Issuing Office:

National Insurance Company Limited

CIN - U10200WB1906GOI001713 IRDAI Regn. No. - 58

नेशनल इन्श्योरेन्स
National Insurance
Trusted Since 1906

National Critical Illness Policy

1 RECITAL CLAUSE

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 is deemed to be incorporated herein, has applied to National Insurance Company Ltd., (herein after called the Company) for the insurance herein after set forth in respect of person(s) named in the schedule hereto (herein after called the insured person) and has paid premium as consideration for such insurance.

2 OPERATIVE CLAUSE

Now the Policy witnesses that, subject to the terms, definitions, exclusions and conditions contained herein or endorsed or otherwise expressed hereon, the Company undertakes that if during the policy period stated in the schedule or during the continuance of the Policy by renewal, the insured person is first diagnosed as suffering from an illness or undergoes a surgery, mentioned in the Table of Benefits, under the Plan opted (herein after called Critical Illness) and satisfies the respective definition mentioned below, symptoms (and/or the treatment) of which were not present in such insured person at any time prior to inception of the Policy, the Company shall pay to the insured person the benefit and/ or arrange for the service defined below.

2.1 Coverage

2.1.1 Critical Illness Benefit

The Company shall pay the full sum insured as mentioned in the schedule, provided the insured person survives for the survival period applicable to that Critical Illness.

3 DEFINITIONS

3.1 Accident means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

3.2 Activities of Daily Living refers to daily self-care activities within an individual`s place of residence, in outdoor environment or both.

The Activities of Daily Living are:

i. **Washing**: The ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
ii. **Dressing**: The ability to put on, take off, secure and unfasten all garments and as appropriate, any braces, artificial limbs or other surgical appliances;
iii. **Transferring**: the ability to move from a bed to an upright chair or wheelchair and vice versa;
iv. **Mobility**: The ability to move indoors from room to room on level surfaces;
v. **Toileting**: The ability to use lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
vi. **Feeding**: The ability to feed oneself once food has been prepared and made available.

3.3 Age / Aged means completed years on last birthday as on Policy commencement date.

3.4 Ayush Treatment refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

3.5 Break in policy means the period of gap that occurs at the end of the existing Policy Period, when the premium due for renewal on a given policy is not paid on or before the premium renewal date or Grace Period.

3.6 Contract means prospectus, proposal, Policy, and the policy schedule. Any alteration with the mutual consent of the insured person and the Company can be made only by a duly signed and sealed endorsement on the Policy.

3.7 Condition Precedent means a Policy term or condition upon which the Company's liability under the Policy is conditional upon.

3.8 Critical Illness means Cancer of Specified Severity, First Heart Attack of Specified Severity, Open Chest Coronary Artery Bypass Graft Surgery, Open Heart Replacement or Repair of Heart Valves, Coma of Specified Severity, Kidney Failure requiring Regular Dialysis, Stroke Resulting in Permanent Symptoms, Major Organ/Bone Marrow Transplant, Permanent Paralysis of Limbs, Motor Neurone Disease with Permanent Symptoms, Multiple Sclerosis with Persisting Symptoms, End Stage Liver Failure, Major Burns, Goodpasture's Syndrome, Apallic Syndrome, Aplastic Anaemia, Systemic Lupus Erythematous with Lupus Nephritis, Bacterial Meningitis, Multiple System Atrophy, Progressive Scleroderma, Aorta Graft Surgery, Pneumonectomy, Primary Pulmonary Hypertension, Primary Parkinson's Disease, Alzheimer's Disease, Benign Brain Tumour, Cardiomyopathy, End Stage Lung Disease, Brain Surgery, Progressive Supranuclear Palsy, Creutzfeldt-Jakob Disease (CJD), Major Head Trauma, Encephalitis, Total Blindness, Deafness, Loss of Speech and Loss of Limbs as defined below.

3.8.1 Cancer of Specified Severity

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

The following are excluded:

i. All tumours which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non- invasive, including but not limited to:
Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
ii. Any non- melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
iii. Malignant melanoma that has not caused invasion beyond the epidermis;
iv. 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;
v. All Thyroid cancers histologically classified as T1N0M0 (TNM classification) or below;
vi. Chronic lymphocytic leukaemia less than RAI stage 3
vii. Non- invasive Papillary cancer of bladder histologically described as TaN0M0 (TNM Classification)or of a lesser classification;
viii. All Gastro-intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

3.8.2 Myocardial Infarction (First Heart Attack of Specified Severity)

The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

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

The following are excluded:

i. Other acute Coronary Syndromes.
ii. Any type of angina pectoris.
iii. A rise in cardiac biomarkers or Troponin T or I in absence of over ischemic heart disease OR following an intra-arterial cardiac procedure

3.8.3 Open Chest Coronary Artery Bypass Graft Surgery (CABG)

The actual undergoing of Heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via sternotomy (cutting through breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

The following are excluded:

Angioplasty and/or any other intra-arterial procedures.

