

Choose Max New York Life LifeLine Healthy Family™ Plan.



So that your old father,
always stays young at heart.



And your mother is always
surrounded with bundles of joy.



As you have to be there.
For all.



And ensure that your better half
always stays healthy.



After all, you want to be
your son's superman.



And a perfect daddy
for the one on its way.

**A comprehensive health insurance plan for your entire family,
including the ones expected.**

UIN: 104N052V01



MAX NEW YORK LIFE

LifeLine Healthy Family™

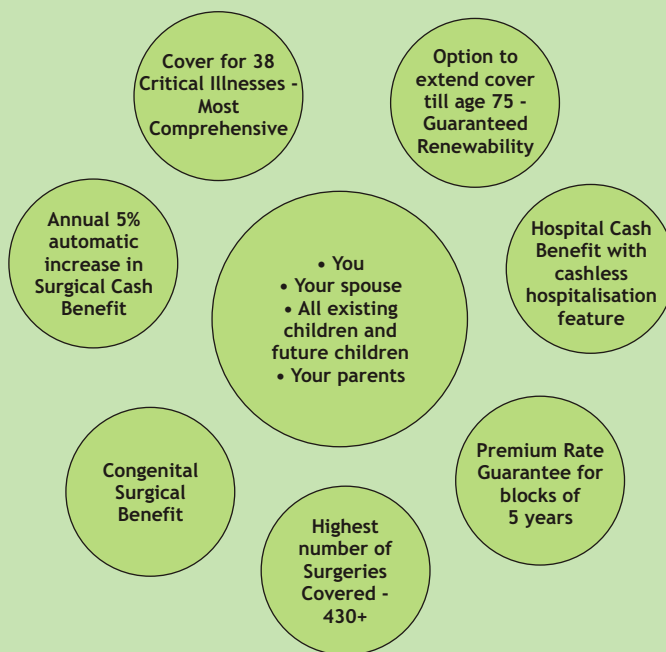
HEALTH PLANS

Max New York Life LifeLine Healthy Family™, Non Linked - Non Participating Health Insurance Plan

We are living in fast paced times and working hard towards achieving our dreams. To enjoy precious moments with our loved ones, it is essential that we stay healthy. However, demanding lifestyles, high stress levels and deteriorating environmental conditions are increasing the probability of diseases and consequently, treatment for same.

Prices are escalating and so is the cost of quality healthcare. The need of the hour is a comprehensive, long-term health insurance plan, which covers you, your family, including your children and parents.

Max New York Life Presents LifeLine Healthy Family™ - The Most Comprehensive Health Insurance Plan



Your Ring of Protection

PART A:

Key Benefits

1. Hospitalisation Benefit:
 - a. Daily Cash Benefit (DCB)
 - b. Intensive Care Unit Cash Benefit (ICU)
 - c. Post Hospitalisation Care Benefit (PCB)
2. Surgical Cash Benefit (SCB)
3. Cover for Critical Illness (CI)

Your Choice of Coverage

You have the option of selecting coverage according to your needs for covering your 'Family' or 'Parents' or both.

'Family' includes you, your spouse, existing children and 'Parents' include your living parents. This plan provides flexibility to include future family members like spouse and future children too.

You can opt cover for parents at proposal stage, where they have separate benefits from the family cover.

You can decide the scale of benefits that is best suitable for your family, basis a scale of 1-5 units. Depending on the number of units purchased, the scale of benefits for Hospital Cash Benefit, Surgical Cash Benefit and Critical Illness will vary.

Benefit Structure for Family (covering policyholder, spouse and children)

Benefits	Units/Scale of benefit (Rs.)				
	1	2	3	4	5
1. Hospital Cash Benefit					
A. Daily Cash Benefit-per day	1,000	2,000	3,000	4,000	5,000
B. ICU Cash Benefit-per day	2,000	4,000	6,000	8,000	10,000
C. Post Hospitalisation Care Benefit-lump sum	3,000	6,000	9,000	12,000	15,000
2. Critical Illness Benefit (maximum benefit payable in the policy term)					
a) Policyholder	4,00,000	8,00,000	12,00,000	16,00,000	20,00,000
b) Spouse	2,00,000	4,00,000	6,00,000	8,00,000	10,00,000
3. Surgical Cash Benefit (maximum benefit payable in a policy year across all categories of surgeries subject to limits against each category of surgery mentioned below)					
Maximum benefit payable in a policy year against individual category of surgeries	a) Minor surgery	5% of maximum surgical cash benefit applicable for the policy year subject to maximum of Rs. 25,000			
	b) Intermediate surgery	7.5% of maximum surgical cash benefit applicable for the policy year subject to maximum of Rs. 40,000			
	c) Major surgery	17.5% of maximum surgical cash benefit applicable for the policy year			
	d) Supra major surgery	50% of maximum surgical cash benefit applicable for the policy year			
	e) Other category of surgery	Lower of actual hospital bill for carrying out the surgery, 2.5% of maximum surgical cash benefit payable in a policy year or Rs. 10,000			

