

Policy Document
LifeLine Medi Cash Plan

Health Insurance Plan
UIN-

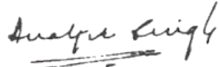
Max New York Life Insurance Company Limited

Regd Office: Max House, 1, Dr. Jha Marg, Okhla, New Delhi -
110020

Max New York Life Insurance Company Limited (the "Company") has entered into this contract of insurance (the "Policy") on the basis of the proposal together with the premium deposit and declarations, statements, report or other documents received from the Proposer for effecting a health insurance contract on the life of the person (the "Life Insured") named in the schedule hereto (the "Schedule"). This Policy is subject to the terms and conditions stated herein and in the Schedule.

The Company agrees to pay the Benefits under this Policy on the happening of the Insured Event, while this Policy is in force.

Signed by and on behalf of
Max New York Life Insurance Company Limited



Analjit Singh
Chairman

Date of Policy:

THE SCHEDULE (Page 01)

POLICY – LifeLine - Medi Cash

TYPE OF POLICY Health Insurance –
Non Linked-Non Participating
GENERALOFFICE

POLICY NO:			PROPOSAL NO:		
DATE OF PROPOSAL:					
POLICYHOLDER/ INSURED:			PROPOSER/ LIFE		
SEX:					
ADDRESS: <Address 1> <Address 2> <Address 3> <Address 4>					
DATE OF BIRTH :					
WHETHER AGE ADMITTED			Yes		
EFFECTIVE DATE OF COVERAGE :					
PREMIUM MODE:					

THE SCHEDULE (Page 02)

TYPE OF COVERAGES	MATURITY DATE	INSURED EVENT	ANNUAL PREMIUM (Rs.)	DUE DATES WHEN PREMIUM PAYABLE/ DATE WHEN LAST INSTALMENT OF PREMIUM DUE	MODAL FLAT EXTRA PREMIUM
LifeLine - Medi Cash	dd/mm/yy	Hospitalisation			

3. Benefits

Benefit	Unit/ scale of benefit				
	1(Rs)	2(Rs)	3(Rs)	4(Rs)	5(Rs)
Hospital Cash - per diem rate.	1000	2000	3000	4000	5000
ICU Cash- per diem rate.	2000	4000	6000	8000	10000
Recuperating Cash – lumpsum.	3000	6000	9000	12000	15000

1. DEFINITIONS & INTERPRETATION

In the policy document, the words and phrases listed below shall be deemed to have the meanings attributed to them wherever they appear in the policy document unless the context otherwise requires:

- a. **“Accident”** shall mean a sudden, unforeseen occurrence and involuntary event caused by external, violent and visible means the happening of which is not inherent in the normal course of events and is not ordinarily expected to happen or occur.

- b. **“Effective Date”** means the date as specified in the schedule on which the risk under this policy commences.
- c. **“Hospital”** means an institution which is legally registered and licensed as a medical or surgical hospital in India having at least 15 in-patient beds and which is not primarily an Out Patient care clinic, a place for custodial care for alcoholics or drug addicts, a , rest or convalescent home or a home for the aged or similar establishment. The institution must be under the constant supervision of a Registered Medical Practitioner and must have a 24-hour professional nursing service. The Institution must maintain daily records of patients and should make the same available to the company as and when requested. The institution must have a fully equipped operation theatre of its own, where surgical procedures are carried out.
- d. **“Hospitalisation”** shall mean admission to a hospital as an in-patient upon the written advice of a registered medical practitioner for the purpose of medically necessary treatment of an illness or injury or for carrying out a medically necessary surgical procedure and includes time spent on recuperating in the hospital for the same and the word “hospitalised” shall be construed accordingly.
- e. **“Intensive Care Unit” or “ICU”** shall mean a specialised section of a hospital that provides comprehensive and continuous care to persons who are suffering from illness or injury or who require life support facilities or Intensive Close monitoring of Vital signs and / or specialised equipment for doing the same that is normally not available in the ward / room of a hospital **accepted**
- f. **“Illness”** shall mean a physical condition marked by a pathological deviation from the normal health state.
- g. **“Injury”** shall mean bodily injury caused solely and directly by an accident.
- h. **“Life insured”** means the person who has been insured by the company under this policy.
- i. **“Maturity Date”** means the date and time as shown in the schedule on which the policy terminates.
- j. **“Medically Necessary”** shall mean any treatment prescribed by a registered medical practitioner which is:
- necessary to investigate, diagnose or treat injury or illness , and
 - consistent with the current standards generally accepted medical practice and of proven medical benefits on national basis, and
 - not of preventive or screening nature.