3.8.4 Open Heart Replacement or Repair of Heart Valve

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

The following are excluded

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

3.8.5 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:

i. No response to external stimuli continuously for at least 96 hours;
ii. Life support measures are necessary to sustain life; and
iii. 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.

The following is excluded:

Coma resulting directly from alcohol or drug abuse is excluded.

3.8.6 Kidney Failure requiring Regular Dialysis

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

3.8.7 Stroke Resulting in Permanent Symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial 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:

i. Transient ischemic attacks (TIA)
ii. Traumatic injury of the brain
iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

3.8.8 Major Organ/ Bone Marrow Transplant

The actual undergoing of a transplant of:

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

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

3.8.9 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.

3.8.10 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.

3.8.11 Multiple Sclerosis with Persisting Symptoms

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

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

The following is excluded:

Neurological damage due to SLE.

3.8.12 End Stage Liver Failure

Permanent and irreversible failure of liver function that has resulted in all three of the following

i. Permanent jaundice
ii. Ascites and
iii. Hepatic encephalopathy

The following are excluded

Liver disease secondary to alcohol or drug misuse

3.8.13 Third Degree Burns

There must be third degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm that the total area involved using standardized, clinically accepted, body surface are charts covering 20% of the body surface.

3.8.14 Goodpasture's Syndrome

Goodpasture's syndrome is an autoimmune disease in which antibodies attack the lungs and kidneys, leading to permanent lung and kidney damage. The permanent damage should be for continuous period of at least 30 days. The Diagnosis must be proven by Kidney biopsy and confirmed by a Specialist Medical Practitioner (Rheumatologist).

3.8.15 Apallic Syndrome

Universal necrosis of the brain cortex with the brainstem remaining intact. Diagnosis must be confirmed by a Neurologist and condition must be documented for at least one month with no hope of recovery.

3.8.16 Aplastic Anaemia

Chronic persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:

i. Blood product transfusion;
ii. Marrow stimulating agents;
iii. Immunosuppressive agents; or
iv. Bone marrow transplantation

A certified hematologist must make the diagnosis of severe irreversible aplastic anaemia. There must be permanent bone marrow failure resulting in bone marrow cellularity of less than 25% and there must be two of the following:

i. Absolute neutrophil count of less than 500/mm³
ii. Platelets count less than 20,000/mm³
iii. Reticulocyte count of less than 20,000/mm³

The following are excluded

Temporary or reversible Aplastic Anaemia is excluded.

3.8.17 Systemic Lupus Erythematous with Lupus Nephritis

A multi-system, multifactorial, autoimmune disease characterized by the development of auto-antibodies directed against various self-antigens. Systemic Lupus Erythematous will be restricted to those forms of systemic lupus erythematous which involve the kidneys (Class III to Class V Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification). The final diagnosis must be confirmed by a certified doctor specializing in Rheumatology and Immunology. There must be positive antinuclear antibody test.

The following are excluded

Other forms, discoid lupus, and those forms with only hematological and joint involvement.

WHO Classification of Lupus Nephritis:

i. **Class I:** Minimal change Lupus Glomerulonephritis- Negative, normal urine.
ii. **Class II:** Mesangial Lupus Glomerulonephritis- Moderate Proteinuria, active sediment
iii. **Class III:** Focal Segmental Proliferative Lupus Glomerulonephritis- Proteinuria, active sediment.
iv. **Class IV:** Diffuse Proliferative Lupus Glomerulonephritis- Acute nephritis with active sediment and / or nephritic syndrome.
v. **Class V:** Membranous Lupus Glomerulonephritis- Nephrotic Syndrome or severe proteinuria.

3.8.18 Bacterial Meningitis

Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal chord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks. This diagnosis must be confirmed with/by:

i. The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
ii. A consultant neurologist.

The following are excluded

Bacterial Meningitis in the presence of HIV infection is excluded

3.8.19 Multiple System Atrophy

A diagnosis of multiple system atrophy by a Specialist Medical Practitioner (Neurologist). There must be evidence of permanent clinical impairment for a minimum period of 30 days of either:

i. motor function with associated rigidity of movement; or
ii. The ability to coordinate muscle movement; or
iii. Bladder control and postural hypotension.

