



IFFCO-TOKIO GENERAL INSURANCE CO. LTD

Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

FAMILY HEALTH PROTECTOR

UIN : IFFHLIP24013V052324

Sales Literature

Scope of Cover

The Policy offers a protection cover for you and your family for any injury or disease related contingencies like hospitalization, medical expenses, surgical expenses, organ transplantation etc. The Policy covers the members of the family consisting of you, your spouse and dependent parent and children, brother, sister, brother-in-law, sister-in-law, nephew, niece or any other relation who is dependent or relatives living together. Coverage is under a single sum insured and no separate sum insured is required for each covered member. Thus each covered member draws claim from the single limit of indemnity.

An additional optional cover of Critical illness is also provided to the family under a single sum insured on floater basis. The policy is brought to you by IFFCO-TOKIO General Insurance Company Ltd. at an affordable premium.

Claim is directly serviced by IFFCO TOKIO without any Third party administrator.

We also offer an option to migrate to any suitable health policy with the continuity of the coverage in terms of waiting period.

Normal Policy Term is 1 Year. However, there is a provision of issuing policy on short term basis also.

Basic Cover

- a) Room Rent Expenses as provided in the Hospital/Nursing Home including Hospital Registration/ Service charges.
- b) Nursing Expenses during hospitalization period on the advice of Medical Practitioners for duration specified. Surgeon, Anesthetist, Medical Practitioner, Consultant, Specialist fees (including consultation through telemedicine).
- c) Anesthesia, Blood, Oxygen, Operation Theatre, Surgical Appliances, Medicines & Drugs, Diagnostic Materials and diagnostic imaging modalities, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs, Cost of Organs and similar expenses.
- d) AYUSH Hospitalization Expenses.
- e) Reasonable and customary charges incurred for Domiciliary Hospitalization if Medically Necessary up to a maximum aggregate sub-limit of 20% (twenty percent) of the Sum Insured.

Higher Sum Insured for Critical Illness

Higher sum insured for critical illness to cover expenses (as listed in Basic Cover) related to following Critical Illnesses:

1. Cancer of Specified Severity
2. Coma of Specified Severity
3. Kidney Failure Requiring Regular Dialysis
4. Major Organ /Bone Marrow Transplant
5. Motor Neuron Disease With Permanent Symptoms
6. Multiple Sclerosis with Persisting Symptoms
7. Myocardial Infarction (First Heart Attack - Of Specified Severity)
8. Open Chest CABG
9. Open Heart Replacement Or Repair Of Heart Valves
10. Permanent Paralysis Of Limbs
11. Stroke Resulting In Permanent Symptoms

LIMITS OF LIABILITY:

S.No.	Nature of Expense	Limits
1.	Hospitalization Stay	
(a)	Room, Boarding & Nursing (Normal room)	<p>1) In respect of class A cities, a limit of 1.50% of the sum insured on per day basis or actual whichever is less.</p> <p>2) In respect of cities other than class "A" cities, a limit of 1.25% of the sum insured on per day basis or actual whichever is less.</p> <p>Note: Class "A" cities are Hyderabad, Secundrabad, National Capital Region of Delhi, Ahmedabad, Bangalore, Greater Mumbai, Nagpur, Pune, Jaipur, Chennai, Lucknow, Kanpur and Kolkata.</p>
(b)	Room, Boarding & Nursing (ICU/ITU)	<p>1) In respect of class A city a limit of 2.5% of the sum insured on per day basis or actual whichever is less.</p> <p>2) In respect of other than class "A" cities a limit of 2% of the sum insured on per day basis or actual whichever is less.</p> <p>Note: Class "A" cities are Hyderabad, Secundrabad, National Capital Region of Delhi, Ahmedabad, Bangalore, Greater Mumbai, Nagpur, Pune, Jaipur, Chennai, Lucknow, Kanpur and Kolkata.</p>
(c)	Service Charges and Surcharge	Actual subject to maximum of 0.5% of Sum Insured.
2.	Fees of Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees (including consultation through telemedicine as per prevailing Telemedicine Practice Guideline)	Actual up to Sum Insured
3.	Anesthesia, Blood, Oxygen, Operation Theatre, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and diagnostic imaging modalities, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs, Cost of Organs and similar expenses.	Actual up to Sum Insured
4.	Treatment of person donating an organ	The room rent payable in respect of Donor will be 50% of Room Rent limit for you or your family member (patient) for whom the claim is lodged.
5.	AYUSH hospitalization expenses including Pre-Hospitalization and Post Hospitalization expenses	Actual amount up to Sum Insured.
6.	Reasonable and Customary Charges incurred for Domiciliary Hospitalization if Medically Necessary	Upto a maximum aggregate sub-limit of 20% (twenty percent) of the Sum Insured.

7.	Terrorism is Covered.	Actual up to Sum Insured
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Unique Feature

- a) In respect of basic sum insured of Rs. 7 (seven) lakhs and above (excluding the sum insured of critical illness), the reimbursement of treatment expenses will be payable according to actual expenses without any capping limits
- b) In respect of basic sum insured below Rs. 7(seven) lakhs (excluding the sum insured of critical illness), the capping on Room rent expenses may be removed on additional payment of 6% on the basic premium.

Additional Benefits

1. **Daily allowance:** An additional daily allowance amount equivalent to 0.15% (one seventh of a percent) of the sum insured per day, up to a maximum of Rs. 1,000 (one thousand) per day respect of you or your family member for the duration of hospitalization. If the hospitalization period is less than 24 (twenty-four hours), then this daily allowance will be reduced proportionately for the period of hospitalization.

2. **Ambulance charges:** Ambulance charges in connection with any admissible claim subject to a limit of 1% (one percent) of the sum insured or Rs. 2500/-(two thousand & five hundred) whichever is lower, for each hospitalization.

3. **Pre and post hospitalization medical expenses:** Nursing and Medical Expenses during pre & post hospitalization period on the advice of Medical Practitioners for duration specified subject to the maximum of 60 days for pre hospitalization and 90 days for post hospitalization expenses.

4. **Modern Treatment Methods and Advancement in Technologies:**

The following procedures will be covered (wherever medically indicated) either as in patient or as part of Domiciliary Hospitalization or as part of day care treatment in a hospital upto 50% of Sum Insured, during the policy period:

- A. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
- B. Balloon Sinuplasty
- C. Deep Brain stimulation
- D. Oral chemotherapy
- E. Immunotherapy- Monoclonal Antibody to be given as injection
- F. Intra vitreal injections
- G. Robotic surgeries
- H. Stereotactic radio surgeries
- I. Bronchial Thermoplasty
- J. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- K. IONM - (Intra Operative Neuro Monitoring)
- L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

5. **Cumulative bonus (CB):**

- a) The Cumulative Bonus shall be increased by 25% (twenty-five percent) of the basic sum insured for the first claim-free renewal and by 10% (ten percent) at each subsequent renewal in respect of each claim free year of insurance for you or your family member on collective basis, subject to a maximum of 100% (one hundred percent) of basic sum insured of the expiring policy. In short, the following grid A shall be followed for the calculation of Cumulative bonus.

Grid A

Year	Policy Claim Status	% CB accrued
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0	Claim free	-
1	Claim free	25%
2	Claim free	10%
3 and beyond	Claim free	10% each year subject to max 100% of basic sum insured

Illustration1:

If a family has a basic sum insured of Rs. 5 Lakhs, the cumulative bonus at the end of first claim-free year will be Rs. 1.25 Lakhs (25% of basic SI). At the end of second claim-free year, the cumulative bonus shall be Rs. 0.5 Lakh (10% of basic SI) and the total CB will be 2.25 Lakhs and so-on upto a maximum of Rs. 5 Lakhs.