- Surgical Cash Benefit available increases at a simple rate of 5% p.a. to help you stay ahead of medical inflation
- Spouse and existing children will be underwritten at time of policy issuance
- Critical Illness Benefit is not applicable to children covered in the plan
- List of surgeries can be seen on MNYL website and in the policy document as well
- The policyholder cannot propose for a different unit/scale of benefit once the policy is effected
- For understanding the terms and benefits mentioned in the table above please refer to Part C of this brochure

Benefit Structure for Parents (applicable only for the parents of the policyholder)

Benefits	Units/Scale of benefit (Rs.)				
	1	2	3	4	5
1. Hospital Cash Benefit					
A. Daily Cash Benefit-per day	1,000	2,000	3,000	4,000	5,000
B. ICU Cash Benefit-per day	2,000	4,000	6,000	8,000	10,000
C. Post Hospitalization Care Benefit-lump sum	3,000	6,000	9,000	12,000	15,000
2. Critical Illness Benefit (maximum benefit payable for each parent in the entire policy term)					
	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000
3. Surgical Cash Benefit (maximum benefit payable in a policy year across all categories of surgeries subject to limits against each category of surgery mentioned below)					
Maximum benefit payable in a policy year against individual category of surgeries	a) Minor surgery	10% of maximum surgical cash benefit applicable for the policy year subject to maximum of Rs. 25,000			
	b) Intermediate surgery	15% of maximum surgical cash benefit applicable for the policy year subject to maximum of Rs. 40,000			
	c) Major surgery	35% of maximum surgical cash benefit applicable for the policy year			
	d) Supra major surgery	100% of maximum surgical cash benefit applicable for the policy year			
	e) Other category of surgery	Lower of actual hospital bill for carrying out the surgery, 5% of maximum surgical cash benefit payable in a policy year or Rs. 10,000			

- **Surgical Cash Benefit available increases at a simple rate of 5% p.a. to help you stay ahead of medical inflation**
- Surviving parents being covered under the plan will be underwritten at the time of policy issuance
- List of surgeries can be seen on MNYL website and in the policy document as well
- The policyholder cannot propose for a different unit/ scale of benefit once the policy is effected
- For understanding terms mentioned in the table above please refer to Part C of this brochure

PART B: How this plan works?

How do I add family members to the plan?

At the time of purchasing the policy, there is the option to purchase cover for family (you, your spouse and children) or take cover for your family and parental cover (parents of policy holder) as well. Once proposed, the cover for family cannot be extended to parents, but there is flexibility to add future members of the family to extend the cover to them. The below terms are indicative terms for addition and deletion of cover on the lives covered in floater plan.

- It shall be a material matter that in case the policyholder has a family, he must propose insurance on the lives of all his family members at the stage of proposal and in case the policyholder opts for insurance on the lives of his parents then insurance on the lives of both the living parents must be proposed at the stage of proposal. In case any information in respect of the lives to be insured is suppressed at the stage of proposal, the same would entitle the company to call the policy in question and even forfeit the premiums received.
- If subsequent to the issuance of policy, you get married, you must propose insurance on the life of your spouse within a period of 1 year from the date of your marriage otherwise insurance will not be offered to spouse and future family members.
- In case you marry a person who has children from previous marriage, you must propose insurance on your spouse and such children within a period of one year of the date of your marriage.
- When you are blessed with a child, you may propose cover on the life of the child at any time within a period of 90 days from the date of birth of the child in which case the proposal for insurance on the life of the child shall be underwritten by the company without any medical underwriting.
- In case you propose on the life of the child after the expiry of 90 days from the date of birth of the child but before the expiry of 1 year from the date of his birth, insurance will not be offered to such child and any future children.
(The insurance will be subject to evidence of insurability)
- A child born to a mother of age below 45 years shall be insured for surgeries undertaken for correction of congenital disorders and defects till such time the child attains the age of 22 years subject to the condition that the child is born to the mother after the mother completes at least 1 year of continuous insurance under this policy preceding the date of birth of the child.
- Children living at proposal stage and legally adopted children are not insured for surgeries undertaken for correction of congenital disorders and defects.
- You may propose insurance on the life of a legally adopted child only after a period of 1 year from the date of adoption. The insurance will be subject to medical underwriting.
- The insurance on the life of the spouse shall automatically terminate if the spouse is divorced.
- In case the company declines insurance for any reason on the life of policyholder's spouse, then insurance on the life of children shall be subject to medical underwriting.
- In case of death of policyholder, the company may allow the spouse to be substituted and be treated as the policyholder. The premium in respect of the spouse, who is substituted and treated as the policyholder, shall not be revised and the benefit structure for the spouse shall remain unchanged. The policyholder shall have a right to propose insurance on the life of his spouse if he remarries and on the life of their future children from such marriage or from the previous marriage but not on the lives of his/her parents. The company may at its sole discretion and subject to receipt of evidence of insurability provide insurance on such members. If the spouse does not agree to continue the policy and be substituted and treated as policyholder or if the spouse is not living, the policy shall terminate.