3.8.20 Progressive Scleroderma

A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

The following are excluded

i. Localised scleroderma (linear scleroderma or morphea);
ii. Eosinophilicfascitis; and
iii. CREST syndrome.

3.8.21 Aorta Graft Surgery

The actual undergoing of major surgery to repair or correct aneurysm, narrowing, obstruction or dissection of the aorta through surgical opening of the chest or abdomen. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches.

The following are excluded:
i. Surgery performed using only minimally invasive or intra arterial techniques are excluded.
ii. Angioplasty and all other intra arterial, catheter based techniques, "keyhole" or laser procedures are excluded.

3.8.22 Pneumonectomy
The undergoing of surgery on the advice of an appropriate Medical Specialist to remove an entire lung for disease or traumatic injury suffered by the insured person.

The following are excluded
i. Removal of a lobe of the lungs (lobectomy)
ii. Lung resection or incision

3.8.23 Primary (Idiopathic) Pulmonary Hypertension
An equivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm Hg on Cardiac Cauterisation. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment.
The NYHA Classification of Cardiac Impairment are as follows:
i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
ii. Class IV: unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

The following are excluded
Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

3.8.24 Primary Parkinson's Disease
Unequivocal diagnosis of idiopathic or primary Parkinson's Disease (all other forms of Parkinsonism are excluded) before age 65 that has to be confirmed by a Consultant Neurologist.
The disease cannot be controlled with medication; Objective sign of progressive impairment; and
The disease must result in a permanent inability to perform independently three or more Activities of Daily Living, as defined in para 3.2 above.
These conditions have to be medically documented for at least 90 days.

The following are excluded
Drug-induced or toxic causes of Parkinsonism.

3.8.25 Alzheimer's Disease
The Unequivocal diagnosis of Alzheimer's Disease (presenile dementia) before age 65 that has to be confirmed by a specialist Medial Practitioner and evidenced by typical findings in cognitive and neuroradiological tests (e.g. CT Scan, MRI, PET of the brain). The disease must result in a permanent inability to perform independently three or more Activities of Daily Living, as defined in para 3.2.
These conditions have to be medically documented for at least 90 days.

The following are excluded
i. Non-organic diseases such as neurosis and psychiatric illnesses; and
ii. Alcohol related brain damage.
iii. Any other type of irreversible organic disorder / dementia.

3.8.26 Benign Brain Tumour
Benign brain tumour is defined as a life threatening, non- cancerous tumour in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT Scan or MRI.

This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist,
i. Permanent neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days, or
ii. Undergone surgical resection or radiation therapy to treat the brain tumor

The following are excluded
Cysts, Granulomas, malformations in the arteries or veins of the brain, haematomas, abcesses, pituitary tumors, tumors of skull bones and tumours of the spinal chord.

3.8.27 Cardio Myopathy
A diagnosis of cardiomyopathy by a Specialist Medical Practitioner (Cardiologist). There must be clinical impairment of heart function resulting in the permanent loss of ability to perform physical activities for a minimum period of 30 days to at least Class 3 of the New York Heart Association classifications of functional capacity (heart disease resulting in marked limitation of physical activities where less than ordinary activity causes fatigue, palpitation, breathlessness or chest pain) and LVEF of 40% or less.

The following are excluded

i. Cardiomyopathy secondary to alcohol or drug abuse.
ii. All other forms of heart disease, heart enlargement and myocarditis.

3.8.28 End Stage Lung Failure
End Stage Lung Disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following.
i. FEV 1 test results consistently less than one litre measured on 3 occasions 3 months apart : and;
ii. Requiring continuous Permanent supplementary oxygen therapy for hypoxemia; and
iii. Arterial blood gas analyses with partial oxygen pressures of 55mmHg or less ($PaO2 < 55$ mm Hg); and
iv. Dyspnea at rest.

3.8.29 Brain Surgery
The actual undergoing of surgery to the brain under general anaesthesia during which a craniotomy is performed.

The following are excluded
i. Burr Hole
ii. Brain surgery as a result of an accident.

3.8.30 Progressive Supranuclear Palsy
A diagnosis of progressive supranuclear palsy by a Specialist Medical Practitioner (Neurologist). There must be permanent clinical impairment of eye movements and motor function for a minimum period of 30 days.