Year	Base SI (in Rs)	% CB accrued	CB earned (in Rs)	Total CB (in Rs)	Claim Status
0	5 Lakhs	-	-	-	Claim free
1	5 Lakhs	25%	1.25 Lakhs	1.25 Lakhs	Claim free
2	5 Lakhs	10%	0.5 Lakhs	1.75 Lakhs	Claim free
3	5 Lakhs	10%	0.5 Lakhs	2.25 lac	Claim free
4	5 Lakhs	10%	0.5 Lakhs	2.75 Lakhs	Claim free
5	5 Lakhs	10%	0.5 Lakhs	3.25 Lakhs	Claim free
6	5 Lakhs	10%	0.5 Lakhs	3.75 Lakhs	Claim free
7	5 Lakhs	10%	0.5 Lakhs	4.25 Lakhs	Claim free
8	5 Lakhs	10%	0.5 Lakhs	4.75 Lakhs	Claim free
9	5 Lakhs	10%	0.5 Lakhs	5 Lakhs (Max capping 100% of base Sum insured)	Claim free
10	5 Lakhs	10%	0.5 Lakhs	5 Lakhs (Max capping 100% of base Sum insured)	Claim free

- b) For cumulative bonus eligibility, the policy has to be renewed within the expiry date or within a maximum of 30 (thirty) days from the expiry date of a claim-free policy, beyond which the entire cumulative bonus earned will lapse and be forfeited.
- c) In case of a claim under the policy by you or your family member the existing cumulative bonus will be reduced at the rate it had accrued, subject to the stipulation that basic sum insured shall be maintained.

Notes:

- i. The CB shall be added and available to the family on floater basis, provided no claim has been reported from of the family. CB shall reduce in case of claim from any of the members of your family.
- ii. If the members of your family renew their expiring policy by splitting the Sum Insured into two or more floater policies/individual policies, the CB of the expiring policy shall be apportioned to such renewed Policies in the proportion of the Sum Insured of each Renewed Policy
- iii. If the Sum Insured under the Policy has been increased/decreased at the time of renewal, the CB shall be calculated on the Sum Insured of the last completed Policy Year subject to the cumulative CB amount not exceeding 100% of the sum insured of the policy.

iv. If a claim is made in the expiring Policy Year, and is notified to Us after the acceptance of renewal premium, any awarded CB shall be withdrawn.

d) For cases of portability and migration :

The Cumulative Bonus shall be allowed at the same percentage as mentioned in grid A of point 5 a), however, the percentage of cumulative bonus shall depend on the year of portability/migration to this policy.

Illustration 2:

Case 1 : Portability/ Migration to this policy on the first renewal

Year	Insurer	Base SI	% CB accrued	CB earned	Total CB	Claim Status
0	ABC	5 Lakhs	-	-	-	Claim free
1	ITGI (ported)	5 Lakhs	25%	1.25 Lakhs	1.25 Lakhs	Claim free
2	ITGI	5 Lakhs	10%	0.5 Lakhs	1.75 Lakhs	Claim free
3	ITGI	5 Lakhs	10%	0.5 Lakhs	2.25 Lakhs	Claim free
4	ITGI	5 Lakhs	10%	0.5 Lakhs	2.75 Lakhs	Claim free
5	ITGI	5 Lakhs	10%	0.5 Lakhs	3.25 Lakhs	Claim free
6	ITGI	5 Lakhs	10%	0.5 Lakhs	3.75 Lakhs	Claim free
7	ITGI	5 Lakhs	10%	0.5 Lakhs	4.25 Lakhs	Claim free
8	ITGI	5 Lakhs	10%	0.5 Lakhs	4.75 Lakhs	Claim free
9	ITGI	5 Lakhs	10%	0.5 Lakhs	5 Lakhs (Max capping 100% of base Sum insured)	Claim free
10	ITGI	5 Lakhs	10%	0.5 Lakhs	5 Lakhs (Max capping 100% of base Sum insured)	Claim free

Case 2 : Portability/ Migration to this policy at any year except first renewal

Year	Insurer	Base SI	% CB accrued	CB earned	Total CB	Claim Status
0	ABC	5 Lakhs	-	-	-	Claim free
1	ABC	5 Lakhs	5% (assumed)	0.25 Lakhs	0.25 Lakhs	Claim free
2	ABC	5 Lakhs	5% (assumed)	0.25 Lakhs	0.5 Lakhs	Claim free
3	ITGI (ported)	5 Lakhs	10%	0.5 Lakhs	1 Lakh	Claim free
4	ITGI	5 Lakhs	10%	0.5 Lakhs	1.5 Lakhs	Claim free
5	ITGI	5 Lakhs	10%	0.5 Lakhs	2 Lakhs	Claim free
6	ITGI	5 Lakhs	10%	0.5 Lakhs	2.5 Lakhs	Claim free
7	ITGI	5 Lakhs	10%	0.5 Lakhs	3 Lakhs	Claim free
8	ITGI	5 Lakhs	10%	0.5 Lakhs	3.5 Lakhs	Claim free
9	ITGI	5 Lakhs	10%	0.5 Lakhs	4 Lakhs	Claim free
10	ITGI	5 Lakhs	10%	0.5 Lakhs	4.5 Lakhs	Claim free

11	ITGI	5 Lakhs	10%	0.5 Lakhs	5 Lakhs (Max capping 100% of base Sum insured)	Claim free
12	ITGI	5 Lakhs	10%	0.5 Lakhs	5 Lakhs (Max capping 100% of base Sum insured)	Claim free

6. **Day care treatment:** Day care medical treatments listed in Annexure – “List of Day Care Procedures” of the policy document will be payable even if the duration of hospitalization is less than 24 (Twenty-four) hours.

(Note: The list of such treatments is dynamic and hence may change from time to time. Hence we suggest you to please check our website/ contact our nearest office for updated list of such treatments.)

7. **Hospitalization expenses if period of hospitalization is less than 24(twenty-four) hours:** We will pay hospitalization expenses if the duration of hospitalization is more than 12 (twelve)hours but less than 24(twenty-four) hours except for the listed day care surgeries, the room rent shall be limited to 50% (fifty percent) of the entitled room rent per day.

8. **Cost of health check-up:** You or your family member(s) shall be entitled to undergo a periodic medical check-up upon renewal of the policy. This benefit is dependent on the sum insured of the policy. The following table may be referred for this benefit:

Sum Insured	Periodicity	Eligibility	Package
Upto 2 lacs	After every 2 claim free years	Any one member	Package A
Above 2 lacs upto 5 lacs	After every 2 claim free years	Any one member	Package B
Above 5 lacs upto 10 lacs	After each claim free year	Any one member	Package C
Above 10 upto 25 lacs	After each year, irrespective of claim	Any one member	Package D
Above 25 lacs	After each year, irrespective of claim	Any 2 members	Package D

Refer annexure B for details of the health packages:

This benefit is subject to the conditions below:

- The health check-up can be availed only through Our empaneled service provider on cashless basis.
- We shall not be liable for any associated costs or expenses (conveyance, supplies etc.)
- The check-up/tests are pre-determined. No addition or exchange/swap in the list of tests shall be allowed.
- This benefit shall not reduce the Sum Insured or impact the accrued Cumulative Bonus.
- The check-up/tests have to be undertaken within a year of the expiry of the policy, provided the policy has been renewed and active at the time of availing this benefit.
- Any unutilized check-up/test cannot be carried forward beyond one year of expiry of the policy.
- No refund/discounts in renewal premium in lieu of non-consumption of this benefit shall be allowed.
- This benefit shall not be construed as a waiver of Our rights to deny any claims on grounds of non-disclosure of material facts and/or PED by You/the insured.

Disclaimer: IFFCO-Tokio General Insurance Co Ltd. shall not assume any liability for any errors or omissions or consequence of any actions related to the health check-up.

