



**Oriental
Insurance**

THE ORIENTAL INSURANCE COMPANY LIMITED
Regd. Office: Oriental House
A-25/27, Asaf Ali Road, New Delhi-110002
CIN No.U66010DL1947GOI007158

ORIENTAL ART & SURROGACY POLICY

PREAMBLE:

WHEREAS the proposer as per the Surrogacy (Regulation) Act, 2021 & Assisted Reproductive Technology (Regulation) Act 2021, named in the Schedule hereto, has by a proposal and declaration, (which shall be the basis of this Contract and is deemed to be incorporated herein) applied to THE ORIENTAL INSURANCE COMPANY LIMITED (hereinafter called the COMPANY) for the insurance hereinafter set forth in respect of persons(s) named or indicated in the Schedule hereto (hereinafter called the INSURED/ INSURED PERSON) and has paid premium to the Company as consideration for such insurance to be serviced by Third Party Administrator (hereinafter called the TPA) or the Company as the case may be.

1. DEFINITIONS:

A. STANDARD DEFINITIONS

- i. **AMBULANCE SERVICES:** means ambulance service charges reasonably and necessarily incurred in shifting the insured person from residence to hospital for admission in emergency ward / ICU or from one Hospital / Nursing Home to another Hospital / Nursing Home, by registered ambulance only. The ambulance service charges are payable only if the hospitalisation expenses are admissible under the policy.
- ii. **ANY ONE ILLNESS:** means continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital /Nursing Home where treatment was taken.
- iii. **CASHLESS FACILITY:** means a facility extended by the insurer to the insured where the payments of the costs of the treatment undergone by the insured in accordance with the Policy terms and conditions, are directly made to the network provider by the insurer to the extent of pre- authorization approved.
- iv. **CONDITION PRECEDENT:** means a policy term or condition upon which the Insurer's liability under the policy is conditional.
- v. **DAY CARE CENTRE:** means any institution established for day care treatment of illness and / or injuries OR a medical set -up within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:-
 - a. has qualified nursing staff under its employment,
 - b. has qualified medical practitioner (s) in charge,
 - c. has a fully equipped operation theatre of its own, where surgical procedures are carried out
 - d. maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.
- vi. **DAY CARE TREATMENT:** refers to medical treatment, and/or surgical procedure which is:
 - a. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
 - b. which would have otherwise required a hospitalization of more than 24 hours.

- Procedures / treatments usually done in out-patient department are not payable under the policy even if converted to Day Care surgery / procedure or taken as an in-patient in a hospital for more than 24 hours.
- vii. **HOSPITAL/NURSING HOME:** 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 the Schedule of Section 56(1) of the said Act*OR complies with all minimum criteria as under:
 - a. has qualified nursing staff under its employment round the clock;
 - b. has at least 10 In-patient beds, in towns having a population of less than 10,00,000 and at least 15 In-patient beds in all other places;
 - c. has qualified Medical Practitioner(s) in charge round the clock;
 - d. has a fully equipped operation theatre of its own where surgical procedures are carried out
 - e. Maintains daily records of patients and makes these accessible to the Insurance Company's authorized personnel.
- viii. *Following are the enactments specified under the schedule of Section 56 of Clinical Establishment (Registration and Regulation) Act, 2010 as of October 2013. Please refer to the Act for amendments, if any:
 - a. The Andhra Pradesh Private Medical care Establishments (Registration and Regulations) Act, 2002
 - b. The Bombay Nursing Homes Registration Act, 1949
 - c. The Delhi Nursing Home Registration Act, 1953
 - d. The Madhya Pradesh Upcharya Griha Tatha Rujopchar Sanbadhu Sthapamaue (Ragistrikan TathaAnugyapan) Adhiniyam, 1973.
 - e. The Manipur Homes and Clinics Registration Act, 1992.
 - f. The Nagaland Health Care Establishments Act, 1997
 - g. The Orissa Clinical Establishments (Control and Regulations) Act, 1990
 - h. The Punjab State Nursing Home Registration Act, 1991
 - i. The West Bengal Clinical Establishment Act, 1950
- ix. **HOSPITALISATION:** means admission in a Hospital for a minimum period of twenty four (24) in-patient care consecutive hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.
- x. **INTENSIVE CARE UNIT:** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
- xi. **ICU CHARGES:** means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.
- xii. **INSURED PERSON:** means person(s) named in the schedule of the policy
- xiii. **ILLNESS:** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the policy period and requires medical treatment.
 - i. **Acute condition** - is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery.
 - ii. **Chronic condition** - is 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 or to be specially trained to cope with it
 - d. it continues indefinitely
 - e. it comes back or is likely to come back.
- xiv. **INJURY:** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
- xv. **IN-PATIENT:** means an Insured person who is admitted to hospital and stays for at least 24 hours for the sole purpose of receiving the treatment for suffered ailment / illness / disease / injury / accident during the currency of the policy.
- xvi. **IN-PATIENT CARE:** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event
- xvii. **I.D. CARD:** means the card issued to the Insured Person by the TPA to avail Cashless facility in the Network Hospital.
- xviii. **MEDICAL ADVICE:** means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.
- xix. **MEDICAL EXPENSES:** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of disease or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
- xx. **MEDICALLY NECESSARY TREATMENT:** any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
- a. is required for the medical management of the illness or injury suffered by the insured:
 - b. must not exceed the level of care necessary to provide safe, adequate, and appropriate medical care in scope, duration, or intensity:
 - c. must have been prescribed by a Medical Practitioner:
 - d. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- xxi. **MEDICAL PRACTITIONER:** means a person who holds a valid registration from the Medical Council of any state or Medical Council of India or Council for Indian Medicine or for Homeopathy 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.
- xxii. **MIGRATION:** "Migration" means, the right accorded to health insurance policy holders (including all members under family cover and members of group health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.
- xxiii. **NETWORK PROVIDER:** means Hospitals or healthcare providers enlisted by an insurer, TPA or jointly by an insurer and TPA to provide medical services to an insured by a cashless facility.
- xxiv. **NON-NETWORK:** Any Hospital, day care centre or other provider that is not part of the Network.
- xxv. **NOTIFICATION OF CLAIM:** means the process of intimating a claim to the Insurer or TPA through any of the recognized modes of communication.

