



IFFCO-TOKIO GENERAL INSURANCE CO. LTD

Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

PRAVASI BHARATIYA BIMA YOJANA

UIN: IFFTIOIP27044V022627

POLICY WORDING

PREAMBLE

This Policy is evidence of the contract between You and Us. The Proposal along with any written statement(s), declaration(s) of Yours for the purpose of this Policy forms part of this contract.

This Policy witnesses that in consideration of Your having paid the premium for the period stated in the Schedule, We will indemnify/pay to You or Your legal representative, as the case may be, in respect of events occurring during the Period of Insurance in the manner and to the extent set-forth in the Policy including endorsements, provided that all the terms, conditions, provisions, and exceptions of this Policy in so far as they relate to anything to be done or complied with by You and/or family have been met.

The Schedule shall form part of this Policy and the term Policy whenever used shall be read as including the Schedule.

Any word or expression to which a specific meaning has been attached in any part of this Policy or of Schedule shall bear such meaning whenever it may appear.

The Policy is based on the information which has been given to Us about family including You pertaining to the risk insured under the Policy and the truth of this information shall be condition precedent to Your or family's right to recover under this Policy.

DEFINITION OF WORDS

1. **Accident/ Accidental:** It means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **AYUSH Treatment** refers to the medical and/or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
3. **AYUSH Hospital :** An AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:
 - a. Central or State Government AYUSH Hospital or
 - b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or

- c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
- i. Having at least 5 in-patient beds;
 - ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
 - iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - iv. Maintaining daily records of the patients and making them accessible to Our authorized representative.
4. **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 the patients and making them accessible to Our authorized representative.
5. **Cashless facility:** It means a facility extended by us to Insured person where the payments, of the costs of treatment undergone by insured person(s) in accordance with the policy terms and conditions, are directly made to the network provider by us to the extent pre-authorization approved.
6. **Day Care Centre:** It 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 criterion as under:
- I.has qualified nursing staff under its employment;
 - II.has qualified medical practitioner (s) in charge;
 - III.has a fully equipped operation theatre of its own where surgical procedures are carried out
 - IV.maintains daily records of patients and shall make these accessible to Our authorized personnel.
7. **Day Care Treatment:** It refers to medical treatment, and/or surgical procedure which is:
- I.undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24(twenty-four) hours because of technological advancement, and
 - II.Which would have otherwise required a hospitalization of more than 24 (twenty-four) hours. Treatment normally taken on an out-patient basis is not included in the scope of this definition.
8. **Disease:** It means a condition affecting the physical wellbeing and health of the body having a defined and recognized pattern of symptoms that first manifests itself in the period of insurance and which requires treatment by a medical practitioner.

9. **Emigrant:** It means any citizen of India who intends to emigrate or emigrates or has emigrated but does not include:
- i) a dependent of the Emigrant, whether such dependant accompanies that Emigrant or departs subsequently for the purpose of joining that Emigrant in the country to which that Emigrant has lawfully emigrated and
 - ii) any person who has resided outside India at any time after attaining the age of eighteen years, for not less than three years, or the spouse or child of that person.
10. **Emigrate/Emigration:** It means the departure out of India of any person with a view to taking up employment with or without assistance of a recruitment agent or employer in any country or place outside India.
11. **Employer/Sponsor:** It means any person or institution or concern providing or offering to provide employment in any country or place outside India.
12. **Family:** It means the family of the Insured Person in India consisting of spouse and first two dependent children from the date of birth upto twenty one years of age.
13. **Finalization of the Insurance Contract:** It means that
- a) The Insurance Policy must be concluded prior to the trip abroad by means of the Proposal Form provided for this purpose. Insurance Policies that are taken after the commencement of the trip are deemed to be invalid.
 - b) The Insurance Policy comes into effect when the Insurance Policy Schedule is issued, which will be done only on acceptance of the Proposal by Us and payment of the full premium by You.
14. **Grace period** means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits (sum insured, specific waiting periods, waiting periods for pre-existing diseases, etc.) accrued under the policy. The grace period for payment of the premium shall be thirty days for renewal.
Provided,
Coverage is not available during the period for which no premium is received after the expiry of the Policy.
15. **Hospital/Nursing Home:** It 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 the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under 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 ten inpatient beds, in those towns having a population of less than ten lakhs and fifteen inpatient 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 shall make these accessible to Our authorized personnel.

***Following are the enactments specified under the Schedule of section 56 of clinical Establishments (Registration and Regulation) Act, 2010 as of October 2013 or any amendments thereof.**

- 1) The Andhra Pradesh Private Medical Care Establishments (Registration and Regulation) Act, 2002.

- 2) The Bombay Nursing Homes Registration Act, 1949.
- 3) The Delhi Nursing Homes Registration Act, 1953.
- 4) The Madhya Pradesh Upcharya Griha Tatha Rujopchar Sanbabdu Sthapamaue (Ragistikaran Tatha Anugyapan) Adhinyam, 1973.
- 5) The Manipur Homes and Clinics Registration Act, 1992.
- 6) The Nagaland Health Care Establishments Act, 1997.
- 7) The Orissa Clinical Establishments (Control and Regulation) Act, 1990.
- 8) The Punjab State Nursing Home Registration Act, 1991.
- 9) The West Bengal Clinical Establishments Act, 1950.
- 10) Gujarat Clinical Establishments (Registration and Regulation) Act, 2021.

