# Navi Special Care – Prospectus

This policy is specially designed for Persons with Disability as per The Rights of Persons with Disabilities Act, 2016 Or / and Individuals with HIV/AIDS as defined under the Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Act, 2017

## 1. ELIGIBILITY

### a) Disability Cover:

Covering persons with disability as per the persons with Disabilities Act, 2016.The cover under this policy is available for persons with the following disability/disabilities as defined under the act and any subsequent additions/modifications to the list in the Act.

| | |
|---|---|
| 1. Blindness | 2. Muscular Dystrophy |
| 3. Low vision | 4. Chronic Neurological conditions |
| 5. Leprosy Cured persons | 6. Specific Learning Disabilities |
| 7. Hearing Impairment (deaf and hard of hearing) | 8. Multiple Sclerosis |
| 9. Locomotor Disability | 10. Speech and Language disability |
| 11. Dwarfism | 12. Thalassemia |
| 13. Intellectual Disability | 14. Haemophilia |
| 15. Mental Illness | 16. Sickle Cell disease |
| 17. Autism spectrum disorder | 18. Multiple Disabilities including deaf/ blindness |
| 19. Cerebral Palsy | 20. Acid Attack victim |
| 21. Parkinson's disease | |

It is Condition Precedent that this cover can be availed only on mandatory submission of Disability certificate issued by the Certifying Authority.
Disability for the purpose of this policy means a person with not less than forty percent of a specified disability as per the Act, where, specified disability has not been defined in measurable terms and includes an Insured Person with disability where specified disability has been defined in measurable terms, as Certified by the Certifying authority.

Or / and

### b) HIV cover :

Individuals with HIV/AIDS as defined under the Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Act, 2017. Individuals diagnosed as HIV/AIDs by a duly qualified Medical Practitioner with CD4 count above 500 will only be eligible for cover under this policy.

## 2. AGE

- Age eligibility for adults: 18 years to 65 years
- Age eligibility for Children – Newborn to 17 years

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## 3. COVER TYPE

The Policy can be opted on an Individual basis

## 4. POLICY TENURE AND PREMIUM PAYMENT MODE

### a) Policy Tenure

This Policy will be available for 1 year

### b) Premium payment mode

- Annual
- Half-Yearly
- Quarterly
- Monthly

As opted by the Policyholder with no additional loading. Mode of Premium payment can be changed only at the time of renewal

## 5. Sum Insured Options

INR 4,00,000/- and INR 5,00,000/-

## 6. WAITING PERIODS

- Initial Waiting Period: 30 Days
- Specified Illness Waiting Period: 24 months
- Pre-existing Disease Waiting Period: 48 months

## 7. SCOPE OF COVER

### 7.1) Hospitalisation Cover

**a. Inpatient Care:**

The Company shall indemnify medical expenses incurred for Hospitalization of the Insured Person during the Policy Year, up to the Base Sum Insured as specified in the Policy Schedule.

i. Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home up to 1% of the Sum Insured per day.

ii.Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses up to maximum of 2% of Sum Insured per day.

iii.Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor/ surgeon or to the hospital

iv.Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities and such similar other expenses.

**Other expenses**

i. Expenses incurred on treatment of cataract subject to the sub limits.

ii. Dental treatment necessitated due to disease or injury(for inpatient care only)

iii. Plastic surgery necessitated due to disease or injury.

iv. All day care treatments

Note:

1.Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible. However, the time limit shall not apply in respect of Day Care Treatment.

2.The above-mentioned Medical Expenses shall be payable only after the first commencement of the Policy with the Company.

3) If the Insured Person is admitted in a room where the Room Rent expenses incurred are higher than the above specified limit, then the Insured Person shall bear a rateable proportion of the total Associated Medical Expenses (including surcharge or taxes thereon), except pharmacy

charges, diagnostic costs, costs of implants & medical devices and consumables expenses, in the proportion of the difference between the Incurred Room Rent and Eligible Room Rent to the

Incurred Room Rent.Expenses to be borne by Insured Person = {( Associated Medical Expenses) X (Incurred Room Rent– Eligible Room Rent )} / Incurred Room Rent

Proportionate Expenses is applied in respect of the Hospital which follow differential billing or

for those expenses in respect of which differential billing is adopted based on the Room

Category.

**b. AYUSH Treatment:**

The Company shall indemnify medical Expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines is covered up to 100% of Sum Insured, during each policy year as specified in the policy schedule.

**c. Pre-Hospitalization Medical Expenses:**

The Company shall indemnify Pre-Hospitalization Medical Expenses incurred, related to an admissible Hospitalization requiring Inpatient care, for a fixed period of 30 days prior to the date of admissible Hospitalization covered under the Policy during the Policy period.

