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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 1800 266 3202

UIN: MAGHLGP21234V022021

Date : 31/10/2022

To,
SPARROW RISK MANAGEMENT PRIVATE LIMITED
OPERATION CONTROL CENTER, ,SECTOR-24, DLF PHASE 3, GURGAON,
GURGAON
HARYANA 122002
Mobile:9380159938



Dear Sir/Madam,

Subject: Risk Assumption Letter

Thank you for choosing Magma-HDI General Insurance Company Limited as your preferred General Insurance Company. Please find attached herewith Policy No: P0023300004/6115/100095 which has been issued based on the information received from you and accordingly, the proposal has been processed.

Coverage of risk is subject to realisation of the full premium post which, insurance coverage under the policy would commence. In case the premium is not received by us due to cheque dishonour or any other reason, the insurance cover shall be void ab-initio.

If you require any changes in the certificate of insurance cum policy schedule, you are requested to inform us by either writing to us at customer@magmahdi.co.in or calling our toll free helpline on 1800 266 3202. Absence of any communication from you in this regard within a period of 20 days of date of this letter, would mean that the issued policy is in order and as per your proposal.

The Risk Assumption Letter is to be read in conjunction with the policy and shall be considered as null and void without the same.

Thanking You,
 Regards

For Magma HDI General Insurance Company Ltd

Authorised Signatory

Group Health Insurance

Key Information Sheet

Disclaimer Note: The information mentioned below is illustrative and not exhaustive. The information must be read in conjunction with the policy wordings. In case of any conflict between the Key Information Sheet and the policy wordings, the terms and conditions mentioned in the policy wordings shall prevail.

Sl. No.	Title	Description	Refer to Policy Wordings
1.	Product Name	Group Health Insurance	
2.	What is covered under the policy?	The policy provides indemnification of medical expenses incurred by the Insured during the hospitalization or outpatient basis (as the case may be) for any illness or injury suffered during the Policy Period.	Policy Schedule
3.	Optional Add On Covers(As Opted)	<ul style="list-style-type: none"> • Room Rent Capping • Room category Limit • Pre and Post Hospitalisation Expenses • Ambulance Cover • Domiciliary Hospitalisation • AYUSH Treatment • Maternity Cover • Baby Day 1 Cover • Psychiatric treatment Cover • Corporate Floater • 30 day waiting period waiver cover • Specific disease waiting period reduction cover • Pre-existing Diseases cover • Top Up Cover (Aggregate Deductible Cover) • Co-Payment • Disease Sub-limit Cover 	Benefits covered under the policy: Extension Covers
4.	Payout Basis	<ul style="list-style-type: none"> • Cashless or Reimbursement of covered medical expenses up to specified Sum Insured as per the scope of cover. 	Specific Terms and clauses: Claim Procedure
5.	Terms of Renewal	<ul style="list-style-type: none"> • The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person. • Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years 	Standard General Terms and Conditions: Renewal of Policy
6.	Cancellation	<p>The Policyholder 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 detailed below: We shall cancel the Policy and refund the premium for the balance of the Policy Period in accordance with the table, after deducting the amount spent on pre-policy medical check up by Us, provided that no claim has been made under the Policy by or on behalf of any Insured Person.</p> <p>We may cancel the Policy and refund the premium for the balance of the Policy Period on pro-rata basis, if specified so in Policy Schedule/Certificate of Insurance.</p> <p>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. 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.</p>	Standard General Terms and Conditions: Cancellation/ Termination (other than Free Look cancellation)



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Policy Schedule / TAX INVOICE

Group Health Insurance

Policy Details

Policy Issuing Office	99, 1ST FLOOR,, ABOVE HDFC BANK, PREM NAGAR, AMBALA CITY, AMBALA , AMBALA -134001 ,HARYANA , PH: (1800) 2663202
Policy Number	P0023300004/6115/100095
Name of Insured	SPARROW RISK MANAGEMENT PRIVATE LIMITED
Address of the Insured	OPERATION CONTROL CENTER, ,SECTOR-24, DLF PHASE 3, GURGAON, GURGAON HARYANA 122002 Mobile:9380159938
GST Number	06AAVCS3134K1ZX
Policy Period	
Start Date & time	00:01 Hrs on 16/10/2022
End Date & time	23:59 hrs on 15/10/2023

Other Basic Details

No. of lives insured	44
Details of Persons Insured	As per Annexure
Total Sum Insured	8800000
Maximum Sum Insured	200000
Sum Insured Type	Individual

Premium

Net Premium	96,593.00
CGST @ 9%	8,693.37
SGST @ 9%	8,693.37
Total Premium	113,980.00

Co-Insurance Details:-

Insurer	Share (%)
Magma HDI General Insurance Co. Ltd.	100

Details of Coverage and Sum Insured

Cover	Coverage Details
Service Category	Both Cashless & Reimbursement
Family Definition	Employee only covered under the policy
Age Band	18 Years-70 years
Sum Insured	Sum Insured of Rs. 200000 Per life during the policy period of one year.
Third Party Administrator	Paramount Health Services & Insurance TPA Private Limited
Specific disease waiting period	Waived off
Initial waiting period	Waived off
Pre-existing Diseases cover	Covered
Domiciliary hospitalization	Not covered
Pre and Post hospitalization expenses	Pre and Post Hospitalisation for 60 days & 90 days respectively are covered under the policy.
Room rent capping	Room Rent is restricted to 2% of SI for Normal & 4% of SI for ICU (Room rent limit incl. of nursing charges). In case of admission in normal room, if insured is admitted in a higher category, then insured will bear difference of all associated medical expenses as in final hospital bill in same proportion.
Maternity Cover	Maternity not covered
Baby day 1 cover	Not covered
Pre & post natal cover	Pre-post natal expenses not covered
Co-payment	Copay not applicable
Coverage in PPN Hospitals	Not applicable
AYUSH Treatment	Ayush treatment covered under the policy upto 25% of FSI in govt. recognised hospitals only
Ambulance Cover	Ambulance Charges limited to Rs.2000 Per Person.

Corporate Floater	CF not applicable
Day care procedures	Day care procedures are covered as per Magma HDI Day care list.
9 Months Waiting Period	Not covered
Mid-Term Inclusion of dependents	NA
Add-Del of Lives	Premium to be charged on Pro-Rata basis for addition/deletion endorsement.
OPD Cover	OPD Not covered
Wellness services	Not covered
Id cards	E-cards to be issued
Air Ambulance	Air ambulance is covered upto FSI or upto Rs.1lac per family whichever is lower
Special Condition	Liability for Nasal Sinus Surgeries upto Rs.35,000; Hospitalisation arising out of Psychiatric ailments upto Rs.30,000;
Special Condition	Lasik surgery covered above +/- 7.5
Special Condition	50% Co-Pay for cyberknife treatment, Stem Cell Transplantation, Uterine Artery Embolization and HIFU, Balloon Sinuplasty, Deep Brain stimulation, Immunotherapy- Monoclonal Antibody to be given as injection, Robotic surgeries, Stereotactic radio surgeries, Bronchial Thermoplasty, Vaporisation of the prostate (Green laser treatment or holmium laser treatment), IONM - (Intra Operative Neuro Monitoring). Cochlear Implant treatment and Oral chemotherapy shall be restricted to 50% of the Sum Insured(SI). Intra vitreal injection is covered upto 50% of SI maximum upto Rs.50,000 per family.
Special Condition	No Refund for deletion if lives less than minimum required & if insured has claimed during policy.
Special Condition	Internal Congenital disease is covered and external Congenital disease is covered under life threatening situation.
Special Condition	Hospitalization due to terrorism is covered under the policy.
Portability	Portability/Migration benefit can be availed at the time of retirement or resignation from the services (Provided these events are falling within the policy period). Portability option is available as per IRDA guideline under the existing retail health products. Standard coverage, terms & conditions, prevailing underwriting guidelines of retail product would apply.
Claim Intimation and Submission of Documents	All reimbursement claims have to be intimated within 15 days of discharge. Claims have to be submitted for reimbursement within 30 days from date of discharge of the patient. However, the Company may at its absolute discretion consider waiver of this Condition in extreme cases of hardship where it is proved to the satisfaction of the Company that under the circumstances in which the insured was placed it was not possible for him/her or any other person to give such notice or file claim within the prescribed time-limit.