Note: Any make-shift or temporary hospital permitted temporarily by Central/ State Government and allowed by the IRDAI under specific situations shall also be regarded as a hospital.

For hospitalization outside India, the Hospital/ Nursing means any institution that is generally recognised as a hospital in the foreign country concerned and it is established for indoor care and treatment of sickness or injuries and is under the constant direction of a Physician. Further this institution has sufficient diagnostic and therapeutic facilities at its disposal and restricts the treatment it provides to methods scientifically recognized and clinically tested in that country.

16. **Hospitalisation:** It 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.
17. **Illness:** It means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
 - i. **Acute Condition** means a disease, illness or injury that is likely to response 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.
 - ii. **Chronic Condition** means a disease, illness, or injury that has one or more of the following characteristics
 - a) it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
 - b) it needs ongoing or long-term control or relief of symptoms
 - c) it requires rehabilitation for the patient or for the patient to be special trained to cope with it
 - d) it continues indefinitely
 - e) it recurs or is likely to recur
18. **Injury:** It 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.
19. **Inpatient Care** means treatment for which the Insured Member has to stay in a hospital for more than 24 (twenty four) hours for a covered event.
20. **Insured Person:** It means the Emigrant mentioned as Insured in the Schedule.

21. **Maternity expenses:** It means
- medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);
 - expenses towards lawful medical termination of pregnancy during the policy period.

22. **Medical Practitioner:** It 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 set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license. The registered Medical Practitioner should not be the Insured Person or close family member.

For outside India, the Medical Practitioner means a person legally qualified to practice in medicine or surgery duly licensed by his respective jurisdiction provided that this person is not a member of family of the Insured Person.

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

24. **Network Provider:** It 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. (Note: The list of such provider(s) is dynamic and hence may change from time to time. Hence, we suggest you/Insured Person to please check our website or contact our call centre/nearest office for updated list of such hospitals before admission. Website Link- <https://www.iffcotokio.co.in/contact-us?tab=hospital>)

25. **Period of Insurance:** It means the period from the commencement to the end of the insurance cover and this duration is shown on the Schedule of the Policy:

a) **Commencement of the Insurance Cover:** The Insurance Cover begins on the inception date as specified in the Policy Schedule, or when the Insured Person first boards the mode of transportation by which it is intended that he/she shall finally leave India for the overseas journey, whichever is later.

b) **End of the Insurance Cover:** The Insurance Cover terminates

- with the end of the expiry date as specified in the Policy Schedule or
- his/her return to India when he/she is no more in the employment abroad.

Whichever is earlier

26. **Permanent Disability:** It means physical disability leading to loss of employment, and which is certified as such by the concerned Indian Mission /Post/PoE, as applicable.

27. **Policy:** It means these Policy wordings, the Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof. The Policy contains details of the extent of cover available to the Insured

Person, what is excluded from the cover and the terms & conditions on which the Policy is issued to The Insured Person.

28. **Portability:** Portability means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained to the extent of the Sum Insured, specific waiting periods, waiting period for pre-existing diseases, moratorium period, etc. from the existing insurer to acquiring insurer.
29. **Pre-existing Condition:** It means any condition, ailment, injury or disease:
a) that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer; or
b) for which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy.
30. **Proposal** means any signed proposal/ e-proposal by filing up the questionnaires and declarations, written statements and any information in addition thereto supplied to Us by You.
31. **Protector of Emigrants or POE** means a Protector of Emigrants appointed under section 3 and includes a person authorized under section 5 of the Emigration Act, 1983.
32. **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.
33. **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 sum insured, specific waiting periods, waiting periods for pre-existing diseases, moratorium periods etc.
34. **Third Party Administrator (TPA)** means a Company registered with the IRDAI, and engaged by an insurer, for a fee or by whatever name called and as may be mentioned in the health services agreement, for providing health services.
35. **Schedule:** It means the latest Schedule issued by Us as part of the Policy. It provides details of the Policy, of the Insured Person and the level of cover the Insured Person has.
36. **Sum Insured:** It means the monetary amount of coverage shown against the Insured Person.
37. **We /Our /Us:** It means IFFCO-TOKIO GENERAL INSURANCE COMPANY LTD.
38. **You /Your:** It means the Insured Person or Policyholder named in the Schedule.

Section 1
Personal Accident

WHAT IS COVERED	WHAT IS NOT COVERED
<p>We shall pay you or your legal representative the Sum mentioned in the Schedule in the event of bodily injury leading to Insured Person's death or permanent disability, provided that:</p> <p>a) such injury is the sole and direct cause of the death of the insured, within twelve months of its occurrence OR b) such injury shall within twelve months of its occurrence be the sole and direct cause of the permanent disability leading to loss of employment</p> <p>However the Accident leading to injury may take place anywhere in the world.</p> <p>Note: This Section shall remain valid irrespective of change of employer or the insured's location during the policy period. The insurance shall also remain valid during visit of insured to India or any third country during the currency of insurance policy.</p> <p>Note: Any payment of claim, in case of more than one claim under benefits a) & b) during the period of insurance shall not exceed 100% of the Sum Insured of this Section.</p>	<p>We will not be liable for payment of compensation in respect of Injury as a consequence of: -</p> <ol style="list-style-type: none"> 1. Whilst engaging in aviation or ballooning or whilst mounting into, dismounting from or traveling in any aircraft other than as passenger (fare paying or otherwise) in any duly licensed standard type of aircraft. 2. Whilst racing on wheels or horseback, hunting, mountaineering, skiing or ice hockey or being engaged in winter sports. 3. Pregnancy or childbirth. 4. Any compensation for death or permanent disability happening after 12 months of Insured Person having sustained the accidental bodily Injury