3.8.31 Creutzfeldt-Jakob Disease (CJD)
A diagnosis of Creutzfeldt-Jakob disease must be made by a Specialist Medical Practitioner (Neurologist). There must be permanent clinical loss of the ability in mental and social functioning for a minimum period of 30 days to the extent that permanent supervision or assistance by a third party is required.

3.8.32 Major Head Trauma
Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all causes.

The Accidental Head Injury must result in an inability to perform at least three (3) of Activities of Daily Living, defined in para 3.2, either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word 'permanent' shall mean beyond the scope of recovery with current medical knowledge and technology.

The following are excluded
Spinal cord injury

3.8.33 Encephalitis
It is a severe inflammation of brain tissue, resulting in permanent neurological deficit lasting for a minimum period of 30 days. This must be certified by a Specialist Medical Practitioner (Neurologist). The permanent deficit must result in an inability to perform at least three (3) of the Activities of Daily Living, as defined in para 3.2, either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons.

The following are excluded
Encephalitis as a result of HIV infection.

3.8.34 Blindness
Total permanent and irreversible loss of all vision in both eyes as a result of illness or accident.
The blindness is evidenced by:
i. Corrected visual acuity being 3/60 or less in both eyes or';
ii. The field of vision being less than 10 degrees in both eyes.
Diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

3.8.35 Deafness
Total and irreversible loss of hearing in both ears as result of illness or accident. This diagnosis must be supported by pure tone Audiogram test and certified by an Ear, Nose and Throat (ENT) Specialist. Total means "the loss of hearing to the extent that the loss is greater than 90 decibels across all frequencies of hearing" in both ears.

3.8.36 Loss of Speech
Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal chords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by Medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.
The following are excluded

All psychiatric related causes are excluded.

3.8.37 Loss of Limbs
The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

3.9 Congenital Anomaly refers to a condition which is present since birth, and which is abnormal with reference to form, structure or position.

a) Internal Congenital Anomaly
Congenital anomaly which is not in the visible and accessible parts of the body.

b) External Congenital Anomaly
Congenital anomaly which is in the visible and accessible parts of the body.

3.10 Diagnosis means diagnosis by a medical practitioner, supported by clinical, radiological, and histological and laboratory evidence, acceptable to the Company.

3.11 Grace Period means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to Waiting Periods and coverage of Pre-Existing Diseases. The Grace Period for payment of the premium shall be thirty days.
In case of Renewal, Coverage shall not be available during the period for which no premium is received.

3.12 Hospital means any institution established for in-patient care and day care treatment of disease/ injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under Schedule of Section 56(1) of the said Act, OR complies with all minimum criteria as under:

i. has qualified nursing staff under its employment round the clock;
ii. has at least ten inpatient beds, in those towns having a population of less than ten lacs and fifteen inpatient beds in all other places;
iii. has qualified medical practitioner (s) in charge round the clock;
iv. has a fully equipped operation theatre of its own where surgical procedures are carried out
v. maintains daily records of patients and shall make these accessible to the Company's authorized personnel.

3.13 Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

i. **Acute Condition** means a disease, illness or injury that is likely to 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** means a disease, illness, or injury that has one or more of the following characteristics
    1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
    2. it needs ongoing or long-term control or relief of symptoms
    3. it requires rehabilitation for the patient or for the patient to be special trained to cope with it
    4. it continues indefinitely
    5. it recurs or is likely recur

3.14 Insured/ Insured Person means person(s) named in the schedule of the Policy.

3.15 Injury means accidental physical bodily harm excluding illness solely and directly caused by external, violent, visible and evident means which is verified and certified by a medical practitioner.

3.16 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 the licence.

3.17 Notification of Claim means the process of intimating a claim to the Insurer or TPA through any of the recognized modes of communication.

3.18 Policy Period means period of one year as mentioned in the schedule for which the Policy is issued.

3.19 Schedule means a document forming part of the Policy, containing details including name of the insured person, age, relation of the insured person, sum insured, premium paid and the policy period.

3.20 Sum Insured means the amount of insurance in respect of each insured person, as mentioned in the schedule, payable in full by the Company in case of an admissible claim by the insured person during the policy period.

3.21 Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering ~~or~~ and prolongation of life, performed in a hospital or day care centre by a medical practitioner.

3.22 Survival Period means survival of specified number of days immediately following the diagnosis of the Critical Illness/ undergoing the procedure, as detailed in Section 5.5.2.

3.23 Unproven/ Experimental Treatment means treatment, including drug experimental therapy, which is not based on established medical practice in India, is experimental or unproven.