LifeLine Healthy Family™ at a glance

Policy Term	10 years/regular pay			
Minimum/Maximum Age at Entry	Entry age for children-Between 0 days (although insurance cover starts only at age of 91 days) and 18 years (age at last birthday), Entry age for all others (excluding children)-Between 18 years and 65 years			
Available Premium Paying Modes	Annual, Semi-Annual, Quarterly & Monthly (Monthly option in ECS mode only)			
	Mode	Modal Factor	Mode	Modal Factor
	Annual	1.000	Quarterly	0.265
	Semi-Annual	0.520	Monthly	0.090
Guaranteed Renewability	Till age 75			
Maximum Age at Maturity	75 years			
Children's Cover	No Cap on number of children covered, future children can also be provided cover. Children are covered from 91 days till their 22nd birthday. (Congenital Surgical Correction cover ends at 22 years of age)			
Parental Cover Maximum Age for Entry	65 years			

Sample First Year Premium

Family Cover	Policyholder (M)		Spouse (F)		Children		One Time Fee*	Total First Year Premium
	Age	Premium	Age	Premium	Age	Premium		
Case 1	30	6,489	27	3,186	-	-	1,500	11,175
Case 2	28	6,320	22	2,611	1	1,886	1,500	12,317
Case 3	30	6,489	27	3,186	3	1,508	1,500	12,683
Case 4	35	7,517	31	3,646	8	956	1,500	13,619

*A one time policy fee of Rs.1,500 will be paid by policyholder in first year premium, which will not be charged in subsequent years.

The premium shall be charged on each life covered under this policy. Below are indicative rates for covering parents:

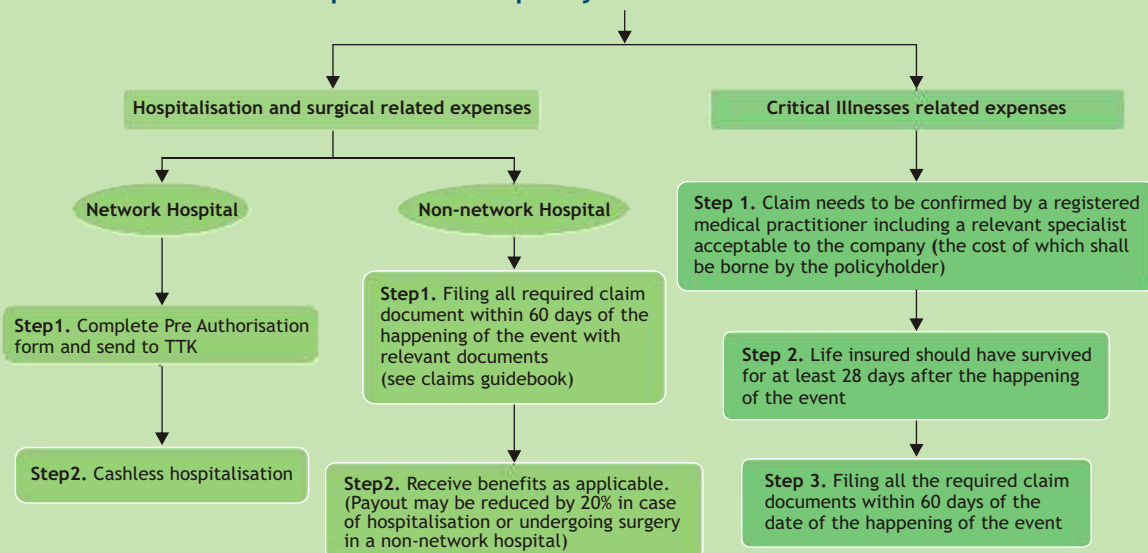
Parental Cover	Parent (M)		Parent (F)		Total First Year Premium
	Age	Premium	Age	Premium	
Case 1	54	11,960	51	9,448	21,408
Case 2	57	15,354	53	10,630	25,984

The above premiums are payable by annual mode for 1 unit of Healthy Family™ Plan.