Section 2
Transportation of Mortal Remains and Airfare for Attendant

WHAT IS COVERED	WHAT IS NOT COVERED
<p>In the event of an accidental death or Permanent Disability of Insured Person whilst in employment outside India:</p> <ol style="list-style-type: none"> 1. We will reimburse the actual cost of transporting the mortal remains of the deceased upto International Airport nearest to the address of the Insured in India or equivalent amount for local funeral abroad. We shall also reimburse the additional cost of economy class return airfare for one attendant. 2. We will reimburse the additional cost of economy class return airfare for one attendant upto International Airport nearest to the address of the Insured Person in India in case of Permanent Disability of the Insured Person. 	<p>We will not liable for any legal or other incidental cost involved in transportation of mortal remains or that of attendant for the return journey</p>

<p>Note:</p> <p>a) The journey has to be completed through the shortest direct route available.</p> <p>b) The expenses for attendant airfare shall be payable only once during the period of Insurance.</p>	
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Section 3
Hospitalisation expenses and Maternity expenses

WHAT IS COVERED	WHAT IS NOT COVERED
<p>We will pay the Reasonable and Customary Charges of Hospitalisation and Day Care Treatment expenses actually incurred but upto the limits specified in the Policy Schedule for the following:</p> <p><u>Part A Hospitalisation expenses:</u> - In case the Insured Person sustains any Injury or contracts any Disease and upon advice of a Medical Practitioner, he/she has to incur Hospitalisation expenses in Nursing Home/Hospital in India/ third country or in the country of employment.</p> <p><u>Part B Maternity expenses:</u> - In case a woman Emigrant incurs the Hospitalisation expenses relating to maternity in Nursing Home/Hospital in India or in the country of employment, arising out of her pregnancy. This benefit is payable after the period of nine months from the commencement of Period of Insurance. The period of nine months relates to normal delivery, as well as caesarean section</p> <p><u>Part C Hospitalisation expenses of Insured's Family members:</u> - In case a Family member of Insured Person sustains any injury or contracts any disease, and upon advice of Medical Practitioner, any or all of them have to incur Hospitalisation expenses in a Nursing Home/ Hospital in India. This benefit is payable provided that a claim has been paid or liability has been admitted by Us under Section 1 of this Policy.</p>	<p>We will not be liable for:</p> <p>1. Pre-Existing Diseases:</p> <p>i. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with us.</p> <p>ii. If the Insured Person is continuously covered without any break as defined under the portability norms of extant IRDAI (Insurance Products) Regulations, 2024 and its subsequent Circulars, then waiting period for the same would be reduced to the extent of prior coverage.</p> <p>iii. Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.</p> <p>2. First Thirty Days Waiting Period:</p> <p>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.</p> <p>ii. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.</p> <p>3. Specific Waiting Period:</p>

The Hospitalisation expenses for the purpose of this Section will include the following expenses: -

1. Room, Boarding and Nursing expenses as provided in any of the Hospital/Nursing Home.
2. Medical Practitioner, Anesthetist, Consultant fees.
3. Expenses on Anesthesia, Blood, Oxygen, Operation Theatre, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs, Cost of transplantation of Organs and similar expenses.
4. AYUSH Hospitalization expenses.

Note: The expenses that are not covered in this Section 3C are placed under List-I of Annexure-A. The list of expenses that are to be subsumed into room charges, or procedure charges or costs of treatment are placed under List-II, List-III and List-IV of Annexure-A respectively.

- i. Expenses related to the treatment of the following listed conditions, surgeries/treatments shall be excluded until the expiry of 12 months of continuous coverage, as may be the case after the date of inception of the first policy with Us. This exclusion shall not be applicable for claims arising due to an accident.
- ii. 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.
- iii. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- iv. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI (Insurance Products) Regulations, 2024 and its subsequent Circulars then waiting period for the same would be reduced to the extent of prior coverage.

List of specific diseases/procedures

12 Months waiting period

- i. Cataract, Benign Prostatic Hypertrophy, Hysterectomy for Menorrhagia or Fibromyoma
- ii. Hernia, Hydrocele, Congenital Internal Disease.
- iii. Fistula in anus, Piles, Sinusitis
- iv. Cholelithiasis and Cholecystectomy

4. **Cosmetic or plastic Surgery:** 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.

5. Investigation & Evaluation:

- i. Expenses related to any admission primarily for diagnostics and evaluation purposes.

