

Terms and Conditions

Loss of income

Weekly benefit will be paid due to physical disablement due to sickness or an accident. Insured should be confined to bed. As a proof medical documents specified in 3.1.A should be submitted to the Insurer & will no Indemnity will be paid on pro rata basis when the monthly deduction amount is not completed of Rs. 120/= per month (excl.taxes)

Documents required for claim

In the event of a claim,

- Diagnosis Card,
- Claim form and
- Copy of identification document

Has to be submitted as a proof of a claims.

Exclusions

- Attempted suicide or intentionally self-inflicted injury while sane or insane. Illegal substances, misuse of alcohol or intoxicating drugs, Injury, disease or an illness arising from racing of any kind (except foot racing), hazardous sports such as but not limited to skydiving, water skiing, professional sports and illegal activities.
- Pregnancy, child birth including surgical delivery, miscarriage, abortion and pregnancy related ailments and conditions, prenatal or postnatal care, surgical, mechanical or chemical contraceptives and methods of birth control, infertility and subfertility, sexual dysfunction , tests or treatment and treatments related to impotence or sterilization.
- Conditions resulting from manmade or natural disasters including war or any act of war, criminal or terrorist activities, direct participation in strikes, riots and civil commotion or insurrection, Ionizing radiation or contamination by radio activity from any nuclear fuel or nuclear waste or nuclear weapon and any malicious act.
- Hospital admissions primarily for investigatory purposes including physical, laboratory, radiological or instrumental examinations not incidental to treatment of a covered disease, routine physical examinations, health checkups, medical studies, monitoring and screening tests other than angiogram.

Loss of job

SCOPE

Insured will eligible for the benefit once, his/her Loss of employment;

- On account of Retrenchment or layoffs.
- On account of Employer rules and regulations (Example, closure of a division or department).
- on account of poor financial health or termination from employment due to sickness or
- Action of any public authority to leading to closure of the business.

Required documents

In the event of a claim the following documents has to be submitted from Employer

- Documentary proof from the current employer to confirm his/her employment.
- Last three months' salary particulars which confirms constant basic salary for 03 months.
- EPF/ETF contribution certification.

Exclusions

- The Company shall not be liable to make any payment under this Section in the event of termination, dismissal, temporary suspension or retrenchment from employment due to any dishonesty or fraud or poor performance or his willful violation of any rules of the employer or laws for the time being in force or any disciplinary action against the Insured by the employer.
- The Company shall not be liable to make any payment under this Policy in connection with or in respect of: a) Self-employed persons; b) Any claim relating to unemployment from a job which is casual, temporary, seasonal or contractual in nature or any claim relating to an employee not on the direct rolls of the employer; c) Any voluntary unemployment; d) Unemployment at the time of inception of the Policy Period or arising within first three months of inception of the Policy Period.
- Any unemployment due to resignation, retirement whether voluntary or otherwise.
- Any unemployment due to non-confirmation of employment after or during such period under which the Insured was under probation.
- Any suspension from employment on account of any pending enquiry being conducted by the employer/ Public Authority.

Accidental death benefit

SCOPE

Death of the Insured was caused by an accident and occurred within (90) days from the date of such accident the accidental death benefit (ADB) stated in the benefit list, shall be paid to the nominee as declared at the enrollment.

Documents required for claim

- Death Certificate
- Post Mortem Report
- Police Report (If necessary)

Exclusions

- Accidents caused by excessive ingestion of alcoholic drinks, hallucinogens or driving while drunk: Accident occurring when the blood alcohol level is above the legally permitted level.
- Naval or military operations of the armed forces or air force and participating in operation requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels and the like.
- Hazardous activities and adventure sports, including but not limited to scuba diving, motorcycling, parachuting, hand gliding, rock or mountain climbing, racing of any kind other than foot, rafting, bungee jumping, potholing or any sport in a professional capacity otherwise agreed in writing by the Insured.
- Natural perils; Natural disasters such as but not limited to avalanches, landslides, earthquakes, flood, tsunami or tidal waves caused by earthquake or volcano eruptions, cyclones, tempests, hurricanes, tornado and typhoons.
- Result from poisoning other than infection occurring simultaneously with/ and in consequence of an accidental wound.
- The Insurer shall not be liable in respect of any claim, if the Insured is engaged in any occupation at the time of death which is substantially different to that described in the proposal or declaration of health.