The mere fact that a registered medical practitioner has prescribed hospitalization does not by itself mean that the same may be medically necessary unless it is shown that **it was not possible for the life insured to avail treatment if rendered out of hospital.**

- k. **“Premium”** means the premium payable by the policyholder in a policy year by regular instalments in the amounts and on the due dates in the manner specified in the Schedule to secure the benefits under the policy.

- l. **“Policyholder”** means the person who owns the policy and for the purposes of this policy includes the life insured.
- m. **“Policy”** means this **“LifeLine Medi Cash ”** health insurance plan, the operation, regulation and management of which is governed by the documents comprising the policy documentation, which is made up of the proposal form and any additional information the policyholder may provide in respect of the proposal, these terms and conditions, the schedule attached to and forming part of this policy (and if an updated schedule is issued, then schedule means the latest in time), policyholder’s written instructions given in accordance with the policy document subject to company’s acceptance of the same.
- n. **“Policy Anniversary”** means the anniversary of the effective date.
- o. **“Policy Year”** means a 12 calendar month period commencing with the effective date and time and every policy anniversary.
- p. **“Pre-existing condition”** shall mean a condition, prevailing at or prior to the effective date of this policy or the date of revival of the policy, having symptoms of an illness or injury which would have caused any ordinary prudent person to seek or receive treatment, diagnosis or care, or medical advice from a registered medical practitioner or undergo medical tests or investigations or treatment or hospitalisation. Any treatment or hospitalisation for any illness or injury arising out of or connected with a pre-existing condition shall be considered as part of the pre-existing condition.
- q. **“Registered Medical Practitioner”** shall mean any person qualified by degree in Allopathic medicine and registered with the Medical Council of India or any State of India who possesses sufficient skill and competence to render medical or surgical services in respect of the injury or illness concerned, but excludes a registered medical practitioner who is the policy holder or the spouse or lineal relative of the policy holder.
- r. **“Treatment”** shall mean an act of remediation of a health problem.

2. ELIGIBILITY

- 2.1 The policy has been written on a single life basis. The policyholder must propose on his own life.
- 2.2 The entry age of the policyholder shall be between 18 years to 65 years.
- 2.3 The fixed term of the policy is 10 years. The maximum age of life insured at maturity cannot exceed 75 years.

3. BENEFITS

3.1 Medi Cash : The following benefits are payable on the happening of the insured event:

A. Hospital Cash benefit

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i. If the life insured has been hospitalized for a medically necessary treatment of any illness or injury, for a continuous and consecutive period of at least 48 hours, the company shall pay hospital cash benefit as per the unit/ scale of benefit applicable, for the period of hospitalization but excluding the first 24 hours of such hospitalization and subject to such limits as specified in the schedule. Any period less than 24 hours spent by the life insured during hospitalization after the initial 48 hours will be counted for payment of full per diem rate. The hospital cash benefit is not linked to or based upon the actual amount spent by the life insured on his hospitalization and no benefit higher or lower than the applicable per diem rate as specified in the schedule shall be payable for such hospitalization.

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ii. In case the life insured is hospitalized again for the medically necessary treatment of the same illness or injury for which the life insured was hospitalized immediately prior but within a period of 30 days from the date of discharge from the hospital after the first hospitalization, then in respect of the subsequent period of hospitalization(s) undertaken within the said period of 30 days, there shall be no exclusion of the first 24 hours of hospitalization(s) for the payment of hospital cash benefit.

B. Intensive Care Unit Cash benefit

If the life insured is required to and is admitted into an intensive care unit for a medically necessary treatment of any illness or injury for a continuous period of 8 hours or more during hospitalization for a continuous period of 24 hours or more, the company shall pay intensive care unit cash benefit, in addition to the hospital cash benefit, at the applicable per diem rate and subject to such limits as specified in the schedule.

C. Recuperating Cash benefit

In addition to the hospital cash benefit, a recuperating cash benefit at the lump sum rate as specified in the schedule will be paid by the company for every period spent on recuperation during hospitalization and after discharge from the hospital as per the advise of the registered medical practitioner or approved by the company's appointed doctor, provided the life insured has been hospitalized for a continuous and consecutive period of 7 days or more and is discharged alive from the hospital

*The benefits payable under Section 3.1 A, B and C above are subject to the following:

i. The company shall pay in aggregate across all benefits for a maximum of 50 days of hospitalization of the life insured in a policy year and for an aggregate of 250 days of hospitalization of the life insured during the policy term.