	<ul style="list-style-type: none"> ii. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment. <p>6. Rest Cure, rehabilitation and respite care: Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:</p> <ul style="list-style-type: none"> 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. <p>7. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.</p> <p>8. Sterility and Infertility: Expenses related to sterility and infertility. This includes:</p> <ul style="list-style-type: none"> i. Any type of contraception, sterilization ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI iii. Gestational Surrogacy iv. Reversal of sterilization <p>9. Any Maternity Expenses in respect of more than 2 children.</p> <p>10. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons.</p> <p>11. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure.</p>
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	<p>12. Hazardous or Adventure sports: Expenses related to any treatment necessitated due to participation in hazardous or adventure sports, including but not limited to 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, animal racing, hell 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 racing, motor rallying, parachuting, paragliding/ parapenting, para-jumping, piloting aircraft, polo, power lifting, power boat racing, quad biking, river boarding, scuba diving, river bugging, deep-sea diving, river rafting, rodeo, roller hockey, rugby, ski acrobatics, ski doo, ski jumping, ski racing, sky diving, small bore target shooting, speed trials/ time trials, triathlon, water ski jumping, weight lifting or wrestling of any type.</p> <p>13. Excluded Providers in India: Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by Us and disclosed in Our 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. (Note: The list of such excluded provider(s) is dynamic and hence may change from time to time. Hence, we suggest you/Insured Person to please check our website or contact our call Centre/nearest office for updated list of such excluded hospitals before admission. Website Link- https://www.iffcotokio.co.in/contact-us?tab=hospital)</p> <p>14. Unproven Treatments: Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments</p>
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	<p>are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.</p> <ol style="list-style-type: none">15. Circumcision, unless necessary for the treatment of a disease not otherwise excluded or required as a result of accidental bodily Injury, vaccination unless forming part of post-bite treatment.16. Cost of spectacles and contact lens or hearing aids.17. Dental treatment or surgery of any kind, unless requiring hospitalization.18. External/ Durable medical/ non-medical equipment of any kind which can be used at home subsequently except the medicines or the solutions required for the treatment.19. Procedures/treatments mainly done in outpatient department (OPD) even if these are converted to day care surgery or as in patient in hospital to make it hospitalization claim.20. Travel or transportation expenses.21. Treatment of, external congenital Disease or defects or anomalies, venereal Disease except HIV or intentional self-Injury.22. Claims related to Emigrant Woman's maternity in the country of employment, unless the requisite documents are certified by Indian Mission/ Post concerned.
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Section 4
Employment Contingencies & Repatriation Expenses

WHAT IS COVERED	WHAT IS NOT COVERED
<p>We will pay to You for actual one way economy class airfare upto International Airport nearest to the address of the Insured in India by the shortest direct route available to the under noted circumstances: -</p> <p><u>Part A</u></p> <ol style="list-style-type: none"> 1. Insured Person is/has not been received on behalf of employer, when he/she arrives at his/her workplace or destination abroad i.e. employer refuses the job/employment to the Insured Person 2. If there is any substantive change in the job/employment contract/agreement to the disadvantage of the Insured Person. 3. If the employment is prematurely terminated within period of employment for no fault of the Insured Person. <p><u>Part B</u></p> <p>Insured Person falls sick or is declared medically unfit to commence or continue or resume working and the service contract is terminated by the Employer abroad within the first 12 months of taking the insurance cover.</p> <p><u>Note:</u> In both cases where the repatriation is arranged by Indian Mission/Post, We will reimburse the actual transportation expenses to the concerned Indian Mission/Post.</p>	<p>We will not liable for any payment, unless the grounds for repatriation are certified by Indian Mission/Post abroad and original air tickets are submitted.</p>

Section 5
Legal Costs

WHAT IS COVERED	WHAT IS NOT COVERED
<p>We will pay to You upto limits specified in the Schedule in connection with legal expenses incurred by You in any litigation expenses relating to Insured Person's employment abroad.</p>	<p>We will not be liable for any payment unless the necessity of filing such case is certified by the concerned Indian Mission/Post abroad.</p>

SPECIAL PROVISIONS

(APPLICABLE FOR THE WHOLE POLICY)

1. Limit of liability: - The maximum limit of liability under this Policy will be Sum Insured/Limit mentioned against each Section/Subsection/part of the Section in the Policy Schedule. Any claim will reduce the Sum Insured/Limit by such claim amount for the remaining Period of Insurance.
2. Shortest Direct Routes: - The benefit available under this Policy for transportation and journey cost is payable only by shortest direct route, unless in Our opinion the longer route was undertaken due to contingencies involved and warranted.

GENERAL EXCLUSIONS

(WHAT IS NOT COVERED BY THE WHOLE POLICY)

We will not pay:

1. For any claim relating to events occurring before the commencement of the cover and after the expiry of the cover as described in the Period of Insurance.
2. For any claim if the Insured Person –
 - a) Is travelling against the advice of a physician.
 - b) Is receiving or on a waiting list for specified medical treatment declared in a Medical Practitioner's Report or Certificate.
 - c) Has received terminal prognosis for a medical condition.
 - d) Is taking part in a naval, military or air force operation, whether in the form of military exercises or war games, or actual engagement with the enemy, whether foreign or domestic.
3. Any claim in the event of war or military action occurring against the country or internal conflict in the country to which the Insured Person/Emigrant has gone for the work.
4. Any claim arising after expiry date of passport or visa for Insured Person.
5. For any claim arising out of illness or accident that the Insured Person has caused intentionally, including committing or attempting suicide or as a result of drug addiction, alcoholism or whilst under influence of intoxicating liquor.
6. Venereal Disease except HIV or intentional self-Injury.
7. Any claim that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, military or usurped power, active participation in riots, confiscation or nationalisation or requisition of or destruction of or damage to property by or under the order of any government or local authority.
8. For any claim arising from damage to any property or any loss or expense whatsoever resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:

- a) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or
 - b) The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
 - c) Asbestosis or any related sickness or disease resulting from the existence, production, handling, processing, manufacture, sale, distribution, deposit or use of asbestosis or products thereof.
9. For any claim relating to any consequential loss
10. For any claim arising in respect of travel by the Insured Person to any country against whom the Republic of India has imposed general or specific travel restrictions.
11. For any claim arising out of Insured Person's attempted engagement in any criminal or other unlawful act.