Exclusions

Exclusion	Exclusion Details
Exclusion	Septoplasty, Infertility & Related Ailments including Male sterility; Treatment on trial/experimental basis; Admin/Registration/Service/Misc. Charges; Expenses on fitting of Prosthesis; Any device/instrument/machine contributing/replacing the function of an organ; Holter Monitoring are outside the scope of the policy.

IN WITNESS WHEREOF the undersigned being duly authorized by and on behalf of the Company has/have here onto set his/their hands

Premium Collection Details :- [ReceiptDate - Amount] : - 16/10/2022 , ₹ 113980

Premium Amount in Word's (₹) :- One Lakh Thirteen Thousand Nine Hundred Eighty Only

Disclaimer:

- This Policy shall be null and voidable initio if the Premium cheque / the valid negotiable instrument as received by this company bearing the Collection No is dishonored by the bank.
- Issuance of the Premium receipt is not a proof of risk acceptance.

For and behalf of Magma HDI General Insurance Company Limited

Mayank Tandia

DULY CONSTITUTED ATTORNEY(S)

GST Number of MHDI - 06AAGCM1685C1ZN
 GST Invoice Number - POL0610230011083
 Accounting Code for Service - 997133, Accident and health insurance services

Place of Supply: HARYANA (06)

Whether Tax is payable on Reverse Charge - No
 UIN : MAGHLGP21234V022021

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.

Consolidated Stamp Duty on the issue of General Insurance Policies Paid vide G.O No. 1380, dated 22.08.2022

Head Office Address: UNIT NO. 1B & 2B, 2ND FLOOR, EQUINOX BUSINESS PARK, TOWER 3, LBS MARG, KURLA (WEST), MUMBAI, MAHARASHTRA, 400070.

**Registered Office address: Development House, 24, Park Street, Kolkata, Pincode - 700016
 IRDA REG NO. 149 DATED 22nd MAY, 2012**

CIN: U66000WB2009PLC136327

• 1800-266-3202 • customercare@magma-hdi.co.in • www.magmahdi.com

Group Health Insurance

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 and statements which the Policyholder/ Insured person has provided in the proposal form 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.

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:

i. Standard Definitions

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

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 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.

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.

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 a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.

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.

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 intensivist 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.

Migration means the right accorded to health insurance policyholders (including all members under family cover and members of group health policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.

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:

- a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement;
- or
- b) For which medical advice or treatment was recommended by, or received from, a Physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.

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.

Critical Illness for the purpose of this policy means

1. Cancer of Specified Severity

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.

The following are excluded-

- 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.
- Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- Malignant melanoma that has not caused invasion beyond the epidermis;
- 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
- All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- Chronic lymphocytic leukaemia less than RAI stage 3
- Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification
- 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;
- All tumors in the presence of HIV infection.

2. Kidney Failure Requiring Regular Dialysis

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.

3. Multiple Sclerosis with Persisting Symptoms

The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

- Investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
- There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

4. Major Organ/Bone Marrow Transplant

The actual undergoing of a transplant of:

- One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- Human bone marrow using haematopoietic stem cells.

The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

- Other stem-cell transplants
- Where only islets of langerhans are transplanted

5) Open Heart Replacement or Repair of Heart Valves

The actual undergoing of open-heart valve surgery 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.

6) Open Chest CABG (Coronary Artery Bypass Graft)

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.

The following are excluded:

- Angioplasty and/or any other intra-arterial procedures

7) Stroke resulting in Permanent Symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intra-cranial vessel, haemorrhage and embolisation from an extra cranial 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.

The following are excluded:

- Transient Ischemic Attacks (TIA)
- Traumatic injury of the brain
- Vascular disease affecting only the eye or optic nerve or vestibular functions.

8. Permanent Paralysis of Limbs

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.

9. First Heart Attack of Specified Severity (Myocardial Infarction)

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 should be evidenced by all of the following criteria:

- A history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain).
- New characteristic electrocardiogram changes
- Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

- Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponins I or T
- Other acute Coronary Syndromes
- Any type of Angina Pectoris
- A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

ii. Specific Definitions

Act of God Perils means and includes lightning, storm, tempest, flood, inundation, subsidence, landslide, earthquake, cyclone, tsunami, volcano and other similar calamities.

Adventure Sport means any sport or activity, which is potentially dangerous to the Insured Person whether he is trained in such sport or activity or not. Such sport/activity includes without limitation stunt activities of any kind, adventure racing, base jumping, biathlon, big game hunting, black water rafting, BMX stunt/obstacle riding, bobsleighting/using skeletons, bouldering, boxing, canyoning, caving/pot holing, cave tubing, rock climbing/trekking/mountaineering, cycle racing, cyclo cross, drag racing, endurance testing, hand gliding, harness racing, skiing, high diving (above 5 meters), hunting, ice hockey, ice speedway, jousting, judo, karate, kendo, lugging, risky manual labour, marathon running, martial arts, micro-lighting, modern pentathlon, motor cycle racing, motor rallying, parachuting, paragliding/parapenting, piloting aircraft, polo, power lifting, power boat racing, quad biking, river boarding, scuba diving, river bugging, rodeo, roller hockey, rugby, ski acrobatics, ski doo riding, ski jumping, ski racing, sky diving, small bore target shooting, speed trials/ time trials, triathlon, water ski jumping, weight lifting or wrestling any type and Professional Sports (Professional sports mean Athletics, Bowling, Cycling, Football, Weightlifting, Cricket or any other sport for which a person getting compensated).

Age or Aged means age as on last birthday

Annexure means the document attached and marked as Annexure to this Policy

Cover Start Date means the date on which the coverage under the Policy starts for respective Insured person.

Certificate of Insurance means the certificate issued by Us to the insured person confirming the coverage under the Policy.

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 Insured Person's family are covered as dependents to Insured Person. The definition of Family shall be as mentioned in Policy Schedule/Certificate of Insurance. For a Floater policy, Sum Insured is available on Floater basis for the covered family members. Insurer's liability for any and all claims with respect to all family members is limited to the Sum Insured.

Hospital Only for the purposes of any claim or treatment permitted to be made or taken outside India 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.

IRDAI means the Insurance Regulatory and Development Authority of India.

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

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 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.

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

Primary Insured member means Policyholder's employee or a member of covered group who satisfies and continues to satisfy the eligibility criteria as specified in Policy Schedule and Certificate of Insurance.

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

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.

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

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.

Terrorism/Terrorist Activity means an act, including, but not limited to, the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or Government(s), committed for political, religious or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

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.

You/Your/Policyholder means the employer or legally constituted group named in the Schedule who has concluded this Policy with Us.

Benefits covered under the policy

Base Covers:

The Benefits under this Policy are subject always to the Sum Insured, any subsidiary limit specified in the Policy Schedule/ Certificate of Insurance, the terms, conditions, limitations and exclusions mentioned in the Policy and eligibility as per the insurance plan opted for or as shown in the Policy Schedule/Certificate of Insurance.

Following covers are available as Base covers under the policy. Following Base covers are applicable to your Policy as mentioned in Policy Schedule/ Certificate of Insurance.

Our maximum liability under each of the opted Base Covers will be a part of and up to Sum Insured as specified in Policy Schedule/Certificate of Insurance for these covers.

1. Inpatient Care

We shall cover the Reasonable and Customary Charges for the following Medical Expenses incurred by Insured Person if during the Policy Period, he/she requires Hospitalization on the written Medical Advice of a Medical Practitioner, for any Illness or Injury which is contracted or sustained 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

Day Care Treatment

Under this section, We will also cover the Medical Expenses incurred for Day Care Treatment on the written medical advice of a Medical Practitioner following an Illness or Injury which occurs during the Policy Period, up to the limits specified in the Policy Schedule/Certificate of Insurance. Any OPD treatment undertaken in a Hospital/Day Care Centre will not be covered under this Benefit. Please refer to Annexure for list of Day Care Treatments.

2. Hospital Cash

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

- a. We shall not make any payment under this Benefit to You for more than the number of days of Hospitalisation as specified in Policy Schedule /Certificate of Insurance
- b. A deductible in terms of number of days per Hospitalization event will be applicable if and as specified in Policy Schedule /Certificate of Insurance
- 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.