**d. Post-Hospitalization Medical Expenses:**

The Company shall indemnify Post Hospitalization Medical Expenses incurred, related to an admissible Hospitalization requiring Inpatient Care, for a fixed period of 60 days from the date of discharge from the Hospital, following an admissible hospitalization covered under the Policy.

**e. Emergency Ground Ambulance**

The Company will reimburse Reasonable and Customary Charges for expenses incurred towards ambulance charges for transportation of an Insured person, per hospitalization as per the limit mentioned in Policy Schedule.

**Specific Conditions:**

The Company will reimburse payments under this Benefit provided that.

i. The medical condition of the Insured Person requires immediate ambulance services from the place where the Insured Person is Injured or is suffering from an Illness to a Hospital where appropriate medical treatment can be obtained or from the existing Hospital to another Hospital as advised by the treating Medical Practitioner in writing for management of the current Hospitalization.

ii. Expenses incurred on road Ambulance subject to a maximum of Rs.2000/- per hospitalisation.

iii. The ambulance service is offered by a healthcare or Registered Ambulance Service Provider.

iv. The original Ambulance bills and payment receipt is submitted to the Company.

vi. Any payment under this Benefit will be excluded if the Insured Person is transferred to any Hospital or diagnostic center for evaluation purposes only.

**f. Cataract Treatment**

The company shall indemnify medical expenses incurred for treatment of Cataract, subject to a limit of Rs.40,000/-, whichever is lower, per each eye in one policy year.

**g. Modern Treatment**: means the following procedures:

The following procedures will be covered (wherever medically indicated) either as In-patient or as part of Day Care Treatment in a Hospital up to 50% of Sum Insured, specified in the Policy Schedule, during the Policy Period.

a. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
b. Balloon Sinuplasty
c. Deep Brain Stimulation
d. Oral Chemotherapy
e. Immunotherapy - Monoclonal Antibody to be given as injection
f. Intra-vitreal injections
g. Robotic Surgeries
h. Stereotactic radio Surgeries
i. Bronchial Thermoplasty
j. Vaporisation of the prostrate (Green Laser Treatment or Holmium Laser Treatment)
k. IONM - (Intra Operative Neuro Monitoring)
l. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

## 8. ENDORSEMENTS

Any request for endorsement shall be made in writing by the Policyholder only. Any endorsement would be effective from the date of request as received from the Policyholder, or the date of receipt of premium, whichever is later.

(a) Non-Premium Bearing Endorsement
- Correction in name of the Policyholder/Insured Person
- Correction in gender of the Policyholder/Insured Person
- Correction in relationship of the Insured Person with Policyholder
- Correction in date of birth of the Policyholder/Insured Person (if the change of age does not result in change of premium)
- Change in correspondence address of the Policyholder (if the change of address does not result in change of City or District of residence)
- Change in the contact details of the Policyholder/Insured Person
- Change of nominee details of the Policyholder/Insured Person

(b) Premium Bearing Endorsement
- Change in date of birth/Age
- Change in address (resulting in change in city or district of residence)

## 9. PRE-POLICY MEDICAL CHECK UP

(a) You may need to undergo pre-Policy medical check-up consisting of Tele-Health Underwriting which typically involves answering to health questions through tele-video call and/or comprehensive medical check-up including undergoing laboratory investigations & physical examination, if deemed necessary by the insurer.

(b) Further, we may request you to undergo a pre-Policy medical check-up to further evaluate the health status. Wherever required we may request for additional medical tests to be conducted based on the results of the initial medical check.

(c) Medical tests will be facilitated by us and conducted at our network of diagnostic centres. We will contact You and fix an appointment for the Medical tests to be conducted at a time convenient to

you. Medical tests will be valid for a period of 1 month only. Cost of all such tests will be borne by us for all accepted proposals. In case of rejected proposals then You have to bear the 50% cost of medical tests.

## 10. LOADING

(a) we may apply a risk loading on the premium payable (based upon the declarations made in the Proposal Form and the health status of the persons proposed for insurance);
(b) The maximum risk loading applicable for an individual shall not exceed 100% of premium per person;
(c) These loadings are applied from the Policy Commencement Date including subsequent renewal(s) with Us or on the receipt of request for increase in Sum Insured (for the increased amount of Sum Insured); and
(d) We will inform You about the applicable risk loading through a counteroffer letter. Please note that We will issue Policy only after getting Your consent.

## 11. CHANGE IN SUM INSURED

Sum Insured can be changed (increased/ decreased) only at the time of Renewal, subject to underwriting by the Company. For any increase in SI, the waiting period shall start afresh only for the enhanced portion of the Sum Insured.