GENERAL CONDITIONS

(APPLICABLE TO THE WHOLE POLICY)

1. **Reasonable Precautions:** You/Insured Person shall take all reasonable precautions to prevent injury, illness, disease and damage in order to minimize claims. Failure to do so will prejudice the Insured Person's claim under this Policy.
2. **Misdescription:** The Policy shall be void and all premium paid by You to Us will be forfeited in the event of a misrepresentation or concealment of any material information.
3. **Notice:** You will give every notice and communication in writing to Our office through which this insurance is affected.
4. **Changes in Circumstances:** You must inform Us, as soon as reasonably possible, of any change in information You have provided to Us about the Insured Person and/or his/her job, country of employment and/or employer which may affect the insurance cover provided.
5. **Waiver of conditions:** No waiver of any terms, provision, conditions and endorsements of this Policy shall be valid unless made in writing and signed by Our authorized official
6. **Migration:** You/the Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by Us by applying for migration of the Policy atleast 30 days before the policy renewal date. If You/insured Persons is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by Us , You will get all the accrued continuity benefits as per below:
 - i. The waiting periods specified in Section 3, "What is Not Covered?", Point No-1,2 and 3 shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.
 - ii. Migration benefit will be offered to the extent of sum of previous insured,migration benefit shall not apply to any other additional increased Sum Insured.

iii. Moratorium Period We may underwrite your migration proposal, in case You are not continuously covered for 36 months.

7. **Portability:** You/the Insured Person will have the option to port the Policy to same product of other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the due date of renewal. If You/ Insured person is presently covered and has been continuously covered without any lapses under this health insurance plan with an Indian General/Health insurer, the proposed Insured Person will get all the accrued continuity benefits as under:
- i. The waiting periods specified in Section 3, "What is Not Covered?", Point No-1,2 and 3 shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.
 - ii. Portability benefit will be offered to the extent of sum of previous sum insured, portability benefit shall not apply to any other additional increased Sum Insured.
 - iii. Moratorium Period
8. **Moratorium Period:** After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by Us on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called moratorium period. The moratorium would be applicable for the sums insured of the first policy.

9. **Claim Procedure and Documents**

Section 1 -Personal Accident

Procedure: Intimation about the accident/physical injury will be sent to Us within 30 days from the date of such accident/physical injury. Further, claim has to be filed within 90 days from the date of accidental death/ permanent disability. In case of non-submission of claim documents within 90 days, certificate from the Indian Mission/Post stating that the circumstances were beyond the control of the insured, will be accepted by the Us.

List of Documents (wherever applicable)

- i. Certification of accidental death or permanent disability leading to loss in the employment by Indian Missions and Posts abroad.
- ii. In case of accidental death/permanent disability in India, certificate from Protector of Emigrants will be accepted.
- iii. Police report if recorded
- iv. Detailed Sequence of events
- v. Medical records giving the details of accident, nature of injury(in case of hospital visit) , date of accident and reason of disability / death (with relation to claim)
- vi. Disability certificate from reputed surgeon or hospital for permanent disability claims
- vii. Any claim for death of the Insured Member shall be duly supported by a death certificate issued by the Hospital in the country of Accident or Country of Residence of the Insured Member, as the case may be.
- viii. Post mortem certificate if required by the Us shall also be submitted, wherever postmortem is conducted.
- ix. The claim for permanent disability shall be duly supported by the disability certificate issued by the Hospital/ Medical Practitioner specifying the nature of disability in detail and the percentage of disablement.

- x. The certificate obtained from the Medical Practitioner should clearly relate the death/ disability to the Accident in question.
- xi. Claim Form duly filled in and signed
- xii. Depending upon the peculiarity of the case, additional documents/information will be asked for
- xiii. Covering letter detailing circumstances
- xiv. Cancelled cheque/ NEFT details of the beneficiary
- xv. KYC details of the insured & beneficiary

Section 2- Transportation of Mortal Remains and Airfare for Attendant

Procedure

The claim for reimbursement shall be filed with the Insurance Company within 90 days of completion of journey.

List of Documents (wherever applicable)

- i. Original tickets or receipts for means of transport and conveyance.
- ii. Passport Copy of the Attendant with proof of travel.
- iii. Certification of accidental death or permanent disability leading to loss in the employment by Indian Missions and Posts abroad. OR
- iv. Certification from Indian Mission and Posts abroad confirming local funeral abroad (if applicable) and
- v. Invoices of local funeral expenses incurred abroad (if applicable)

Section 3- Hospitalization expenses and Maternity expenses

Procedure (Outside India): If an event of hospitalisation under this Policy, You must notify the claim to us, as soon as possible, but not later than 7 days from the date of hospitalisation.