3.24 Waiting Period means a period from the inception of this Policy during which the cover shall not be available. Waiting period shall not apply on renewal of the Policy.

4 EXCLUSIONS

The Company shall not be liable to make any payment under the Policy, in respect of

4.1 Waiting Period

Any Critical Illness, as specified in the Policy, which incepts or manifests during the first 90 days from the inception of the Policy.

4.2 Critical Illness prior to Inception

Any Critical Illness, the insured person is diagnosed with any time prior to the inception of the Policy.

4.3 Non Payable Conditions

Any Critical Illness resulting out of the following.

4.3.1 Congenital, Genetic Disorders

Congenital external diseases, defects or anomalies, genetic disorders.

4.3.2 Sterility, Infertility, Assisted Conception

Sterility, infertility/sub fertility, assisted conception procedures.

4.3.3 Pregnancy

Pregnancy/childbirth including caesarean section, miscarriage, surrogate or vicarious pregnancy, abortion or complications thereof including changes in chronic conditions arising out of pregnancy.

4.3.4 Non Prescribed Drug

The ingestion of drugs other than those prescribed by a medical practitioner.

4.3.5 Drug Addiction

Treatment arising out of disease/ injury/ directly attributable to use of drugs/alcohol and intoxicating substances, and treatment thereof.

4.3.6 Self Inflicted Injury

Intentional self-inflicted injury, attempted suicide

4.3.7 AIDS, HIV

AIDS (Acquired Immunodeficiency Syndrome) or HIV (Human Immunodeficiency Virus). AIDS and HIV will be interpreted as broadly as possible so as to include all or any mutants, derivatives or variations thereof. The onus will always be on the insured person to show that any event was not caused by or did not arise through AIDS or HIV.

4.3.8 Cosmetic Treatment, Plastic Surgery, Sex Change, Hormone Replacement Therapy

Cosmetic treatment or aesthetic treatment of any description, change of life or sex change operation.

4.3.9 Massages, Steam Bath, Alternative Treatment (Other than AYUSH)

Massages, steam bath, expenses for alternative treatments (other than AYUSH), acupuncture, acupressure, magneto-therapy and similar treatment.

4.3.10 Breach of Law

As a result of committing or attempting to commit a breach of law with criminal intent.

4.3.11 War Group Perils

Directly or indirectly caused by or arising from or attributable to war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority.

4.3.12 Radioactivity

Directly or indirectly caused by or contributed by nuclear weapons/materials or arising from ionising radiation or contamination by any nuclear fuel or from any nuclear waste or combustion of nuclear fuel.

5 CONDITIONS

5.1 Disclosure of Information

The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of mis-representation, 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).*

5.2 Condition Precedent to Admission of Liability

The due observance and fulfillment of the terms and conditions of the Policy, by the insured, shall be a condition precedent to any liability of the Company to make any payment under the Policy.

5.3 Communication

i. All communication should be made in writing.
ii. Policy related issues to be communicated to the Policy issuing office of the Company at the address mentioned in the schedule.
iii. Any change of address, state of health or any other change affecting any of the insured person, shall be communicated to the Policy issuing office of the Company at the address mentioned in the schedule
iv. The Company shall communicate to the insured at the address mentioned in the schedule.

5.4 Physical Examination

The insured person shall have to undergo medical examination by any medical practitioner appointed by the Company as and when required to obtain an independent opinion for the purpose of processing a claim arising under the Policy. The Company shall bear the costs of such medical examination of the insured person.

5.5 Claim Procedure

5.5.1 Notification of Claim

i. The insured person or an authorised representative of insured person shall notify the Policy issuing office in writing regarding the occurrence of a Critical Illness that may give rise to a claim under the Policy, within 15 days of diagnosis or undergoing the procedure.
ii. The notification should contain full particulars like policy number, policy period, name of the insured person suffering Critical Illness, date of diagnosis or undergoing procedure, name of the Critical Illness suffered for the Policy issuing office to verify the records and register the claim.
iii. The underwriting office after registration of the claim shall supply a claim form, if required, which shall be filled in all respects, signed and submitted to the underwriting office along with the required documents.

