Policy Document

LifeLine –Wellness Health Insurance Plan

UIN-

Max New York Life Insurance Company Limited

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

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

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

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

Analjit Singh
Chairman

Date of Policy :

THE SCHEDULE (Page 01)

POLICY – LifeLine -Wellness

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

GENERAL OFFICE

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

THE SCHEDULE (Page 02)

TYPE OF COVERAGES	MATURITY DATE	INSURED EVENT	Number of unit(s)	SUM ASSURED (RS.)	ANNUAL PREMIUM (Rs.)	DUE DATES WHEN PREMIUM PAYABLE/ DATE WHEN THE LAST INSTALMENT OF ATP IS PAYABLE.	POLICY TERM	
Life Line Wellness	dd/mm/yy	Critical illness						

1. DEFINITIONS & INTERPRETATION

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

a) "The Activities of Daily Living" shall mean**:**

- 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;
- Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- Mobility: the ability to move indoors from room to room on level surfaces;
- Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- Feeding: the ability to feed oneself once food has been prepared and made available.

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

c) "Congenital Condition" means any abnormality which Was present at birth and may be diagnosed at any stage in the life of the policyholder.

d) "Diagnosis" shall mean the definitive diagnosis made by a Registered Medical Practitioner, based upon radiological, clinical, and histological or laboratory evidence acceptable to the company's appointed doctor. The company may call for the examination of the life insured by an independent expert appointed by the company. The opinion of the independent expert shall be subject to the final opinion of the company's appointed doctor.

e) "Effective Date" means the date as specified in the schedule on which the risk under this policy commences.

f) "Family" means parents, children, grandparents and grandchildren of the life insured of the same blood whether living together or not.

g) "Hospital" means an institution which is legally registered and licensed as a medical or surgical hospital in the countryThe institution must be under the constant supervision of a Registered Medical Practitioner . The Institution must maintain daily records of patients and should make the same available to the company as and when requested.

h) "Illness" shall mean a physical condition marked by a pathological deviation from the normal health state.

i) Injury" shall mean bodily injury caused solely and directly by an accident.

j) "Life insured" means the person who has been insured by the company under this policy.

k) "Maturity Date" means the date as shown in the schedule on which the policy terminates.

l) **" Premium"** means the premium payable by the policyholder in a policy year by regular instalments in the amounts and on the due dates in the manner specified in the Schedule to secure the benefits under the policy .

m) **"Policyholder"** means the person who owns the policy and for the purposes of this policy includes the life insured.

n) **"Policy"** means this **"LifeLine** – **Wellness"** health insurance plan, the operation, regulation and management of which is governed by the documents comprising the policy documentation, which is made up of the proposal form and any additional information the policyholder may provide in respect of the proposal, these terms and conditions, the schedule attached to and forming part of this policy (and if an updated schedule is issued, then schedule means the latest in time), policyholder's written instructions given in accordance with the policy document subject to company's acceptance of the same.

o) **"Policy Anniversary"** means the anniversary of the effective date.

p) **"Policy Year"** means a 12 calendar month period commencing with the effective date and every policy anniversary.

q) **"Registered Medical Practitioner"** shall mean any person qualified by degree in medicine and registered with the Medical Council of India or any State of India, who possesses sufficient skill and competence to render medical or surgical services in respect of the injury or illness concerned, but excludes a registered medical practitioner who is the policy holder or the spouse or lineal relative of the policy holder .

r) **"Pre-existing condition"** shall mean a condition prevailing at or prior to the effective date of this policy or the date of revival of the policy in respect of which the life insured had signs or symptoms of an illness or injury. Any investigation or treatment or diagnosis 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.

s) "**Specialist"** means a Registered Medical Practitioner whose name appears in the Specialist Registry of the Medical Council of the country or institution with equivalent authority.

t) **"Surgery" or "Surgical Procedure"** shall mean customary and necessary manual and /or operative procedure for treatment of illness or injury.

u) **"Critical Illnesses"** shall mean those critical illnesses that are defined in Appendix A attached to this policy document :

2. ELIGIBILITY

2.1 The policy has been written on a single life basis.

2.2 The entry age of the policyholder shall be between 18 years to 60 years.

2.3 The term of the policy is as specified in the schedule. The maximum age of life insured at maturity cannot exceed 75 years.

