurance Repository Limited
  - M/s Central Insurance Repository Limited  M/s CAMS Repository Services Limited (Please select any one) Or
  - I do not have existing e-Insurance account and I am interested in creating a new e-Insurance account (Please submit electronic insurance account opening form (eIA form) along with relevant documents)
- My CKYC No. (Central Know Your Customer registry number) is (if available): 00000000000000
- Representative Details (only if eIA is to be opened for any other person other than Proposer and primary Insured)
  - First Name :
  - Middle Name :
  - Last Name :
  - Gender :
  - DOB :
  - PAN :
  - Address Line 1 :
  - Address Line 2 :
  - Address Line 3 :
  - Pin Code :
  - Telephone Number :
  - Mobile Number :
  - Relationship :
  - Other Relationship :
  - Email Id :
  - UID :
  - LandMark :
  - State :
  - City :
  - Country :

**10. DECLARATIONS**

- 1. Declaration**
  - I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorized to propose on behalf of these other persons.
  - I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable.
  - I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company

**Unique Reference No.:** MHDI/Health/Retail/OneHealth/008  
**UIN:** UIN: MAGHLIP24088V052324



iv) I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.  
 v) authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.

Date : 30/09/2024 Place : HYDERABAD  
 Name of Proposer : : OMER FAROOQ ALI MOHD Signature of the Proposer : : \_\_\_\_\_

**2. Authorization for electronic policy fulfillment and service communications (Please read carefully and put a check mark against each before signing)**

I hereby consent that the policy documents may be sent to me by email at OMERFAROOQALI6424@GMAIL.COM (Please provide us your e-mail id) or via sms at my mobile no. provided above". I hereby consent to and authorize Magma HDI General Insurance Company Limited( "Company") to make welcome calls, service calls or any other communication (electronic or otherwise) with respect to the proposed or existing policy of Company from time to time and subject to the provisions of applicable law.  
 I wish to get all policy related communications on My WhatsApp number  
 Whatsapp Number: 8297196741

Date : 30/09/2024 Place : HYDERABAD  
 Name of Proposer : : OMER FAROOQ ALI MOHD Signature of the Proposer : : \_\_\_\_\_

**3. Vernacular Declaration**

I hereby declare that I have fully explained the contents of the proposal form and all other documents incidental to availing the health insurance from **Magma HDI General Insurance Company Limited** to the proposer in the language understood by him/her. The same have been fully understood by him/her and the replies have been recorded as per the information provided by the proposer. Replies have been read out to, fully understood and confirmed by the proposer.

Declarants Name : : \_\_\_\_\_ Relationship with proposer : : \_\_\_\_\_  
 Signature of declarant : : \_\_\_\_\_ Signature of applicant in vernacular : : \_\_\_\_\_  
 Date : 30/09/2024

**4. Intermediary Declaration**

I, VAMAN RAO BALMURI (Full Name) in my capacity as an Insurance Advisor/Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the proposer including statement (s), information and responses(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/information/response(s) is/are contained in this Proposal Form / including addendum(s), affidavits, statements, submissions, furnished/ to be furnished, or if there has been a non-disclosure of any material fact, the Policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premium paid under the Policy may be forfeited to the Company.

License No./ID (Advisor/Corporate Agent/Broker/Relationship Officer) : 3628853  
 Date : 30/09/2024 Signature of the Insurance Advisor: \_\_\_\_\_  
 I OMER FAROOQ ALI MOHD confirm that I have understood all the features/benefits available under this Policy.  
 Date : 30/09/2024 Signature of the Proposer : : \_\_\_\_\_

**5. Proposer Declaration**

(Certification where for any reason, the proposal and other connected papers are not filled in by the Proposer). The contents of the proposal form and connected documents have been fully explained to me and I have fully understood the significance of the proposed contract. The Proposal Form is filled by \_\_\_\_\_ under my instruction and I found it to be correct.

Date : 30/09/2024 Signature of the Proposer : : \_\_\_\_\_

**6. AML Guidelines**

I/we hereby confirm that all premiums paid/payable in future are from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I/we understand that the Company has the right/PPF to call for documents to establish sources of funds and to cancel the insurance policy in case I/we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.