5.5.2 Survival Period

A claim shall be admissible under the Policy, provided the insured person survives the specified survival period (as mentioned below), after diagnosis of a Critical Illness or undergoing the procedure

30 days survival period from the date of diagnosis	**90 days survival period from the date of diagnosis**	**30 days survival period from the date of undergoing the procedure**	**6 months permanent impairment from the date of diagnosis**
Cancer of Specified Severity	Stroke resulting in Permanent Symptoms	Open Chest Coronary Artery Bypass Graft Surgery	Total Blindness
Myocardial Infarction (First Heart Attack-Of Specified Severity)	Permanent Paralysis of Limbs	Open Heart Replacement or Repair of Heart Valves	Deafness
Coma of Specified Severity	Motor Neuron Disease with Permanent Symptoms	Major Organ/ Bone Marrow Transplant	Loss of Speech
Kidney Failure requiring Regular Dialysis	Primary (Idiopathic) Pulmonary Hypertension	Aorta Graft Surgery	
Multiple Sclerosis with Persisting Symptoms	Primary Parkinson's Disease	Pneumonectomy	
End Stage Liver Failure	Alzheimer's Disease	Brain Surgery	
Third Degree Burns	Benign Brain Tumor	Major Head Trauma	
Goodpasture`s Syndrome	Cardiomyopathy	Loss of Limbs	
Apallic Syndrome	End Stage Lung Failure		
Aplastic Anaemia	Progressive Supranuclear palsy		
Systemic Lupus Erythematous	Creutzfeldt-Jacob Disease (CJD)		
Bacterial Meningitis	Encephalitis		
Multiple System Atrophy			
Progressive Scleroderma			

5.5.3 Documents

Documents supporting the claim shall be submitted, along with the completed proposal form, at the Policy issuing office within 30 days from the survival period.

The documents required in support of the claim include:

i. Medical practitioner's certificate confirming diagnosis of the Critical Illness or undergoing the procedure along with the date of diagnosis or undergoing procedure.
ii. Original discharge summary, if any
iii. Pathological/ radiological/other diagnostic test reports confirming the diagnosis of the Critical Illness.
iv. Any other document required by the Company in support of the claim.

5.5.4 Claim Settlement

i. Any claim arising under the Policy will be processed and settled by the Company.
ii. The Company shall settle or reject a claim, as may be the case, within 15 days from the date of receipt of last necessary document.
iii. In the cases of delay in the payment, the Company shall pay interest at a rate 2% above the bank rate prevalent at the beginning of the financial year in which the claim is paid.
iv. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest. In such cases, the Company shall settle the claim within 45 days from the date of receipt of last necessary document.
v. In case of delay beyond stipulated 45 days the Company shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

Waiver

Time limit for claim notification and submission of documents may be waived in cases where it is proved to the satisfaction of the Company, that the circumstances under which insured person was placed, it was not possible to intimate the claim/submit the documents within the prescribed time limit.

5.5.5 Limit of Payment for Pre-existing Condition

Critical illness resulting from any pre-existing condition shall be covered for sum insured mentioned below, if manifested/ diagnosed after four years of continuous coverage under National Critical Illness Policy.

1. Dependent Children: INR 1 lakh
2. Insured Persons (other than dependent children): Sum Insured or INR 10 Lakh, whichever is lower.

However in case of any Critical Illness manifested/ diagnosed after inception of the Policy and not related to the Pre-Existing Condition, the opted sum insured shall be payable in full.

In case of pre-existing condition resulting in a claim, the claim shall be paid subject to medical opinion obtained by the Company.

Illustrative list in respect of cover for pre-existing condition: If the insured is suffering from a pre-existing condition (a few illustrated below), at the time of inception of the policy, waiting period and limit in benefit payable shall apply in the following specific Critical Illness.

Provided below is an illustrative list of CIs arising due to pre-existing conditions:

Pre-existing conditions	**Critical Illness to have manifested/incepted/diagnosed after waiting period of 4 continuous years from first policy**
Hypertension	First Heart Attack Kidney failure requiring dialysis Stroke resulting in permanent symptoms
Diabetes Mellitus	First Heart Attack Kidney failure requiring dialysis Stroke resulting in permanent symptoms
Obesity (BMI > 30)	First Heart Attack Kidney failure requiring dialysis Stroke resulting in permanent symptoms

Note:

The list mentioned above is not an exhaustive list. Critical illness resulting from any pre-existing conditions (other than mentioned in the list) coming within the purview of this policy is subject to 4 years waiting period and limit in benefit payable.

5.6 Payment of Claim

All claims under the Policy shall be payable in Indian currency and through NEFT/ RTGS only.

5.7 Territorial Limit

All medical treatment for the purpose of this insurance will have to be taken in India only.