9. **Vaccination expenses:** You or your family member(s), on individual or collective basis, shall be entitled for reimbursement of cost of vaccination at the end of every block of two policy period of 365 (three hundred & sixty five) days each with us or 366 days in case of leap year, subject to a maximum of 7.5% (seven and half percent) of the total premium paid (excluding taxes) for the last two policies in respect of You or your family member(s) and a maximum of 15% (fifteen percent) for You or your family member(s), provided no claim(s) is/are made by You or your family member(s) during that period of insurance and the policies were renewed without break

10. **Emergency assistance services:** This policy provides, at no additional cost, whatsoever, a host of value added emergency medical assistance and emergency personal services. The services are provided when You or your family member(s) is/are traveling within India 150 (one hundred and fifty) kilometers or more away from the residential address as mentioned in the policy schedule for less than 90 (ninety) days. No claims for reimbursement of expenses incurred for services arranged by You or your family member(s) will be entertained unless agreed by us or our authorized representative. **Wherever, it is not reasonably possible to ascertain if the reported situation was an emergency or not, the benefit of doubt shall be available to You or your family member(s).**

IFFCO TOKIO General Insurance is the first Insurer to bring to you these services and that too without any sub limits:

- a) Medical Consultation, Evaluation and Referral
- b) Emergency Medical Evacuation
- c) Medical Repatriation
- d) Transportation to Join Patient
- e) Care and/or Transportation of Minor Children
- f) Emergency Message Transmission
- g) Return of Mortal Remains
- h) Emergency Cash Coordination

Specific Exclusions:

- a) Trips exceeding 90 (ninety) days from declared residence without prior notification to emergency assistance service provider.
- b) Students at home/school campus address (as they are not considered to be in travel status).

11. **Wellness Services:** - This policy provides facilitation and/or arranging, at no additional cost whatsoever, Wellness and Preventive Health Services for promoting and rewarding the healthy behavior of You or your family member as described below:

(A) Value Added Services

(a) Cashless Telemedicine Consultation:

I. **General Physicians and Specialists:** You or your family member can book unlimited chat, telephonic and/or video appointments for all medical consultations.

II. **Mental Health Helpline:** 24/7 Psychological Counselling can be obtained through electronic mode.

(We shall not be liable for any actions, claims, demands, losses, damages, costs, charges and expenses which a Member claims to have suffered, sustained or incurred, by way of and / or on account of these services.)

III. **Medical Second Opinion:** This service may be obtained through electronic mode, from an empaneled medical expert and/or agency and is subject to the following conditions:

- This has to be specifically requested for by you or your family member
- This opinion given, is without examining the patient, based only on the medical records submitted
- The opinion is only for medical reasons and not for medico-legal purposes

- Any liability due to any errors or omission or consequences of any action, taken in reliance of the opinion provided, by the Medical Practitioner is outside the scope of this policy

(b) Discount on Services: You or your family member can avail, unlimited times, discount on the below, offered by the service providers, which will be displayed on the website:

- Diagnostics/ Annual Health check-ups** - You or your family member can book via our Mobile Application a range of laboratory tests to be performed at diagnostic center and/or at home.
- E-pharmacy** - You or your family member can order the home delivery of prescribed drugs, health and Wellness medicines/supplements, devices and accessories, delivered through network of our service provider
- Nutritional Counselling:** You or your family member can avail services of our empaneled nutritional counsellor to achieve health goals and obtain guidance for achieving these goals.
- Dental Care-** You or your family member can avail services of our empaneled Dentists
- Home care-** You or your family member can avail services of our empaneled Home care providers such as Nurses & physiotherapists.

Detailed List is available on our website www.iffcotokio.co.in

II. Reward Programme :-

This Wellness program aims to motivate, incentivize and reward the healthy habits and efforts of You or your family member to improve their health and lifestyle. The activities mentioned below will be tracked by us, wherein You or your family member can earn reward points, which can be redeemed as per our redemption terms and conditions.

The Wellness services and activities are categorized as below:

S.No	Activity	Max. Points/ Insured
1	Track your health a) Completion of Health Risk Assessment (online questionnaire) b) Undergoing Diagnostics/ Preventive Risk Assessment	100 750
2	Enrollment in Disease Management Program	200
3	Walk towards a healthy lifestyle (based on steps walked per day)	1000
4	Fitness activities a) Participation in Walkathon/Marathon b) Enrollment in fitness initiatives like Gym/Yoga/Swimming etc	100 200
5	Enrollment in Self-Care Plans like meditation/ diet plans	500

For Family Floater policies, the weightage of the points earned by the members shall be as below:

Family members	Weightage
Primary Member	75%
Spouse	50%
Dependent Children (aged above 18 years)	25%
Other relatives covered in the Policy	20%

REDEMPTION OF REWARD POINTS

You or your family member is entitled to redeem, the total earned reward points, as follows:

1. Discount in premium at the time of renewal,

OR

2. Redeemable Vouchers following a renewal

Details as below:

1. Discount in Renewal Premium:

a) Individual Policy:

Earned reward points	Discount in Premium
500	2.5%
1000	5%
1500	7.5%
2000	10%
2500	12.5%

(b) Family Floater Policy:

Earned reward points	Discount in Premium
1000	2.5%
2000	5%
3000	7.5%
3500	10%
4000	12.5%

2. Redeemable Vouchers

Each reward point will be equivalent to Rs. 0.50 and can be redeemed for an equivalent value of vouchers in multiples of 500 against membership in Fitness Centers and/or purchasing health supplements.

Reward points not redeemed in the given policy year, can be carried forward, provided the policy is renewed with us continuously.

You or your family member will be able to view the accumulated reward points on the mobile app and website.

Points Earned	Voucher Value (Rs.)
1000	500
2000	1000
3000	1500

4000	2000
5000	2500

TERMS AND CONDITIONS UNDER WELLNESS SERVICES

- i. Any information provided by You or your family member in this regard shall be kept confidential.
- ii. All medical services shall be provided by our empaneled health care service providers. While we ensure full due diligence before empanelment of the service provider, the decision to obtain their advices/services and utilize them, is entirely at You or your family member's discretion. The costs are to be borne by You or your family member.
- iii. There will not be any cash redemption against the Wellness reward points.
- iv. Reward points can be redeemed once at the time of renewal (for discounts in premium) or following a renewal (for vouchers). Balance of the reward points not redeemed will be carried forward to the next policy cycle.
- v. You or your family member has to notify and submit relevant documents, reports, receipts etc. for various Wellness activities within 30 days of undertaking such activity/tests and 60 days before the renewal date of the policy, whichever is earlier.
- vi. For services that are provided through empaneled service provider, IFFCO-Tokio GIC is only acting as a facilitator.

Additional Advantages

1. Income Tax benefits under Section 80D.
2. Hassle free claims procedure
3. Cashless claim facility available at over 6000 network hospitals across India.

Sum Insured

1. The policy shall be available with the minimum Sum Insured of Rs. 150,000 (one lakh fifty thousand) with subsequent options available in multiple of Rs. 50,000 (fifty thousand) Upto Rs.5 (five) lakhs and then in multiples of Rs.1 (one) lakhs Upto maximum of Rs.30 (thirty) lakhs.
2. In case of increase in basic Sum Insured more than 10% (ten percent) of last year basic Sum Insured at the time of renewal, subject to certain medical check-up required.

Payment of Premium:

The premium payable shall be paid in advance before commencement of risk.

Special conditions:

i. **Extension of policy period :** In case You or your family member who is/are covered under 'Family Health Protector' has/have to go abroad for a minimum of 30(thirty) days or more, and accordingly he/she/they buy a Travel insurance policy from IFFCO-Tokio General Insurance Co. Ltd. for those 30(thirty) days or more and submit(s) the proof thereof(copy of visa and photocopy of stamped passport on return), in that event the period of insurance under the Family Health Protector Policy in respect of You or your family member will be extended by 30 (thirty) days or more i.e. the period of insurance under the policy shall be extended for those number of days for which any travel insurance policy (with IFFCO-Tokio General Insurance Co. Ltd) has run or actual period abroad subject to a minimum of 30(thirty) days period abroad.

ii. **Reinstatement of basic sum insured:** After the occurrence of a claim under the policy, the basic sum insured under the policy will be reinstated by the amount of claim so that the full basic sum insured is available for the policy period subject to the following:

- a) Reinstatement of Basic Sum Insured will be to the extent of claim amount paid.
- b) Reinstatement premium shall not be charged for the first claim paid/approved during the policy year. In case there are any further claims admissible under the policy, appropriate premium for the reinstatement will be charged.
- c) All Reinstatements will be effected for the period from the first date of hospitalization for which the treatment is being taken, up to the expiry date of the policy.
- d) This reinstated basic sum insured will not be available for the hospitalization treatment expenses of the illness/ disease/ injury for which You or your family member was/were hospitalised. It will be available for treatment including that for the same illness (other than chronic disease listed under point g) or any other disease, illness which are not cases of relapse within 45(forty-five) days of first hospitalization for which You or your family member was/were hospitalised.