## 12. CHANGE OF POLICYHOLDER

(a) The Policy Holder may be changed only at the time of Renewal. The new Policy Holder must be the legal heir/immediate Family member (Spouse/ Son/ Daughter/ Parents). Such change would be subject to acceptance by the Company and payment of premium (if any). The renewed Policy shall be treated as having been renewed without break.
(b) The Policy Holder may be changed during the Policy Period only in case of his/her demise or him/her moving out of India or in case of divorce of the Policy Holder.

## 13. WAITING PERIOD

The Company is not liable to make any payment under the Policy in connection with or in respect of the following expenses till the expiry of the waiting period and any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or any way attributable to any of the following unless expressly stated to the contrary in this Policy.

**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 24 months for pre-existing disability / 48 months for all pre-existing conditions other than HIV/AIDS and Disability (as mentioned in Policy Schedule) of continuous coverage after the date of inception of the first policy with insurer.

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 number of months (as mentioned in Policy Schedule)for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.

**2. Specified disease/procedure waiting period- Code- Excl02**

a) Expenses related to the treatment of the listed Conditions; surgeries/treatments shall be excluded until the expiry of 24 months as (mentioned in Policy Schedule) of continuous coverage after the date of inception of the first policy with us. 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.

**24 Months waiting period.**

1. Benign ENT disorders
2. Tonsillectomy
3. Adenoidectomy
4. Mastoidectomy
5. Tympanoplasty
6. Hysterectomy
7. All internal and external benign tumors, cysts, polyps of any kind, including benign breast lumps.
8. Benign prostate hypertrophy
9. Cataract and age-related eye ailments
10. Gastric/ Duodenal Ulcer
11. Gout and Rheumatism
12. Hernia of all types
13. Hydrocele
14. Non-Infective Arthritis
15. Piles, Fissures and Fistula in anus
16. Pilonidal sinus, Sinusitis and related disorders
17. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident.
18. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy.
19. Varicose Veins and Varicose Ulcers

**3) First 30 days waiting period- Code- Excl03**

a) 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.

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

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

### 4) SPECIFIC CONDITIONS APPLICABLE FOR PERSONS WITH DISABILITY

The Company will indemnify reasonable and customary charges for Life-threatening Emergency Care only, that are incurred by the Insured Person towards Inpatient Hospitalisation arising due to the pre-existing disability covered, or condition as listed under The Rights of Persons With Disabilities Act, 2016 subject to the terms and limits mentioned below.

i. Any treatment for the pre-existing disability covered, will have a waiting period of 24 months from the first policy inception date.

ii. Any reconstructive / Cosmetic / prosthesis / external or internal device implanted/ used at home for the purpose of treatment of existing disability or used for activities of daily living are/is excluded from the policy.

### 5) SPECIFIC CONDITIONS APPLICABLE FOR PERSONS WITH HIV -AIDS

The Company will indemnify the Reasonable and Customary Charges for any Medical Condition which requires Inpatient Hospitalization of the Insured Person, up to the sum insured opted as mentioned in the Policy Schedule, provided,

Conditions: This cover will exclude cost for any Anti-Retroviral Treatment.

## 14. PERMANENT EXCLUSIONS

### A. Standard Exclusions

**1. 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.

2. **Rest Cure, rehabilitation, and respite care- Code- Excl05**

a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.

ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

**3. Obesity/ Weight Control: Code- Excl06**

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

1) Surgery to be conducted is upon the advice of the Doctor.
2) The surgery/Procedure conducted should be supported by clinical protocols.
3) The member must 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 Apnoea

i.Uncontrolled Type2 Diabetes

**4. Change-of-Gender treatments: Code- Excl07**

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

**5. Cosmetic or plastic Surgery: 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.

**6. 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.

**7. 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.

**8. 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.

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

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

11. 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**

**12. Refractive Error: Code- Excl15**

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

**13. 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.

**14. 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

**15. Maternity: 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.

**B Specific Exclusions**

1. Any medical treatment taken outside India.

2. Hospitalization for donation of any body organs by an Insured including complications arising from the donation of organs.

3. Nuclear damage caused by, contributed to, by or arising from ionising radiation or contamination by radioactivity from:

a. any nuclear fuel or from any nuclear waste; or
b. from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission);
c. nuclear weapons material.
d. nuclear equipment or any part of that equipment.

4. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority.

5. Injury or Disease caused by or contributed to by nuclear weapons/materials.

6. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder, or as may be necessitated due to an accident.

7. Treatment with alternative medicines or Treatment, experimental or any other treatment such as acupuncture, acupressure, magnetic, osteopath, naturopathy, chiropractic, reflexology and aromatherapy.