List of Documents (wherever applicable) for Hospitalization and Maternity-Outside India

- i. Claim form duly filled and signed along with attending Medical Practitioner statement
- ii. Copy of Policy Schedule.
- iii. Covering letter detailing circumstances of event- eg details of injury- how, when & where did the injury took place. In case of disease- duration of presenting complaints and details of past medical history. Details of expenses claimed.
- iv. Details of past medical history evident through the record on the treatment documents abroad/ by the doctor in India.
- v. In case of past history, clearance from the doctor in India to fly abroad.
- vi. Medical reports and discharge summary / treatment record issued by the hospital / medical center, or prescriptions and medical records from the medical practitioner furnishing the name of the insured, period of treatment and details of treatment rendered i.e. line of treatment and final diagnosis.
- vii. Original hospital bills/ medical with detailed break up and proper description of services rendered and payment receipts towards expenses incurred
- viii. Attending Surgeon's/Medical Practitioner's Prescription advising hospitalization.
- ix. Any other medical bills with relevant advice/ prescription, details of services rendered and payment receipt against it.

- x. Name, Address, e mail ID and Phone number of the local medical officer/family physician in India and treating physician abroad.
- xi. And any other document as may be appropriately applicable for the claims preferred under this section of the Policy.
- xii. Cancelled cheque of the insured / nominee
- xiii. KYC details of beneficiary including PAN Card.

Note: For Maternity Claims that occurred abroad, the applicable documents mentioned above needs to be certified by Indian Mission/Post concerned.

Procedure and List of Documents(whenever applicable) -Within India

a. Notification of Claim

Cashless	Reimbursement
The Insured Person or family must contact the Third Party Administrator/Us at least 48 hours before a planned Hospitalization. In an emergency situation We/ Third Party Administrator should be contacted within 24 hours of Hospitalization.	The Insured person or family must report to us as soon as possible or within “a maximum of 24 hours of hospitalization, but in any case, 12 hours prior to insured person's or family members’ discharge from hospital/nursing home”.

For more details refer below link

<https://www.iffcotokio.co.in/claims/claim-procedure>

Note: If We/ TPA seek any further clarification or documents in support of the claim, the same should be provided along with all supporting documents within 15 days from the date of such requirement from Us/ TPA.

b. Procedure for Cashless claims:

- i. Treatment may be taken in a network provider and is subject to pre authorization by Us or Our authorized TPA.
- ii. Cashless request form available with the network provider and TPA shall be completed and sent to Us/TPA for authorization.
- iii. We/ TPA upon getting cashless request form and related medical information from the insured person/family, network provider will issue pre-authorization letter to the hospital after verification.
- iv. At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.
- v. We/ TPA reserves the right to deny pre-authorization in case the insured person/family is unable to provide the relevant medical details.
- vi. In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim documents to the Company / TPA for reimbursement.

c. Procedure for reimbursement of claims:

For reimbursement of claims the insured person/family may submit the necessary documents to Us/TPA(if applicable) within the prescribed time limit as specified hereunder.

SI No	Type of Claim	Prescribed Time limit for Submission
1.	Reimbursement of hospitalization, day care and pre hospitalization expenses	Within 30 days of date of discharge from hospital
2.	Reimbursement of post hospitalization expenses	Within 30 days from completion of post hospitalization treatment

Documents to be submitted (wherever applicable): The reimbursement claim is to be supported with the following documents and submitted within the prescribed time limit.

- i. Claim Form duly filled in and signed – As per prescribed format (Form B to be filled in and signed by the Hospital authorities under seal)
- ii. Photo Identity proof of the patient
- iii. Medical practitioner's prescription advising admission
- iv. Original bills with itemized break-up
- v. Original Payment receipts
- vi. Pharmacy Bills (Original Only) with supporting prescriptions
- vii. Discharge summary including complete medical history of the patient along with other details. (Photo Copy in case of claim for Pre/Post Hospitalization only)
- viii. Investigation/ Diagnostic test reports etc. supported by the prescription from attending medical practitioner
- ix. OT notes or Surgeon's certificate giving details of the operation performed (for surgical cases).
- x. Sticker/Invoice of the Implants, wherever applicable.
- xi. All previous treatment papers related to Ailment of last 3 years. (In some cases, we may ask for more than 3 years record if required)
- xii. Copy/Copies of previous insurance policies if required (in case not provided earlier)
- xiii. MLR (Medico Legal Report copy if carried out and FIR (First information report) if registered, where ever applicable.
- xiv. Registration Certificate of the Hospital under Clinical Establishment Act or similar state act for medical establishments. Please note registration under Shops and Establishment Act, Registration with CMO etc. are not sufficient to meet the requirements of policy.
- xv. NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque
- xvi. KYC number of the Policyholder (Pan Card and Identity Proof with Address) as per AML Guidelines
- xvii. Identity Proof with Address Proof of the Insured Person with respect to whom, claim is reported.
- xviii. Legal heir/succession certificate, wherever applicable
- xix. Any other document if insured wants to furnish in support of the claim

Note:

- a) We shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted.
- b) In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, We shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to Our satisfaction.
- c) Any clarification or queries raised by us on all claims submitted by you should be satisfactorily responded with supporting documents within 15 days from the date of query (ies).

- d) Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person.

Section-4: Employment Contingencies & Repatriation Expenses

Procedure: In the event of claim under this Policy, You must notify the claim to us, as soon as possible, but not later than 7 days from the date of arrival back to India.