- xxvi. **OPD TREATMENT:** is one in which the Insured visits a Clinic/Hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a Day Care or inpatient.
- xxvii. **PRE-HOSPITALISATION EXPENSES:** means medical expenses incurred during the period upto 30 days prior to the date of admission in the hospital, provided that:
- Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
 - The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
- xxviii. **POST-HOSPITALISATION EXPENSES:** means medical expenses incurred for a period upto 60 days from the date of discharge from the hospital, provided that:
- Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
 - The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
- xxix. **PRE EXISTING DISEASE:** means any condition, ailment or Injury or disease:
- That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or, its reinstatement.
 - For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the Policy or its reinstatement.
- xxx. **POLICY PERIOD:** means the period of coverage as mentioned in the schedule
- xxxi. **PORTABILITY:** means the right accorded to individual health insurance policyholders to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer.
- xxxii. **QUALIFIED NURSE:** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
- xxxiii. **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
- xxxiv. **RENEWAL:** Renewal defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time bound exclusions and for all waiting periods.
- xxxv. **ROOM RENT:** means the amount charged by a Hospital towards room and boarding expenses and shall include the associated medical expenses.
- xxxvi. **SURGERY/ SURGICAL OPERATION:** means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or a day care centre by a medical practitioner
- xxxvii. **THIRD PARTY ADMINISTRATOR (TPA):** means any person who is licensed under the IRDA (Third Party Administrators – Health Service) Regulations, 2001 by the Authority, and is engaged, for a fee or remuneration by an insurance company, for the purposes of providing health services.
- xxxviii. **UNPROVEN/EXPERIMENTAL TREATMENT:** Treatment means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven

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B. SPECIFIC DEFINITIONS

- i. **ASSISTED REPRODUCTIVE TECHNOLOGY:** with its grammatical variations and cognate expressions, means all techniques that attempt to obtain a pregnancy by handling the sperm or the oocyte outside the human body and transferring the gamete or the embryo into the reproductive system of a woman;
- ii. **ASSOCIATED MEDICAL EXPENSES:** Associated medical expenses means medical expenses such as Professional fees, OT charges, Procedure charges, etc. which vary based on the room category occupied by the insured person while undergoing treatment in a hospital. If the insured person chooses a higher room category above the eligibility defined in the policy, then proportionate deduction will apply on the Associated medical expenses in addition to the difference in room rent. Such Associated medical expenses do not include cost of pharmacy and consumables, cost of implants and medical devices and cost of diagnostics. Also, proportionate deduction shall not be applied on ICU charges.

Proportionate deduction shall be applied on the following Associated medical expenses:

 - Doctor's fees / Consultant fees/RMO fees
 - Nursing expenses including administration charges/ transfusion charges/ injection charges
 - Surgeon fees / Asst Surgeon fees
 - Anesthesia fees
 - **Procedure charges of any kind which includes:-**
 - a. Chemotherapy/Radiotherapy charges
 - b. Nebulisation
 - c. Hemodialysis
 - d. PICC line insertion
 - e. Catheterisation charges
 - f. Tracheostomy etc.
 - g. IV charges
 - h. Blood transfusion charges
 - i. Dialysis
 - j. Surgery Charges
 - k. OT charges including
- iii. **ALTRUISTIC SURROGACY:** means the surrogacy in which no charges, expenses, fees, remuneration or monetary incentive of whatever nature, except the medical expenses and such other prescribed expenses incurred on surrogate mother and the insurance coverage for the surrogate mother, are given to the surrogate mother or her dependents or her representative;
- iv. **Acquired Immune Deficiency Syndrome (AIDS):** means the meaning assigned to it by the World Health Organization and shall include Human Immune deficiency Virus (HIV), Encephalopathy (dementia) HIV Wasting Syndrome and ARC (AIDS Related Condition).
- v. **COMMISSIONING COUPLE (definition applicable to couple seeking Oocyte donor):** means an infertile married couple who approach an assisted reproductive technology clinic or assisted reproductive technology bank for obtaining the services authorized of the said clinic or bank;
- vi. **GAMETE DONOR:** means a person who provides sperm or oocyte with the objective of enabling an infertile couple or woman to have a child;
- vii. **Gestational Surrogacy** means a practice whereby a surrogate mother carries a child for the intending couple through implantation of embryo in her womb and the child is not genetically related to the surrogate mother
- viii. **COUPLE:** means the legally married Indian man and woman above the age of 21 years and 18 years respectively;

- ix. **Commercial surrogacy:** means commercialization of surrogacy services or procedures or its component services or component procedures including selling or buying of human embryo or trading in the sale or purchase of human embryo or gametes or selling or buying or trading the services of surrogate motherhood by way of giving payment, reward, benefit, fees, remuneration or monetary incentive in cash or kind, to the surrogate mother or her dependents or her representative, except the medical expenses and such other prescribed expenses incurred on the surrogate mother and the insurance coverage for the surrogate mother.
 - x. **INTENDING COUPLE (definition applicable to couple seeking Surrogacy):** means a couple who have a medical indication necessitating gestational surrogacy and who intend to become parents. Intending couple are married and between the age of 23 to 50 years in case of female and between 26 to 55 years in case of male on the day of certification;
 - xi. **INTENDING WOMAN (definition applicable to couple seeking Surrogacy):** means an Indian woman who is a widow or divorcee between the age of 35 to 45 years and who intends to avail the surrogacy;
 - xii. **Oocyte:** Oocyte means naturally ovulating oocyte in the female genetic tract.
 - xiii. **OOCYTE RETRIEVAL:** means a surgical procedure of removing oocytes from the ovaries of a woman
 - xiv. **SURROGACY:** means a practice whereby one woman bears and gives birth to a child for an intending couple with the intention of handing over such child to the intending couple after the birth;
 - xv. **SURROGACY PROCEDURES:** means all gynecological, obstetrical or medical procedures, techniques, tests, practices or services involving handling of human gametes and human embryo in surrogacy
 - xvi. **SURROGATE MOTHER:** means a woman who agrees to bear a child (who is genetically related to the intending couple or intending woman) through surrogacy from the implantation of embryo in her womb only for altruistic surrogacy purpose.
 - xvii. **Sum insured:** Sum Insured means the Sum Insured opted and for which the premium is paid.
2. **COVERAGE:** The policy covers reasonable and customary charges in respect of Hospitalisation for medically necessary treatment for all complications solely & directly arising
- i. due to oocyte retrieval (when Plan A is opted)
 - ii. post-partum delivery complications (when Plan B is opted)

PLANS: There are Two Plans under the Policy- Plan A & Plan B. All the Terms, conditions, exclusions shall be applicable as per the Plan opted.

PLAN A: ASSISTED REPRODUCTION TECHNIQUE (ART) - OOCYTE DONOR

The Company shall indemnify the insured towards reasonable and customary charges incurred in respect of in-patient Hospitalisation for medically necessary treatment for all complications arising due to oocyte retrieval, for a period of Twelve months, upto the Sum Insured limit stated in the Schedule (Options of 1lakh, 2lakhs and 3lakhs).

PLAN B: SURROGATE MOTHER

The Company shall indemnify the insured surrogate mother towards reasonable and customary charges incurred in respect of in-patient Hospitalisation for medically necessary treatment arising due to post-partum delivery complications, during the Policy Period of Thirty Six months, upto the Sum Insured limit stated in the Schedule (Options of 3lakhs, 5lakhs and 7lakhs, 10lakhs).

For a claim to be admissible, following are **CONDITIONS precedent:**

1. Surrogacy procedure or the oocyte retrieval, as the case may be, should have been carried out in accordance with

- the Surrogacy Act / ART Act, as applicable and the Rules thereunder
2. Oocyte retrieval / Surrogacy should have been carried out in recognized Centre registered with the National ART and Surrogacy Registry at <https://registry.art.surrogacy.gov.in/>.
 3. An intending couple or intending woman shall not have the service of more than one surrogate at any given time.
 4. An intending couple/Woman shall not have simultaneous transfer of embryos in the woman (wife) and in a surrogate.
 5. Pre-Hospitalization: For a claim to be admissible under pre-hospitalization, the 30days period should fall within the policy period.