Tax Benefit

This plan may entitle you to tax benefit of up to Rs. 15,000 on premiums towards health insurance. Additionally, a benefit of up to Rs. 20,000 may be claimed U/S 80(D), if the plan is taken for the lives of parents who are senior citizens. Tax benefits are subject to prevailing tax laws, please consult your tax advisor for an independent opinion.

Operational Simplicity of Claims Procedures



PART C:

Terms that will help you understand LifeLine Healthy Family better:

A. Hospital Cash Benefit

i) Daily Cash Benefit

- a. If the life insured has been hospitalised for a medically necessary treatment of any illness or injury, for a continuous and consecutive period of at least 48 hours, the company shall pay hospital cash benefit as per the unit/scale of benefit applicable, for the entire period of hospitalisation from the first day of hospitalisation subject to the terms and conditions of the policy contract.
- b. This is a fixed amount paid to you irrespective of your actual bill. In case you or any of your family members covered under the plan are hospitalised again for the same illness or injury that occurred during previous hospitalisation, but within a period of 30 days from the date of discharge, there shall be no further requirement of a continuous and consecutive period of hospitalisation of at least 48 hours.

ii) ICU Cash Benefit

If you or any of your family members covered under the plan are required to and are admitted into an intensive care unit for a medically necessary treatment of any illness or injury for a continuous period of 8 hours or more during hospitalisation for a continuous period of 48 hours or more and 24 hours in case of direct admission to ICU. Intensive Care Unit cash benefit equivalent to 200% of Hospital Cash Benefit will be payable on a per day basis as per the unit/scale of benefit. For the period spent in the intensive care unit (ICU), the Daily Cash Benefit is not payable.

iii) Post Hospitalisation Care Benefit

A post hospitalisation care benefit at the lump sum rate as per the applicable unit/scale of benefit, will be paid by the company for a period spent on recuperation during hospitalisation in respect of which the hospital cash or ICU cash benefit is payable, provided the life insured was hospitalised for a continuous and consecutive period of 7 days or more and discharged alive from the hospital, on the advice of the registered medical practitioner.

However, this benefit will not be payable again, in case the life insured is hospitalised again for the medically necessary treatment or surgery of the same illness or injury for which the life insured was hospitalised immediately prior but within a period of 30 days from the date of discharge from the hospital after the first hospitalisation, then in respect of the subsequent period of hospitalisation(s) undertaken within the said period of 30 days.

This benefit is in addition to the Hospital Cash Benefit, is equivalent to 300% of Hospital Cash Benefit.

This lump sum payout helps to support the expenses of medicines & care post hospitalisation.

B. Surgical Cash Benefit

In case a life insured undergoes any of the medically necessary surgical procedures covered under this policy, the company shall pay fixed lump sum amount of Surgical Cash Benefit.

The surgeries are divided into five categories, namely Minor, Intermediate, Major, Supramajor and Other surgeries. 'Other' category of surgeries are those, which are not covered under the first four categories of surgeries. The benefit payable will be subject to the unit/scale of benefit and category of the surgery. The complete list will be available at our website: www.maxnewyorklife.com or contact your Agent Advisor for the same.

C. Congenital Surgical Correction

The list of surgeries covers the surgeries for correction of congenital disorders/defects in children at birth.

Note:

- (1) The maximum surgical cash benefit payable in a policy year will increase by 5% simple rate every policy year.
- (2) In respect of 'other' category of surgeries, the 'actual hospital bill for carrying out the surgery' shall mean surgeon's fee, operation theater cost, medical consumables directly linked to the surgery and anaesthetist's costs.

D. Critical Illness Benefit

On the diagnosis or actual undergoing of the surgery of any of the critical illnesses covered under the policy, the benefits under critical illness are payable, provided the life insured has survived for at least 28 (twenty eight) days after the happening of the insured event, subject to the maximum critical illness benefit payable under this policy in the policy term as specified in the schedule and further subject to maximum aggregate payment not exceeding Rs. 20 lakhs under critical illness benefit attached to this policy and all other policies issued by the company on the life of the life insured, such as Smart Steps Plus, SMART Assure, LifeLine Wellness, LifeLine Wellness Plus and any other plans issued from time to time.

Once a claim is put forth for a particular Critical Illness, the cover will continue for the Balance Sum Assured.

The conditions covered under the 3 groups are as under, depending on maximum payout for Critical Illness Benefit, depending on units/scale of benefit.