3. Outpatient Cover

We will cover the Reasonable and Customary Charges incurred for availing following services on an out-patient basis to assess Insured Person's health condition for any Illness or injury as specified in Policy Schedule/Certificate of Insurance

- medically necessary consultations with a Medical Practitioner
- undergoing any Diagnostic Tests prescribed by the Medical Practitioner
- medicines purchased under and supported with a Medical Practitioner's prescription.
- Non surgical and minor surgical procedures which are neither in-patient nor day care procedures

The waiting periods as defined in Section III of this Policy will not be applicable for this Cover. The amount payable under this Benefit shall be up to the limit shown in the Policy Schedule/Certificate of Insurance.

Extension covers:

Following extension covers are applicable to each insured person under this Policy. The coverage limits are specified in the Policy Schedule/ Certificate of Insurance. The limits for these covers are applicable for each Insured Person and are included within the Sum Insured limit, unless specified otherwise. All the waiting periods and Exclusions are applicable to these Extension Covers as well unless specified otherwise.

Pre-existing Diseases cover:

If this extension cover is in force, the waiting period as for Pre-existing diseases will be reduced to number of years/months as specified in Policy schedule/Certificate of Insurance.

Waiting period as defined in Section III.1.c of this Policy will stand modified as per this Extension cover.

Domiciliary Hospitalisation

We will on reimbursement basis, cover the Reasonable & Customary 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 will be payable and claims for Post-hospitalization Medical Expenses will not be payable. Our maximum liability under this Extension Cover will be as specified against this Extension Cover in Policy Schedule/Certificate of Insurance.

For claims under this Extension Cover, Insured Person must submit 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; OR Insured Person must submit reasonable proof regarding unavailability of Hospital beds.

Pre and Post Hospitalisation Expenses

We will cover Your Reasonable & Customary 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/Certificate of Insurance, provided that a claim has been admitted by Us under Base Cover Inpatient Care (section 1 or section 2) and is related to the same Illness/Injury/condition.

We will also cover Your Reasonable & Customary 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/ Certificate of Insurance, provided that a claim has been admitted by Us under Base Cover Inpatient Care (section 1 or section 2) and is related to the same Illness/Injury/condition.

Our maximum liability under this Extension Cover will be as specified against this Extension Cover in Policy Schedule/Certificate of Insurance.

Room Rent Capping:

If this Extension Cover is in force, as mentioned in Policy Schedule/Certificate of Insurance then the reimbursement or payment of Room Rent and other boarding charges, and Qualified Nurses' charges incurred at the Hospital will not exceed the limits as specified against this Cover in Policy Schedule/Certificate of Insurance. In case of admission to Intensive Care Unit or Intensive Cardiac Care Unit (ICCU), reimbursement or payment of such Medical Expenses will not exceed the per day limits as specified against this Cover in Policy Schedule/Certificate of Insurance.

Proportionate clause: In case of admission to a room/Intensive Care Unit/ICCU at rates exceeding limit as specified in Policy Schedule/Certificate of Insurance, the reimbursement or payment of all other associated Medical Expenses incurred at the Hospital, with the exception of the cost of medicines, will be effected in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent/ICU Charges/ICCU charges.

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.

Maternity Cover:

We will cover Reasonable & Customary Maternity expenses up to the limit specified in the Policy Schedule/Certificate of Insurance for Hospitalization for the delivery of child or for lawful medically necessary termination of pregnancy maximum up to 2 deliveries or 2 termination of pregnancy during Insured Person's lifetime. Only the Claim with respect to Primary Insured member and his spouse will be covered under this Extension Cover.

A waiting period as specified in Policy Schedule/ Certificate of Insurance will be applicable for this Extension Cover.

In case the maternity period is extending over 2 policy periods, then such maternity period will be considered as a single claim and Our liability for claim payment under Extension Cover shall be as per the terms and conditions of the earlier of such 2 policy periods.

The following Medical Expenses are not covered under this Extension Cover:

- i) Medical Expenses in respect of the harvesting and storage of stem cells when carried out as a preventive measure against possible future Illnesses;
- ii) Medical Expenses for ectopic pregnancy which are covered under Base Cover Inpatient Care
- iii) Pre-hospitalization Medical Expenses and Post-hospitalization Medical Expenses
- iv) Any expenses incurred for hospitalization in relation to maternity in pre and post natal periods
- v) Any Medical expenses incurred for voluntary medical termination of pregnancy during the first 12 weeks of the pregnancy

Permanent Exclusion 29 of the Policy wordings do not apply to this Extension Cover.

Baby Day 1 Cover:

If Hospitalization of a New Born Baby is required, then We will cover the Reasonable & Customary Medical Expenses incurred towards the Hospitalization Treatment of Your New Born Baby up to 90 days from birth. Our maximum liability under this Extension Cover will be subject to the limit specified in the Policy Schedule/ Certificate of Insurance.

In case the maternity period is extending over 2 policy periods, then such maternity period will be considered as a single claim and Our liability for claim payment under Extension Cover shall be as per the terms and conditions of the earlier of such 2 policy periods.

Pre & Post natal cover:

We will cover the reasonable and Customary expenses for pre and Post natal care of pregnant Insured Person during the Policy Period.

Our maximum liability under this Extension Cover will be as specified against this cover in Policy Schedule/Certificate of Insurance.

Co-Payment

If this Extension Cover is applicable to this policy as mentioned in Policy Schedule/Certificate of Insurance, then for each and every claim Insured Person will on his own account, bear the part of admissible claim amount as mentioned in Policy Schedule/Certificate of Insurance.

Co-payment applicable as per this Cover will be in addition to any other Co-payment applicable under this Policy, if any.

Coverage in PPN Hospitals:

If this Extension Cover is in force as mentioned in Policy Schedule/Certificate of Insurance, We will cover the expenses for treatment of illness or injury covered under this Policy if treatment is availed in Preferred Provider Network (PPN) hospital. For treatment undertaken in non-PPN hospital, a co-payment of up to 25% will be applicable on each and every Claim.

For the purpose of this Extension Cover, Preferred Provider Network (PPN) means and refers to the hospitals empanelled by Us or Our TPA as Preferred Provider Network (PPN) Hospital. An updated list of PPN may is available on Our website www.magma-hdi.com. This list can also be availed through our call centre.

AYUSH Treatment

We will, on a reimbursement basis, cover Reasonable & Customary Medical Expenses incurred for Inpatient Care during the Policy Period on treatment taken under

AYUSH Treatment in:

- a government Hospital or in any institute recognized by the government and/or accredited by the Quality Council of India/National Accreditation Board on Health
- Teaching Hospitals of AYUSH colleges recognised by Central Council of Indian Medicine (CCIM) and Central Council of Homeopathy (CCH)
- AYUSH Hospitals having registration with a Government Authority under appropriate Act in the State/UT and complies with the following as minimum criteria:
 - Has at least fifteen in-patient beds;
 - Has minimum five qualified and registered AYUSH doctors;
 - has qualified paramedical staff under its employment round the clock;
 - has dedicated AYUSH therapy sections;
 - maintains daily records of patients and make these accessible to the insurance company's authorized personnel

Our maximum liability under this Extension Cover will be as specified against this Extension Cover in Policy Schedule/Certificate of Insurance. Permanent Exclusion 3 of the Policy wordings do not apply to this Extension Cover.

Ambulance Cover

We will cover the Reasonable and Customary Charges up to the limit specified in the Policy Schedule/Certificate of Insurance that are incurred towards 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 the claim for Hospitalization is as per the scope of in-patient care (Base cover 1) of this Policy.

Our maximum liability under this Extension Cover will be as specified against this Extension Cover in Policy Schedule/Certificate of Insurance.

Corporate Floater:

We will provide coverage for any and all claims in aggregate, under this Policy, up to the amount specified against this Extension Cover, subject to following:

1. This Sum insured can be utilized only after exhaustion of individual member's sum insured
2. The maximum aggregate payable amount to an Insured Person from this Extension Cover will be as specified in Policy Schedule/certificate of Insurance
3. Only the medical condition and/or injuries as defined in Policy Schedule/Certificate of Insurance will be covered under this Extension Cover
4. Any sub-limit if and as applicable to Extension Cover and Base covers will also be applicable for payment of claim under this Extension Cover

Exclusions

i. Standard Exclusions

Waiting Periods: Following waiting periods will be applicable to each Insured Person under this Policy.

• 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.
- 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.

• 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
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
18. HIV, AIDS

• Pre Existing disease (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 48 months of continuous coverage after 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.