8. Suicide, Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) and any violation of law or participation in an event/activity that is against law with a criminal intent.

9. Vaccination or inoculation except as post bite treatment for animal bite.

10. Convalescence, general debility, “Run-down” condition, rest cure, Congenital external illness/disease/defect.

11. Outpatient diagnostic, medical and surgical procedures or treatments, non-prescribed drugs and medical
supplies, hormone replacement therapy and expenses related to Domiciliary hospitalization shall not be covered.

12. Dental treatment or Surgery of any kind unless requiring Hospitalisation as a result of accidental Bodily Injury.

13. Venereal/ Sexually Transmitted disease other than HIV/AIDS.

14. Stem cell storage.

15. Any kind of service charge, surcharge levied by the hospital.

16. Personal comfort and convenience items or services such as television, telephone, barber or guest service and similar incidental services and supplies.

17. Non-Payable items: The expenses that are not covered in this Policy are placed under List-I of Annexure-II

18. Any medical procedure or treatment, which is not medically necessary or not performed by a Doctor.

## 15. GENERAL TERMS & CLAUSES

### 15.1. Standard General Terms & Clauses

#### 1. Condition Precedent to the contract

i. **Disclosure of 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 Policy Holder.

ii. **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.

iii. **Complete Discharge**

Any payment to the Policy Holder, Insured Person or his/ her Nominees or his/ her legal representative or to the Hospital/Nursing Home or Assignee, as the case may be, for any benefit under the Policy shall in all cases be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

iv. **Multiple Policies**

a. In case of multiple policies taken by an Insured 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.

b. Insured Person having multiple policies shall also have the right to prefer claims under this Policy for the amounts disallowed under any other Policy / policies even if the Sum Insured is not exhausted. Then the Insurer shall independently settle the claim subject to the terms and conditions of this Policy.

c. 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.

d. 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.

**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 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)/Policy Holders(s), who has made the 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 misstatement of or suppression of Material Fact is within the knowledge of the Insurer.

vi. **Cancellation**

a. The Policy Holder may cancel this Policy by giving 15 days' written notice and in such an event, the Company shall refund premium for the unexpired Policy Period as per the rates detailed below:

| **Cancellation grid for Upfront Premium option** | |
|---|---|
| Within 1 month (first time health insurance Policy customers) | Free look period cancellation |
| Within 1 month (Renewal Policy) | 75% |
| Exceeding 1 months but less than or equal to 3 months | 50% |
| Exceeding 3 months but less than or equal to 6 months | 25% |
| Exceeding 6 months but less than or equal to 12 months | Nil |

**Note**- For monthly premium payment frequency, no refund shall be applicable for cancellation of the Policy except for Free Look period cancellation.

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured Person under the Policy.

b. The Company may cancel the Policy at any time on grounds of misrepresentation, non-disclosure of Material Facts, fraud by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of Material Facts or Fraud.

vii. **Migration:**

The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company as per extant Guidelines related to 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, as per Guidelines on migration, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as per below: i. The waiting periods specified in Section 5 shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy. ii. Migration benefit will be offered to the extent of sum of previous insured and accrued bonus/multiplier benefit (as part of the base sum insured), migration benefit shall not apply to any other additional increased Sum Insured.
kindly refer the link www.navi.com/Insurance

viii. **Portability**

Portability The Insured Person will have the option to port the Policy to other insurers as per extant Guidelines related to portability, If such person is presently covered and has been continuously covered

without any lapses under any health insurance plan with an Indian General/Health insurer as per Guidelines on portability, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as under.

i) The waiting periods specified in Section 5 shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.

ii) ii. Portability benefit will be offered to the extent of sum of previous sum insured and accrued bonus(as part of the base sum insured), portability benefit shall not apply to any other additional increasedSum Insured.

kindly refer the link www.navi.com/Insurance

ix. **Refund of Premium in case of Death of Insured**

a. No refund shall be made if the policy is taken on Monthly Premium Mode.

b. In the event of death of any insured member during the course of policy period when there is no claim lodged (and in the process to be paid) or paid during the policy period, the proportionate premium for the unexpired policy period for the respective insured member will be paid to the nominee/other existing policyholders.

c. In case claim(s) have been made on a policy, no refund shall be made in the event of death of any insured member during the course of policy period.

x. **Renewal of Policy**

The Policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured Person.

a. The Company shall endeavour to give notice for Renewal. However, the Company is not under obligation to give any notice for Renewal.

b. Renewal shall not be denied on the ground that the Insured had made a claim or claims 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 without Break in Policy. Coverage is not available during the Grace Period.

e. No loading shall apply on renewals based on individual claims experience

xi. **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 affected.