Further even in the first hospitalization period, if you or your family member sustain(s) any injury or contract(s) any disease other than injury, disease for which he/she was hospitalised, then the Reinstated Basic Sum Insured will be available for payment of claim for subsequent disease/injury/illness which You or your family member has/have sustained whilst being in the hospital for the other disease/injury.

Example:

If You or your family member with a basic sum insured of Rs. 5L makes the first claim to undergo a procedure costing Rs.5.25L, claim settlement for the same would be limited to Rs. 5L subject to T&C of the policy. Further, the sum insured under this policy shall be reinstated to Rs. 5L without any deduction of reinstatement premium. However, this re-instated SI cannot be used to pay the balance Rs.25,000 /-. The reinstated sum insured would, however, be available for any further claim occurring after the reinstatement. (unless it is a relapse of the ailment/injury in the first claim within 45 days)

- e) Though the basic sum insured will be reinstated as soon as hospitalization of the insured person(s) takes place, the reinstatement premium shall be charged at the time of the claim settlement. (Premium charged after the first free reinstatement)
- f) Reinstatement will be applicable on all policies with a basic sum insured of Rs.3 (three)lakh and above.
- g) From the second claim onwards, Re-instatement Premium will be computed on pro-rata basis on the proportion of claimed amount to basic sum insured and the annual premium as per the following calculation: -

$$\text{Reinstatement Premium} = \left[\frac{(\text{Annual Premium} \times \text{Claim Amount})}{\text{Total Basic Sum Insured}} \right] \times \left[\frac{\text{Remaining number of days of the policy (calculated from the date of admission in the hospital)}}{365} \right]$$

- The reinstated basic sum insured will not be available for the following chronic diseases where the initial claim under the same policy period has been lodged for: --
 - i) Cancer of Specified Severity
 - ii) Coma of Specified Severity
 - iii) Kidney Failure Requiring Regular Dialysis
 - iv) Major Organ /Bone Marrow Transplant
 - v) Motor Neuron Disease With Permanent Symptoms

- vi) Multiple Sclerosis with Persisting Symptoms
- vii) Myocardial Infarction (First Heart Attack - Of Specified Severity)
- viii) Open Chest CABG
- ix) Open Heart Replacement Or Repair Of Heart Valves
- x) Permanent Paralysis Of Limbs
- xi) Stroke Resulting In Permanent Symptoms

- The reinstatement of basic sum insured will not be available for Critical illness extension and cumulative bonus.
- The reinstatement of basic sum insured will not be available for Domiciliary Hospitalization.
- The unutilized reinstated sum insured cannot be carried forward to the next renewal

Co-Payment: The following Co-pay options are available: 10%, 20% or 25% under the product. The Co-pay percentage as per the schedule, shall be applied on each and every admissible claim. Once the Co-Pay is opted under the policy, it cannot be opted out during the policy period.

Important Exclusions

We will not pay for

(I) STANDARD EXCLUSIONS:

1. Pre-Existing Diseases(Code- Excl01)

- a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with us.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If you or your family member is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- d) Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

2. First Thirty Days Waiting Period(Code- Excl03)

- i. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the **same** are covered.
- ii. This exclusion shall not, however, apply if you or your family member has Continuous Coverage for more than twelve months.
- iii. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

3. Specific Waiting Period: (Code- Excl02)

- a) Expenses related to the treatment of the following listed conditions, surgeries/treatments shall be excluded until the expiry of 12/24 months of continuous coverage, as may be the case after the date of inception of the first policy with Us. This exclusion shall not be applicable for claims arising due to an accident.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.
- d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.

- e) If you or your family member is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- f) List of specific diseases/procedures

i. 12 Months waiting period

- i) Surgical treatment for Tonsillitis/ Adenoids
- ii) Tympanoplasty / Septoplasty
- iii) Fistula in anus, Anal Sinus, Piles
- iv) Any type of Carcinoma / Sarcoma/ Blood Cancer
- v) Varicose Veins / Varicose Ulcers
- vi) All types of Ligament Meniscus Tears

ii. 24 Months waiting period

- i) Cataract, Benign Prostatic Hypertrophy, DUB
- ii) Uterine Fibroids, PV Bleeding, Hysterectomy, Myomectomy
- iii) Hernia, Hydrocele
- iv) Sinusitis
- v) Gall Bladder, Billiary, Renal and Urinary Stones
- vi) Inter-vertebral Disc disorder like Spondylitis, Spondylosis and prolapse. (other than caused by an accident)
- vii) Knee replacement/Joint Replacement/Hip replacement (other than caused by an accident)
- viii) Chronic Renal failure
- ix) Any type of benign growth/Cyst/Nodules/Polyps/Tumor/Lump

4. Cosmetic or plastic Surgery: Code- Excl08

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

5. Investigation & Evaluation(Code- Excl04)

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

6. Rest Cure, rehabilitation and respite care- Code- Excl05

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

- i) Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
- ii) Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

7. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12.

8. Maternity Expenses (Code - Excl 18):

- i) Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
- ii) expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

9. **Sterility and Infertility: (Code- Excl17)**

Expenses related to sterility and infertility. This includes:

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

- 10. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons.

Code- Excl13

- 11. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. **Code- Excl14**

12. **Obesity/ Weight Control: Code- Excl06**

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

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

13. **Change-of-Gender treatments: Code- Excl07**

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

14. **Hazardous or Adventure sports: Code- Excl09**

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

15. **Breach of law: Code- Excl10**

Expenses for treatment directly arising from or consequent upon any You or your family member committing or attempting to commit a breach of law with criminal intent.

16. Excluded Providers: Code- Excl11

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

(Note: The list of such excluded provider(s) is dynamic and hence may change from time to time. Hence we suggest you to please check our website or contact our call centre/nearest office for updated list of such excluded hospitals before admission.)

17. Refractive Error: Code- Excl15:

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

18. Unproven Treatments: Code- Excl16

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

(I) SPECIFIC EXCLUSIONS

1. All non-medical expenses including personal comfort and convenience items or services and similar incidental expenses or services including, maid, barber, cosmetics & napkins.
2. Ambulance charges, pre and post hospitalization expenses and daily allowance for the donor in case of major organ transplant.
3. Any disease aggravated by Diabetes and/or Hypertension for a waiting period of 90 days.
However, if these diabetes and/or Hypertension is/are under pre-existing condition at the time of first proposal then these will be falling under Excl01 above and will be covered after 48 (forty-eight) months of continuous coverages with Us.
4. Any expense on procedure and treatment including acupressure, acupuncture and magnetic therapies.
5. Any expense under Domiciliary Hospitalization for Treatment of following diseases:
 - (i) Asthma
 - (ii) Bronchitis
 - (iii) Chronic Nephritis and Nephritic Syndrome
 - (iv) Diarrhoea and all type of Dysenteries including Gastro-enteritis
 - (v) Diabetes Mellitus
 - (vi) Epilepsy
 - (vii) Hypertension
 - (viii) Influenza, Cough and Cold
 - (ix) Pyrexia of unknown origin for less than 15(fifteen) days
 - (x) Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis
 - (xi) Arthritis, Gout and Rheumatism
 - (xii) Dental Treatment or Surgery.
 - (xiii) Critical Illness.

6. Any external congenital diseases or disorders.
7. Any other type of Laser treatments / surgeries for EYE which can be performed on OPD basis.
8. Circumcision, unless necessary for the treatment of a disease not otherwise excluded or required as a result of accidental bodily Injury, vaccination unless forming part of post-bite treatment and as covered in the Additional Benefit, inoculation.
9. Cost of spectacles and contact lens or hearing aids.
10. Cytotron Therapy, Rotational Field Quantum Magnetic Resonance (RFQMR), EECF (Enhanced External Counter Pulsation) Therapy, Chelation Therapy, Hyperbaric Oxygen Therapy.
11. Dental treatment or surgery of any kind, unless requiring hospitalization.
12. Expenses related to any treatment necessitated due to participation as a non-professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
13. Expenses related to physiotherapy in a hospital/ nursing home unless arising out of hospitalization for which the claim is admitted and it is advised by treating Medical Practitioner.
14. External/Durable medical/non-medical equipment of any kind which can be used at home subsequently except the medicines or the solutions required for the treatment.
15. Intra-articular injections.
16. Nuclear attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
 - a) Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any illness, incapacitating disablement or death.
17. Procedures/treatments mainly done in outpatient department (OPD) even if these are converted to day care surgery or as in patient in hospital to make it hospitalization claim.
18. Travel or transportation expenses, other than ambulance service charges.
19. Treatment of, external congenital Disease or defects or anomalies, venereal Disease or intentional self-Injury.
20. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.