3. SUM INSURED LIMITS:

The Policy covers reasonable and customary charges in respect of Hospitalization for medically necessary treatment (as per Clause 2 above), incurred by the Insured during the Policy Period, upto the limit of Sum Insured or sub-limits thereof, as provided below:

LIMITS / SUB-LIMITS		
	Expenses covered	Limits
a.	Room, Boarding and Nursing Expenses as provided by the Hospital /Nursing Home.	Not exceeding 2% of the Sum Insured per day.
b.	Intensive Care Unit (ICU) expenses as provided by the Hospital/Nursing Home	Not exceeding 5% of the Sum Insured per day.
c.	Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees	As per the limits of the sum insured.
d.	Anesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, relevant laboratory / diagnostic tests, X-ray, and similar expenses.	As per the limits of the sum insured.
e.	Ambulance service charges	Rs.2,000 OR 1% of the Sum Insured whichever is less per hospitalization subject to maximum Rupees 4,000 in the policy Period.
g.	Pre and Post hospitalization expenses	Medical expenses incurred upto 30 Days prior to hospitalization and upto 60 post hospitalization.
h.	Robotic surgeries	10% of SI, subject to maximum Rupees 1,00,000 in the policy Period.
	i. Number of days of stay under 'a' & 'b' above should not exceed total number of days of admission in the Hospital.	
	ii. Any expenses in excess of reasonable and customary charges under definitions or, in excess of the negotiated prices (in case of network hospitals) shall not be borne by the insurer.	

	<p>iii. Relaxation to 24 hours minimum duration for Hospitalization is allowed in Day care procedures / surgeries (refer Appendix I) where such treatment is taken by an Insured Person in a Hospital / Day Care Centre (but not the Out-patient department of a Hospital), Or Any other day care treatment for which prior approval from Company / TPA is obtained in writing. Appendix I gives a comprehensive list of Day Care procedures, however, coverage is subject to Clause 2 above.</p>
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4. STANDARD EXCLUSIONS: The Company shall not be liable to make any payment under this Policy in respect of any expense whatsoever incurred by any Insured Person in connection with or in respect of:

4.1 Pre-existing Diseases - code – Excl 01

- a). 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 the insurer or its reinstatement.
- b). In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c). If the Insured person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of the prior coverage.
- d). 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 insurer or its reinstatement.

4.2 Investigation & Evaluation – Code – Excl 04

- a). Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
- b). Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

4.3 Rest Cure, rehabilitation and respite care – Code – Excl 05

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

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

4.4 Obesity Weight Control Code – Excl 06

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

1. Surgery to be conducted is upon the advice of the Doctor.
2. The Surgery / Procedure conducted should be supported by clinical protocols
3. The member has to be 18 years of age or older and
4. Body Mass Index (BMI)
 - a) greater than or equal to 40
 - b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe sleep apnea
 - iv. Uncontrolled Type2 Diabetes

4.5 Change of Gender Treatments: Code – Excl 07

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

4.6 Cosmetic or Plastic Surgery- Code- ExcI 08

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an accident, burns(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.

4.7 Hazardous or Adventure sports- Code- ExcI 09

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

4.8 Breach of law – Code –ExcI 10

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

4.9 Excluded Providers- Code – ExcI 11

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website /notified to the policy holders are not admissible. However, in case of life threatening situations or following an accident, expenses upto the stage of stabilization are payable but not complete claim.

4.10 Treatment for, Alcoholic drug or substance abuse or any addictive condition and consequences thereof. – CodeExcI12

4.11 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.- Code- ExcI 13

4.12 Dietary supplements and substances that can be purchased without prescription, including but not limited to vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure.- Code- ExcI 14

4.13 Refractive Error- Code- ExcI 15

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

4.14 Unproven Treatments- Code – excI 16

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

4.15 Sterility and Infertility- Code- ExcI 17 (except to the extent covered under the Policy)

Expenses related to sterility and infertility. This includes:

- i). Any type of contraception, sterilization.
- ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- iii. Reversal of sterilization .

4.16 Maternity- Code ExcI 18

Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy

Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

4.17 If the proposer is suffering or has suffered from any of the following diseases, as per serial no 1-16

listed in the below table at the time of taking the policy, the specific ICD codes mentioned therein will be permanently excluded from the policy coverage:

Sr. No.	Disease	ICD Code
1	Sarcoidosis	D86.0-D86.9
2	Malignant Neoplasms	C00-C14 Malignant neoplasms of lip, oral cavity and pharynx, • C15-C26 Malignant neoplasms of digestive organs, • C30-C39 Malignant neoplasms of respiratory and intrathoracic organs • C40-C41 Malignant neoplasms of bone and articular cartilage • C43-C44 Melanoma and other malignant neoplasms of skin • C45-C49 Malignant neoplasms of mesothelial and soft tissue • C50-C50 Malignant neoplasms of breast • C51-C58 Malignant neoplasms of female genital organs • C60-C63 Malignant neoplasms of male genital organs • C64-C68 Malignant neoplasms of urinary tract • C69-C72 Malignant neoplasms of eye, brain and other parts of central nervous system • C73-C75 Malignant neoplasms of thyroid and other endocrine glands • C76-C80 Malignant neoplasms of ill-defined, other secondary and unspecified sites • C7A-C7A Malignant neuroendocrine tumours • C7B-C7B Secondary neuroendocrine tumours • C81-C96 Malignant neoplasms of lymphoid, hematopoietic and related tissue • D00-D09 In situ neoplasms • D10-D36 Benign neoplasms, except benign neuroendocrine tumours • D37-D48 Neoplasms of uncertain behaviour, polycythaemia vera and myelodysplastic syndromes • D3A-D3A Benign neuroendocrine tumours • D49-D49 Neoplasms of unspecified behavior
3	Epilepsy	G40 Epilepsy
4	Heart Ailment Congenital heart disease and valvular heart disease	I49 Other cardiac arrhythmias, (I20-I25) Ischemic heart diseases, I50 Heart failure, I42 Cardiomyopathy; I05-I09 - Chronic rheumatic heart diseases. • Q20 Congenital malformations of cardiac chambers and connections • Q21 Congenital malformations of cardiac septa • Q22 Congenital malformations of pulmonary and tricuspid valves • Q23 Congenital malformations of aortic and mitral valves • Q24 Other congenital malformations of heart • Q25 Congenital malformations of great arteries • Q26 Congenital malformations of great veins • Q27 Other congenital malformations of peripheral vascular system • Q28 Other congenital malformations of circulatory system • I00-I02
		Acute rheumatic fever • I05-I09 • Chronic rheumatic heart diseases Nonrheumatic mitral valve disorders mitral (valve): • disease (I05.9) • failure (I05.8) • stenosis (I05.0). When of unspecified cause but with mention of: • diseases of aortic valve (I08.0), • mitral stenosis or obstruction (I05.0) when specified as congenital (Q23.2, Q23.3) when specified as rheumatic (I05), I34.0 Mitral (valve) insufficiency • Mitral (valve): incompetence / regurgitation - • NOS or of specified cause, except rheumatic, I 34.1 to I34.9 - Valvular heart disease.
5	Cerebrovascular disease (Stroke)	I67 Other cerebrovascular diseases, (I60-I69) Cerebrovascular diseases