xii. **Free look period**

The Free Look Period shall be applicable on new individual health insurance policies and not on Renewals or at the time of porting/migrating the Policy. The Insured shall be allowed free look period of 1 month 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:
- 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
- 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
- Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period

xiii. **Nomination:**

The Policy Holder is required at the inception of the Policy to make a nomination for the purpose of payment of claims under the Policy in the event of death of the Policy Holder. 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. For Claim settlement under reimbursement, the Company will pay

the Policy Holder. In the event of death of the Policy Holder, the Company will pay the Nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting Nominee, to the legal heirs or legal representatives of the Policy Holder whose discharge shall be treated as full and final discharge of its liability under the Policy.

xiv. **Withdrawal of Policy**

a. 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.

b. 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.

xv. **Moratorium Period-**

After completion of eight continuous years under the Policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums Insured of the first Policy and subsequently completion of 8 continuous years 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. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the Policy contract.

xvi. **Claim Settlement (Provision of Penal Interest)**

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

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

c. 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.

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

e. "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.

xvii. **Redressal of Grievance**

a. In case of any grievance the insured person may contact the company through:

**Website**: www.navi.com/Insurance
**Toll free**: +91 8147544555
**E-mail**: insurance.help@navi.com
**Courier**: Navi General Insurance Limited, Vaishnavi Tech Square, 7th Floor, Iballur Village, Begur Hobli, Bengaluru, Karnataka- 560102

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

b. If Insured Person is not satisfied with the redressal of grievance through one of the above methods, Insured Person may contact the grievance office Manager.CustomeExperience@navi.com

b. For updated details of grievance officer, kindly refer the link - https://navi.com/insurance/contact-us. For senior citizens, We have a special cell, and our senior citizen customers can email Us at seniorcare@navi.com for priority resolution.

b. If Insured Person is not satisfied with the redressal of grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.
**For all Ombudsman Offices & Addresses: please refer to List V under Annexure 1**

e. Grievance may also be lodged at IRDAI Integrated Grievance Management System – http://igms.irda.gov.in

## 16. SPECIFIC TERMS AND CONDITIONS

### I. Condition Precedent to the contract

#### a) Arbitration clause

i. If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independent of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties thereto, or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two Arbitrators who shall act as the presiding arbitrator and Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act,1996) as amended by Arbitration and Conciliation (Amendment) Act, 2015 (No. 3 of 2016).

ii. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration, as hereinbefore provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

iii.It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such arbitrator/ arbitrators of the amount of expenses shall be first obtained.

**b) Change of Sum Insured**

Sum Insured can be changed (increase / decrease) only at the time of Renewal or at any time, subject to underwriting by the Company. For any increase in Sum Insured, the waiting period shall start afresh only for the enhance portion of the Sum Insured.

**c) Material Change** The Insured Person shall notify the Company in writing of any material change in the risk in relation to the declaration made in the Proposal form or medical examination report at each Renewal and the Company may, adjust the scope of cover and / or premium, if necessary, accordingly.

**d) Notice and Communication**

i. Any notice, direction, instruction, or any other communication related to the Policy should be made in writing.

ii. Such communication shall be sent to the address of the Company or through any other electronic modes specified in the Policy Schedule.

iii. The Company shall communicate to the Insured at the address or through any other electronic mode mentioned in the schedule/certificate of insurance.

**e) Records to be Maintained.** The Insured Person shall keep an accurate record containing all relevant medical records and shall allow the Company or its representatives to inspect such records. The Insured Person shall furnish such information as the Company may require for settlement of any claim under the Policy, within reasonable time limit and within the time limit specified in the Policy.

**f) Territorial Jurisdiction** All disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the Policy shall be determined by the Indian court and according to Indian law.

**g) Eligibility Criteria**

i. All Persons with Disability who have at least one of the disabilities as defined under Specified Disability under The Rights Of Persons With Disabilities Act, 2016 with valid disability certificate are eligible to enroll this product.

ii. Any person suffering from HIV/AIDS, with diagnostic test report confirming the evidence of HIV/AIDS with minimum eligibility CD4 count 500 and above, during inception of the policy.

### II. Conditions applicable during the contract

#### a) Alterations in the Policy

The Proposal Form, Policy Schedule constitute the complete contract of insurance. This Policy constitutes the complete contract of insurance between the Policyholder and the Company. 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 Company. All endorsement requests will be made by the Insured

Person only. This Policy cannot be changed by anyone (including an insurance agent or broker) except the Company.

b) **Revision and Modification of the Policy Product**

i. Any revision or modification will be done with the approval of the Authority. We shall notify You about revision /modification in the Policy including premium payable thereunder. Such information shall be given to You at least ninety (90) days prior to the effective date of modification or revision coming into effect.

ii. Existing Policy will continue to remain in force till its expiry, and revision will be applicable only from the date of next renewal. Credit of continuity/waiting periods for all the previous policy years would be extended in the new policy on Renewal with Us.