We will not be liable to make any payment under this Policy under any circumstances, for any claim in respect of any Insured Person, directly or indirectly for, caused by or arising from or in any way attributable to any of the following permanent exclusions. In case extension covers are opted, respective permanent exclusion(s) stand deleted to the extent of coverage as per terms and conditions of that Extension cover.

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

• 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.

• 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 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

● **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.

● **Refractive Error (Code Excl15)**

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

● Treatment received in health spas, 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.**

● **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
- iv) Gestational Surrogacy
- iv) Reversal of sterilization

● **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.

● **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.

● **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

● **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.

● **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.

● **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.

● 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**

● **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

ii. Specific Exclusions

- Treatment provided by a Medical Practitioner who is not recognized by the Medical Council of India.
- Treatment of any sexual problem including impotence (irrespective of the cause) or erectile dysfunction.
- Treatment for any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis.
- Treatment for sleep apnea, snoring, or any other sleep-related breathing problem.
- Any treatment received outside India.
- Treatment provided by anyone with the same residence as the Insured Person or who is a member of the Insured Person's immediate family.
- 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.
- Treatment for, or arising from, an Injury that is intentionally self-inflicted, including attempted suicide.
- 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.
- Private nursing/attendant's charges incurred during pre-hospitalization or post-hospitalization.
- Drugs or treatment not supported by prescription.
- Issue of fitness certificate and fitness examinations
- External and/ or durable medical/non-medical equipment of any kind used for diagnosis and/ or treatment, CPAP, CAPD, infusion pump.
- 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.
- OPD treatment is not covered. However this exclusion does not apply for Outpatient Cover.
- All preventive care, vaccination including inoculation and immunizations, except if it is certified and recommended by the attending Medical Practitioner as part of in-patient treatment. However this exclusion does not apply for Outpatient Cover.
- 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
- 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.
- Any expenses for OPD treatment, or any expenses for drugs or dressings not prescribed for Insured Person's intake within hospitalization period, except as included in Post-hospitalization Medical Expenses Extension cover. This exclusion does not apply to Outpatient Cover.
- 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.
- Any treatment modality other than Allopathic Treatment
- 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.magmahdi.com
- 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.
- 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.
- Circumcision unless necessary for the treatment of an Illness or disease or necessitated by an Accident.
- Treatment for any Illness or Injury resulting from nuclear or chemical contamination, war, participation in riot, revolution, acts of terrorism or any similar event (other than natural disaster or calamity)
- Treatment for any External Congenital Anomaly.

General Terms and clauses

Standard General Terms and Conditions

● **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)

● **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

● **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" 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.

● **Material Change**

It is a Condition Precedent to the Our liability under the Policy that the Policyholder/ Insured Person 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, in line with our board approved underwriting policy. The Policyholder/Insured Person 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 may be altered accordingly.

● **Multiple Policies**

In case of multiple policies which provide fixed benefits, on the occurrence of insured event in accordance with the terms & conditions of the policies, each insurer shall make the claim payment independent of payment received under similar health 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 claim 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.

3. If the amount to be claimed exceeds the sum insured under a single policy the insured Person shall have the right to choose insurers 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.

● **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

i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges; or
ii. where the risk has already commenced and the option of return of the Policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or

Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

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

a. The Policyholder may cancel this Policy by giving 15 day's written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.:

We shall cancel the Policy and refund the premium for the balance of the Policy Period in accordance with the table below, after deducting the amount spent on pre-policy medical check up by Us, provided that no claim has been made under the Policy by or on behalf of any Insured Person.

We may cancel the Policy and refund the premium for the balance of the Policy Period on pro-rata basis, if specified so in Policy Schedule/Certificate of Insurance.

Cancellation refund grid for non-credit linked Policy:

Covered up to Days	Refund of Premium
7	Up to 90.00%
30	Up to 75.00%
60	Up to 65.00%
90	Up to 50.00%
120	Up to 40.00%
180	Up to 25.00%
240	Up to 15.00%
Exceeding 240	Nil

Cancellation refund grid for credit linked Policy :If policy is taken as linked to loan, following grid will be applicable

Policy Tenure 1 Yr		Policy Tenure 2 Yrs		Policy Tenure 3 Yrs		Policy Tenure 4 Yrs		Policy Tenure 5 Yrs	
Time of cancellation	Refund %	Time of cancellation	Refund %	Time of cancellation	Refund %	Time of cancellation	Refund %	Time of cancellation	Refund %
Up to 1 month	75%	Up to 3 month	75%	Up to 6 month	75%	Up to 1 yr	75%	Up to 1 yr	80%
> 1 month to 3 months	50%	> 3 months to 6 months	50%	> 6 months to 1 year	50%	> 1 year to 2 years	50%	> 1 year to 2 years	60%
>3 months to 6 months	25%	>6 months to 1 year	25%	> 1 year to 2 years	25%	> 2 years to 3 years	25%	> 2 years to 3 years	40%
>6 months	Nil	> 1 year	Nil	> 2 year	Nil	> 3 year	Nil	> 3 years to 4 years	20%
								> 4 years	Nil

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.

(ii) 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 day's written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

● **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)/ 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.

● **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 with Break in Policy. Coverage is not available during the grace period.

e) No loading shall apply on renewals based on individual claim experience.

● **Withdrawal of Policy;**

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

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

● **Redressal of Grievance**

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

Website: www.magmahdi.com

Toll free: 1800 266 3202

E-mail: 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/grivance-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. The contact details of the Insurance Ombudsman offices have been provided as Annexure-I

Grievance may also be logged at IRDAI Integrated Grievance management system: <https://igms.irda.gov.in/>

● **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.

● **Nomination**

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

● **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.

● **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 eight 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.

● **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

● **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

● **Premium payment in Instalments:**

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. Grace Period of 15 Days would be given to pay the instalment premium due for the Policy.

ii. During such grace period, coverage will not be available from the due date of instalment premium payment 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" and "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 right to recover and deduct all the pending instalments from the claim amount due under the policy.

ii. Specific Terms and clauses

● **Endorsements:**

Insured Person/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 Insured Person /the Policyholder, or the date of receipt of premium, whichever is later.

We reserve the rights to do underwriting in case of any such endorsement requests which has a bearing on the premium and/or material risk.

● **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 and Certificate of Insurance

b. The Policyholder's, at the address as specified in Policy Schedule OR to the Insured Person, at the address as specified in Certificate of Insurance

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.

● **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.

● **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.

● **Geographical Scope**

The geographical scope of this Policy applies to events within India unless specified otherwise for any of the Base and/or Extension Covers.

● **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.

● **Assignment**

The payment due under any Benefit under this Policy can be assigned in accordance with provisions of applicable law.

● **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.

● **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.

Claim Procedure

Provided that due adherence/observance and fulfilment of the terms and conditions of this Policy (conditions and all endorsements, Annexures 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:

1. 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 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.

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-authorization 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.

2. For admission in Non-Network Provider or into Network Provider if Cashless facility is not availed (Re-imbusement Claims)

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

3. 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./MLC. 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.

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.
 - i. reason for Hospitalization and duration of Hospitalization
 - ii. history of any self-inflicted Injury
 - iii. history of alcoholism, smoking
 - iv. history of associated medical conditions, if any
- f. Previous master health check-up records/pre-employment medical records, if any.
- g. Any other document necessary in support of the claim on case to case basis.

The claim documents should be sent to:

Magma HDI General Insurance Co Ltd
Office No. 516 and 517, 5th Floor,
Neelkanth Corporate Park,
Plot no. 240, 2401/1-8,
Kiro Road, Vidyavihar (West),
Mumbai, Maharashtra 400086

Payment of Claim

- No liability under the Policy will be admitted, if the claim is fraudulent or supported by fraudulent means.
- 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.
- 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.
- If requested by Us, the Insured Person must agree to be examined by a Medical Practitioner of Our choice and at Our expense.
- All claims under this Policy shall be payable in Indian Currency.
- 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.