Group 1 25% of the maximum critical illness benefit payable	Group 2 50% of the maximum critical illness benefit payable	Group 3 100% of the maximum critical illness benefit payable
Alzheimer's Disease*	Angioplasty and other Invasive Treatment for Coronary Artery Disease^	Apallic Syndrome
Blindness	Benign Brain Tumor	Aplastic Anaemia*
Deafness*	Cardiomyopathy	Brain Surgery
Loss of Speech*	End Stage Lung Disease	Cancer
Medullary Cystic Disease*	Heart Attack	Coma
Motor Neuron Disease*	Heart Valve Surgery	Coronary Artery By-pass Surgery
Muscular Dystrophy*	Major Burns	Kidney Failure
	Multiple Sclerosis*	End- Stage Liver Disease
	Multiple Trunk Avulsions of the Brachial Plexus	Loss of Independent Existence
	Necrotising Fascitiis*	Loss of Limbs
	Paralysis or Paraplegia	Major Head trauma
	Parkinson's Disease*	Major Organ Transplant
	Primary Pulmonary Hypertension*	Stroke
	Poliomyelitis*	Surgery of Aorta
	Systemic Lupus Erythematosus*	Terminal Illness
		Total Permanent Disability (to Age 65)

^This condition is subject to a maximum benefit amount of INR 5,00,000 across all policies on the life assured.

*This condition is subject to a maximum benefit amount of INR 10,00,000 across all policies on the given life assured.

*Please note that Critical Illness and Surgical Benefits are mutually exclusive in nature.

Guaranteed Renewability till age 75

In case all the due premiums have been received, the policy shall be renewed beyond the policy term for such further term as the company may determine unless the policyholder makes a written request to the company, stating his intention not to seek renewal of the insurance beyond the policy term. In case company does not receive any such written request 30 days prior to the expiry of the term, the policy shall be deemed to have been renewed subject to receipt of due premium and subject further to the following:

- All the due premiums under ongoing term of the policy have been received;
- Insurance will not be renewed in respect of a person whose maximum age at maturity exceeds 75 years;
- However, all members previously insured must be insured on renewal, subject to maximum entry age and person being alive;
- The company shall not seek any further evidence of insurability from the lives insured under this policy;
- Unavailed benefits shall not be allowed to be carried forward;
- Premiums are subject to revision with prior IRDA approval;
- Unit/scale of benefit as earlier applicable cannot be changed;
- Critical illness benefits already claimed shall be adjusted while determining benefit entitlement for the renewed term;
- No new waiting period in respect of any benefit shall apply;
- In case LifeLine Healthy Family Plan has been discontinued by the company, the company may offer an alternative plan then available.

What is not a part of the Healthy Family™ plan?

A. Hospital Cash Benefit :

The benefits payable under Hospital Cash Benefit are subject to the following:

- I. The benefits payable shall be reduced by 20% in case the life insured is hospitalised or undergoes surgery in a non-network hospital. However, the company may at its discretion pay full benefits as per the unit/scale of benefit as specified in the schedule, in case of hospitalisation of medically necessary treatment of a life threatening condition of cardiac illness and/or injury in a non-network hospital for a minimum and continuous period of 24 hours.
- II. The company shall pay in aggregate in respect of all the lives insured of a family, the hospital cash benefit, ICU cash benefit and Post Hospitalisation Care benefit for a maximum of 100 days in a policy year and 500 days during the policy term (Family Cover).
- III. The company shall pay in aggregate in respect of the parents covered, the hospital cash benefit, ICU cash benefit and recuperating cash benefit for a maximum of 100 days in a policy year and 250 days during the term of the policy.

- IV. Subject to sub-section II and III above, the assigned unit/scale of benefit specify the maximum benefits payable under this policy for the family or the parents, as the case may be in a policy year or the term which can be claimed by one or all of the lives insured of the family or the parents. This is also known as 'Floater Cover' which allows family members or parents to submit claims in aggregate up to the maximum limit.
- V. Any benefit applicable for a policy year and not availed of in that policy year shall not be allowed to be carried forward to or clubbed with any other benefit or the benefit applicable for the next succeeding policy year(s).
- VI. The policyholder/life insured must file with the company or the third party administrator/authorized service provider all the required claim documents within 60 days from the date of discharge from the hospital.

Exclusions to the benefits payable under Hospital Cash Benefit

No benefit under this policy will be payable in case of following events:

- I. Admission into a hospital for treatment of a pre-existing condition.
- II. In case of hospitalisation during following period:

S. No.	Situation	Waiting period before benefits can be claimed	Exception
I	From effective date of policy	90 days	Hospitalisation for injury related causes
II	From request of revival being received within 180 days but after 30 days of premium due date	60 days of additional Waiting Period will apply from the date of reinstatement.	