6	Inflammatory Bowel Diseases	K 50.0 to K 50.9 (including Crohn's and Ulcerative colitis) K50.0 - Crohn's disease of small intestine; K50.1 - Crohn's disease of large intestine; K50.8 - Other Crohn's disease; K50.9 - Crohn's disease, unspecified. K51.0 - Ulcerative (chronic) enterocolitis; K51.8 - Other ulcerative colitis; K51.9 - Ulcerative colitis, unspecified.
7	Chronic Liver diseases	K70.0 To K74.6 Fibrosis and cirrhosis of liver; K71.7 - Toxic liver disease with fibrosis and cirrhosis of liver; K70.3 - Alcoholic cirrhosis of liver; I98.2 - K70.- Alcoholic liver disease; Oesophageal varices in diseases classified elsewhere. K 70 to K 74.6 (Fibrosis, cirrhosis, alcoholic liver disease, CLD)
8	Pancreatic diseases	K85-Acute pancreatitis; (Q 45.0 to Q 45.1) Congenital conditions of pancreas, K 86.1 to K 86.8 - Chronic pancreatitis
9	Chronic Kidney disease	N17-N19) Renal failure; I12.0 - Hypertensive renal disease with renal failure; I12.9 Hypertensive renal disease without renal failure; I13.1 - Hypertensive heart and renal disease with renal failure; I13.2 - Hypertensive heart and renal disease with both (congestive) heart failure and renal failure; N99.0 - Post procedural renal failure; O08.4 - Renal failure following abortion and ectopic and molar pregnancy; O90.4 - Postpartum acute renal failure; P96.0 - Congenital renal failure. Congenital malformations of the urinary system (Q 60 to Q64), diabetic nephropathy E14.2, N.083
10	Hepatitis B	B16.0 - Acute hepatitis B with delta-agent (coinfection) with hepatic coma; B16.1 - Acute hepatitis B with delta-agent (coinfection) without hepatic coma; B16.2 - Acute hepatitis B without delta-agent with hepatic coma; B16.9 - Acute hepatitis B without delta-agent and without hepatic coma; B17.0 - Acute delta- (super)infection of hepatitis B carrier; B18.0 - Chronic viral hepatitis B with delta-agent; B18.1 - Chronic viral hepatitis B without delta-agent;
11	Alzheimer's Disease, Parkinson's Disease -	G30.9 - Alzheimer's disease, unspecified; F00.9 - G30.9 Dementia in Alzheimer's disease, unspecified, G20 - Parkinson's disease.
12	Demyelinating disease	G.35 to G 37
13	HIV & AIDS	B20.0 - HIV disease resulting in mycobacterial infection; B20.1 - HIV disease resulting in other bacterial infections; B20.2 - HIV disease resulting in cytomegaloviral disease; B20.3 - HIV disease resulting in other viral infections; B20.4 - HIV disease resulting in candidiasis; B20.5 - HIV disease resulting in other mycoses; B20.6 - HIV disease resulting in Pneumocystis carinii pneumonia; B20.7 - HIV disease resulting in multiple infections; B20.8 - HIV disease resulting in other infectious and parasitic diseases; B20.9 - HIV disease resulting in unspecified infectious or parasitic disease; B23.0 - Acute HIV infection syndrome; B24 - Unspecified human immunodeficiency virus [HIV] disease

14	Loss of Hearing	H90.0 - Conductive hearing loss, bilateral; H90.1 - Conductive hearing loss, unilateral with unrestricted hearing on the contralateral side; H90.2 - Conductive hearing loss, unspecified; H90.3 - Sensorineural hearing loss, bilateral; H90.4 - Sensorineural hearing loss, unilateral with unrestricted hearing on the contralateral side; H90.6 - Mixed conductive and sensorineural hearing loss, bilateral; H90.7 - Mixed conductive and sensorineural hearing loss, unilateral with unrestricted hearing on the contralateral side; H90.8 - Mixed conductive and sensorineural hearing loss, unspecified; H91.0 - Ototoxic hearing loss; H91.9 - Hearing loss, unspecified
15.	Papulosquamous disorder of the skin	L40 - L45 Papulosquamous disorder of the skin including psoriasis lichen planus
16.	Avascular necrosis (osteonecrosis)	M 87 to M 87.9

4A. SPECIFIC EXCLUSIONS:

The Company shall not be liable to make any payments under this policy in respect of

- i. Any **illness**, sickness or disease other than complications arising out of pregnancy and post-partum delivery for the surrogate mother or complications arising out of oocyte retrieval for the oocyte donor.
- ii. New Born Baby born through Surrogacy to the Surrogate Mother.
- iii. Where the Surrogacy procedure was conducted in a Clinic/centres which is not registered as per the provisions of The Surrogacy (Regulation) Act, 2021
- iv. Sub-fertility services that are deemed to be unproven, experimental or investigational
- v. Services not in accordance with standards of good medical practice and not uniformly recognized /and professionally endorsed by the general medical community at the time it is to be provided.
- vi. Reversal of voluntary sterilization
- vii. Treatment undergone for second or subsequent pregnancies except as allowed by the Surrogacy Act 2021.
- viii. Costs associated with crypto preservation and storage of sperm, eggs and embryos.
- ix. Selective termination of an embryo.
- x. Payment for services rendered to a surrogate.
- xi. Surgery / procedures that enhances fertility like Tubal Occlusion, Bariatric surgery, diagnostic Laparoscopy with Ovarian Drilling and such other similar surgery / procedures.
- xii. Delivery Expenses (including Ante Natal and Post Natal expenses)
- xiii. Any claim arising due to non-compliance of the provisions stated in the respective The Surrogacy (Regulation) Act, 2021, The Surrogacy (Regulation) Rules, 2022, The Assisted Reproductive Technology (Regulation) Act, 2021, The Assisted Reproductive Technology (Regulation) Rules, 2022 and any subsequent additions / modifications to the Law / Act / Rules.
- xiv. Intentional self-injury or attempted suicide, whether sane or insane.
- xv. Any travel or transportation costs or expenses (excluding ambulance charges as covered above).
- xvi. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.
- xvii. Contributed to, caused by, resulting from Nuclear, chemical or biological attack or weapons, or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion: Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any illness, incapacitating disablement or death.

- Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
 - Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.
- xviii. Any expenses incurred on OPD treatment.
- xix. Treatment taken outside the geographical limits of India.
- xx. Pre and post hospitalization expenses unrelated with disease / injury for which hospitalization claim has been admitted under the policy.
- xxi. Vaccination or inoculation of any kind
- xxii. Durable medical equipment (including but not limited to wheelchairs, crutches, artificial limbs and the like), (namely that equipment used externally from the human body which can withstand repeated use; is not designed to be disposable; is used to serve a medical purpose; is generally not useful in the absence of an **Illness** or Injury and is usable outside of a Hospital) unless required for the treatment of **Illness** or Accidental Bodily Injury.
- xxiii. Any External **Congenital Anomaly**, diseases or defects.
- xxiv. Independent personal comfort and convenience items or services which are non-medical in nature and are charged separately unless they form part of the room rent.
- xxv. Treatment rendered by a Registered Medical Practitioner which is outside his discipline or the discipline for which he is licensed;
- xxvi. Treatments rendered by a Medical Practitioner who shares the same residence as an Insured Person or who is a member of the Insured Person's family like spouse, children (including adopted and step children), Parents, brother, sister, father in law, mother in law, sister in law, brother in law, son in law, daughter in law, uncle, aunt, grandfather, grandmother, grandson, granddaughter, nephew, and niece.
- xxvii. Treatment other than Allopathy.
- xxviii. Voluntary Termination of Pregnancy
- xxix. Non-medical Expenses incurred during Hospitalisation. The list of such Non-medical Expenses is provided in 'Annexure 1– List 1 – Items for which coverage is not available in the policy'.

5. GENERAL TERMS AND CLAUSES

5.1 COMPLETE DISCHARGE: Any payment to the Insured Person or his/ her nominees or his/ her legal representative or to the Hospital/Nursing Home or Assignee, as the casemay be, for any benefit under the Policy shall be a valid and an effectual discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

5.2 CONTRIBUTION: Contribution is essentially the right of an insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a rateable proportion of Sum Insured.

- If two or more policies are taken by the insured during a period from one or more insurers, the contribution clause shall not be applicable where the cover/ benefit offered:
 - a. is fixed in nature;
 - b. does not have any relation to the treatment costs;

5.3 DISCLOSURE OF INFORMATION: The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder.

(Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the Company in the Proposal Form and other connected documents to enable it to take informed decision in the context of underwriting the risk.

5.4 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 shall be forfeited.

Any amount already paid against claims which are found fraudulent later under this policy shall be repaid by all person(s) named in the policy schedule, who shall be jointly and severally liable for such repayment.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent, with intent to deceive the insurer or to induce the insurer to issue an insurance Policy:

- a) the suggestion as a fact of that which is not true and which the Insured Person does not believe to be true;
- b) the active concealment of a fact by the Insured Person having knowledge or belief of the fact;
- c) any other act fitted to deceive; and
- d) any such act or omission as the law specially declares to be fraudulent

The company shall not repudiate the policy on the ground of fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis- statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries.

5.5 FREE LOOK PERIOD: The insured person is allowed free look period of fifteen days from the date of receipt of the Policy document to review the terms and conditions of the Policy and to return the same if not acceptable.

If the Insured has not made any claim during the free look period, and exercises this option, the Insured shall be entitled to,

- i. A refund of the premium paid less any expenses incurred by the Company on medical examination of the Insured Persons and the stamp duty charges or
- ii. where the risk has already commenced and the option of return of the Policy is exercised by the Insured, a deduction towards the proportionate risk premium for period on cover or
- iii. where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

5.6 Migration: Migration is not allowed under the policy

5.7 Portability :Portability shall not allowed under the policy

5.8 Multiple Policies

- i. In case of multiple policies taken by an insured during a period from the same or one or more insurers to indemnify treatment costs, the policyholder shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer if chosen by the policy holder shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
- ii. Policyholder having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies, even if the sum insured is not exhausted. Then the Insurer(s) shall independently settle the claim subject to the terms and conditions of this policy.
- iii. If the amount to be claimed exceeds the sum insured under a single policy after, the policyholder shall have the right to choose insurers from whom he/she wants to claim the balance amount.
- iv. Where an insured has policies from more than one insurer to cover the same risk on indemnity basis, the insured shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the chosen policy.

5.9 PROVISION FOR PENAL INTEREST:

- i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder

from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.

- iii. However, where the circumstance of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above bank rate from the date of receipt of last necessary document to the date of payment of claim. (**“Bank rate” shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due**).

5.10 NOMINATION:

The insured person is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. For Claim settlement under reimbursement, the Company will pay the insured person. In the event of death of the

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

5.11 CANCELLATION:

i. Notwithstanding anything contained herein or otherwise, including the “Free look” clause, the Insured can cancel this Policy only on production of the proof that there exists a similar policy covering the same insured person, and that such policy was purchased prior to this policy.

Such cancellation of the policy is further subject to following conditions:

- a. Plan A- Submission of a copy of Form 18 –Consent Form for withdrawal, duly endorsed by the ART Clinic.
- b. Plan B- (i) Submission of proof that the surrogate mother has withdrawn her consent for surrogacy before the implantation of embryo in her womb (ii) or any other suitable proof, duly endorsed by the Surrogacy Clinic, to the effect that embryo implantation did not take place.

Premium would be charged on short term basis, as below, and balance refunded

PLAN A

Period on Risk	Premium Refund
Upto 1 Month	3/4th of the annual premium
Upto 3 Months	1/2 of the annual premium
Upto 6 Months	1/4th of the annual premium
Exceeding 6 months	NIL

PLAN B

Period on Risk	Premium Refund
Upto 3 months	5/6 of total premium 3 years premium
> 3 months upto 6 months	3/4 of total premium 3 years premium
> 6 months upto 9 months	7/10 of total premium 3 year premium
> 9 months upto 12 months	2/3 of total premium 3 years premium
> 12 months upto 15months	1/2 of total premium 3 years premium

> 15 months upto 18 months	1/3 of total premium 3 years premium
> 18 months upto 24 months	2/9 of total premium 3 years premium
> 24 months upto 30 months	1/9 of total premium 3 years premium
> 30 months	Nil

Notwithstanding anything contained herein or otherwise,

- i. No refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy. Nor any refund of premium shall be made on completion of ART procedure (under PLAN A) or, in case of Plan B – No refund of premium shall be made post-delivery or abortion, as the case may be.
- ii. The Company may cancel the Policy at any time on grounds of misrepresentation, non- disclosure of material facts fraud by the Proposer or the Insured Person, by giving 30(thirty) days' written notice. And there would be no refund of premium on such cancellation by the Company.

5.12 CONDITION PRECEDENT TO ADMISSION OF LIABILITY: The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.

5.13 PROPORTIONATE DEDUCTION CLAUSE - Expenses relating to Associated medical expenses will be considered in proportion to the eligible room rent / room category (eligibility as per policy terms) or actuals, whichever is less. Proportionate deduction shall not be applied in respect of the hospitals which do not follow differential billing or for those expenses in respect of which differential billing is not adopted based on the room category.

5.14 RENEWAL OF POLICY: The policy is non-renewable. In case of Plan A: (Oocyte Donor) after completion of Twelve Months period and in case of Plan B (Surrogate Mother) after completion of Thirty Six Months, the policy will expire and shall not be renewed.