- II. The life insured must file with the company or the third party administrator/ authorized service provider all the required claim documents within 60 days of the date of discharge from the hospital.
- III. The scale of benefits as specified in the schedule are denominated as 'Units 1 to 5 ' and any one unit can be proposed at the stage of proposal. The company may in its absolute discretion and subject to underwriting rules, assign the most appropriate unit representing the scale of benefit to the policyholder. The policyholder cannot propose for a different unit/ scale of benefit once the policy is effected. Any benefit not availed of in a policy year shall not be allowed to be carried forward to or clubbed with the benefit applicable for the next succeeding policy year(s).

Exclusions to the benefits payable under section 3.1 A , B and C

Notwithstanding anything to the contrary stated herein, no benefit under this policy will be payable for the following:

- I. Admission into a hospital for treatment of a pre-existing condition or any complication arising out of pre-existing condition. .
- II. Any hospitalizations within 90 days of the effective date except where such hospitalization is for medically necessary treatment of an injury.
- III. Admission into a hospital for routine examination, preventive medical check-up, vaccinations or any medical examination
- IV. Admission into a hospital for treatment for any psychiatric, mental or nervous condition.
- V. Admission into a hospital for dental treatment, supply or fitting of eyeglasses or hearing aids, LASIK , Photorefractive Keratectomy , Phakik Intra Ocular Lens implants or any other procedures carried out for purpose of correcting refractive errors.
- VI. Admission into a hospital for pregnancy and childbirth, pregnancy complications such as toxemia, or hyperemesis gravidarum, abortion, contraceptive measures and fertility tests)
- VII. Admission into a hospital for treatment of infertility or of a sexually transmitted disease.
- VIII. Admission into a hospital for cosmetic or plastic surgery except where such surgery is medically necessary for treatment of an injury.
- IX. Admission into a hospital for a sex change operation.
- X. Admission into a hospital for an organ transplant procedure, where the life insured himself acts as a donor.
- XI. Admission into a hospital purely for convalescent care, rest care, hospice care, rehabilitation or similar such treatment.

XII. Admission into a hospital where treatment is not undertaken or carried out by a registered medical practitioner. The above exclusions shall be in addition to the other exclusions specified under this policy.

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- ii. Opportunistic diseases associated with AIDS or HIV infection.
- iii. suicide or attempted suicide or intentional self-inflicted injury, by the life insured, whether sane or not at the time;
- iv. life insured being under the influence of drugs, alcohol, narcotics or psychotropic substance, not prescribed by a registered medical practitioner;
- v. war (declared or undeclared), invasion, civil war, riots, revolution or any warlike operations;
- vi. participation by the life insured in a criminal or unlawful act;
- vii. service in the military/ para-military, naval, air forces or police organizations of any country in a state of war (declared or undeclared) or of armed conflict;
- viii. participation by the life insured in any flying activity other than as a bonafide passenger (whether paying or not), in a licensed aircraft provided that the life insured does not, at that time, have any duty on board such aircraft;

- ix. life insured engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping;
 - x. the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.
- B. Admission in a hospital outside India.

4. PREMIUM

- 4.1 The premium as specified in the schedule is payable by the policyholder on or before the due dates. The premiums are guaranteed for five years from the effective date. After expiry of five years from the effective date the company reserves the right to revise the premium rates based upon the actuarial review of the claims experience. Any change in premium rates would be effected at a portfolio level and not an individual level. The revision if any to premium rates would be intimated to policy-holder at least thirty days prior to making effective the said revision.
- 4.2 The premium mode selected by the policyholder can be changed by giving to the company a written request and such change of premium mode on acceptance shall become effective only on the policy anniversary following the receipt of such request by the company. A change in premium mode will lead to a revision in the modal premium amount as specified in the schedule.
- 4.3 All premiums are subject to applicable taxes including service tax, which shall be charged to and recovered from the policyholder.

5. GRACE PERIOD

The company allows a grace period of thirty days from the due date for payment of premium. During the grace period the company will accept the premium amount without interest. The insurance coverage continues during the grace period.

6. LAPSE

If a premium is not received by the company by the end of the grace period, the policy will lapse. All Insurance cover will end upon lapse of the policy. No benefit is payable for any hospitalization undertaken during the period when the policy has lapsed even though the policy may be subsequently revived.