5.8 Cessation of Cover

i. Upon occurrence of a Critical Illness and payment of the benefit amount to the insured person, the cover shall cease in respect of the insured person for the remaining policy period. However, cover shall continue for other insured persons (if any) under the Policy.

ii. In case a claim has been paid to any insured person for a Critical Illness, in subsequent renewals no claim shall be paid to that insured person for the same critical illness or for any other Critical Illness induced by/arising out of that Critical Illness. However, claim for all other Critical Illnesses covered under the Policy shall be admitted, subject to terms and conditions of the Policy.

5.9 Fraud

The Company shall not be liable to make any payment under the Policy in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent means or device whether by the insured person or by any other person acting on his behalf.

5.10 Cancellation

i. The Company may cancel the policy, on grounds of misrepresentation, non-disclosure of material facts by the insured person by giving 15 days' written notice. The Company may cancel the policy at any time on grounds of established fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.
ii. The policyholder may cancel his/her policy at any time during the term, by giving 7 days' notice in writing. The Company shall refund proportionate premium for unexpired policy period, if there is no claim(s) made during the policy period.

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any Benefit has been availed under the Policy.

5.11 Multiple Policies

In case of multiple policies which provide fixed benefits, on the occurrence of the insured event in accordance with the terms and conditions of the policies, the Company shall make the claim payments independent of payments received under other similar polices.

5.12 Renewal of Policy

i. The policy shall be renewable provided the product is not withdrawn, except in case of established fraud or non-disclosure or misrepresentation by the Insured.
ii. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
iii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
iv. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
v. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
vi. No loading shall apply on renewals based on individual claims experience.
vii. In case of non-continuance of the Policy by the insured (due to death or any other valid and acceptable reason)
    a. The Policy may be renewed by any insured person above eighteen years of age, as the insured
    b. If only children (less than eighteen years of age) are covered, the Policy shall be allowed till the expiry of the policy period. The grandparents may be allowed to renew the Policy as insured, covering the grandchildren.

5.13 Enhancement of Sum Insured

Sum insured may be enhanced only at the time of renewal. Sum insured may be enhanced subject to availability of higher Sum Insured and at the discretion of the Company. For the incremental portion of the sum insured, the waiting periods and conditions as mentioned in exclusion 4.1 shall apply. Coverage on enhanced sum insured shall be available after the completion of waiting period.

5.14 Disclaimer

If the Company shall disclaim liability to the insured person for any claim hereunder and if the insured person shall not within 12 (twelve) calendar months from the date of receipt of the notice of such disclaimer notify the Company in writing that he does not accept such disclaimer and intends to recover his claim from the Company, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

5.15 Arbitration

i. If any dispute or difference shall arise as to the quantum to be paid by the Policy, (liability being otherwise admitted) such difference shall independently of all other questions, be referred to the decision of a sole arbitrator to be appointed in writing by the parties here to or if they cannot agree upon a single arbitrator within thirty days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.
ii. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of the Policy.
iii. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon the Policy that award by such arbitrator/arbitrators of the amount of expenses shall be first obtained.

5.16 Territorial Jurisdiction

All disputes or differences under or in relation to the Policy shall be determined by a court in India in accordance to Indian law.

5.17 Withdrawal of Product

In case the Policy is withdrawn in future, the company shall provide the option to the insured person to switch over to a similar Policy at terms and premium applicable to the new Policy.

5.18 Revision of Terms of the Policy

The Company, in future, may revise or modify the terms of the Policy including the premium rates based on experience. The insured shall be notified before the changes are effected.

5.19 Free Look Period

The Free Look Period shall be applicable on new Policies.

The insured person shall be allowed free look period of thirty days from date of receipt of the policy document to review the terms and conditions of the policy. If he/she is not satisfied with any of the terms and conditions, he/she has the option to cancel his/her policy. This option is available in case of policies with a term of one year or more.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to:

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

5.20 Moratorium Period

After completion of sixty continuous months of coverage, no claim shall be contestable by the Company on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as Moratorium Period. The moratorium would be applicable for the Basic Sums Insured of the first policy. Wherever, the Basic Sum Insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of Basic Sums Insured only on the enhanced limits.

5.21 Nomination

The insured is mandatorily required at the inception of the Policy to make a nomination for the purpose of payment of claims by the Policy in the event of death of the insured. Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement on the Policy is made. In the event of death of any insured person other than the insured, for the purpose of payment of claims, the default nominee would be the insured. The Policy or the benefits cannot be assigned.