**c) Terms and conditions of the Policy**

The terms and conditions contained herein and in the Policy Schedule be deemed to form part of the Policy and shall be read together as one document.

## 17. CLAIMS PROCESS

a. Completed claim form and other relevant documents including documents must be furnished to Us / TPA within the stipulated timelines for reimbursement of all claims under this Policy. Failure to furnish this documentation within the time required shall not invalidate nor reduce any claim if You can satisfy that it was not reasonably possible for You to submit / give proof within such time.

b. Cashless Facility and Reimbursement Claim processing shall be carried out through TPAs empanelled by Us or in-house by Us, details of the same will be available on the Policy Schedule. For the latest list of Network Providers, You can log on to Our mobile application/ Our website.

**Claim Intimation:**

If You meet with any Accident leading to Injury or suffer an Illness that may result in a claim under this Policy, then as a Condition Precedent to Our liability, You must comply with the following claim procedures:

You must notify Your claim to Us through online channel including mobile application that is available or at call centre.

| Typeof Hospitalisation | Notify Us |
|---|---|
| Planned Hospitalisation | Immediately and in any event at least 48 hours prior to Your admission. |
| Emergency Hospitalisation | Within 24 hours of Your admission to Hospital or before discharge whichever is earlier |

The following details may be required by Us at the time of intimation of Claim:

- Policy number/ member number
- Name of the Policy Holder
- Name of the Insured Person in whose relation the claim is being lodged
- Nature of Illness / Injury
- Name and address of the attending Medical Practitioner and Hospital
- Date of admission
- Any other information as requested by Us

Failure to intimate a claim within the time required shall not invalidate nor reduce any claim if You can satisfy that it was not reasonably possible for You to intimate the claim within such time

**Cashless Facility Claim Procedure:**

Cashless Facility is available for Hospitalisation only at Our Network Provider. The Insured Person can avail Cashless Facility at Network Provider, by presenting the health card as provided by Us with this Policy, along with a valid photo identification proof (Voter ID card / Driving License / Passport / PAN Card / Aadhar Card, any other identity proof as approved by Us)

**a. For Planned Hospitalisation:**

i. The Insured Person should at least 48 hrs prior to admission to the Hospital approach the Network Provider for Hospitalisation for Medical Necessary Treatment.

ii. Insured Person will need to provide health Card / Policy details at Hospital admission counter.
iii. The Network Provider may either consider treating the Insured Person by taking a token deposit or treating as per their norms.
iv. The Network Provider shall electronically send the pre-authorization form along with all the relevant details to Us or TPA along with contact details of the treating Medical Practitioner and the Insured Person.
v. Wherever the information provided in the request is sufficient to ascertain the authorisation, the authorisation letter will be issued to the Network Provider. Wherever additional information or documents are required, the same will be called for from the Network Provider and upon satisfactory receipt of last necessary documents the authorisation will be issued.
vi. If the procedure above is followed, on Our written authorization, You will not be required to directly pay for the bill amount in the Network Hospital that We are liable under Section 3.1, Hospitalization of the Policy.
vii. You must leave the original bills and evidence of treatment in respect of the Hospitalization with the Network Provider and ensure to take photocopies of relevant medical records for future reference. Pre-authorisation does not guarantee that all costs and expenses will be covered. We reserve the right to review each claim for Medical Expenses and accordingly coverage will be determined according to the terms and conditions of this Policy.
viii. At the time of discharge, Network Provider may request You to sign the final authorization letter that was issued by Us.
ix. The Network Provider shall refund the deposit amount to You barring an amount to be charged for non-covered expenses, if any.

**b. <u>In case of Emergency Hospitalisation:</u>**

i. The Insured Person may approach the Network Provider for Hospitalisation
ii. The Network Provider/ Insured Person shall follow the same process as explained above in septs iii to viii above under section Planned Hospitalization.

It is possible that Cashless Facility may be denied for Hospitalisation due to insufficient Sum Insured or insufficient information to determine admissibility in which case You/Insured Person may be required to pay for the treatment and submit the claim for reimbursement to Us/ TPA which will be considered subject to the Policy Terms & Conditions.