5.15 NOMINATION:

The insured person is required at the inception of the policy (in case of Plan B), or at the time of claim in case of Plan A, to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. For Claim settlement under reimbursement, the Company will pay the insured person. In the event of death of the insured person, the Company will pay the nominee {as named in the Policy Schedule or in the Identity Certificate, as the case may be or in the 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.

5.16 Transfer : Transfer of interest in this Policy to another person is not allowed.

A. SPECIFIC TERMS & CLAUSES

5.17 ENTIRE CONTRACT: This policy /prospectus/ proposal form and declaration given by the Proposer /and the insured, or any applicable endorsements or extensions attaching to or forming part thereof, constitute the complete contract. Any alteration that may be made by the insurer shall only be evidenced by a duly signed and sealed endorsement on the policy.

5.18 COMMUNICATION: Every notice or communication to be given or made under this policy shall be delivered in writing at the address of the policy issuing office / Third Party Administrator as shown in the Schedule.

5.19 CHANGE OF ADDRESS: Insured person must inform the Company immediately in writing of any

change in the address.

5.20 QUALITY OF TREATMENT: The insured hereby acknowledges and agrees that pre-authorization or payment of any claim by or on behalf of the Company shall not constitute on part of the Company, a guarantee or assurance as to the quality or effectiveness of any medical treatment obtained by the insured person. It being agreed and recognized by the insured person that the Company is in no way responsible or liable for the availability or quality of any services (Medical or otherwise) rendered by any institution (including a network hospital).

5.21 ID CARD: The card is issued to the insured person by the TPA to avail cash less facility in the Network Hospital only. Upon the cancellation or non renewal of this policy, all ID cards shall immediately be returned to the TPA at the insured's expense and each insured person agrees to hold and keep harmless, the Company and the TPA against any or all costs, expenses, liabilities and claims arising in respect of use or misuse of such ID cards prior to their return to the TPA.

5.22 PAYMENT OF PREMIUM: The premium under this policy shall be paid in advance. No receipt for premium shall be valid except on the official form of the Company signed by a duly authorized official of the Company.

The due payment of premium and the observance and fulfillment 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 condition precedent to any liability of the Company to make any payment under this policy. No waiver of any terms, provisions, conditions and endorsements of this policy shall be valid, unless made in writing and signed by an authorized official of the Company.

5.23 NOTICE OF CLAIM: Immediate notice of claim with particulars relating to Policy Number, ID Card No., Name of insured person in respect of whom claim is made, Nature of disease / injury and Name and Address of the attending medical practitioner / Hospital/Nursing Home etc. should be given to the Company / TPA while taking treatment in the Hospital / Nursing Home by Fax, Email. Such notice should be given within 48 hours of admission but before discharge from Hospital / Nursing Home, unless waived in writing.

5.24 CLAIM DOCUMENTS: Final claim along with original Bills/Cash memos/reports, claim form and documents as listed below should be submitted to the Company / TPA within 15 days of discharge from the Hospital / Nursing Home.

- a. Original bills, all receipts and discharge certificate / card from the hospital. supported by proper prescription
- b. All documents pertaining to the illness, starting from the date it was first detected, i.e. Doctor's consultations reports / history
- c. Medical history of the patient recorded by the Hospital.
- d. Original Cash-memo from the hospital (s) / chemist (s) / pharmacy.
- e. Implant stickers or invoice where ever applicable
- f. Original receipt, pathological and other test reports from a pathologist / radiologist including film etc supported by the note from attending Medical Practitioner / Surgeon demanding such tests.
- g. Attending Consultants / Anesthetists / Specialist Original certificates regarding diagnosis and bills / receipts etc.
- h. Surgeon's original certificate stating diagnosis and nature of operation performed along with bills / receipts etc.
- i. Proof of Oocyte retrieval/Embryo Transfer, whichever is applicable
- j. Certificate from treating clinician on number of attempts in case of surrogacy
- k. KYC of the Insured and KYC of the nominee / legal heir in case of death claim under the policy.
- l. Account details with proof for NEFT of the Insured and of nominee / legal heir in case of death claim under the policy i.e. cancelled cheque, passbook copy has to be submitted with the claim documents.
- m. Any other information / documents required by Company/TPA.

All documents must be duly attested by the Insured /claimant.

ii In case of post hospitalization treatment (limited to 60 days) all supporting claim papers / documents as listed above should also be submitted within 15 days from completion of such treatment (up to 60 days or actual period whichever is less) to the Company / TPA. In addition insured Person should also provide the Company / TPA such additional information and assistance as the Company / TPA may require in dealing with the claim.

Waiver of this condition may be considered in extreme cases of hardship where it is proved to the satisfaction of the Company that under the circumstances in which the insured was placed it was not possible for her or any other person to give such notice or file claim within the prescribed time limit.

5.25 PROCEDURE FOR AVAILING CASHLESS ACCESS SERVICES IN NETWORK HOSPITAL / NURSING HOME:

- a. Claim in respect of Cashless Access Services will be through the Company/ TPA provided admission is in a networked Hospital / Nursing Home and is subject to pre admission authorization. The Company / TPA shall, upon getting the related medical details / relevant information from the insured person / network Hospital / Nursing Home, verify that the person is eligible to claim under the policy and after satisfying itself will issue a pre- authorization letter / guarantee of payment letter to the Hospital / Nursing Home mentioning the sum guaranteed as payable, also the ailment for which the person is seeking to be admitted as in-patient.
- b. Pre-authorization shall be approved / denied within 2 hours of receipt of request.
- c. The Company / TPA reserves the right to deny pre-authorization in case the hospital / insured person is unable to provide the relevant information / medical details as required by the Company / TPA. In such circumstances denial of Cashless Access should in no way be construed as denial of liability. The insured person may obtain the treatment as per his/her treating doctor's advice and later on submit the full claim papers to the TPA/Insurer within 15 days of the discharge from Hospital / Nursing Home for consideration of Company / TPA.
- d. Should any information be available to the Company / TPA which makes the claim inadmissible or doubtful, and warrants further investigations, the authorization of cashless facility may be withdrawn. However, this shall be done by the Company / TPA before the patient is discharged from the Hospital and notice to this effect given to the treating hospital / insured.
- e. List of network hospitals is available on our official website- www.orientalinsurance.org.in and will also be provided by the concerned TPA.

5.26 MEDICAL RECORDS:

- a. The insured person hereby agrees to and authorizes the disclosure, to the Company / TPA or any other person nominated by the Company, of any and all Medical records and information held by any Institution/ Hospital or Person from which the insured person has obtained any medical or other treatment to the extent reasonably required by the Company / TPA in connection with any claim made under this policy or the Company's liability there under.
- b. The Company / TPA agree that they will preserve the confidentiality of any documentation and information that comes into their possession pursuant to (i) above and will only use it in connection with any claim made under this policy or the Company's liability there under.
- c. Any medical practitioner authorized by the Company / TPA shall be allowed to examine the Insured Person in case of any alleged injury or disease requiring Hospitalization when and so often as the same may reasonably be required on behalf of the Company / TPA.