Office of the Ombudsman	Contact Details	JURISDICTION
AHMEDABAD	Office of the Insurance Ombudsman,	Gujarat and Union Territories of Dadra & Nagar Haveli,

	Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad - 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in	Daman and Diu.
BENGALURU	Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru - 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka
BHOPAL	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@ecoi.co.in	Madhya Pradesh and Chattisgarh.
BHUBANESHWAR	Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar - 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa
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 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.
CHENNAI	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@ecoi.co.in	Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).
DELHI	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@ecoi.co.in	Delhi
GUWAHATI	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@ecoi.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD	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 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry
JAIPUR	Office of the Insurance Ombudsman, Jeevan Nidhi - II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in	Rajasthan
ERNAKULAM	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@ecoi.co.in	Kerala and Union Territory of (a) Lakshadweep (b) Mahe-a part of Union Territory of Pondicherry.
KOLKATA	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@ecoi.co.in	West Bengal, Sikkim and Union Territories of Andaman and Nicobar Islands.
LUCKNOW	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331	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,

	Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in	Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI	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@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in	State of Uttaranchal 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
PATNA	Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	Bihar, Jharkhand
PUNE	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@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region

Annexure

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

Name Of Insured : SPARROW RISK MANAGEMENT PRIVATE LIMITED

Details of Lives and Sum Insured:

S No.	Emp ID / Member ID	Insured Name	DOB	Age	Gender	Relationship	DOJ	DOC	Sum Insured	Plan Name
1	SR0095	Rahul Gupta	01/01/1990	32	Male	Self	16/10/2022	16/10/2022	200000	
2	SR0093	Mohammed Huzaif Attar	08/12/2000	21	Male	Self	16/10/2022	16/10/2022	200000	
3	SR0029	Aarohan Goel	26/06/1999	23	Male	Self	16/10/2022	16/10/2022	200000	
4	SR0082	Naveen Kumar Suman	10/10/2000	22	Male	Self	16/10/2022	16/10/2022	200000	
5	SR0070	Rahul Tanwar	06/07/1995	27	Male	Self	16/10/2022	16/10/2022	200000	
6	SR0084	Deepak Kumar	16/07/1988	34	Male	Self	16/10/2022	16/10/2022	200000	
7	SR0064	Ashwani Kumar Shahi	10/07/1995	27	Male	Self	16/10/2022	16/10/2022	200000	
8	SR0068	Rohit Khadtare	25/04/1994	28	Male	Self	16/10/2022	16/10/2022	200000	
9	SR0026	Mohammad Amir	13/07/1985	37	Male	Self	16/10/2022	16/10/2022	200000	
10	SR0063	Abhijeet Kumar Singh	25/10/1995	26	Male	Self	16/10/2022	16/10/2022	200000	
11	SR0097	Siddhant	27/07/1996	26	Male	Self	16/10/2022	16/10/2022	200000	
12	SR0045	Suraj Sah	30/07/1994	28	Male	Self	16/10/2022	16/10/2022	200000	
13	SR0037	Pratyush Behl	05/02/1999	23	Male	Self	16/10/2022	16/10/2022	200000	
14	SR0083	Rajwardhan Singh	18/01/1993	29	Male	Self	16/10/2022	16/10/2022	200000	
15	SR0046	Naveed Latief Khan	21/07/1989	33	Male	Self	16/10/2022	16/10/2022	200000	
16	SR0088	Vivek Srivastava	12/07/1989	33	Male	Self	16/10/2022	16/10/2022	200000	
17	SR0075	Harsh Narain Mathur	03/07/2000	22	Male	Self	16/10/2022	16/10/2022	200000	
18	SR0091	Prathamesh Katkar	08/11/2000	21	Male	Self	16/10/2022	16/10/2022	200000	
19	SR0024	Gangadhar Hiremath	09/11/1992	29	Male	Self	16/10/2022	16/10/2022	200000	
20	SR0092	Sourav Subudhi	30/08/1998	24	Male	Self	16/10/2022	16/10/2022	200000	
21	SR0079	Thota Sambasiva Rao	11/08/2001	21	Male	Self	16/10/2022	16/10/2022	200000	
22	SR0059	Kashif Perwaiz	17/09/1986	36	Male	Self	16/10/2022	16/10/2022	200000	
23	SR0060	Deepak Kundani	11/02/1997	25	Male	Self	16/10/2022	16/10/2022	200000	
24	SR0096	Vishal Kumar	07/11/2001	20	Male	Self	16/10/2022	16/10/2022	200000	
25	SR0001	Pawan	08/08/1985	37	Male	Self	16/10/2022	16/10/2022	200000	
26	SR0041	Shubham Shukla	14/04/1995	27	Male	Self	16/10/2022	16/10/2022	200000	
27	SR0027	Ujjwal Gupta	26/11/1998	23	Male	Self	16/10/2022	16/10/2022	200000	
28	SR0057	Satish Nurukurthi	23/03/1991	31	Male	Self	16/10/2022	16/10/2022	200000	
29	SR0074	Anmol Satija	10/03/2000	22	Male	Self	16/10/2022	16/10/2022	200000	
30	SR0080	Sumit Kumar Jha	08/03/2000	22	Male	Self	16/10/2022	16/10/2022	200000	
31	SR0051	Varun Arora	27/10/1984	37	Male	Self	16/10/2022	16/10/2022	200000	
32	SR0038	Milan Supakar	12/10/1980	42	Male	Self	16/10/2022	16/10/2022	200000	
33	SR0065	Akhil Srivastava	06/03/1991	31	Male	Self	16/10/2022	16/10/2022	200000	
34	SR0094	Anupam Mishra	11/11/1991	30	Male	Self	16/10/2022	16/10/2022	200000	
35	SR0090	Pallavi Singh	09/11/1998	23	Female	Self	16/10/2022	16/10/2022	200000	
36	SR0042	Arvind Kumar Sharma	21/12/1984	37	Male	Self	16/10/2022	16/10/2022	200000	
37	SR0073	Satyam Raj	24/01/1999	23	Male	Self	16/10/2022	16/10/2022	200000	
38	SR002	Priyanka	23/02/1983	39	Female	Self	16/10/2022	16/10/2022	200000	
39	SR0013	Vivek Chaturvedi	10/05/1993	29	Male	Self	16/10/2022	16/10/2022	200000	
40	SR0043	Praveen Gautam	01/07/1996	26	Male	Self	16/10/2022	16/10/2022	200000	
41	SR0044	Rajendra Prasad	15/03/1987	35	Male	Self	16/10/2022	16/10/2022	200000	
42	SR0023	S Rovei	08/03/1996	26	Male	Self	16/10/2022	16/10/2022	200000	
43	SR0025	Tanya Agarwal	07/07/1995	27	Female	Self	16/10/2022	16/10/2022	200000	
44	SR0010	Bhuvnesh Singh	20/02/1990	32	Male	Self	16/10/2022	16/10/2022	200000	