We, in Our sole discretion, reserve the right to modify, add or restrict any Network Provider for Cashless Facility under the Policy. Before availing the Cashless Facility, the Policy Holder / Insured Person is required to check the applicable/latest list of Network Providers on Our mobile application/ Our website at www.navi.com/Insurance

**<u>Reimbursement Claim Procedure:</u>**

Wherever You have opted for a reimbursement of expenses, You may submit the documents for reimbursement of the claim electronically including by direct upload on Our mobile application not later than 15 days from the date of discharge from the Hospital. You can obtain a Claim Form from by downloading a copy from Our website at www.navi.com/Insurance or from Our mobile application. The necessary copies of claim documents to be submitted for reimbursement may include following: (a) duly filled claim form; (b) discharge/ death Summary (as applicable); (c) operation theatre notes (if any); (d) hospital main bill along with break up bill and original receipts; (e) investigation reports- Haematology, Histo-pathology and Radiology; (f) doctors referral slips or prescription for investigations/pharmacy; (g) pharmacy bills; (h) MLC/FIR report/post mortem report (if applicable and conducted); (i) details of the implants including the sticker indicating the type as well as invoice towards the cost of implant; (j) KYC documents (Photo ID proof, Pan Card, Aadhar Card); (k) Cancelled cheque for NEFT payment

We may call for any additional documents/information as required based on the circumstances of the claims. To obtain the necessary medical records, You may also require to arrange a meeting between Our representative and the Medical Practitioner and/or Hospital involved in Your medical care.

ii. **Physical Examination**

You may require undergoing medical examination by a Medical Practitioner authorized by Us to examine You to establish Our liability in case of a claim under the Policy. The cost towards performing such medical examinations shall be borne by Us.

iii. **Claim Related Information**

You may submit a query related to the claim or intimate the claim or submit a claim document to Us through Our mobile application. Alternatively, You may also contact Us through:

**Website**: www.navi.com/Insurance
**Toll free**: +91 8147544555
**E-mail**: insurance.help@navi.com

| **Policy Benefits** | |
|---|---|
| **In-Patient Hospitalisation Expenses** | Covered |
| **Pre-Hospitalisation** | Upto 30 days |
| **Post Hospitalisation** | Upro 60 days |
| **Emergency Ground Ambulance** | Expenses covered up to Rs. 2000 per hospitalisation |
| **AYUSH** | Covered upto Sum Insured |
| **Sublimit & Co-Payment** | |
| **Room/ Medical Practitioner's fee** | Room Rent, Boarding, Nursing Expenses all-inclusive as provided by the Hospital/Nursing Home up to maximum of 1% of the sum insured per day.<br>Intensive Care Unit {ICU) charges/ Intensive Cardiac Care Unit (ICCU) charges all-inclusive as<br>provided by the Hospital/ Nursing Home up to maximum of 2% of the sum insured per day.<br>If the Insured Person is admitted in a room where the Room Rent expenses incurred are higher than the above specified limit, then the Insured Person shall bear a rateable proportion of the total Associated Medical Expenses |
| **Cataract Treatment** | Up to Rs.40,000/-, per each eye in one policy year |
| **Modern Treatment** | Covered for listed procedures up to 50% of SI available for Inpatient Hospitalisation Care |
| **Co-pay** | 20% on all claims made under the policy unless waiver for Co-pay is opted and premium is<br>paid for the same |
| **Waiting periods** | |
| **30 days Waiting period** | Applicable |
| **PED waiting period** | 48 months (For pre-existing diseases other than the pre-existing Disability and HIV/AIDS covered) |
| **Specific Disease/ illness waiting period** | 24 months |
| **Waiting Period and specific Sublimit for HIV AIDS Cover** | For HIV/AIDS cover:<br>Initial waiting period of 30 days will be applicable for Indemnity basis cover Sum Insured would be available for Hospitalisation Expenses as per terms and conditions of<br>the policy. |
| **Waiting Period and specific Sublimit for Disability Cover** | For Disability Cover:<br>24 months initial waiting period is applicable for the pre-existing Disability covered under the policy. |

**Benefit Illustration: 1**

| **Total premium for member suffering from dwarfism which is listed in group 1 covered for sum insured 4 lacs opted for copayment waiver is Rs 20,000 exclusive of tax** | | | | |
|---|---|---|---|---|
| **Age** | **Premium** | **Sum insured** | **Co payment waiver loading** | **Final premium before tax** |
| **25** | **16000** | **4 lacs** | **4000** | **20000** |

**Benefit Illustration: 2**

| **Total premium for member suffering from Multiple sclerosis which is listed in group 2 covered for sum insured 5 lacs opted for 20% co payment is Rs 22,176 exclusive of tax** | | | |
|---|---|---|---|
| **Age** | **Premium** | **Sum insured** | **Final premium before tax** |
| **30** | **22176** | **5 lacs** | **22176** |