5.27 PAYMENT OF CLAIM: All medical treatment for the purpose of this insurance will have to be taken in India only and all claims shall be payable in Indian currency only.

5.28 REPUDIATION:

- i. The Company, shall repudiate the claim if not payable under the policy. The Company / TPA shall mention the reasons for repudiation in writing to the insured person. The insured person shall have the right to appeal / approach the Grievance Redressal Cell of the company at its policy issuing office, concerned Divisional Office, concerned Regional Office or of the Head Office, situated at A-25/27, Asaf Ali Road, New Delhi-110002.
- ii. If the insured is not satisfied with the reply of the Grievance Cell under (i), he may approach the Insurance Ombudsman, established by the Central Government for redressal of grievance. The Insurance Ombudsman is empowered to adjudicate on personal lines of insurance claims upto Rs.30 lacs.

5.29 AUTOMATIC TERMINATION: The insurance under this policy shall expire immediately on the earlier of the following events:

- a. Upon the death of the insured person
- b. Upon the exhaustion of the Sum Insured
- c. Upon the expiry of the Policy period

5.30 GRIEVANCE REDRESSAL:

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

Website: www.orientalinsurance.org.in

Toll free: 1800118485 Or 011- 33208485

E-mail: csd@orientalinsurance.co.in

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

If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at:

Customer Service Department ,The Oriental Insurance Company Ltd. Corporate Office, Block - 4, Plate-A, NBCC Office Complex, Kidwai Nagar East, New Delhi – 110023

For updated details of Grievance officer, kindly refer the link:

<https://orientalinsurance.org.in/documents/10182/7605007/List+of+Nodal+Officer+.pdf/992a7f9b-ae7f-5cac-c613-ffc05d578a3e>

5.31 INSURANCE OMBUDSMAN –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. The contact details of the Insurance Ombudsman offices have been provided as Annexure-II & revised details of insurance ombudsman as and when amended as available in the website <http://ecoi.co.in/ombudsman.html>.

Grievance may also be lodged at IRDAI Integrated Grievance Management System - <https://igms.irda.gov.in/>

5.32 DISCLAIMER OF CLAIM: If the Company shall disclaim liability and communicates in writing (either through the TPA or by itself) to the Insured in respect of any claim hereunder and such claim has not within 12 calendar months from the date of such disclaimer been made 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.

5.33 Excluded Hospital (Providers): List of hospitals under “ watch list, suspension or blacklisted” can be seen at / obtained from the Company website at the following link- <https://orientalinsurance.org.in/en/network-hospitals?isSelected=locator&isRefresh=true>

5.34 GOVERNING LAW and TERRITORIAL LIMITS: The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian law. The section headings of this Policy are descriptive only and do not form part of this Policy for the purpose of its construction or interpretation. All investigations / treatments under this policy shall have to be taken in India only.

5.35 JURISDICTION: All disputes or differences under or in relation to the policy shall be determined by the Indian Courts and according to the Indian laws.

5.36 IRDAI REGULATIONS: This Policy is subject to IRDAI (Protection of Policy holders' interest) Regulation, 2017 and IRDAI (Health Insurance) Regulations 2016, and Guidelines on Standardization in health insurance, as amended from time to time.

Appendix I

	Day care procedures / surgeries
A	Microsurgical Operations on the Middle Ear
1	Stapedotomy
2	Stapedectomy
3	Revision of a stapedectomy
4	Myringoplasty (Type -I Tympanoplasty)
5	Tympanoplasty (closure of an eardrum perforation/reconstruction of the auditory ossicles)
6	Revision of a tympanoplasty
7	Other operations on the auditory ossicles
8	Other microsurgical operations on the middle ear
B	Other operations on the middle & internal ear
9	Myringotomy
10	Removal of a tympanic drain
11	Incision of the mastoid process and middle ear
12	Mastoidectomy
13	Reconstruction of the middle ear
14	Fenestration of the inner ear
15	Revision of a fenestration of the inner ear
16	Incision (opening) and destruction (elimination) of the inner ear
17	Other excisions of the middle and inner ear
18	Other operations on the middle and inner ear
C	Operations on the nose & the nasal sinuses
19	Excision and destruction of diseased tissue of the nose
20	Operations on the turbinates (nasal concha)
21	Nasal sinus aspiration
22	Other operations on the nose
D	Operations on the eyes
23	Incision of tear glands
24	Incision of diseased eyelids
25	Excision and destruction of diseased tissue of the eyelid

26	Operations on the canthus and epicanthus
27	Corrective Surgery for entropion and ectropion
28	Corrective Surgery for blepharoptosis
29	Removal of a foreign body from the conjunctiva
30	Removal of a foreign body from the cornea
31	Incision of the cornea
32	Operations for pterygium
33	Removal of a foreign body from the lens of the eye
34	Removal of a foreign body from the posterior chamber of the eye
35	Removal of a foreign body from the orbit and eyeball
36	Operation of cataract
37	Anterior Chamber Paracentesis / Cyclodiathermy /Cyclocryotherapy / Goniotomy/Trabeculotomy and Filtering and Allied Operations To Treat Glaucoma
38	Diathermy/cryotherapy To Treat Retinal Tear
39	Other operations on Cornea
E	Operations on the skin & subcutaneous tissues
40	Incision of a pilonidal sinus
41	Free skin transplantation, donor site
42	Free skin transplantation, recipient site
43	Revision of skin plasty
44	Simple restoration of surface continuity of the skin and subcutaneous tissues
45	Destruction of diseased tissue in the skin and subcutaneous tissues
46	Local excision of diseased tissue of the skin and subcutaneous tissues
47	Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues
48	ChemoSurgery to the skin
49	Excision Of Soft Tissue Rhabdomyosarcoma
50	Other incisions of the skin and subcutaneous tissues
51	Other excisions of the skin and subcutaneous tissues
F	Operations on the tongue
52	Incision, excision and destruction of diseased tissue of the tongue
53	Partial glossectomy
54	Glossectomy
55	Reconstruction of the tongue

56	Other operations on the tongue
G	Operations on the salivary glands & salivary ducts
57	Incision and lancing of a salivary gland and a salivary duct
58	Excision of diseased tissue of a salivary gland and a salivary duct
59	Resection of a salivary gland
60	Reconstruction of a salivary gland and a salivary duct
61	Other operations on the salivary glands and salivary ducts
H	Other operations on the mouth & face
62	External incision and drainage in the region of the mouth, jaw and face
63	Incision of the hard and soft palate
64	Excision and destruction of diseased hard and softpalate
65	Incision, excision and destruction in the mouth
66	Plastic Surgery to the floor of the mouth
67	Palatoplasty
68	Other operations in the mouth except dental unless necessitated due to an injury.
I	Operations on the tonsils & adenoids
69	Transoral incision and drainage of a pharyngeal abscess
70	Tonsillectomy without adenoidectomy
71	Tonsillectomy with adenoidectomy
72	Excision and destruction of a lingual tonsil
73	Adenoidectomy
74	Adenoidectomy With Grommet Insertion
75	Adenoidectomy Without Grommet Insertion
76	Other operations on the tonsils and adenoids
J	Operations on the breast
77	Incision of the breast
78	Operations on the nipple
79	Excision Of Single Breast Lump
K	Operations on the digestive tract
80	Incision and excision of tissue in the perianal region
81	Surgical treatment of anal fistulas
82	Surgical treatment of haemorrhoids
83	Division of the anal sphincter (sphincterotomy)
84	Ultrasound guided aspirations