- III. Admission into a hospital for routine examination, preventive medical check-up, vaccinations or any medical examination.
- IV. Admission into a hospital for treatment for any psychiatric, mental or nervous condition.
- V. Admission into a hospital for dental treatment, supply or fitting of eyeglasses or hearing aids, LASIK, Photorefractive Keratectomy, Phakic IOL implants or any other procedures carried out for purpose of correcting refractive errors.
- VI. Admission into a hospital for pregnancy and childbirth, pregnancy complications such as toxemia, or hyperemesis gravidarum, abortion, contraceptive measures and fertility tests.
- VII. Admission into a hospital for treatment of infertility or of a sexually transmitted disease.
- VIII. Admission into a hospital for cosmetic or plastic surgery except where such surgery is medically necessary for treatment of an injury.
- IX. Admission into a hospital for a sex change operation.
- X. Admission into a hospital purely for convalescent care, rest care, hospice care, rehabilitation or similar such treatment.
- XI. Admission into a hospital where treatment and/or surgical procedure is not undertaken or carried out by a registered medical practitioner.

The above exclusions shall be in addition to the general exclusions specified under this policy.

B. Surgical Cash Benefit :

We shall pay the Surgical Cash Benefit subject to the following:

- I. The surgeries are divided into five categories, namely Minor, Intermediate, Major, Supramajor and Other surgeries. 'Other' category of surgeries are those which are not covered under the first four categories of surgeries. Please refer to the policy document for a comprehensive list of all surgeries covered.
- II. The maximum surgical cash benefit payable in a policy year is as specified in the schedule.
- III. In case the life insured undergoes more than one surgery, under administration of the same dose of anesthesia, then 100% of the benefit payable under individual category of surgeries as specified in the schedule shall be payable for the surgery of the highest severity, 50% of the benefit payable for the applicable surgery for the second highest severe surgery, 30% of the benefit payable in respect of applicable surgery for third highest severe surgery and no surgical cash benefit shall be payable for the fourth highest severe surgery and thereafter.
- IV. The company shall pay during the policy term maximum surgical cash benefit equal to 200% of surgical cash benefit payable in a policy year in respect of all lives insured of a family or the parents.
- V. Subject to section below, no surgical cash benefit is payable in respect of a surgery which is carried out except where the surgery is carried out for treatment of an injury.

Payouts under the Surgical Cash Benefit are subject to:

S. No.	Situation	Waiting period before benefits can be claimed	Exception
I	Effective date of policy	90 days for surgeries defined in List I of surgeries in policy document	Surgery for Injury related causes
	Effective date of policy	24 months for surgeries defined in List II of surgeries in policy document	
II	Request of revival has been received within 180 days but after 30 days of premium due date	60 days of additional Waiting Period will reapply from the date of reinstatement for surgeries defined in List I of surgeries in policy document	
		For List 2 surgeries, the balance number of days left for completing the specific 2 years waiting period* or 9 months; whichever is greater, will apply from the date of reinstatement	

VI. The company reserves the right to add or delete any surgery from the list of surgeries and change the categorisation of the surgeries depending upon the experience and advancement in medical treatment and diagnostic techniques. The policyholder shall be notified in writing 30 days in advance about the same and the same shall be binding upon the policyholder.

VII. The unit/scale of benefit assigned are the maximum benefit payable under this policy for the family or the parent, as the case may be in a policy year or the term which can be claimed by one or all of the lives insured of the family or the parents. This is also known as 'Floater Cover' which allows family members or the parents to submit claims in aggregate up to the maximum limits.

Exclusions to the benefits payable under Surgical Cash Benefit for 'Other' category of surgeries.

Notwithstanding anything to the contrary stated herein, following surgeries or similar such surgeries under 'other' category as specified in the schedule shall not be considered for payment under surgical cash benefit. The table below provides some examples of the type of the surgery under 'other' category which is excluded for payment of benefit. However, the examples are meant only to illustrate the nature the surgery and it is by no means an exhaustive list.

