



UNITED INDIA INSURANCE COMPANY LIMITED
No. 24, WHITES ROAD, CHENNAI - 600 014

UIN NO.IRDA/NL-HLT/UII/P-H(C)/V.1/234/13-14

UNI CRITI CARE POLICY

WHEREAS THE Insured designated in the schedule hereto has by a proposal and declaration dated as stated in the schedule which shall be the basis of this contract and are deemed to be incorporated herein, applied to United India Insurance Co., Ltd., (hereinafter called the COMPANY) for the insurance hereinafter set forth in respect of PERSONS named in the Schedule hereto (hereinafter called the insured person) and has paid premium as consideration for such insurance.

NOW THIS POLICY WITNESSETH that subject to the terms, definitions, provisions, exclusions and conditions contained herein or endorsed to otherwise expressed hereon, should an Insured Person be diagnosed during the period of Insurance stated in the Schedule or during the continuance of this policy by renewal without break as suffering from a critical illness (as defined and listed hereunder) at least three months after commencement date of insurance and survive 30 days after such diagnosis the Company shall pay through TPA to the Insured Person as compensation the Sum Insured set against such Insured Person's name in the Schedule.

Definitions:

DIAGNOSIS MEANS:

Diagnosis by a registered Medical Practitioner, supported by clinical radiological, histological and laboratory evidence and also surgical evidence wherever applicable.

MEDICAL PRACTITIONER means a person who holds a degree / diploma of a recognised institution and is registered and legally authorized by the Medical Council of India or the relevant authority in the geographical area of his practice to render medical or surgical services; but excluding a Physician or Registered Medical Practitioner who is the Insured himself or an agent of the Insured, an insurance agent, business partner(s) or employer/employee of the Insured or a member of the Insured's immediate family. The term Medical Practitioner includes Physician, Specialist and Surgeon.

TPA: means a Third Party Administrator who holds a valid Licence from Insurance Regulatory and Development Authority to act as a THIRD PARTY ADMINISTRATOR and is engaged by the Company for the provision of health services as specified in the agreement between the Company and TPA.

ID Card: means the identity card issued to the insured person by the TPA.

AGE: will mean completed age in years as on the date of proposal for insurance.

CRITICAL ILLNESS MEANS:

1) CANCER OF SPECIFIED SEVERITY

A malignant tumour characterised by the uncontrolled growth and spread of malignant cells and with invasion of normal tissue and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded -

- 1 Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as pre-malignant or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
- 2 Any skin cancer other than invasive malignant melanoma
- 3 All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.....
- 4 Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
- 5 Chronic lymphocytic leukaemia less than RAI stage 3
- 6 microcarcinoma of the bladder
- 7 All tumours in the presence of HIV infection.

2) FIRST HEART ATTACK- of specified severity

The first occurrence of an acute myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area.

The diagnosis for this will be evidenced by all of the following criteria:

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

The following are excluded:

- (1) Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T;
- (2) Other acute Coronary Syndromes
- (3) Any type of angina pectoris

Broker : Loyal Insurance Brokers Ltd.

B3) CORONARY ARTERY SURGERY (CABG) Open Chest CABG

The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG).

The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

Excluded are:

- 1 Angioplasty and/or any other intra-arterial procedures
- 2 any key-hole or laser surgery.

B4) HEART VALVE REPLACEMENT

The actual undergoing of open-heart valve surgery to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echo cardiograph and the realization of surgery has to be confirmed by a specialist medical practitioner.

Catheter based techniques including but not limited to, balloon valvotomy / valvuloplasty are excluded.

5) COMA OF SPECIFIED SEVERITY

A state of unconsciousness with no reaction or response to external stimuli or internal needs.

This diagnosis must be supported by evidence of all of the following:

- a) no response to external stimuli continuously for at least 96 hours;
- b) life support measures are necessary to sustain life; and
- c) permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

6) KIDNEY FAILURE

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

7) STROKE RESULTING IN PERMANENT SYMPTOMS

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Any cerebro vascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intra-cranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain.

Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

- 1) Transient ischemic attacks (TIA)
- 2) Traumatic injury of the brain
- 3) Vascular disease affecting only the eye or optic nerve or vestibular functions.

8) MAJOR ORGAN / BONE MARROW TRANSPLANT

The actual undergoing of a transplant of:

One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or

Human bone marrow using haematopoietic stem cells The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

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

9) MULTIPLE SCLEROSIS

The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following:

- a) investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis;
- b) there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, and
- c) well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with atleast two clinically documented episodes at least one month apart.

Other causes of neurological damage such as SLE and HIV are excluded.

10) MOTOR NEURONE DISEASE WITH PERMANENT SYMPTOMS

Motor neurone disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

11) PERMANENT PARALYSIS OF LIMBS

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

PROVISOS

1. The Company shall compensate the Insured person, only once in respect of any one or more of the covered diseases under the policy..
2. Should a benefit be paid in terms of this policy on behalf of an Insured Person the coverage for that person terminates under this policy and such person shall not be entitled to be covered by this policy or its renewal thereof.

EXCLUSIONS:

The company shall not be liable to make any payment under this policy in respect of

1. Such Critical Illness caused by or associated with directly or indirectly by any of the following:
 - (a) Attempted suicide or intentional self-inflicted injury by the insured person.
 - (b) Addiction to alcohol or drugs.
 - (c) Disease in the presence of HIV/AIDS infection.
 - (d) Smoking more than 40 cigarettes/ cigars or equivalent tobacco intake in a day
2. Such Critical Illness suffered by any insured person under the age of 21 years or aged more than 65 years except where specifically renewed by the company beyond the age of 65 years.