3. BENEFITS

3.1 <u>Wellness option</u>:

On the happening of any of the following events, confirmed by a registered medical practitioner, including a relevant specialist acceptable to the Company (the cost of which shall be borne by the policyholder) and provided the life insured has survived for at least 28 (Twenty eight) days after the happening of the insured event, the Company will pay full sum assured as shown in the schedule:

(i) On the diagnosis of any of the critical illnesses as defined in Serial number 1 to 7 under Group I of Appendix A.

(ii) On the actual undergoing of the surgery of any of the critical illnesses as defined in Serial number 8 to 10 under Group I of Appendix A

On the payment of the above benefit, the policy shall terminate.

3.2

The payment of benefit under Wellness Plan is further subject to the following:

i. The life insured must file with the company or all the required claim documents within 60 days of the date of the happening of the insured event.

ii. The Company reserves the right to add to or delete any critical illness from the list of critical illnesses covered under the policy and the categorization of the same 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.???? May be objectionable to IRDA as the premium is charged for all 10 illness

Maximum Sum Assured for all polices including Critical Illness riders covering any or all of the listed critical illness conditions cannot exceed Rs 20 lacs.

General Exclusions

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

I. Any pre-existing condition.

II. Any insured event happening within the first 180 days of the effective date and 90 days from date of revival except a critical illness which occurs from or is caused as a result of an injury.

III. Opportunistic diseases associated with AIDS or HIV infection.

IV. Suicide or attempted suicide or intentional self-inflicted injury, by the life insured, whether sane or not at the time;

V. Life insured being under the influence of drugs, alcohol, narcotics or psychotropic substance, not prescribed by a registered medical practitioner;

VI. War (declared or undeclared), invasion, civil war, riots, revolution or any warlike operations;

VII. Participation by the life insured in a criminal or unlawful act;

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~~IX.~~VIII. Service in the military/ para-military, naval, air forces or police organizations of any country in a state of war (declared or undeclared) or of armed conflict;

~~X.~~IX. Participation by the life insured in any flying activity other than as a bonafide passenger (whether paying or not), in a licensed aircraft provided that the life insured does not, at that time, have any duty on board such aircraft;

~~XI.~~X. 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;

~~XII.~~XI. The radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.

~~XIII.~~XII. Failure to seek or follow medical advice;

~~XIV.~~XIII. Any congenital condition;

~~XV.~~XIV. Any pre-malignant tumors, polyps or carcinoma-in-situ of any organ; and

~~XVI.~~XV. Pregnancy or childbirth or complications arising therefrom.

4. PREMIUM

4.1 The premium as specified in the schedule is payable by the policyholder on or before the due dates. The premiums are guaranteed for five years from the effective date. After expiry of five years from the effective date the company reserves the right to revise the premium rates based upon the actuarial review of the claims experience, subject to prior approval by the IRDA. Any revision in premium rates would be effected at a portfolio level and not at an individual level. The revision, if any to the premium rates would be intimated to the policy-holder at least thirty days prior to the revision being made effective.

4.2 The premium mode selected by the policyholder can be changed by giving to the company a written request and such change of premium mode on acceptance shall become effective only on the policy anniversary following the receipt of such request by the company. A change in premium mode will lead to a revision in the modal premium amount as specified in the schedule.

4.3 All premiums are subject to applicable taxes including service tax, which shall be charged to and recovered from the policyholder

5. GRACE PERIOD

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

6. LAPSE

If a premium is not received by the Company by the end of the grace period, the policy will lapse. All Insurance cover will end upon lapse of the policy. No benefit is payable in respect of an insured event which occurred during the period when the policy has lapsed even though the policy may subsequently be revived.

7. REVIVAL OF POLICY

Within 180 days 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 a 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 is approved by the company and communicated to the policyholder in writing.

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

8. TERMINATION OF POLICY

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

I. The maturity date.
II. In case full sum assured as specified in the schedule has been paid.
III. On the expiry of the period of revival.
IV. Death of life insured.

9. MISSTATEMENT OF AGE AND SEX

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

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

10. CLAIM

The Company must be notified in writing within sixty (60) days from the date of happening of the critical illness.
Admission of any claim will be subject to production of satisfactory proof of the happening of the insured event and its cause, the claimant's statement in claim application form, attending registered medical practitioner's statement in a pre-specified format, copies of all the medical records pertaining to the critical illness, records of tests conducted.

11. FREE LOOK PERIOD

The policyholder has a period of 15 days from the date of receipt of the policy to review the terms and conditions of the policy and where the policyholder disagrees to 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.