**PREMIUM PER MEMBER**

**All Rates below are Exclusive of Taxes and are applicable for policy term of one year**.

1. The premium will be based on the completed age of the individual insured member.
2. The premium at renewal may change due to a change in age or changes in the applicable tax rate.
3. Premium rates are subject to change with prior approval from IRDAI.
4. Premium rates are for group 1. These may change post underwriting of proposal based on medical tests (where applicable) and information provided on the proposal form.
5. List of conditions:
    - Group 1 : Specific Learning Disabilities, Speech and language disability, Dwarfism, Intellectual Disability, Mental Illness, Autism spectrum Disorder, Leprosy cured person, Acid attack Victim, HIV.
    - Group 2 : Low vision, Blindness, Hearing impairment (deaf and hard of hearing), Multiple disabilities including deaf/blindness, Muscular Dystrophy, Multiple sclerosis, Locomotor Disability.
    - Group 3 : Chronic Neurological conditions, Thalassemia, Hemophilia, Sickle cell disease, Cerebral Palsy, Parkinson's Disease.

**PREMIUM PER MEMBER**

**Group 1**

| Sum Insured/ Age Bands | 0-30 | 31-35 | 36-40 | 41-45 | 46-50 | 51-55 | 56-60 | 61-65 | 66-70 | >70 |
|---|---|---|---|---|---|---|---|---|---|---|
| **400000** | 16,000 | 18,185 | 20,551 | 22,898 | 32,597 | 45,399 | 70,016 | 77,017 | 84,719 | 93,191 |
| **500000** | 18,480 | 21,042 | 23,807 | 26,532 | 37,852 | 52,479 | 81,218 | 89,340 | 98,274 | 1,08,101 |

6. Loadings :

For members with conditions listed in group 2 20% additional loading will be applicable on group 1 rates listed above.

For members with conditions listed in group 3 30% additional loading will be applicable on group 1 rates listed above.

For waiver of copayment additional 16.25% loading will be applicable on all group rates.

All of the loadings above are applied on a multiplicative basis.

The maximum risk loading applicable for an individual on all group rates will not exceed 100%.

| **Prohibition of Rebates: Section 41 of the Insurance Act, 1938 (and amendments thereof)** |
|---|
| 1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out 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 premium shown on the Policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the prospectus or tables of the insurers. |
| 2) Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees. |

**Annexure 1**

**List V : List of Insurance Ombudsman**

| | | |
|---|---|---|
| **AHMEDABAD**<br><br>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<br><br>**JURISDICTION**: Gujarat, Dadra & Nagar Haveli, Daman and Diu. | **BENGALURU**<br><br>Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in<br><br>**JURISDICTION**: Karnataka. | **BHOPAL**<br><br>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 Fax: 0755 – 2769203 Email: bimalokpal.bhopal@cioins.co.in<br><br>**JURISDICTION**: Madhya Pradesh Chattisgarh. |
| **BHUBANESHWAR**<br><br>Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 – 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in<br><br>**JURISDICTION**: Orissa | **CHANDIGARH**<br><br>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 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@cioins.co.in<br><br>**JURISDICTION**: Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh | **CHENNAI**<br><br>Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in<br><br>**JURISDICTION**: Tamil Nadu, Tamil Nadu Puducherry Town and Karaikal (which are part of Puducherry). |
| **DELHI**<br><br>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<br><br>**JURISDICTION**: Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh. | **ERNAKULAM**<br><br>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 | **GUWAHATI**<br><br>Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in |

| | | |
|---|---|---|
| | **JURISDICTION**: Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry. | **JURISDICTION**: Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura. |
| **HYDERABAD**<br><br>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 – 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in<br><br>**JURISDICTION**: Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry | **JAIPUR**<br><br>Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005.Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in<br><br>**JURISDICTION**: Rajasthan. | **KOLKATA**<br><br>Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 – 22124341 Email: bimalokpal.kolkata@cioins.co.in<br><br>**JURISDICTION**: West Bengal, Sikkim, Andaman & Nicobar Islands. |
| **LUCKNOW**<br><br>Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in<br><br>**JURISDICTION**: Districts of Uttar Pradesh Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, | **NOIDA**<br><br>Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in<br><br>**JURISDICTION**: State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, | **MUMBAI**<br><br>Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 – 26106052 Email: bimalokpal.mumbai@cioins.co.in<br><br>**JURISDICTION**: Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane. |

| | | |
|---|---|---|
| Santkabirnagar, Azamgarh, Kushinagar, Gorakhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar. | Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur. | |
| **PUNE**<br><br>Office of the Insurance Ombudsman, Jeevan Darshan 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<br><br>**JURISDICTION**: Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region. | | **PATNA**<br><br>Office of the Insurance Ombudsman, 1st Floor,Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@cioins.co.in<br><br>**JURISDICTION**: Bihar, Jharkhand. |