3.A Critical Illness symptom/s (and / or the treatment) of which were present in the insured person at any time before inception of this policy or on the date on which cover here under was granted to such insured person, or which manifests itself within a period of three calendar months from such date, whether or not the insured or the insured person has knowledge that the symptoms or treatment were related to such Critical Illness. In the event of any interruption in cover hereunder as defined in the renewal clause, the terms of this exclusion shall apply afresh from re-commencement of cover.

4. Any claim whether directly or indirectly, occasioned by happening through or arising from any consequence of war invasion, act of foreign enemy hostilities (whether war be declared or not or any civil war mutiny rebellion, revolution insurrection, military or usurped power.

5. Any claim whether directly or indirectly caused by contributed to or by or arising from ionising radiation or contamination by radioactivity from any nuclear fuel or any nuclear waste from the combustion of nuclear fuel or from any nuclear weapons materials

CONDITIONS

1. This policy and the Schedule shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part of this Policy or of the schedule shall bear such specific meaning wherever it may appear.
2. Any claim under the policy shall be paid in India in Indian Currency only.
3. This policy will be governed by the Laws of India whose courts alone shall have jurisdiction in any dispute arising hereunder.
4. This policy is not assignable. Compensation shall be payable only to the Insured person or his legal heirs as the case may be whose receipt shall effectually discharge the Company.
5. This policy shall be rendered void in the event of misrepresentation or non-disclosure by or on behalf of the Insured or Insured Person of any information material to this Insurance, in respect of the Insured or such Insured Person.
6. Notice must be given to the Company/ TPA in writing immediately of any occurrence which may give rise to a claim under this policy.
7. All certificates, information and evidence required by the Company/TPA shall be furnished within 30 days in the form prescribed and without expense to the Company. The Insured Person shall submit to medical examination on behalf of and at the expenses of the Company as shall be required in connection with any claim.
8. If any claim under this Policy be in any respect fraudulent or if any fraudulent means or diseases are used by the Insured or any one acting on the Insured's behalf to obtain any benefit under this Policy all benefit under that claim shall be forfeited.
9. The due payment of full premium and the observance and fulfilment of the terms provisions, conditions and endorsements of this Policy by the insured person in so far as they relate to anything to be done or complied with by the Insured Person shall be a condition precedent to any liability of the Company to make any payment under the Policy. No waiver of any terms, provisions, conditions and endorsements of this policy shall be valid unless made in writing and signed by an authorised official of the Company.
10. Renewal Clause:
 - i). The Company shall renew this Policy if the Insured shall remit the requisite Premium to the Company prior to expiry of the Period of Insurance stated in the Schedule.
 - ii) The Company shall be entitled to decline renewal if;

- a) Any fraud, misrepresentation or suppression by the Insured or on his behalf is found either in obtaining insurance or subsequently in relation thereto or,
- b) The Company has discontinued issue of the Policy, in which event the Insured shall however have the option for renewal under any similar Policy being issued by the Company; provided however, benefits payable shall be subject to the terms contained in such other Policy.

If the Insured fails to remit Premium for renewal before expiry of the Period of Insurance, but within 30 days thereafter, admissibility of any claim during the period of subsequent Policy shall be considered in the same manner as under a Policy renewed without break. The Company however shall not be liable for any claim arising out of ailment suffered in the interim period after expiry of the earlier Policy and prior to date of commencement of subsequent Policy.

11. Cancellation Clause:

The Company may at any time cancel the Policy on grounds of misrepresentation, fraud, non-disclosure of material fact or non-cooperation by the insured by sending *fifteen* days notice in writing by Registered A/D to the insured at his last known address in which case the Company shall return to the insured a proportion of the last premium corresponding to the unexpired period of insurance if no claim has been paid under the policy.

The insured may at any time cancel this policy and in such event the Company shall allow refund of premium at Company's short period rate table given below provided no claim has occurred upto the date of cancellation.

<u>PERIOD ON RISK</u>	<u>RATE OF PREMIUM TO BE CHARGED.</u>
Upto one month	1/4 th of the annual rate
Upto three months	1/2 of the annual rate
Upto six months	3/4 th of the annual rate
Exceeding six months	Full annual rate.

12. If the Company shall disclaim liability to the Insured for any claim hereunder and the Insured shall not within 12 calendar months from the date of receipt of the notice of such disclaimer have made the issue the subject matter of a suit in a court of Law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

13. IRDA REGULATIONS: This policy is subject to Regulations of IRDA (Protection of Policyholders' Interest) Regulations, 2002 as amended from time to time.

14. GRIEVANCE REDRESSAL: In the event of the policyholder having any grievance relating to the insurance, he/she may contact any of the Grievance Cells at Regional Offices of the Company or Office of the Insurance Ombudsman under the jurisdiction of which the Policy Issuing Office falls.

Full details of Ombudsman offices are attached to the policy document.

- UNITED INDIA INSURANCE COMPANY LIMITED
- No. 24, WHITES ROAD, CHENNAI - 600 014

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SCHEDULE

(1) Policy No.

Agency Code:

Agency Name:

Agency Mobile/Landline No.

Dev. Officer code:

- 1 Annual Premium : Rs.
- 2 Name of the Insured :
- 3 Address of the Insured :

1 Details of the Insured and / other family members residing with the Insured if covered

Name of Insured person	Age/DOB Gender	Relationship with the Insured	Sum Insured Rs.	Date of inception of First CI policy	Pre existing illnesses/diseases	Premium Rs.	Nominee	Nominee relationship

(6) Period of Insurance : From To

4

(7) Notice or communication to be given in respect of a claim to TPA

(8) Name and Address of TPA

(9) Name/s of the contact person/s:

Telephone Number/s:

Call centre Telephone number:

11. Proposal and Declaration Dated

IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at ----- this ----- day of ----- 20

Issuing office

For United India Insurance Co. Ltd.

Duly Constituted Attorney.