Date : 30/09/2024 Signature of the Proposer : : \_\_\_\_\_

Are you or any of the proposal applicant are PEPs\* or a close relative of PEPs\*?

YES  NO

If yes, please share the details "Politically Exposed Persons" (PEPs): \_\_\_\_\_

\* (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials

**Additional Information:**

Nationality:  Indian  Non-Indian If, Non-Indian, please specify Country: \_\_\_\_\_

**Type of Organization:**

Type of Organization: (Applicable where an organization is the proposer. In case of proposer being Individual, Sole Proprietor or HUF, please select option X)

- (i) Corporations
- (ii) Trust
- (iii) Government
- (iv) Partnership / LLP
- (v) Non-Government Organizations
- (vi) Co-operatives
- (vii) Society
- (viii) Private Limited Company
- (ix) Public Limited Company
- (x) others, please specify: \_\_\_\_\_

**Source of Funds:**

Business  Salaried Others (please specify): \_\_\_\_\_

**11. GENERAL INFORMATION**

**1. Caution**

You are obliged to make a full and frank disclosure of all facts material to the assumption of risk in relation to you and every person proposed to be insured that would influence Our decision to issue the policy or the terms on which it is issued and you must not misrepresent any information to Us. The obligation continues until the policy is issued and does not end with the submission of this proposal form. If, therefore, there is any change in the information given herein or new information comes to light before the policy is issued, then you must inform Us of the same in writing without delay. If there is insufficient space to provide additional information, whether as requested or otherwise, then please attach an extra sheet duly signed. If the disclosure obligations are breached then such breach may render any policy issued void.

**Prohibition of Rebates Under Section 41of Insurance Law (Amendment) Act, 2015**

1. No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out 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 continuing the policy accept any rebate except such rebate as may be allowed in accordance with the published prospectus or tables of the Insurer.
2. If any person fails to comply with sub-regulation (1) above, he shall be liable to payment of a fine which may extend to Ten Lakh Rupees.

**Acknowledgment**

Proposal No. 202409300119624 Date 30/09/2024

We acknowledge with thanks the receipt of your proposal and amount by Others of amount of ₹ 3,50,000.00 dated 15/07/2015 drawn on. Neither the submission to Us of a completed proposal for Insurance nor any payment for any policy sought obliges Us to agree to issue a policy, which decision is and always shall be in Our sole and absolute discretion. If We accept a proposal for Insurance, it shall be subject to the policy terms and conditions and We shall have no liability whatsoever if premium is not received by Us in full and in time or is not realized. If We do not accept the proposal, We will inform you and refund the payment after deducting the charges for pre-policy health checkup, if any, received from you without interest.

Signature of the receiver and office seal \_\_\_\_\_

Magma HDI General Insurance Co. Ltd. | www.magmahdi.com | E-mail: customercare@magma-hdi.co.in | Toll-free no. : 1800 2663202Â | Registered Office: Development House, 24 Park Street, Kolkata - 700016. CIN: U66000WB2009PLC136327 | IRDAI Reg. No. 149 | Trade Logo displayed above belongs to Magma Ventures Private Limited and HDI Global SE, and is used by Magma HDI General Insurance Company Limited, under license.

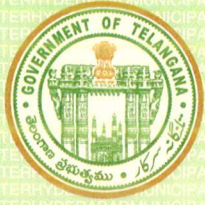
**Terms and Conditions:**

- Initial waiting period of 30 days for all Illnesses (except Hospitalization due to Injury)
- Specific waiting period of first two years for specific Illnesses and treatments (mentioned in the Policy wording)

- 
- Pre- Existing Diseases declared and accepted by Us will be covered immediately after 2 years/ 3 years/ 4 years of continuous coverage under the Policy (2 years for Premium plan, 3 years for Secure, Support Plus and Shield plan and 4 years for Support Plan)
  - Sum Insured can be increased at the time of Renewal only. The Company reserves rightPF to approve/ reject the increase in Sum Insured. Increased Sum Insured amount will be subject to fresh waiting period.
  - Factors determining the Renewal premium are (i) age slab of the senior most Insured Person at the time of Renewal (ii) any change in the Renewing Policy.
  - The liability of the Company does not commence until this Proposal has been accepted by the Company and premium is realized.