Branch List

ZONE	REGION/STATE	LOCATIONS	MAILING ADDRESS
CENTRAL	CHATTISGARH	BILASPUR	GROUND FLOOR, KIRTI, RAJENDRA NAGAR,BILASPUR,CHATTISGARH,PIN-495001
CENTRAL	TAMILNADU	VELLORE	FIRST FLOOR, NO 13,4TH EAST CROSS ROAD, VELLOREVELLORE,DURG,TAMILNADU,PIN-490001
CENTRAL	CHATTISGARH	BHILAI	2ND FLOOR, BLOCK - 19 , PLOT 1 , DAKHIN GANGOTRI, SUPELA BHILAI- 490023,DURG,CHATTISGARH,PIN-490023
CENTRAL	CHATTISGARH	KORBA	1ST FLOOR, 646/1, ABOVE HDFC BANK, POWER HOUSE ROAD,OPPOSITE SHARDA VIHAR COLONY, KORBA, KORBA,CHATTISGARH,PIN-495677
CENTRAL	MADHYA PRADESH	JABALPUR	BHAWANI PLAZA, 2ND FLOOR, HOUSE NO.1230, FOURTH BRIDGE, NAPIER TOWN,,JABALPUR,MADHYA PRADESH,PIN-482001
CENTRAL	CHATTISGARH	AMBIKAPUR	GROUND FLOOR, NATIONAL HIGHWAY, NEAR STATE BANK OF INDIA ATM,MANENDRAGARH ROAD, NAWAPARA, AMBIKAPUR, DISTRICT-SARGUJA, SURGUJA,CHATTISGARH,PIN-497001
CENTRAL	MADHYA PRADESH	BHOPAL	3RD FLOOR, T-5, CITY CENTER, PLOT NO 1, PRESS COMPLEX,ZONE-I, M. P. NAGAR,BHOPAL,MADHYA PRADESH,PIN-462011
CENTRAL	MADHYA PRADESH	GWALIOR	1ST FLOOR, PLOT NO.45-A, ABOVE VLCC,CITY CENTER, GWALIOR,,GWALIOR,MADHYA PRADESH,PIN-474001
CENTRAL	MADHYA PRADESH	INDORE	2ND FLOOR, PLOT NO-93, SCHEME NO. 47SAPNA SANGEETA, MAIN ROAD,,INDORE,MADHYA PRADESH,PIN-452001
CENTRAL	CHATTISGARH	RAIPUR	OFFICE NO. 501 & 509-512, 5TH FLOOR,DB CITY, CORPORATE PARK, PLOT NO. 1, BLOCK NO. 9, RAJBANDHU MAIDAN, RAIPUR,RAIPUR,CHATTISGARH,PIN-492001
EAST	WEST BENGAL	SILIGURI	1ST FLOOR, ROOM NO-3 & 4, CITY PLAZA, SEVOK ROAD,,DARJEELING, WEST BENGAL,PIN-734001
EAST	WEST BENGAL	KOLKATA-ANUJ CHAMBERS	4TH FLOOR, ANUJ CHAMBER, 24 PARK STREET,KOLKATA, WEST BENGAL,PIN-700016
EAST	WEST BENGAL	KOLKATA ZONE	4TH FLOOR, ANUJ CHAMBER, 24 PARK STREET,KOLKATA, WEST BENGAL,PIN-700016
EAST	WEST BENGAL	KOLKATA-DCPL	4TH FLOOR, DEVELOPMENT HOUSE,24 PARK STREET,KOLKATA, WEST BENGAL,PIN-700016
EAST	WEST BENGAL	MALDA	1A, 1ST FLOOR, NILANJANA APARTMENTS, MAHESHMATI, 62/324, RABINDRA AVENUE, PS- ENGLISH BAZAAR,MALDA, WEST BENGAL,PIN-732101
EAST	WEST BENGAL	KHARAGPUR	1ST FLOOR, NEW SAI COMPLEX, BESIDE KHARAGPUR COLLEGE, INDIA OT ROAD,,WEST MEDINIPUR, WEST BENGAL,PIN-721305
EAST	ASSAM	GUWAHATI	2ND FLOOR, F FORT, SOUTH SARANIAULUBARI, G S ROAD, GUWAHATI, ASSAM,KAMRUP,ASSAM,PIN-781007
EAST	BIHAR	BHAGALPUR	1ST FLOOR, SANJAY ARCADE,MAHATMA GANDHI ROAD, NEAR HEAD POST OFFICE,BHAGALPUR, BIHAR,PIN-812001
EAST	BIHAR	GAYA	2ND FLOOR, SHANTI MARKET COMPLEX, CHURCH ROAD,GAYA, BIHAR,PIN-823001
EAST	BIHAR	MUZAFFARPUR	2ND FLOOR, "GAHILO GALAXY", KALAM BAGH,AGHORIA BAZAR, MUZAFFARPUR,MUZAFFARPUR, BIHAR,PIN-842002
EAST	BIHAR	PATNA	UNIT 508, 5TH FLOOR, PATNA ONE MALL, DAKBUNGLA, CHAURAHA,PATNA, BIHAR,PIN-800001
EAST	ORISSA	BERHAMPUR	1ST FLOOR, "RUPAVATI COMPLEX", OPPOSITE ICICI BANKDHARMA NAGAR, MAIN ROAD,GANJAM,ORISSA,PIN-760001
EAST	ORISSA	BHUBANESHWAR	1ST FLOOR, PLOT NO-1207/2777, ANAND PLAZA, ANAND BRAHMESWAR BAG,TANKAPANI ROAD,,KHORDHA,ORISSA,PIN-751018
EAST	ORISSA	JEYPORE	R.K.TOWERS, 1ST FLOOR, M.G.ROADDIST- KORAPUT, P.O.: -JEYPORE,KORAPUT,ORISSA,PIN-764001
EAST	ORISSA	SAMBALPUR	1ST FLOOR, NEAR UNION BANK, BALAJI MID TOWN,DAHERI PALI, BUDHARAJA, SAMBALPUR,ORISSA,PIN-768004
EAST	JHARKHAND	DHANBAD	2ND FLOOR, SUN RISE HOTEL COMPLEX, BANK MORE, KATRAS ROAD, OPP. BARA GURUDWARA,,DHANBAD,JHARKHAND,PIN-826001
EAST	JHARKHAND	RANCHI	6TH FLOOR, UNIT NO.601, ESTATE PLAZA, ESTATE TIMBER PREMISES, OLD HB ROAD, KANTATOLI,,RANCHI,JHARKHAND,PIN-834001
EAST	JHARKHAND	JAMSHEDPUR	1ST FLOOR, "AVISHKAR BUMBRA ENCLAVE", Q ROAD, BISTUPUR,,East Singhbhum,JHARKHAND,PIN-831001
EAST	WEST BENGAL	HOWRAH	3RD FLOOR, KRISHNA ENCLAVE, 2/1 BHAJAN LAL LOHIA, HOWRAH,HOWRAH, WEST BENGAL,PIN-711101