Age Limits

The minimum age for the proposer is 18 (eighteen) years. The maximum entry age is 65 (sixty-five) years. There is no age limit for renewal of the policy. The Insurance is available to dependent child from the age of 1st (first) day onward. Maternity expenses, however, are excluded under the Policy. Dependents including children can be covered provided one or more adults are covered concurrently. There is no upper age limit for coverage of dependents.

a) For an individual in age group of completed 45 (forty-five) years to 55 (fifty-five) years following Medical check-up is required:

1. Blood Sugar (PP & Fasting)
2. ECG with Doctors report
3. Urine Test and Physical fitness certificate

b) For an individual in age group of 55 (fifty-five) years to 65 (sixty-five) years following Medical check-up is required:

1. Lipid profile
2. Kidney Function Test
3. Reports as per tests defined under (a)

The above tests will also be mandatory in following cases:

- a) Fresh proposals, as per a) and b) mentioned above in respect of persons between 45 to 55 years and above 55 years, respectively.
- b) If the basic sum insured is being sought to be enhanced by more than 10% (ten percent) at the time of renewal.
- c) When there is break in insurance for more than 30(thirty) days.
- d) If there is a claim in the expiring policy because of any Critical Illness

In event of acceptance of proposal, 50% (fifty percent) cost of medical check-up will be reimbursed to you. The validity of aforesaid tests would be 15 days.

Medical test and age limit criteria may vary as per company guidelines applicable at the time of risk acceptance.

Renewal Clause

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by You or your family member .

- i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- ii. Renewal shall not be denied on the ground that you or your family member had made a claim or claims in the preceding policy years
- iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period
- iv. 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.
- v. No loading shall apply on renewals based on individual claims experience.

Migration

You or your family member will have the option to migrate the Policy to other health insurance products/plans offered by Us by applying for migration of the policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration.

If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by Us, you or your family member will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed Guidelines on migration, kindly refer the link

<https://irdai.gov.in/document-detail?documentId=393128>

Portability

You or your family member will have the option to port the Policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability.

If such person is presently covered and has been continuously covered without any lapses under any health insurance plan with an Indian General/Health insurer, You or your family member will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on portability, kindly refer the link

<https://irdai.gov.in/document-detail?documentId=393128>

Free Lookup Period

The Free Look Period shall be applicable at the inception of the Policy and not on renewals or at the time of porting/ migrating the policy.

You or your family member shall be allowed a period of fifteen days from date of receipt of the Policy document to review the terms and conditions of the Policy, and to return the same if not acceptable.

If You or your family member has not made any claim during the Free Look Period, You or your family member shall be entitled to

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

Cancellation

- a) You/the Policy holder may cancel this Policy by giving 15 days' written notice, and in such an event, We shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

Period of cover up to	Refund of annual premium rate(%)
1(one) month	75% (seventy five percent)
3(three) months	50% (fifty percent)
6(six) months	25% (twenty five percent)
Exceeding six months	Nil

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 by You or your family member under the Policy.

- b) We may cancel the Policy at any time on grounds of mis-representation, non-disclosure of material facts, fraud by you or your family member , by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representation, non-disclosure of material facts or fraud.

Withdrawal of Policy

- i. In the likelihood of this product being withdrawn in future, We will intimate You or your family member about the same 90 days prior to expiry of the policy.
- ii. You or your family member will have the option to migrate to similar health insurance product available with Us at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

Possibility of Revision of Terms of the Policy Including the Premium Rates

We, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. You shall be notified three months before the changes are affected.

Provision for Senior Citizens

Separate channel to address the related claims and grievances of senior citizen are mentioned below:

Claims/ Grievance: seniorcitizengrievance@iffcotokio.co.in

Courier: Chief Grievance Officer
 IFFCO-Tokio General Insurance Co Ltd
 IFFCO Tower, Plot no. 3
 Sector -29, Gurgaon - 122001

Limit of Indemnity

The liability under the subject policy by way of indemnity for all the covers shall in no way exceed the overall Sum Insured. However, this condition is not applicable in case of Indemnity of Critical Illness treatments.

PRICING METHODOLOGY FOR DETERMINATION OF PREMIUM:

Two premium tables (Table A & Table B) are available for determining premium for Family Health Protector. Both tables must be used together in order to determine a premium for the entire cover offered to the members under Family Health Protector.

- a. **Table A** is designed to derive premium for **Highest Aged Member** of the family.
- b. **Table B** is designed to derive premium for **other than the Highest Age Member(s)** of the family depending upon their age.

Below mentioned steps must be followed for obtaining accurate premium.

Step 1: Obtain premium for “**Highest aged member**” from Table A as per corresponding Sum Insured and Age slab.

Step 2: Obtain premium for members “**Other than the highest aged member**” from Table B as per same Sum Insured as in Step 1 and their respective age slab.

Step 3: Add premium amount arrived in step 1 and step 2. This will be final chargeable policy premium; taxes at the prevailing rate is to be charged on the premium derived.

Same procedure will be followed in case a cover for critical illness is opted.

It is easier to manage these two tables and many people up to 12-15 members can also be easily calculated as it is simply picking up the premium from 2 tables.

DISCOUNT

- a. 10% discount for employees covered under the Group Medclaim Policy of IFFCO-Tokio, on opting for SI of 4 Lacs and above under this product.
- b. 10% (ten percent) discount in policy premium for all customers holding any other insurance policy of IFFCO TOKIO.
- c. 20% (twenty percent) discount for all employees of IFFCO-TOKIO.
- d. Direct/ Online discount: 10% (Ten percent) discount in policy premium is permitted for all customers who buys policy directly through IFFCO- TOKIO website/walk-in.
- e. 5% discount for woman proposers
- f. 10% discount for persons having completed Covid Vaccination- Both Doses

Note: All the above discounts are on cumulative basis and cannot exceed a total of 25%(twenty-five) percent. However, the discount in lieu of reward points will be over and above the 25% limit.

Discount for Co-payment

On availing the option of co-pay, You or your family member can obtain the discount on premium as follows:

Co-payment Percentage	Discount
10%	10%
20%	20%
25%	25%

Annexure A – Health Checkup Packages

Remarks	Test Name	Package A	Package B	Package C	Package D
Infection Marker	Complete Blood Count	✓	✓	✓	✓
	Absolute Basophils Count, Blood	✓	✓	✓	✓
	Absolute Eosinophil Count, Blood	✓	✓	✓	✓
	Absolute Lymphocyte Count, Blood	✓	✓	✓	✓
	Absolute Monocyte Count, Blood	✓	✓	✓	✓
	Absolute Neutrophil Count, Blood	✓	✓	✓	✓
	ESR Automated	✓	✓	✓	✓
	Hemoglobin Hb	✓	✓	✓	✓
	MCH	✓	✓	✓	✓
	MCHC	✓	✓	✓	✓
	MCV	✓	✓	✓	✓
	MPV Mean Platelet Volume	✓	✓	✓	✓
	PCV Haematocrit	✓	✓	✓	✓
	Platelet Count Thrombocyte count	✓	✓	✓	✓
	WBC-Total Counts Leucocytes	✓	✓	✓	✓
	RDW (Red Cell Distribution Width)	✓	✓	✓	✓
	Neutrophils	✓	✓	✓	✓
	Eosinophils	✓	✓	✓	✓
	Lymphocytes	✓	✓	✓	✓
	Monocytes	✓	✓	✓	✓
	Basophils	✓	✓	✓	✓
	RDW-CV	✓	✓	✓	✓
	MENTZER INDEX9MCV/RCC	✓	✓	✓	✓
	Red Blood Cells - Blood	✓	✓	✓	✓
	RDWI	✓	✓	✓	✓
	Urine Routine & Microscopy Extended	✓	✓	✓	✓
	pH Urine	✓	✓	✓	✓
	Specific gravity	✓	✓	✓	✓
	Urobilinogen	✓	✓	✓	✓
	Colour	✓	✓	✓	✓
	Transparency	✓	✓	✓	✓
	Albumin	✓	✓	✓	✓
	Sugar	✓	✓	✓	✓
	Blood	✓	✓	✓	✓
	Red Blood Cells	✓	✓	✓	✓
	Pus cells (Leukocytes)	✓	✓	✓	✓
	Epithelial cells	✓	✓	✓	✓
	Crystals	✓	✓	✓	✓
	Cast	✓	✓	✓	✓
	Bacteria	✓	✓	✓	✓
	Yeast Cells	✓	✓	✓	✓
	Nitrate	✓	✓	✓	✓
	URINE KETONE	✓	✓	✓	✓
	Leucocyte Esterase	✓	✓	✓	✓
	Bile Pigments (Bilirubin)	✓	✓	✓	✓
	Others - Urine	✓	✓	✓	✓
	Volume - Urine	✓	✓	✓	✓
Blood Grouping	Blood Group ABO	✓	✓	✓	✓
	Blood Group RH typing	✓	✓	✓	✓
Remarks	Test Name	Package A	Package B	Package C	Package D
Kidney Profile	Kidney Function Test	✓	✓	✓	✓

	BUN Urea Nitrogen, Serum	✓	✓	✓	✓
	Calcium Total, Serum	✓	✓	✓	✓
	Chlorides, Serum	✓	✓	✓	✓
	Creatinine, Serum	✓	✓	✓	✓
	Phosphorus Serum	✓	✓	✓	✓
	Sodium, Serum	✓	✓	✓	✓
	Urea, Serum	✓	✓	✓	✓
	Uric Acid, Serum	✓	✓	✓	✓
	BUN/Creatinine Ratio	✓	✓	✓	✓
	Urea/Creatinine Ratio	✓	✓	✓	✓
Cardiac Marker	Lipid Profile (Heart Care)	✓	✓	✓	✓
	Cholesterol-Total, Serum	✓	✓	✓	✓
	HDL Cholesterol Direct	✓	✓	✓	✓
	LDL Cholesterol -Direct	✓	✓	✓	✓
	Triglycerides, Serum	✓	✓	✓	✓
	Non - HDL Cholesterol, Serum	✓	✓	✓	✓
	VLDL	✓	✓	✓	✓
	LDL/HDL RATIO	✓	✓	✓	✓
	CHOL/HDL RATIO	✓	✓	✓	✓
	HDL / LDL Cholesterol Ratio	✓	✓	✓	✓
Thyroid Profile	Thyroid	✓	✓	✓	✓
	T3	X	X	X	✓
	T4	X	X	X	✓
	Tsh Ultrasensitive	✓	✓	✓	✓
Liver Profile	Liver Function Test	✓	✓	✓	✓
	Albumin, Serum	✓	✓	✓	✓
	Alkaline Phosphatase, Serum	✓	✓	✓	✓
	Bilirubin Direct, Serum	✓	✓	✓	✓
	Bilirubin Total, Serum	✓	✓	✓	✓
	GGTP (Gamma GT)	✓	✓	✓	✓
	Proteins, Serum	✓	✓	✓	✓
	SGOT/AST	✓	✓	✓	✓
	SGPT/ALT	✓	✓	✓	✓
	Bilirubin- Indirect, Serum	✓	✓	✓	✓
	Globulin	✓	✓	✓	✓
	A/G Ratio	✓	✓	✓	✓
	SGOT/SGPT Ratio	✓	✓	✓	✓
Diabetic Profile	Blood Glucose Fasting	✓	✓	✓	✓
	HbA1c	X	✓	✓	✓
Vitamin	Vitamin D 25 Hydroxy	X	✓	✓	✓
Anaemia Profile	Iron, Serum	X	X	✓	✓
	TIBC	X	X	✓	✓
	UIBC, Serum	X	X	✓	✓
	Transferrin Saturation	X	X	✓	✓
	Serum Ferritin	X	X	X	✓
Inflammation Marker	HsCRP High Sensitivity CRP	X	X	X	✓
Pancreas Panel	Amylase Enzymatic, Serum	X	X	X	✓
Cancer Screening	Prostate Specific Antigen (PSA) Total/CA125	X	X	X	✓
ECG		X	X	✓	✓

Annexure B: Premium Chart
FAMILY HEALTH PROTECTOR WITHOUT CRITICAL ILLNESS

Table A: Premium for the highest age member of the family (Excluding Taxes)

Premium Rates for Highest Aged Member													Amount in Rs	
Age/SI	0-25	26-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80	80-85	86-90	91-95	96-100	>101
1,50,000	3,309	3,817	5,398	7,111	11,011	16,764	17,578	21,626	28,841	34,610	38,071	41,878	46,066	48,369
2,00,000	3,813	4,398	6,221	8,194	12,688	19,317	20,255	24,920	33,235	39,882	43,870	48,257	53,082	55,736
2,50,000	4,340	5,005	7,080	9,325	14,440	21,985	23,052	28,362	37,824	45,389	49,928	54,921	60,413	63,433
3,00,000	4,445	5,127	7,252	9,552	14,790	22,519	23,612	29,050	38,743	46,491	51,140	56,254	61,880	64,974
3,50,000	4,553	5,252	7,428	9,784	15,150	23,065	24,186	29,756	39,683	47,620	52,382	57,620	63,382	66,552
4,00,000	4,850	5,594	7,912	10,422	16,138	24,571	25,764	31,698	42,273	50,728	55,800	61,381	67,519	70,894
4,50,000	5,159	5,950	8,416	11,086	17,166	26,135	27,404	33,716	44,965	53,958	59,354	65,289	71,818	75,409
5,00,000	5,382	6,208	8,780	11,566	17,908	27,266	28,590	35,174	46,910	56,292	61,921	68,113	74,924	78,671
6,00,000	6,417	7,401	10,468	13,789	21,351	32,507	34,085	41,936	55,927	67,113	73,824	81,206	89,327	93,793
7,00,000	6,624	7,641	10,807	14,235	22,042	33,559	35,189	43,293	57,738	69,285	76,214	83,835	92,219	96,829
8,00,000	6,781	7,821	11,062	14,571	22,561	34,350	36,018	44,314	59,098	70,918	78,010	85,811	94,392	99,112
9,00,000	7,114	8,205	11,606	15,287	23,671	36,039	37,789	46,492	62,004	74,404	81,845	90,029	99,032	1,03,984
10,00,000	7,153	8,250	11,669	15,370	23,799	36,235	37,995	46,745	62,341	74,809	82,290	90,519	99,571	1,04,550
11,00,000	7,374	8,505	12,029	15,845	24,535	37,355	39,169	48,190	64,268	77,122	84,834	93,317	1,02,649	1,07,782
12,00,000	7,531	8,686	12,286	16,183	25,058	38,151	40,003	49,217	65,637	78,765	86,641	95,306	1,04,836	1,10,078
13,00,000	7,901	9,113	12,890	16,978	26,290	40,026	41,970	51,636	68,864	82,637	90,901	99,991	1,09,990	1,15,489
14,00,000	8,063	9,300	13,154	17,327	26,830	40,849	42,832	52,697	70,279	84,335	92,768	1,02,045	1,12,249	1,17,862
15,00,000	8,302	9,575	13,543	17,839	27,622	42,056	44,098	54,254	72,356	86,827	95,509	1,05,060	1,15,566	1,21,345
16,00,000	8,544	9,855	13,938	18,360	28,428	43,283	45,384	55,837	74,466	89,360	98,296	1,08,125	1,18,938	1,24,885
17,00,000	8,832	10,186	14,408	18,978	29,386	44,740	46,913	57,717	76,974	92,369	1,01,606	1,11,766	1,22,943	1,29,090
18,00,000	9,131	10,531	14,895	19,620	30,381	46,255	48,501	59,672	79,580	95,496	1,05,046	1,15,551	1,27,106	1,33,461
19,00,000	9,590	11,062	15,646	20,609	31,911	48,585	50,944	62,677	83,588	1,00,306	1,10,337	1,21,370	1,33,508	1,40,183
20,00,000	10,050	11,592	16,396	21,597	33,441	50,914	53,387	65,682	87,597	1,05,116	1,15,628	1,27,190	1,39,909	1,46,905
21,00,000	10,556	12,176	17,222	22,685	35,125	53,479	56,076	68,991	92,009	1,10,410	1,21,451	1,33,597	1,46,956	1,54,304
22,00,000	11,063	12,760	18,048	23,772	36,810	56,043	58,765	72,299	96,421	1,15,705	1,27,275	1,40,003	1,54,003	1,61,703
23,00,000	11,620	13,403	18,957	24,970	38,664	58,866	61,724	75,940	1,01,277	1,21,532	1,33,686	1,47,054	1,61,760	1,69,848
24,00,000	12,177	14,045	19,866	26,167	40,518	61,688	64,684	79,582	1,06,133	1,27,360	1,40,096	1,54,106	1,69,516	1,77,992
25,00,000	12,776	14,736	20,842	27,453	42,509	64,721	67,864	83,494	1,11,351	1,33,621	1,46,983	1,61,681	1,77,849	1,86,742
26,00,000	13,419	15,478	21,892	28,836	44,650	67,981	71,282	87,699	1,16,959	1,40,351	1,54,386	1,69,825	1,86,807	1,96,147
27,00,000	14,063	16,220	22,942	30,219	46,791	71,241	74,700	91,904	1,22,567	1,47,081	1,61,789	1,77,968	1,95,765	2,05,553
28,00,000	14,788	17,057	24,126	31,778	49,207	74,918	78,556	96,648	1,28,894	1,54,673	1,70,140	1,87,154	2,05,869	2,16,163
29,00,000	15,514	17,894	25,310	33,338	51,622	78,595	82,411	1,01,392	1,35,220	1,62,264	1,78,490	1,96,339	2,15,973	2,26,772
30,00,000	16,240	18,732	26,494	34,898	54,037	82,272	86,267	1,06,135	1,41,546	1,69,856	1,86,841	2,05,525	2,26,078	2,37,382