List of Documents (wherever applicable):

- i. Air-tickets are submitted in original.
- ii. Grounds for repatriation are certified by the concerned Indian Mission/Post
- iii. Any letter or correspondence from Employer along with Service Agreement copy and air tickets along with other travel vouchers in original.

Section-5:Legal Cost

Procedure: If an event of claim under this Policy, You must notify the claim to us, as soon as possible, but not later than 7 days from the date of event.

List of Documents (wherever applicable):

- i. The necessity of filing such case is certified by the concerned Indian Mission/Post.
- ii. Lawyer's Certificate and invoices.

Note (Applicable for All Sections): Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person or his/her representative.

10. **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 Us.

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

- a) The suggestion, as a fact of that which is not true and which You/the insured person do/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

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

11. **Withdrawal of Policy**

- i. In the likelihood of this product being withdrawn in future, We will intimate You/the insured person about the same 90 days prior to expiry of the policy.
- ii. You/ insured Person will have the option to migrate to similar health insurance product available with Us at the time of renewal with all the accrued continuity benefits, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

12. **Nomination:** The policyholder is required at the inception and renewal 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 Us 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, We 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.

13. **Subrogation:**

- a) You shall do or concur in doing or permit to be done everything necessary for the purpose of enforcing any civil or criminal rights and remedies or obtaining relief or indemnity from other parties to which We shall be or would become entitled or subrogated upon Our paying any claim under this Policy, whether before or after indemnification;
- b) You shall not do or cause to be done anything that may cause any prejudice to Our right of Subrogation;
- c) You agree that any recoveries made shall first be applied in making good any sums paid out by or on behalf of Us for the claim and the costs of recovery.

14. **Cancellation:** You may cancel this policy at any time during the term, by giving 7 days' notice in writing. The Insurer shall:

- a) in case of no claim, refund proportionate premium for unexpired policy period.
- b) in case of a claim, refund the premium in respect of policy year(s) for which risk coverage has not commenced as on the date of cancellation.

We may cancel the Policy at any time on grounds of mis-representation, non-disclosure of material facts, established fraud by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representation, non-disclosure of material facts or established fraud.

All cancellations will require the prior approval of the P.O.E. office.

15. We will not be bound to take cognizance or be affected by any notice of trust, charge, lien, assignment or other dealings with or relating to this Policy. Your receipt or receipt of Insured Person shall in all cases be an effective discharge to Us.

16. **Renewal of Policy:**

The policy shall be renewable, except in case of established fraud or non-disclosure or misrepresentation by You, provided the product is not withdrawn and also subject to the following conditions:

- i. We shall send renewal notices to You, at least 30 days in advance from Policy due date.
- ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
- iii. Request for renewal along with requisite premium shall be received by Us before the end of the policy period.
- iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
- v. No loading shall apply on renewals based on individual claims experience.

17. **Arbitration:** Any dispute or claim arising out of or in relation to this insurance policy shall be referred to and resolved by arbitration under the Arbitration & Conciliation Act, 1996, enacted in India. The arbitration proceedings shall be conducted in English under and in accordance with the provisions of the said Arbitration and Conciliation Act 1996.

The seat of arbitration shall be the place of issuance of this insurance policy or any other place in India as agreed by the parties and the parties shall bear costs of fees and expenses of arbitral tribunal in equal proportion until unless otherwise stated in arbitral or other order/award.

18. **Claim Settlement (provision for Penal Interest):**

- i. We shall settle or reject a claim, as the case may be, within 15 days from the date of submission of claim.
- ii. In the case of delay in the payment of a claim, We shall pay interest to You from the date of receipt of intimation to the date of payment of claim at bank rate** plus 2%. Such interest shall be suo-moto paid by Us.
- iii. However, where the circumstances of a claim warrant an investigation during adjudication of the claim, We shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of submission of claim. In such cases, We 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 of investigation period, We shall be liable to pay interest to You at a rate bank rate** plus 2% from the date of receipt of intimation to the date of payment of claim. Such interest shall be suo-moto paid by Us.

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

Note : This Clause shall always correspond with the amendment(s), if any, to the relevant provisions of IRDAI (Protection of Policyholders' Interests, Operations and Allied Matters of Insurers), Regulations, 2024 and Master Circulars issued thereunder.

19. All claims shall be payable in Indian currency.

20. **Possibility of Revision of Terms of the Policy Including the Premium Rates**

We, may revise or modify the terms of the policy including the premium rates, on renewal. You shall be notified three months before the changes are affected.

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

22. **Provision for Senior Citizens**

Claims/ Grievance E-mail Id: seniorcitizengrievance@iffcotokio.co.in
Toll free: 1800-103-5498
Address: Chief Grievance Officer
IFFCO-Tokio General Insurance Co Ltd
IFFCO Tower, Plot no. 3
Gurugram-122001

23. **Get in touch with us**

In case of any query, the You may contact Us through:

Company Website: www.iffcotokio.co.in

Toll free: 1800-103-5499

E-mail: support@iffcotokio.co.in

Address : IFFCO-Tokio General Insurance Co Ltd
IFFCO Tower, Plot no. 3
Sector -29, Gurgaon – 122001

24. **Redressal Of Grievance**

In case of any grievance, may contact Us through:

Website: <https://www.iffcotokio.co.in/customer-services/grievance-redressal>

Toll free: 1800-103-5499

E-mail: support@iffcotokio.co.in

Courier: Chief Grievance Officer
IFFCO-Tokio General Insurance Co Ltd
IFFCO Tower, Plot no. 3
Sector -29, Gurgaon – 122001

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. The list of branches with addresses are available at <https://www.iffcotokio.co.in/contact-us?tab=branch>

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 chiefgrievanceofficer@iffcotokio.co.in

For updated details of grievance officer, kindly refer the link

<https://www.iffcotokio.co.in/contact-us/customer-services/grievance-redressal>

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.