S. No.	Name of surgery	An example of the surgery
a.	Any procedure done for treatment of illness arising	Surgery for Kaposi's Sarcoma from an HIV +ve status
b.	Any procedure conventionally and customarily carried out on an out patient basis in an OPD/Hospital Casualty/Doctor's clinic or performed at any place other than a hospital	CLW suturing, Chalazion excision, Yag Laser capsulotomy, PDT laser treatment, superficial FB removals, FNAC or Tru Cut Needle Biopsy Suture of a Contused Lacerated Wound under local anaesthesia. FNAC or Tru Cut Needle Biopsy etc.
c.	Any procedure done for a pregnancy or maternity related issue	MTP, D&C for missed or incomplete abortion, Cervical Stitch, Normal Delivery, LSCS etc.
d.	Any procedure carried out for sterilization or reversal of the same	Cu T insertion or removal, removal of displaced IUD, Tubectomy, Vasectomy, Re-canalisation, surgery after Tubal ligation or Vasectomy
e.	Any procedure or test that is done for or related to the treatment of male or female infertility or Bad Obstetric hist	Diagnostic Laproscopy, Tuboplasty, Treatment for retroversion of Uterus, tubal patency testing, Oocyte retrieval, Oocyte insertion, IVF, GIFT etc.
f.	Procedure done for cosmetic reasons or as asked for by the patient as a medically necessary operation however, any reconstructive surgery following trauma or burns etc. is covered	LASIK or related procedure for getting rid of glasses, Liposuction/Gastric banding for obesity, Breast enhancement or reduction surgery, Body piercing, Acne scar treatment, Laser Rx for skin blemishes, Hair transplant etc.
g.	Sex change operation	Intersex from female to male or male to female

We shall pay the Critical Illness Benefit subject to the following:

If a critical illness is diagnosed or surgery in respect of any critical illness is undertaken within a period of 180 days from the effective date, no benefit with respect to such critical illness under this policy shall be payable.

S. No.	Situation	Waiting period before benefits can be claimed
I	Effective date of policy	180 days
II	Policy Revival	The balance of 180 days (the waiting period from effective date of coverage at the inception of the policy) or 90 days whichever is higher, will apply from the date of reinstatement of policy
III	Claim paid out for a particular	No further claim(s) will be entertained in future in respect of the Critical Illness insured member for the occurrence of the same critical illness

The maximum benefit payable in the policy term shall be as specified in the policy document. Critical Illness benefit is not extended to children.

General exclusions to all or any benefits payable under this policy

Notwithstanding anything to the contrary stated herein, no benefit under this policy shall be payable if the insured event occurs from, or is caused by, either directly or indirectly, voluntarily or involuntarily, by one of the following:

- Any pre-existing condition
- Opportunistic diseases associated with AIDS or HIV infection
- Suicide or attempted suicide or intentional self-inflicted injury, by the life insured, whether sane or not at the time.
- Any surgery/surgical procedure carried out purely for the purposes of diagnosis, screening and investigation, e.g. lower / upper GI endoscopy or true-cut needle biopsy
- An organ transplant procedure where life insured is himself the donor
- Life insured being under the influence of drugs, alcohol, narcotics or psychotropic substance, not prescribed by a registered medical practitioner
- War (declared or undeclared), invasion, civil war, riots, revolution or any warlike operations
- Participation by the life insured in a criminal or unlawful act
- Service in the military/para-military, naval, air forces or police organisations of any country in a state of war (declared or undeclared) or of armed conflict
- Participation by the life insured in any flying activity other than as a bonafide passenger (whether paying or not), in a licensed aircraft provided that the life insured does not, at that time, have any duty on board
- Life insured engaging in or taking part in professional sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee-jumping etc.
- Exposure to the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature
- Admission in a hospital outside India
- Failure to seek or follow medical advice
- Any congenital condition other than those conditions covered in the policy
- Admission into a hospital for dental treatment, supply or fitting of eyeglasses or hearing aids, LASIK, Photorefractive Keratectomy, Phakic IOL implants or any other procedures carried out for purpose of correcting refractive errors
- Admission into a hospital for pregnancy and childbirth, pregnancy complications such as toxæmia, or hyperemesis gravidarum, abortion, contraceptive measures and fertility tests
- Admission into a hospital for treatment for any psychiatric, mental or nervous condition
- Admission into a hospital for treatment of infertility or of a sexually transmitted disease
- Admission into a hospital for cosmetic or plastic surgery except where such surgery is medically necessary for treatment of an injury
- Admission into a hospital for a sex change operation
- Admission into a hospital purely for convalescent care, rest care, hospice care, rehabilitation or similar such treatment
- Admission into a hospital where treatment and/or surgical procedure is not undertaken or carried out by a registered medical practitioner

Policy Provisions

Free Look Period

The policyholder has a period of 15 days from the date of receipt of the policy to review the terms and conditions of the policy and where the policyholder disagrees with any of those terms or conditions, he has the option to return the policy stating the reasons for his objections, upon which he shall be entitled to refund of the premium paid subject to deduction of the proportionate risk premium for the period of cover and the expenses incurred by the company on medical examination and on account of stamp duty. However, if any claim has been filed during free look period, the policy will not be accepted for cancellation.