EAST	WEST BENGAL	BARASAT	OFFICE # 2, 4TH FLR, J N PLAZA, HOLDING # 2271,, BARRACKPUR ROAD,BARASAT, 24 PARGANAS (N),BARASAT,NORTH 24 PARGANAS, WEST BENGAL,PIN-700124
EAST	WEST BENGAL	KOLKATA-ECOSPACE	5TH FLOOR, BLOCK 4A, UNIT NO. 501, , ECOSPACE BUSINESS PARK,AMBUJA REALTY CAMPUS,ACTION AREA-II, NEW TOWN, RAJARHAT,KOLKATA, NEW TOWN, NORTH 24 PARGANAS,NORTH 24 PARGANAS, WEST BENGAL,PIN-700160
EAST	ORISSA	ROURKELA	1ST FLOOR, OPP SBI UDITNAGAR BRANCH, GHAFLOOR COLONY UDITNAGAR, P.O & P.S: UDIT NAGAR DIST-SUNDARGARH,SUNDARGARH,ORISSA,PIN-769012
EAST	WEST BENGAL	DURGAPUR	2ND FLOOR, KAWALITY HOTEL COMPLEX, NEAR BHIRINGI MORE,,BARDHAMAN, WEST BENGAL,PIN-713213
EAST	WEST BENGAL	BURDWAN	1ST FLOOR, G T ROAD,BHANGAKUTHI,ABOVE HDFC BANK,BARDHAMAN, WEST BENGAL,PIN-713101
EAST	WEST BENGAL	ASANSOL	UNIT B401, 4TH FLOOR, B BLOCK, BUILDING P. C. CHATTERJEE MARKET, RAMBHANDHU TALA,BARDHAMAN, WEST BENGAL,PIN-713303
NORTH	DELHI	NEW DELHI-PITAMPURA	4TH FLOOR, UNIT NO-477, AGGARWAL CYBER PLAZA, 2 NETAJI SUBHASH PLACE,,NORTH WEST DELHI,DELHI,PIN-110034
NORTH	UTTARAKHAND	DEHRADUN	2ND FLOOR, PATEL HOUSE, 176 PATEL NAGARABOVE BANK OF BARODA,,DEHRADUN,UTTARAKHAND,PIN-248001
NORTH	HARYANA	AMBALA	99, 1ST FLOOR,, ABOVE HDFC BANK, PREM NAGAR, AMBALA CITY, AMBALA,AMBALA,HARYANA,PIN-134001
NORTH	HARYANA	GURGAON	SCO-386, 1ST FLOOR, SECTOR-29, OPP. IFFCO CHOWK, METRO STATION,,GURGAON,HARYANA,PIN-122001
NORTH	PUNJAB	JALANDHAR	3RD FLOOR, OPP. FUTURE,GENERALI, SCO- 5-6, PUDA COMPLEX,,JALANDHAR,PUNJAB,PIN-144001
NORTH	PUNJAB	LUDHIANA	UNIT NO. FUF-6 & 7, 4TH FLOOR, KUNAL TOWER, B-XIX/88, MALL ROAD,,LUDHIANA,PUNJAB,PIN-141001
NORTH	RAJASTHAN	JAIPUR	3RD FLOOR, "PRESTIGE TOWER", E-1, AMARAPALI ROAD,VAISHALI NAGAR,JAIPUR,RAJASTHAN,PIN-302021
NORTH	RAJASTHAN	JODHPUR	E-3-4, 1ST FLOOR "SUN PLAZA", MAIN PAL ROAD,NEAR BARAKTULLA STADIUM,,JODHPUR,RAJASTHAN,PIN-342003
NORTH	RAJASTHAN	UDAIPUR	3RD FLOOR, MEERA COMPLEX, OPPOSITE MEERA GIRLS COLLEGE,SARDARPURA,UDAIPUR,RAJASTHAN,PIN-313001
NORTH	UTTAR PRADESH	ALLAHABAD	2ND FLOOR, "SRI MAHENDRA COMPLEX", 5, ELGIN ROAD (L.B.S.MARG), CIVIL LINES,ALLAHABAD,UTTAR PRADESH,PIN-211001
NORTH	UTTAR PRADESH	NOIDA	1ST FLOOR,H1 A/16,SECTOR-63GAUTAM BUDDHA NAGAR,NOIDA,UTTAR PRADESH,PIN-201301
NORTH	UTTAR PRADESH	LUCKNOW	5TH FLOOR, HALWASIYA COMMERCE HOUSE, 11 MG MARG, HABIBULLAH ESTATE, HAZRATGANJ,LUCKNOW,UTTAR PRADESH,PIN-226001
NORTH	UTTAR PRADESH	VARANASI	JAS MAA COMPLEX, D-58/12, A-2, GANDHI NAGAR,SIGRA,VARANASI,UTTAR PRADESH,PIN-221010
NORTH	PUNJAB	CHANDIGARH	1ST FLOOR, SCF-75, PHASE 9,MOHALI,Sahibzada Ajit Singh Nagar,PUNJAB,PIN-160062
NORTH	RAJASTHAN	BIKANER	CHUGH MANSION , 1ST FLOOR,OPP. DRM OFFICE,BIKANER,RAJASTHAN,PIN-334001
NORTH	UTTAR PRADESH	KANPUR	1ST FLOOR, PLOT 122/728 & 122/729, SHASTRI NAGAR,NEAR CHAIN FACTORY CHAURAHA,,KANPUR NAGAR,UTTAR PRADESH,PIN-208005
NORTH	DELHI	NEW DELHI-SANT NAGAR	8, SANT NAGAR, EAST OF KAILASH, NEW DELHI, SOUTH DELHI,,SOUTH DELHI,DELHI,PIN-110065
SOUTH	ANDHRA PRADESH	RAJAHMUNDRY	36-7-14, 3RD FLOOR, KONDURI SQUARE, KONDURI STREET, INNSPETA,EAST GODAVARI,ANDHRA PRADESH,PIN-533101
SOUTH	KERALA	TRIVANDRUM	GROUND FLOOR, "HAJI M BAVA SAHIB COMMERCIAL COMPLEX,TC 25/2890(1), AMBUJAVILSASAM ROAD,,THIRUVANANTHAPURAM,KERALA,PIN-695001
SOUTH	TELANGANA	KARIMNAGAR	1ST FLOOR,AK EASTATE MISHRA COMPLEX, 2-6-304/7,MUKARAMPURA, KARIMNAGAR,KARIMNAGAR,TELANGANA,PIN-505001
SOUTH	TELANGANA	KHAMMAM	2ND FLOOR,OLD: 4-2-129/1,NEW: 15-8210/A,SRINAGAR COLONY,WYRA ROAD,KHAMMAM,TELANGANA,PIN-507002
SOUTH	ANDHRA	VIJAYAWADA	4TH FLOOR, SURVEY NO. 134/3, PLOT NO. 16,TEACHERS COLONY,GURUNANAK ROAD,