Table B : Premium for other than the Highest age member of the family depending upon their age. (Excluding Taxes)

Premium Rates for Other Members														Amount in Rs
Age/SI	0-25	26-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80	80-85	86-90	91-95	96-100	>101
1,50,000	2,151	2,481	3,509	4,622	7,157	10,896	11,426	14,057	18,747	22,496	24,746	27,221	29,943	31,440
2,00,000	2,479	2,859	4,043	5,326	8,247	12,556	13,166	16,198	21,603	25,923	28,515	31,367	34,504	36,229
2,50,000	2,821	3,254	4,602	6,062	9,386	14,290	14,984	18,435	24,586	29,503	32,453	35,698	39,268	41,232
3,00,000	2,889	3,333	4,714	6,209	9,614	14,637	15,348	18,883	25,183	30,219	33,241	36,565	40,222	42,233
3,50,000	2,959	3,414	4,828	6,360	9,847	14,993	15,721	19,341	25,794	30,953	34,048	37,453	41,199	43,259
4,00,000	3,153	3,636	5,143	6,775	10,490	15,971	16,746	20,603	27,477	32,973	36,270	39,897	43,887	46,081
4,50,000	3,353	3,868	5,471	7,206	11,158	16,988	17,813	21,915	29,227	35,073	38,580	42,438	46,682	49,016
5,00,000	3,498	4,035	5,707	7,518	11,640	17,723	18,583	22,863	30,491	36,590	40,249	44,274	48,701	51,136
6,00,000	4,171	4,811	6,804	8,963	13,878	21,129	22,156	27,258	36,353	43,623	47,985	52,784	58,062	60,966
7,00,000	4,306	4,966	7,025	9,253	14,327	21,813	22,873	28,141	37,529	45,035	49,539	54,493	59,942	62,939
8,00,000	4,407	5,084	7,190	9,471	14,665	22,328	23,412	28,804	38,414	46,097	50,706	55,777	61,355	64,423
9,00,000	4,624	5,333	7,544	9,936	15,386	23,425	24,563	30,220	40,302	48,363	53,199	58,519	64,371	67,589
10,00,000	4,649	5,362	7,585	9,991	15,470	23,553	24,696	30,384	40,522	48,626	53,489	58,838	64,721	67,957
11,00,000	4,793	5,528	7,819	10,299	15,948	24,281	25,460	31,324	41,774	50,129	55,142	60,656	66,722	70,058
12,00,000	4,895	5,646	7,986	10,519	16,288	24,798	26,002	31,991	42,664	51,197	56,317	61,949	68,144	71,551
13,00,000	5,136	5,924	8,378	11,036	17,088	26,017	27,280	33,564	44,762	53,714	59,085	64,994	71,493	75,068
14,00,000	5,241	6,045	8,550	11,263	17,439	26,552	27,841	34,253	45,681	54,818	60,299	66,329	72,962	76,610
15,00,000	5,396	6,224	8,803	11,595	17,955	27,336	28,664	35,265	47,031	56,437	62,081	68,289	75,118	78,874
16,00,000	5,553	6,405	9,060	11,934	18,478	28,134	29,500	36,294	48,403	58,084	63,892	70,281	77,310	81,175
17,00,000	5,740	6,621	9,365	12,336	19,101	29,081	30,493	37,516	50,033	60,040	66,044	72,648	79,913	83,909
18,00,000	5,935	6,845	9,682	12,753	19,747	30,066	31,526	38,786	51,727	62,073	68,280	75,108	82,619	86,750
19,00,000	6,234	7,190	10,170	13,396	20,742	31,580	33,114	40,740	54,333	65,199	71,719	78,891	86,780	91,119
20,00,000	6,533	7,535	10,657	14,038	21,737	33,094	34,701	42,694	56,938	68,325	75,158	82,674	90,941	95,488
21,00,000	6,862	7,914	11,194	14,745	22,831	34,761	36,449	44,844	59,806	71,767	78,943	86,838	95,522	1,00,298
22,00,000	7,191	8,294	11,731	15,452	23,926	36,428	38,197	46,994	62,673	75,208	82,729	91,002	1,00,102	1,05,107
23,00,000	7,553	8,712	12,322	16,230	25,131	38,263	40,121	49,361	65,830	78,996	86,896	95,585	1,05,144	1,10,401
24,00,000	7,915	9,129	12,913	17,009	26,336	40,098	42,045	51,728	68,987	82,784	91,062	1,00,169	1,10,186	1,15,695
25,00,000	8,304	9,578	13,547	17,845	27,631	42,069	44,112	54,271	72,378	86,854	95,539	1,05,093	1,15,602	1,21,382
26,00,000	8,722	10,061	14,230	18,743	29,023	44,187	46,333	57,004	76,023	91,228	1,00,351	1,10,386	1,21,425	1,27,496
27,00,000	9,141	10,543	14,912	19,642	30,414	46,306	48,555	59,738	79,669	95,603	1,05,163	1,15,679	1,27,247	1,33,609
28,00,000	9,612	11,087	15,682	20,656	31,984	48,696	51,061	62,821	83,781	1,00,537	1,10,591	1,21,650	1,33,815	1,40,506
29,00,000	10,084	11,631	16,451	21,670	33,554	51,087	53,567	65,905	87,893	1,05,472	1,16,019	1,27,621	1,40,383	1,47,402
30,00,000	10,556	12,176	17,221	22,684	35,124	53,477	56,074	68,988	92,005	1,10,406	1,21,447	1,33,591	1,46,951	1,54,298

FAMILY HEALTH PROTECTOR WITH CRITICAL ILLNESS
The Sum Insured would double, in case a cover for Critical Illness is opted

Table A: Premium for the Highest age member of the family. (Excluding Taxes)