85	Sclerotherapy etc
86	Lap Appendicectomy
87	Lap Cholecystectomy and Choledocho-jejunostomy/Duodenostomy / Gastrostomy / Exploration Common Bile Duct
88	Colonoscopy ,lesion removal
89	Colonoscopy Stenting Of Stricture
90	Esophagoscopy, Gastroscopy, Duodenoscopy With Polypectomy/Removal Of Foreign Body/diathermy Of Bleeding Lesions
91	Oesophageal varices Sclerotherapy
92	UGI Sco py and Injection Of Adrenaline, Sclerosants Bleeding Ulcers
93	UGI Sco py and Polypectomy Oesophagus/stomach
94	Other operations on the anus
L	Operations on the female sexual organs
95	Incision of the ovary
96	Insufflation of the Fallopian tubes
97	Dilatation of the cervical canal
98	Conisation of the uterine cervix
99	Incision of the uterus (hysterotomy)
100	Therapeutic curettage
101	Culdotomy
102	Incision of the vagina
103	Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas
104	Incision of the vulva
105	Operations on Bartholin's glands (cyst)
106	Endoscopic Polypectomy
107	Hymenectomy(imperforate Hymen)
108	Hysteroscopic adhesiolysis
109	Hystero scopic Removal Of Myoma
110	Hystero scopic Resection Of Endometrial Polyp
111	LLETZ
112	Other Operations on Fallopian tubes
113	Other Operations on uterine cervix
M	Operations on the urinary system
114	Cystoscopical removal of stones
115	Cystoscopic Litholapaxy

116	Cystoscopy and "SLING" Procedure.
117	Cystoscopy and Removal Of Foreign Body
118	Cystoscopy and Removal Of Polyp
119	Cystoscopy with Deflux Injection in VUR
120	Excision Of Urethral Diverticulum
121	Excision Of Urethral Prolapse
N	Other Operations
122	Lithotripsy
123	Coronary angiography
124	Haemodialysis
125	Radiotherapy for Cancer
126	Cancer Chemotherapy
127	Axillary/cervical Lymphadenectomy
128	Drainage Of Pyonephrosis/perinephric Abscess
129	External Arterio-venous Shunt

Annexure I

List I- Items for which coverage is not available in the policy

Sl. No.	Item
1	BABY FOOD
2	BABY UTILITIES
3	BEAUTY SERVICES
4	BELTS/BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL/ INTERNET CHARGES
9	FOOD CHARGES (OTHER THAT 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 ND 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 that which forms part of bed charges)
26	BIRTH CETIFICATE
27	CETIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CRTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPY CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETER
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 IMMOBOLOZER/SHOULDER IMMOBOLIZER
47	LUMBO SCARLET 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

Sl.No.	ITEMS
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 CHARGES
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	PULSWOXYMETER CHARGES

List III - Items that are to be subsumed into Procedure Charges

Sl. No.	Items
1	HAIR REMOVAL CREAM
2	DISPOSABLE RAZORS CHRGES (FOR SITE PREPARATION)
3	EYE PAD
4	EYE SHIELD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUZE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPIC COVER
12	SURGICAL BLADES, HARMONIC SCALPEL, SHAVER
13	SURGICAL DRILL
14	EYE KIT

15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPRATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHO BUNDLE, GYNAE BUNDLE
List IV- Items that are to be subsumed into costs of treatment	
Sl. No.	Items
1	ADMISSION /REGISTRATION CHARGES
2	HOSPITALIZATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAD/CAPD EQUIPMENTS
7	INFUSION PUMP COST
8	HYDROGEN PEROXIDE/SPIRIT/DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTESEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWAB
16	SCRUB SOLUTIONS/STERILLIUM
17	GLUCOMETER & STRIPS
18	URINE BAG

ANNEXURE II: CONTACT DETAILS OF INSURANCE OMBUDSMEN

Office Details	Jurisdiction of Office Union Territory,
AHMEDABAD -Shri Collu Vikas Rao Office of the Insurance Ombudsman, Jeevan Prakash Building, 6 th Floor, Tilak Marg, Relief Road Ahmedabad – 380 001 Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU - Shri Vipin Anand Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru - 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka.
BHOPAL - Shri R.M.Singh 1st floor, "Jeevan Shikha", 60-B,Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh, Chattisgarh.
BHUBANESHWAR - Shri. Manoj Kumar Parida Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar - 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa.
CHANDIGARH -Shri Atul Jerath Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 - D,Chandigarh - 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
CHENNAI - Shri N.Sankaran Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet,CHENNAI - 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
DELHI - Ms. Sunita Sharma Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.

<p>GUWAHATI - Sh. Somnath Ghosh Office of the Insurance Ombudsman, JeevanNivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road,Guwahati - 781001(ASSAM). Tel.: 0361 - 2132204 / 2132205 Email: bimalokpal.guwahati@ecoi.co.in</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p>HYDERABAD - Shri N. Sankaran Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace,A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.</p>
<p>JAIPUR - Sh. Rajiv Dutt Sharma Office of the Insurance Ombudsman, Jeevan Nidhi - II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur – 302005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in</p>	<p>Rajasthan.</p>
<p>ERNAKULAM - Sh.G.Radhakrishnan Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp.to Maharaja College, M.G.Road Ernakulam - 682011 Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in</p>	<p>Kerala, Lakshadweep, Mahe-a part of Pondicherry.</p>
<p>KOLKATA - Ms.Kiran Sahdev Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA – 700072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in</p>	<p>West Bengal, Sikkim, Andaman & Nicobar Islands.</p>
<p>LUCKNOW - Shri. Atul Sahai Office of the Insurance Ombudsman, 6th Floor, JeevanBhawan, Phase-II, Nawal Kishore Road, Hazratganj,Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@ecoi.co.in</p>	<p>Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.,</p>

<p>MUMBAI - Shri Somnath Ghosh Office of the Insurance Ombudsman, 3rd Floor, Jeevan SevaAnnexe, S. V. Road, Santacruz (W), Mumbai -400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@ecoi.co.in</p>	<p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.</p>
<p>NOIDA - Shri Bimbadhar Pradhan Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: GautamBuddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in</p>	<p>State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshihar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh</p>
<p>PATNA - Ms. Susmita Mukherjee Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@ecoi.co.in</p>	<p>Bihar, Jharkhand.</p>
<p>PUNE – Sh. Sunil Jain Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. KelkarRoad, Narayan Peth, Pune - 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in</p>	<p>Maharashtra, Area of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).</p>