Book No.: 13757

Sl. No.: 475646



# GREATER HYDERABAD MUNICIPAL CORPORATION

Form No. 5  
(See Rule 8)

Government of Telangana  
Department of Medical & Health

## BIRTH CERTIFICATE

(Issued Under Section 12/17)

This is to Certify that the following information has been taken from the original record of birth which is the register for Ward 17B , Circle 04 of Greater Hyderabad Municipal Corporation, Telangana State, India.

Name : AROOSH OMER

Date of Birth : 04-MAY-2018

Sex : FEMALE

Place of Birth : SAMEENA NURSING HOME, TALAB KATTA

Name of Father : MOHD OMER FAROOQ ALI

Name of Mother : SYEDA KHATIJA HASHMI

Registration Number : 1863

Date of Registration : 08-AUG-2018

Address at the time of Birth

Permanent address : -

Application No: C04000352552

Certified By



Registrar of Births and Deaths

Name: Dr. G.Vijaya Kumar

Designation: AMOH

CIRCLE No: 4B, GHMC

Date: 08-OCT-2018

Note: This is a Digitally Signed Certificate and does not require physical signature. This certificate can be verified at [http://www.ghmc.gov.in/bdtrack/birth\\_death.aspx](http://www.ghmc.gov.in/bdtrack/birth_death.aspx) by furnishing the application number mentioned in the certificate.



भारत सरकार  
भारत सरकार



आधार

భారత ప్రభుత్వము  
Government of India

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ  
Unique Identification Authority of India

రిజిస్ట్రేషన్ / Enrollment No.: 2081/11561/00701

To

ఆరోష్ ఒమర్

Aroosh Omer

C/O: Mohd Omer Farooq Ali,

18-7-198/B/117, Talab katta,

Aman Nagar B,

VTC: Charminar,

PO: Hyderabad Jubilee,

Sub District: Charminar, District: Hyderabad,

State: Telangana,

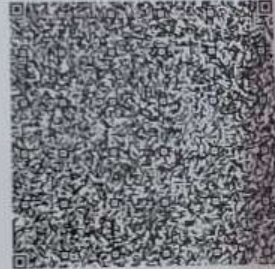
PIN Code: 500002,

Mobile: 8297196741

236823685



MH368236855FL



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

**8611 9620 3332**

నా ఆధార్, నా గుర్తింపు



Aadhaar no. issued: 27/01/2019



ఆరోష్ ఒమర్

Aroosh Omer

పుట్టిన తేదీ / DOB : 04/05/2018

స్త్రీ / Female

ఆధార్ అనేది గుర్తింపు రుజువు మాత్రమే, పౌరసత్వం లేదా పుట్టిన తేదీ కి కాదు. ఇది దృవీకరణతో మాత్రమే ఉపయోగించాలి (ఆన్‌లైన్ ప్రమాణీకరణ లేదా QR కోడ్ / ఆఫ్‌లైన్ XML యొక్క స్కానింగ్).

Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

**8611 9620 3332**

నా ఆధార్, నా గుర్తింపు



భారత ప్రభుత్వం  
Government of India

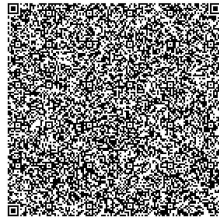
భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ  
Unique Identification Authority of India

రిజిస్ట్రేషన్/ Enrolment No.: 2081/11563/00443

To  
మొహ్దా ఒమర్ ఫరూక్ అలీ  
Mohd Omer Farooq Ali  
S/O Anwar Ali,  
16-2-867/A/20,  
Jeevan Yarjung,  
Saidabad,  
VTC: Saidabad,  
District: Hyderabad,  
State: Andhra Pradesh,  
PIN Code: 500059,  
Mobile: 9100333155

Signature valid

Digitally signed by Mohd Omer Farooq Ali, Unique Identification Authority of India  
DN: cn=Mohd Omer Farooq Ali, o=Unique Identification Authority of India, email=, c=IN  
Date: 2023.02.22 22:34:01 IST



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :  
8180 0493 2665

నా ఆధార్, నా గుర్తింపు



భారత ప్రభుత్వం  
Government of India



మొహ్దా ఒమర్ ఫరూక్ అలీ  
Mohd Omer Farooq Ali  
పుట్టిన తేదీ/ DOB: 24/12/1987  
పురుషుడు/ MALE

ఆధార్ అనేది గుర్తింపు రుజువు మాత్రమే, పౌరసత్వం లేదా పుట్టిన తేదీ కి కాదు. ఇది దృవీకరణతో మాత్రమే ఉపయోగించాలి (ఆన్‌లైన్ ప్రమాణీకరణ లేదా QR కోడ్ / ఆన్‌లైన్ XML యొక్క స్కానింగ్).

Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

8180 0493 2665

నా ఆధార్, నా గుర్తింపు



Government of India



సమాచారము / INFORMATION

- ఆధార్ అనేది గుర్తింపు రుజువు, పౌరసత్వం లేదా పుట్టిన తేదీ కి కాదు. పుట్టిన తేదీ అనేది ఆధార్ సంఖ్య చోట్ల సమర్పించిన నిబంధనలలో పేర్కొన్న పుట్టిన తేదీ పత్రం యొక్క రుజువు ఆధారం ద్వారా ఇచ్చే సమాచారంపై ఆధారపడి ఉంటుంది.
- ఈ ఆధార్ లేఖను UIDAI నియమించిన ప్రమాణీకరణ ఏజెన్సీ ద్వారా ఆన్‌లైన్ ప్రమాణీకరణ ద్వారా లేదా యాప్ స్టోర్లలో అందుబాటులో ఉన్న mAadhaar లేదా ఆధార్ QR స్కానర్ యాప్‌ని ఉపయోగించి లేదా [www.uidai.gov.in](http://www.uidai.gov.in)లో అందుబాటులో ఉన్న సురక్షిత QR కోడ్ రీడర్ యాప్‌ని ఉపయోగించి QR కోడ్ స్కానింగ్ ద్వారా దృవీకరించాలి.
- ఆధార్ ప్రత్యేకమైనది మరియు సురక్షితమైనది.
- ఆధార్ నమోదు చేసిన తేదీ నుండి ప్రతి 10 సంవత్సరాల తర్వాత గుర్తింపు మరియు చిరునామాకు సంబంధించిన పత్రాలతో ఆధార్ ను నవీకరించాలి.
- వివిధ ప్రభుత్వ మరియు ప్రభుత్వేతర ప్రయోజనాలు/సేవలను పొందడంలో ఆధార్ మీకు సహాయపడుతుంది.
- మీ మొబైల్ నంబర్ మరియు ఈ-మెయిల్ ఐడీని ఆధార్ లో అప్‌డేట్ చేసుకోండి.
- ఆధార్ సేవలను పొందేందుకు mAadhaar యాప్‌ను డౌన్‌లోడ్ చేసుకోండి.
- ఆధార్/బయోమెట్రిక్‌లను ఉపయోగించనప్పుడు భద్రతను నిర్ధారించడానికి లాక్/అన్‌లాక్ ఆధార్/బయోమెట్రిక్స్ ఫీచర్‌ని ఉపయోగించండి.
- ఆధార్‌ను కోరే సంస్థలు తప్పనిసరిగా సమ్మతి పొందవలసి ఉంటుంది
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on [www.uidai.gov.in](http://www.uidai.gov.in).
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.

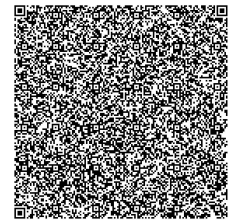


భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ  
Unique Identification Authority of India



చిరునామా:  
S/O ఆన్వర్ అలీ, 16-2-867/అ/20, జీవన్ యర్జుంగ్,  
సైదాబాద్, సైదాబాద్, హైదరాబాద్,  
ఆంధ్ర ప్రదేశ్ - 500059

Address:  
S/O Anwar Ali, 16-2-867/A/20, Jeevan Yarjung,  
Saidabad, Saidabad, DIST: Hyderabad,  
Andhra Pradesh - 500059



8180 0493 2665

आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार

GOVT. OF INDIA

MOHAMMED OMER FAROOQ ALI

ANWAR ALI

24/12/1987

Permanent Account Number

AZGPA9973P



*Mohammed Omer Farooq Ali*  
Signature

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