6 REDRESSAL OF GRIEVANCE

In case of any grievance related to the Policy, the insured person may submit in writing to the Policy Issuing Office or Grievance cell at Regional Office of the Company for redressal. If the grievance remains unaddressed, the insured person may contact Customer Relationship Management Dept., National Insurance Company Limited, Premises No. 18-0374, Plot no. CBD-81, New Town, Kolkata - 700156, email: customer.relations@nic.co.in, griho@nic.co.in

For more information on grievance mechanism, and to download grievance form, visit our website https://nationalinsurance.nic.co.in

Bima Bharosa (an Integrated Grievance Management System earlier known as IGMS) - https://bimabharosa.irdai.gov.in/

Insurance Ombudsman – The Insured person can also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance. The updated list of Office of Insurance Ombudsman are available on IRDAI website: https://irdai.gov.in/ and on the website of Council for Insurance Ombudsman: https://www.cioins.co.in/

Helpline Number: 18003450330

Dedicated Email ID for Senior Citizens: health.srcitizens@nic.co.in

No loading shall apply on renewals based on individual claims experience

Insurance is the subject matter of solicitation

Table of Benefits

Plan A	**Critical Illnesses covered** 1. Cancer of Specified Severity 2. Myocardial Infarction (First Heart Attack of Specified Severity) 3. Open Chest Coronary Artery Bypass Graft Surgery (CABG) 4. Open Heart Replacement or Repair of Heart Valves 5. Coma of Specified Severity 6. Kidney Failure requiring Regular Dialysis 7. Stroke Resulting in Permanent Symptoms 8. Major Organ/Bone Marrow Transplant 9. Permanent Paralysis of Limbs 10. Motor Neurone Disease with Permanent Symptoms 11. Multiple Sclerosis with Persisting Symptoms
Plan B	**Critical Illnesses covered** 1. Cancer of Specified Severity 2. Myocardial Infarction (First Heart Attack of Specified Severity) 3. Open Chest Coronary Artery Bypass Graft Surgery (CABG) 4. Open Heart Replacement or Repair of Heart Valves 5. Coma of Specified Severity 6. Kidney Failure requiring Regular Dialysis 7. Stroke Resulting in Permanent Symptoms 8. Major Organ/Bone Marrow Transplant 9. Permanent Paralysis of Limbs 10. Motor Neurone Disease with Permanent Symptoms 11. Multiple Sclerosis with Persisting Symptoms 12. End Stage Liver Failure 13. Third Degree Burns 14. Goodpasture's Syndrome 15. Apallic Syndrome 16. Aplastic Anaemia 17. Systemic Lupus Erythematous with Lupus Nephritis 18. Bacterial Meningitis 19. Multiple System Atrophy 20. Progressive Scleroderma 21. Aorta Graft Surgery 22. Pneumonectomy 23. Primary (Idiopathic) Pulmonary Hypertension 24. Primary Parkinson's Disease 25. Alzheimer's Disease 26. Benign Brain Tumour 27. Cardio Myopathy 28. End Stage Lung Failure 29. Brain Surgery 30. Progressive Supranuclear Palsy 31. Creutzfeldt-Jakob Disease (CJD) 32. Major Head Trauma 33. Encephalitis 34. Blindness 35. Deafness 36. Loss of Speech 37. Loss of Limbs

Appendix I

The contact details of the Insurance Ombudsman offices are as below:

Areas of Jurisdiction	Office of the Insurance Ombudsman
Gujarat, Dadra & Nagar Haveli, Daman and Diu	Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th Floor, Tilak Marg, Relief Road, Ahmedabad-380001 Tel: 079 -25501201/ 02 Email: bimalokpal.ahmedabad@cioins.co.in
Karnataka	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@cioins.co.in
Madhya Pradesh, Chhattisgarh	Office of the Insurance Ombudsman, 1st floor,"Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Arera Hills, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 / 2769203 Email: bimalokpal.bhopal@cioins.co.in
Odisha	Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in
Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh	Office of the Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172-2706468 Email: bimalokpal.chandigarh@cioins.co.in
Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry)	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in
Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011- 46013992/ 23213504/ 23232481 Email: bimalokpal.delhi@cioins.co.in
Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Pan Bazar, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 / 2631307 Email: bimalokpal.guwahati@cioins.co.in
Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry	Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp.Hyundai Showroom, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325 Email: bimalokpal.hyderabad@cioins.co.in
Rajasthan	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141- 2740363 Email: bimalokpal.jaipur@cioins.co.in
Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry	Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College, M.G. Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in
West Bengal, Sikkim, Andaman & Nicobar Islands	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in
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.	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in
Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane)	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in
State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur	Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in
Bihar, Jharkhand	Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in
Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region)	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in