We shall comply with the award of the Insurance Ombudsman within 30 days of its receipt by Us. We shall be liable for a penalty of Rs 5,000/- per day in case of non-compliance in addition to the penal interest liable to be paid by Us under The Insurance Ombudsman Rules, 2017.

Grievance may also be lodged at Grievance Portal of IRDAI- 'Bima Bharosa' and tracked through your mobile number.

- <https://bimabharosa.irdai.gov.in/Home/Home>

For Updated List of Ombudsman Address, please visit:

- <https://www.cioins.co.in/Ombudsman>

Office Details	Jurisdiction of Office (Union Territory, District)
<p>AHMEDABAD - Shri Pranai Prabhakar Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02 Email: bimalokpal.ahmedabad@cioins.co.in</p>	<p>Gujarat, Dadra & Nagar Haveli, Daman and Diu.</p>
<p>BENGALURU – Ms. Neerja Kapur Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in</p>	<p>Karnataka.</p>
<p>BHOPAL -Shri Ajay Kumar Office of the Insurance Ombudsman, 1st floor,"Jeevan Shikha", 60-B,Hoshangabad Road, Opp. Gayatri Mandir, Arera Hills, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202/ 2769203 Email: bimalokpal.bhopal@cioins.co.in</p>	<p>Madhya Pradesh, Chhattisgarh.</p>
<p>BHUBANESHWAR - Shri Rashmi Raman Singh Office of the Insurance Ombudsman, 62, Forest park, Bhubaneshwar – 751 009. Tel.: 0674 - 2596461 /2596455/2596429/2596003. Email: bimalokpal.bhubaneswar@cioins.co.in</p>	<p>Orissa.</p>
<p>CHANDIGARH – Ms. Alka Jha Office of the Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172 – 2706468 / 464639 Email: bimalokpal.chandigarh@cioins.co.in</p>	<p>Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.</p>

<p>CHENNAI – Shri K. Vinayak Rao Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in</p>	<p>Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).</p>
<p>DELHI – Shri Mukhmeet Singh Bhatia Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 46013992/23213504/23232481 Email: bimalokpal.delhi@cioins.co.in</p>	<p>Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.</p>
<p>GUWAHATI – Shri Ajay Kumar Sharma Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Near Pan Bazar, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 / 2631307 Email: bimalokpal.guwahati@cioins.co.in</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p>HYDERABAD – Ms. G Shobha Reddy Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp.Hyundai Showroom , A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325 Email: bimalokpal.hyderabad@cioins.co.in</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Union Territory of Pondicherry.</p>
<p>JAIPUR – Shri Satyajeet Rajan Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 – 2740363 Email: bimalokpal.jaipur@cioins.co.in</p>	<p>Rajasthan</p>
<p>KOCHI – Shri Pradeep Kumar Jain Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp. to Maharaja's College Ground, M.G. Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in</p>	<p>Kerala, Lakshadweep, Mahe-a part of Union Territory of Pondicherry.</p>
<p>KOLKATA – Ms. Manju Bagga Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341, Email: bimalokpal.kolkata@cioins.co.in</p>	<p>West Bengal, Sikkim, Andaman & Nicobar Islands.</p>
<p>LUCKNOW - Shri Sanjai Singh Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj,</p>	<p>Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli,</p>

<p>Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in</p>	<p>Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p>
<p>MUMBAI – Ms. Sarojini S Dikhale Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in</p> <p>NOIDA - Shri Rajiv Talwar Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in</p>	<p>List of wards under Mumbai https://www.cioins.co.in/notification/Mumbai%20jurisdiction-%20Annexure%20B.pdf Metropolitan Region excluding wards in Mumbai – i.e M/E, M/W, N, S and T covered under Office of Insurance Ombudsman Thane and areas of Navi Mumbai.</p> <p>State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>
<p>PATNA – Shri Inderjeet Singh Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in</p>	<p>Bihar, Jharkhand.</p>
<p>PUNE – Ms. Rachna Khare 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.: 020-24471175 Email: bimalokpal.pune@cioins.co.in</p>	<p>State of Goa and State of Maharashtra excluding areas of Navi Mumbai, Thane district, Palghar District, Raigad district & Mumbai Metropolitan Region</p>
<p>Thane – Shri Umesh Sinha Office of the Insurance Ombudsman, 2nd Floor, Jeevan Chintamani Building, Vasantrao Naik Mahamarg, Thane (West) Thane - 400604 Email: bimalokpal.thane@cioins.co.in</p>	<p>Area of Navi Mumbai, Thane District, Raigad District, Palghar District and wards of Mumbai, M/East, M/West, N, S and T."</p> <p>Wards of Mumbai: https://www.cioins.co.in/notification/Thane%20jurisdiction%20-Annexure%20A.pdf</p>

Annexure – A

Annexure - A

List I – List of non-payable Items

Sl. 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

S.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

S.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

S.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