	PRADESH		PATAMATA,,KRISHNA,ANDHRA PRADESH,PIN-520008
SOUTH	ANDHRA PRADESH	NELLORE	4TH FLOOR, "SRI CHAMUNDESHWARI PLAZA",HOUSE NO.24/2/418, SARASWATHI NAGAR,,Sri Potti Srimamulu Nellore,ANDHRA PRADESH,PIN-524003
SOUTH	ANDHRA PRADESH	VISAKHAPATNAM	DNO. 48-6-23, 1ST FLOOR, SRIRAM SAI GAYATRI COMPLEX,SRINAGAR COLONY, NEAR RAMATALKIES,VISAKHAPATNAM,ANDHRA PRADESH,PIN-530016
SOUTH	ANDHRA PRADESH	VIZIANAGARAM	3RD FLOOR, SHOP NO-11 AND 12, PSN ESTATE,LTB ROAD, VIZIANAGARAM,,VIZIANAGARAM,ANDHRA PRADESH,PIN-535003
SOUTH	TELANGANA	WARANGAL	3RD FLOOR, KANDAKATLAS GATEWAY, BLOCK DSHOP NO 12 & 13, PREMISE NO 5-11-503 & 504, KUC CROSS ROAD, KAIM NAGAR,Warangal (urban),TELANGANA,PIN-506009
SOUTH	KARNATAKA	BANGALORE-J C ROAD	1ST FLOOR, HM ASTRID, NO 36 J. C. ROAD,BANGALORE,KARNATAKA,PIN-560002
SOUTH	KARNATAKA	BELGAUM	ANNAPURNESWARI,1300 RAMLINGKHIN GALLI,BELGAUM,KARNATAKA,PIN-590001
SOUTH	KARNATAKA	MANGALORE	UNIT NO. 308 & 309, 3RD FLOOR, JANVI PLAZA, K.R.R. RAO ROAD, KARANGALPADY,MANGALORE,DAKSHINA KANNADA,KARNATAKA,PIN-575003
SOUTH	KARNATAKA	HUBLI	2ND FLOOR, V.A.KALBURGI, HALLMARK BUILDING PINTO ROAD, DESAI CROSS,DHARWAD,KARNATAKA,PIN-580029
SOUTH	KARNATAKA	GULBARGA	F-7, 1ST FLOOR, ASIAN COMPLEX, CITY MARKET,GULBARGA,KARNATAKA,PIN-585103
SOUTH	KARNATAKA	MYSORE	B S T ARCADE, 1ST FLOOR, NO.71SAUKAR CHANNIAH ROAD, ABOVE P N B,Myuru,KARNATAKA,PIN-570009
SOUTH	KERALA	COCHIN	1ST FLOOR, JAIN TOWER, POWER HOUSE, NH BY PASS,VYTILLA, ERNAKULAM,KERALA,PIN-682019
SOUTH	KERALA	KOTTAYAM	1ST FLOOR, VETTEEL ESTATE, KANJIKUZHUKOTTAYAM-686004, KERALA,KOTTAYAM,KERALA,PIN-686004
SOUTH	KERALA	CALICUT	4TH FLOOR, "CITY GALLERY", 6/835E, KANNOR ROAD,,KOZHIKODE,KERALA,PIN-673001
SOUTH	KERALA	TRISSUR	2ND FLOOR, "E TOWN SHOPPING" EAST FORT JUNCTION,THRISSUR,KERALA,PIN-680005
SOUTH	TAMILNADU	CHENNAI 1	NAVIN'S PRESIDUM, 3RD FLOOR, N.M ROAD, NEW NO: 17/19, OLD NO: 103, "B" BLOCK, 3A, NELSON MANICKAM ROAD,,CHENNAI,TAMILNADU,PIN-600029
SOUTH	TAMILNADU	CHENNAI 2	CHENNAI - NELSON MANICKAM ROAD-"NAVIN'S PRESIDUM", 3RD FLOOR, , N.NO-17-19, OLD NO-103, A BLOCK,, NELSON MANICKAM ROAD, AMINJAKARAI, EGMORE NUNGAMBAKKAM,CHENNAI,TAMILNADU,PIN-600029
SOUTH	TAMILNADU	COIMBATORE	UNIT NO. 218/2-2, 2ND FLOOR, BRINDABAN BUILDING, T V SWAMY ROAD,R S PURAM, COIMBATORE,COIMBATORE,TAMILNADU,PIN-641002
SOUTH	TAMILNADU	MADURAI	3RD FLOOR, RAJA BARLEY BUILDING, 79/2, BYPASS ROAD79/2, BYPASS ROAD,MADURAI,TAMILNADU,PIN-625001
SOUTH	TAMILNADU	SALEM	3RD FLOOR, SHANTHI PLAZA, NO. 1/5, BRINDAVAN ROAD, NEAR SKS HOSPITALFAIRLANDS, SALEM,SALEM,TAMILNADU,PIN-636004
SOUTH	TAMILNADU	TRICHY	UPPER GROUND FLOOR, FAJ PARK, NO. 36 & 37, AMARAR JEEVA STREET, JAILAMIYA, 6TH CROSS, TVS TOLGATE, TRICHY, TIRUCHIRAPPALLI, TIRUCHIRAPPALLI,TAMILNADU,PIN-620020
SOUTH	TAMILNADU	TIRUNELVELI	OFFICE SPACE NO-24, NEAR OLD CENTRAL THEATRE,SWAMY NELLAIAPPAR HIGH ROADSRIPURAM,TIRUNELVELI,TAMILNADU,PIN-627001
SOUTH	GUJARAT	JAMNAGAR	3RD FLOOR, ROOM NO- 339, MADHAV PLAZA, LAL BUNGLOW,JAMNAGAR,GUJARAT,PIN-361001
SOUTH	PONDICHERRY	PONDICHERRY	2ND FLOOR,SARABAR PLAZA,NO 110,VILLIANUR MAIN ROAD,PONDICHERRY,PONDICHERRY,PIN-605010
SOUTH	TELANGANA	HYDERABAD ZONE	G-2, GROUND FLOOR, MANDHANA TOWERS, 7-1-59/2 & 59/6,AMEERPET,HYDERABAD,TELANGANA,PIN-500016
SOUTH	TELANGANA	HYDERABAD-AMEERPET	G-2, GROUND FLOOR, MANDHANA TOWERS, 7-1-59/2 & 59/6,AMEERPET,,HYDERABAD,TELANGANA,PIN-500016
SOUTH	TELANGANA	HYDERABAD-KUKATPALLY	2ND FLOOR, SRINIVASA CHAMBER, PLOT NO.28 & 15, NEAR BIG BAZARMANSOORABAD,HYDERABAD,TELANGANA,PIN-500074
SOUTH	ANDHRA PRADESH	KURNOOL	1ST FLOOR, SMR SQUARE, NO. 40/37-L-B, RIVER VIEW COLONY,KURNOOL,ANDHRA PRADESH,PIN-518004
SOUTH	KERALA	KANNUR	2ND FLOOR, J.R.COMPLEX, TALAP ROAD,KANNUR,KERALA,PIN-670004
SOUTH	ANDHRA PRADESH	GUNTUR	1ST FLOOR, SATYAVANI HEIGHTS, 12/1, ARUNDELPET,DOOR NO.6-12-60 AND 6-12-63, 31-12-1020,,GUNTUR,ANDHRA PRADESH,PIN-522002
WEST	GUJARAT	AHMEDABAD	OFFICE NO. 202, 2ND FLOOR, AURUM AVENUE, MITHAKHALI SIX ROAD, NAVARANGPURA,AHMEDABAD, GUJARAT,PIN-380006
WEST	GUJARAT	MEHSANA	S/1, 2ND FLOOR, SIGMA OASES, NEAR HDFC BANK, MEHSANA,AHMEDABAD HIGHWAY, NEAR RAJKUMAR PETROL PUMP, MEHSANA,GUJARAT,PIN-384001
WEST	GUJARAT	GANDHIDHAM	OFFICE NO - 204, 2ND FLOOR, GOYAL AVENUE, OPP- L I C OFFICE, BANKING CIRCLE ROADPLOT NO - 318, WARD NO - 12-B,KUTCH,GUJARAT,PIN-370201
WEST	GUJARAT	RAJKOT	GROUND FLOOR, (PART-2), YOGI COMMERCIAL COMPLEX,NEAR INDIRA CIRCLE, 150 FEET RING ROAD, RAJKOT,RAJKOT, GUJARAT,PIN-360005
WEST	GUJARAT	SURAT	5TH FLOOR, OFFICE NO 507& 508, INTERNATIONAL COMMERCE CENTRE,BEHIND KADIWALA SCHOOL, NEAR MAJURA GATE, RING ROAD,SURAT,GUJARAT,PIN-395002
WEST	GUJARAT	VADODARA	2ND FLOOR, OFFICE NO-1,2 & 3, PATRIOT COMPLEX, BESIDE INOX, RACE COURSE CIRCLE,VADODARA, GUJARAT,PIN-390007
WEST	MAHARASHTRA	AURANGABAD	1ST FLOOR, EAST SIDE OF H.S. KANDI CENTER,(CTS NO: 1300D & 13001), JALNA ROAD,,AURANGABAD,MAHARASHTRA,PIN-431001
WEST	MAHARASHTRA	MUMBAI ZONE	OFFICE NO. 516 AND 517, 5TH FLOOR, NEELKANTH CORPORATE PARK,PLOT NO. 240, 2401/1-8, KIROL ROAD,VIDYAVIHAR (WEST),MUMBAI,MAHARASHTRA,PIN-400086
WEST	MAHARASHTRA	MUMBAI-GHATKOPAR	KHODAL CHAMBERS, 2ND FLOOR, UNIT 203 & 204 R B MEHTA MARGNR. DHANJI DEVSHI MUNICIPAL SCHOOL, GHATKOPAR (E),MUMBAI,MAHARASHTRA,PIN-400077
WEST	MAHARASHTRA	MUMBAI-MALAD	4TH FLOOR, UNIT NO. 401, RISHIKESH APARTMENT, MALAD (W),,MUMBAI,MAHARASHTRA,PIN-400064
WEST	MAHARASHTRA	MUMBAI-EQUINOX-(HO)	UNIT NO. 1B & 2B, 2ND FLOOR, EQUINOX BUSINESS PARK, TOWER 3, LBS MARG,KURLA (WEST),,MUMBAI,MAHARASHTRA,PIN-400070
WEST	MAHARASHTRA	NAGPUR	2ND FLOOR, AMBAR, 22/B, TILAK NAGAR NAWAB AREA,HOUSE NO 736,,NAGPUR,MAHARASHTRA,PIN-440010
WEST	MAHARASHTRA	NASHIK	1ST FLOOR, OFFICE NO-101-104, BODKE PLAZA COMMERCIAL COMPLEX,NEAR DWARKA BUS STOPNASHIK PUNE ROAD, DWARKA, NASHIK,NASIK,MAHARASHTRA,PIN-422011
WEST	MAHARASHTRA	PUNE	5TH FLOOR, BUILDING AMAR AVINASH CORPORATE CITY, BUND GARDEN ROAD, ABOVE HSBC BANK,,PUNE,MAHARASHTRA,PIN-411001
WEST	MAHARASHTRA	MUMBAI-PANVEL	MUNOTH EMPRESS, 3RD FLR, OFFICE NO: 312, FINAL PLOT NO.189,NEAR ABEDKAR STATUE, OPP PANVEL BUS STAND,RAIGAD,MAHARASHTRA,PIN-410206
WEST	MAHARASHTRA	SOLAPUR	2ND FLOOR, "JAGJIVAN DAS COMPLEX", 940/1A NORTH SADAR BAZAR,SOLAPUR,MAHARASHTRA,PIN-413003
WEST	MAHARASHTRA	MUMBAI-THANE	UNIT 207, 2ND FLOOR, SAI PLAZA COMMERCIAL CO-OP SOCIETY, OPP. CINE WONDER MALL,,THANE,MAHARASHTRA,PIN-400607
WEST	MAHARASHTRA	MUMBAI-VASHI	SHOP NO 16, 1ST FLOOR, MAHAVIR CENTRE,PLOT NO -77, SECTOR- 17,VASHI, NAVI MUMBAI,THANE,MAHARASHTRA,PIN-400703
WEST	MAHARASHTRA	MUMBAI-KALYAN	ROOM NO. 401, 4TH FLOOR, RAMAKRISHNA BHAVAN, SAJANAND CHOWK,AGRA ROAD, KALYAN ROAD, WEST, THANE,THANE,MAHARASHTRA,PIN-421301
WEST	MAHARASHTRA	MUMBAI-MIRA ROAD	6TH FLOOR, UNIT NO-604, SAI ARPAN, B-11,SAI COMPLEX, P G VORA ROAD, OPP: SHANTI VIHAR, MIRA ROAD EAST,THANE,MAHARASHTRA,PIN-401107
WEST	GUJARAT	BHUJ	1ST FLOOR, B-WINGS, KATIRA COMPLEX,RTO RELOCATIONS AREA, MADHAPAR HIGHWAY,,KUTCH,GUJARAT,PIN-370001