Grace Period

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

Lapse

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

Within six months from the due date of the premium (period of revival) and before termination of the policy, the policyholder may apply in writing for revival of the policy. The company may upon receipt of written request from the

policyholder, and on production of evidence of insurability acceptable to the company (cost of which shall be borne by the policyholder) and at the absolute discretion of the company revive the policy on such terms and conditions as are applicable at the time of revival of the policy. All overdue premiums must be paid together with interest at such rates as may be intimated by the company from time to time. The revival of the policy shall take effect only after revival of the policy is approved by the company and communicated to the policyholder in writing. If, at the end of the period of revival, the policy is not revived, the policy shall terminate, and no benefit shall be payable thereafter.

Termination Of Insurance

This insurance shall terminate on:

- The maturity date
- The expiry of the period of revival
- Death of life insured

Non-Disclosure

Section 45: No policy of life insurance effected after the expiry of two years from the date on which it was effected to be called in question by an insurer on the ground that a statement made in the proposal for insurance or in any report of a medical officer, referee, friend of the insured or in any other document leading to the issue of the policy, was inaccurate or false, unless the insurer shows that such statement was on a material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policyholder and that the policyholder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose. Provided that nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal.

Dispute Redressal Cell

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

Pre-existing Condition

A condition, prevailing at or prior to the effective date or the date of revival of the policy, having symptoms of an illness or injury which would have caused any ordinary person to seek or receive treatment, diagnosis or care, medical advice from a registered medical practitioner or undergo medical tests or investigations or hospitalisation or surgery. Any treatment or hospitalisation or surgery for any illness or injury arising out of or connected with a pre-existing condition shall be considered as part of the pre-existing condition.

Notes:

1. This is only the Sales Literature. It does not purport to be a contract of insurance and does not in any way create any rights and/or obligations. All of the above benefits are payable subject to terms and conditions of the policy.
2. Benefits are available provided all premiums are paid, when they are due.
3. Service Tax and Education Cess would be levied as per applicable laws and would be to the account of the policyholder.
4. Insurance is the subject matter of solicitation.
5. Please understand the product feature and discuss with your agent advisor or insurance intermediary and read this sales aid in conjunction with the product brochure to understand the Terms and Conditions carefully before concluding a sale.

Mis-statement of Age and Gender:

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

- a. In case the life insured's age at the time of issuance of policy is higher than the age declared or gender is mis-stated, adjust the premium and/or benefits payable to those applicable had the true age or gender been stated at issue and the policy would have been issued based on our underwriting rules at that time; and
- b. In case the life insured's true age at the time of issuance of the policy is higher than the maximum issue age limit under the policy, cancel the policy and forfeit premiums(s) received.

ABOUT MAX NEW YORK LIFE

Max New York Life is a joint venture between Max India Ltd., one of India's leading multi-business corporate and New York life, a Fortune 100 company. Max New York Life Insurance, incorporated in 2000, is one of India's leading Private Life Insurance companies.

OFFICE OF THE OMBUDSMAN

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DELHI: Shri R. Beri, 2/2 A, 1st Floor, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI - 110 002. Ph: 011-23239611, 23237539, 23237532.
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E-mail: ombudsmankochi@yahoo.co.in
Areas of Jurisdiction: Kerala, UT of (a) Lakshadweep, (b) Mahe - a part of UT of Pondicherry

KOLKATA: Shri K. Rangabhashyam, North British Bldg. 29, N. S. Road, 3rd Floor, KOLKATA -700 001. (O) 033-22134869, 22134867, 22134866,
Fax: 033-22134868, E-mail: iombkol@vsnl.net
Areas of Jurisdiction: West Bengal, Bihar, Jharkhand and UT of Andaman & Nicobar Islands, Sikkim

LUCKNOW: Shri K.S.K. Khare, Jeevan Bhawan, Phase 2, 6th Floor, Nawal Kishore Rd., Hazartganj, LUCKNOW - 226 001. Ph: (O) 0522-2201188, 2231330, 2231331. Fax: 0522-2231310, E-mail: ioblko@sancharnet.in
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MUMBAI: Shri R.K. Vashishtha, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santa Cruz (W), MUMBAI - 400 054. Ph: (O) 022-26106928, 26106360, EPBX: 022-6106889, Fax: 022-26106052. Email: ombudsman@vsnl.net
Areas of Jurisdiction: Maharashtra, Goa



Max New York Life Insurance Company Limited. 11th Floor, DLF Square Building, Jacaranda Marg, DLF Phase II, Gurgaon - 122002
For more details on risk factors, terms and conditions, please read sales brochure carefully before concluding a sale. Tax Benefits as stated are subject to changes in tax laws. All the applicable benefits are payable subject to the terms and conditions of the policy. Premiums are subject to all applicable taxes.

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