12. FULL DISCLOSURE & INCONTESTABILITY

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

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

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

13. DISPUTE REDERSSAL CELL

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

14. NOTICES

All notices meant for the company whether under this policy or otherwise must be in writing and delivered to the company at the address as shown in the Schedule, or such other address as the company may notify from time to time.

All notices meant for the policyholder will be in writing and will be sent by the company to the policyholder's address as shown in the schedule. The policyholder must notify to the company any change in his address

ENDORSEMENT

Total stamp value : Rs. < >

APPENDIX A

List of Critical illnesses

GROUP 1

1 Cancer

A malignant tumour characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue. The diagnosis must be histologically confirmed. The term cancer includes leukemia but the following cancers are excluded:

- all tumours which are histologically described as pre-malignant, non-invasive or carcinoma in situ;
- all forms of lymphoma in the presence of any Human Immunodeficiency Virus; Kaposi's sarcoma in the presence of any Human Immunodeficiency Virus;
- any skin cancer other than invasive malignant melanoma;
- 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; and

. . T1N0M0 Papillary micro-carcinoma of the thyroid less than 1bm in diameter

2. Coma

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:

- no response to external stimuli continuously for at least 96 hours;
- life support measures are necessary to sustain life; and

brain damage resulting in permanent neurological defect, which must be assessed at least 30 days after the onset of the coma. For the purpose of this benefit, the word "permanent" shall mean beyond the hope of recovery with current medical knowledge and technology.
A confirmation by a neurologist acceptable to the company is required.

Coma resulting as a result of a self-inflicted injury, alcohol or drug abuse is however not covered.

3. Kidney failure

End-stage renal failure presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis or renal transplant is undertaken. Evidence of end-stage kidney illness must be provided and the medical necessity of the dialysis or transplantation must be confirmed by a registered medical practitioner acceptable to the company

4. Multiple sclerosis

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

- investigations which unequivocally confirm the diagnosis to be multiple sclerosis;
- there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, and
- well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits.

Other causes of neurological damage such as SLE and HIV are however not covered.

5. Heart attack

The first recorded occurrence of heart attack or myocardial infarction which means death of heart muscle, due to inadequate blood supply, which results in all of the following condition of acute myocardial infarction:

- typical clinical symptoms (for example, characteristic chest pain);
- new characteristic electrocardiographic changes;
- the characteristic rise of cardiac enzymes or Troponins recorded at the following levels or higher:
  i. Troponin T > 1.0 ng/ml
  ii. AccuTnI > 0.5 ng/ml or equivalent threshold with other Troponin I methods; and
- the evidence must show a definite acute myocardial infarction.

The following conditions are however not covered:

- angina; and
- other acute coronary syndromes e.g., myocyte necrosis.

The diagnosis must be confirmed by a Cardiologist acceptable to the company.

6. Paralysis / paraplegia

The complete and permanent loss of the use of two or more limbs, as a result of injury, or illness of the brain or spinal cord. To establish permanence, the paralysis must normally have persisted for at least 6 months from the date of trauma or illness resulting in the life insured being unable to perform his / her usual occupation.

The condition must be confirmed by a Neurologist acceptable to the company.

7. Stroke

A cerebrovascular accident or incident producing neurological sequelae of a permanent nature, having lasted not less than 6 (six) months. Infarction of brain tissue, haemorrhage and embolisation from an extra-cranial source are covered . The diagnosis must be based on changes seen in a CT scan or MRI and certified by a Neurologist acceptable to the company.

Cerebral symptoms due to transient ischaemic attacks, any reversible ischaemic neurological deficit, vertebrobasilar ischaemia, cerebral symptoms due to migraine, cerebral injury resulting from trauma or hypoxia and vascular illness affecting the eye or optic nerve or vestibular functions are however not covered.

8. Major organ transplant

The receipt of a transplant of:

- Human bone marrow using haematopoietic stem cells preceded by total bone marrow ablation; or
- One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ.
- Other stem-cell transplants are however not covered.

9. Coronary artery bypass surgery

The undergoing of open-heart surgery on the advice of a Cardiologist to correct narrowing or blockage of one or more coronary arteries with bypass grafts.

Angiographic evidence to support the necessity of the surgery will be required.

Balloon angioplasty, laser or any catheter-based procedures are however not covered.

10. Heart valve surgery

The actual undergoing of open-heart surgery to replace or repair heart valve abnormalities. The diagnosis of heart valve abnormality must be evidenced by echocardiogram and supported by cardiac catheterization, if done, and the procedure must be considered medically necessary by a Cardiologist acceptable to the company.