7. REVIVAL OF POLICY

Within six months from the due date of the premium (period of revival) and before termination of the policy, the policyholder may apply in writing for revival of the policy. The company may upon receipt of written request from the policyholder, and on production of evidence of insurability acceptable to the company (cost of which shall be borne by the policyholder) and at the absolute discretion of the

company revive the policy on such terms and conditions as are applicable at the time of revival of the policy. All overdue premiums must be paid together with interest at such rates as may be intimated by the company from time to time. The revival of the policy shall take effect only after revival of the policy is approved by the company and communicated to the policyholder in writing.

If, at the end of the period of revival, the policy is not revived, the policy shall terminate, and no benefit shall be payable thereafter.

8. TERMINATION OF POLICY

This policy will terminate immediately upon the earlier of the happening of the following events:

- i. The maturity date.
- ii. In case benefit for an aggregate of 250 days of hospitalisation during the policy term has been claimed.
- iii. On the expiry of the prescribed period of revival.
- iv. Death of life insured.

9. MISSTATEMENT OF AGE AND SEX

The premiums are based on the age and gender of the life insured as declared in the proposal form. Without prejudice to the full disclosure and incontestability provisions, the company may at its sole discretion:

In case the life insured's age at the time of issuance of policy is higher than the age declared or sex is mis-stated, adjust the premium and / or benefits payable to those applicable had the true age or gender been stated at issue and the policy would have been issued based on our underwriting rules at that time; and

In case the life insured's true age at the time of issuance of the policy is higher than the maximum issue age limit under the policy, cancel the policy and forfeit premiums(s) received.

10. CLAIM

The company must receive satisfactory proof of the happening of the insured event and its cause, and further receive the claim application form, attending registered medical practitioner's statement in a pre specified format, all hospitalisation records pertaining to the illness/ injury / surgery including but not limited to the discharge summary, investigation test reports, medical prescriptions all hospitalisation bills and receipts, FIR and police reports (if applicable), copy of driving licence (if applicable).

The company must be notified in writing and all claim documents must be filed within 60 days of the date of discharge from the hospital.

The life insured may avail facility of direct payment of benefits to the hospital where the life insured is admitted by following the process described in the claims guide book provided along with this policy document.

11. FREE LOOK PERIOD

The policyholder has a period of 15 days from the date of receipt of the policy to review the terms and conditions of the policy and where the policyholder disagrees with any of those terms or conditions, he has the option to return the policy stating the reasons for his objections. upon which he shall be entitled to refund of the premium paid subject to deduction of the proportionate risk premium for the period of cover and the expenses incurred by the company on medical examination and on account of stamp duty. However, in case the policy holder has availed any cashless hospitalisation or registered a claim for consideration of reimbursement during this 15 days period, it would be considered as acceptance of all terms and conditions . **We will review this and revert.**

Products team supports this- as someone who utilises the policy during hospitalisation before 15 days free look period (for accidental claims only) is completed, has in effect taken a decision to continue with the policy .

12. FULL DISCLOSURE & INCONTESTABILITY

This policy has been issued on the representation of the policyholder that he has made full disclosures of all relevant facts and circumstances. Any concealment, non-disclosure, misrepresentation or fraud by the policyholder shall render the policy liable for cancellation and shall be a ground for the company to avoid all or any liability. If it deems fit, the company may also forfeit the premium(s) received.

The attention is drawn to Section 45 of the Insurance Act, 1938, which states as follows:

“No policy of life insurance effected after the expiry of two years from the date on which it was effected be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer, or referee, or friend of the insured, or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policyholder and that the policyholder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose. Provided that nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.”

13. DISPUTE REDERSSAL CELL

All consumer grievances may be first addressed to the company's Customer Helpdesk at 90 A, Sector 18, Gurgaon, 122002, Haryana, India or the servicing General Office and subsequently (if required) to the Insurance Ombudsman, whose address can be obtained from the offices of the company or from the IRDA website address www.irdaindia.org.

14. NOTICES

All notices meant for the company whether under this policy or otherwise must be in writing and delivered to the company at the address as shown in the Schedule, or such other address as the company may notify from time to time.
All notices meant for the policyholder will be in writing and will be sent by the company to the policyholder's address as shown in the schedule. The policyholder must notify any change in his address

ENDORSEMENT

Total stamp value : Rs. < >