Premium Rates for Highest Aged Member with Critical Illness														Amount in Rs
Age/SI	0-25	26-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80	80-85	86-90	91-95	96-100	>101
1,50,000	4,302	4,962	7,018	9,244	14,314	21,793	22,851	28,114	37,494	44,993	49,492	54,441	59,885	62,880
2,00,000	4,957	5,718	8,087	10,652	16,494	25,112	26,332	32,396	43,205	51,846	57,031	62,734	69,007	72,457
2,50,000	5,642	6,507	9,204	12,123	18,772	28,580	29,968	36,870	49,171	59,006	64,906	71,397	78,536	82,463
3,00,000	5,779	6,665	9,427	12,417	19,228	29,274	30,696	37,765	50,365	60,439	66,482	73,131	80,444	84,466
3,50,000	5,919	6,827	9,656	12,719	19,694	29,985	31,441	38,683	51,589	61,906	68,097	74,907	82,397	86,517
4,00,000	6,305	7,273	10,286	13,549	20,980	31,942	33,493	41,207	54,955	65,946	72,541	79,795	87,774	92,163
4,50,000	6,707	7,736	10,941	14,412	22,316	33,976	35,626	43,831	58,455	70,145	77,160	84,876	93,364	98,032
5,00,000	6,997	8,070	11,414	15,035	23,281	35,445	37,167	45,727	60,983	73,179	80,497	88,547	97,402	1,02,272
6,00,000	8,342	9,622	13,609	17,925	27,756	42,259	44,311	54,516	72,705	87,246	95,971	1,05,568	1,16,125	1,21,931
7,00,000	8,612	9,933	14,049	18,506	28,655	43,627	45,745	56,281	75,059	90,071	99,078	1,08,986	1,19,884	1,25,878
8,00,000	8,815	10,167	14,380	18,942	29,330	44,655	46,824	57,608	76,828	92,194	1,01,413	1,11,554	1,22,710	1,28,845
9,00,000	9,248	10,667	15,087	19,873	30,772	46,850	49,125	60,440	80,605	96,726	1,06,398	1,17,038	1,28,742	1,35,179
10,00,000	9,298	10,725	15,169	19,981	30,939	47,105	49,393	60,769	81,043	97,252	1,06,977	1,17,675	1,29,443	1,35,915
11,00,000	9,586	11,056	15,638	20,599	31,896	48,561	50,920	62,647	83,549	1,00,258	1,10,284	1,21,313	1,33,444	1,40,116
12,00,000	9,790	11,292	15,971	21,038	32,575	49,596	52,005	63,982	85,329	1,02,394	1,12,634	1,23,897	1,36,287	1,43,101
13,00,000	10,271	11,847	16,757	22,072	34,176	52,034	54,561	67,127	89,523	1,07,428	1,18,171	1,29,988	1,42,987	1,50,136
14,00,000	10,482	12,091	17,101	22,525	34,879	53,103	55,682	68,506	91,363	1,09,635	1,20,599	1,32,658	1,45,924	1,53,221
15,00,000	10,792	12,448	17,606	23,191	35,909	54,672	57,327	70,530	94,062	1,12,875	1,24,162	1,36,578	1,50,236	1,57,748
16,00,000	11,107	12,811	18,120	23,867	36,957	56,267	59,000	72,588	96,806	1,16,168	1,27,784	1,40,563	1,54,619	1,62,350
17,00,000	11,481	13,242	18,730	24,671	38,201	58,162	60,986	75,032	1,00,066	1,20,079	1,32,087	1,45,296	1,59,826	1,67,817
18,00,000	11,870	13,691	19,364	25,506	39,495	60,131	63,051	77,573	1,03,454	1,24,145	1,36,560	1,50,216	1,65,237	1,73,499
19,00,000	12,468	14,380	20,339	26,791	41,484	63,160	66,227	81,480	1,08,665	1,30,398	1,43,438	1,57,782	1,73,560	1,82,238
20,00,000	13,065	15,070	21,315	28,076	43,473	66,189	69,403	85,387	1,13,876	1,36,651	1,50,316	1,65,348	1,81,882	1,90,976
21,00,000	13,723	15,829	22,388	29,490	45,663	69,522	72,898	89,688	1,19,611	1,43,533	1,57,887	1,73,676	1,91,043	2,00,595
22,00,000	14,382	16,588	23,462	30,904	47,852	72,856	76,394	93,989	1,25,347	1,50,416	1,65,458	1,82,004	2,00,204	2,10,214
23,00,000	15,106	17,423	24,644	32,461	50,263	76,525	80,242	98,722	1,31,660	1,57,992	1,73,791	1,91,170	2,10,288	2,20,802
24,00,000	15,830	18,259	25,825	34,017	52,673	80,195	84,089	1,03,456	1,37,973	1,65,568	1,82,125	2,00,337	2,20,371	2,31,390
25,00,000	16,608	19,156	27,095	35,689	55,262	84,137	88,223	1,08,542	1,44,756	1,73,707	1,91,078	2,10,186	2,31,204	2,42,764
26,00,000	17,445	20,121	28,459	37,487	58,046	88,375	92,667	1,14,009	1,52,047	1,82,456	2,00,702	2,20,772	2,42,849	2,54,992
27,00,000	18,281	21,086	29,824	39,284	60,829	92,613	97,110	1,19,476	1,59,338	1,91,205	2,10,326	2,31,358	2,54,494	2,67,219
28,00,000	19,225	22,174	31,363	41,312	63,969	97,393	1,02,122	1,25,643	1,67,562	2,01,074	2,21,182	2,43,300	2,67,630	2,81,011
29,00,000	20,169	23,263	32,903	43,340	67,108	1,02,173	1,07,135	1,31,809	1,75,786	2,10,943	2,32,038	2,55,241	2,80,765	2,94,804
30,00,000	21,112	24,351	34,442	45,367	70,248	1,06,953	1,12,147	1,37,976	1,84,010	2,20,812	2,42,893	2,67,183	2,93,901	3,08,596

Table B: Premium for other than the highest age member of the family depending upon their age. (Excluding Taxes)

Premium Rates for Other Members with Critical Illness														Amount in Rs
Age/SI	0-25	26-35	36-45	46-55	56-60	61-65	66-70	71-75	76-80	80-85	86-90	91-95	96-100	>101
1,50,000	2,796	3,225	4,562	6,009	9,304	14,165	14,853	18,274	24,371	29,245	32,170	35,387	38,925	40,872
2,00,000	3,222	3,716	5,256	6,924	10,721	16,323	17,116	21,058	28,083	33,700	37,070	40,777	44,855	47,097
2,50,000	3,667	4,230	5,982	7,880	12,202	18,577	19,479	23,966	31,961	38,354	42,189	46,408	51,049	53,601
3,00,000	3,756	4,332	6,128	8,071	12,498	19,028	19,952	24,548	32,738	39,285	43,214	47,535	52,288	54,903
3,50,000	3,847	4,438	6,276	8,267	12,801	19,490	20,437	25,144	33,533	40,239	44,263	48,689	53,558	56,236
4,00,000	4,098	4,727	6,686	8,807	13,637	20,762	21,770	26,784	35,721	42,865	47,151	51,867	57,053	59,906
4,50,000	4,359	5,028	7,112	9,368	14,505	22,084	23,157	28,490	37,995	45,595	50,154	55,169	60,686	63,721
5,00,000	4,548	5,246	7,419	9,773	15,133	23,039	24,158	29,722	39,639	47,567	52,323	57,556	63,311	66,477
6,00,000	5,422	6,254	8,846	11,651	18,041	27,468	28,802	35,436	47,258	56,710	62,381	68,619	75,481	79,255
7,00,000	5,598	6,456	9,132	12,029	18,625	28,357	29,735	36,583	48,788	58,546	64,401	70,841	77,925	81,821
8,00,000	5,730	6,609	9,347	12,312	19,064	29,026	30,435	37,445	49,938	59,926	65,918	72,510	79,761	83,749
9,00,000	6,011	6,933	9,807	12,917	20,002	30,453	31,932	39,286	52,393	62,872	69,159	76,075	83,682	87,866
10,00,000	6,044	6,971	9,860	12,988	20,110	30,618	32,105	39,500	52,678	63,214	69,535	76,489	84,138	88,345
11,00,000	6,231	7,187	10,165	13,389	20,732	31,565	33,098	40,721	54,307	65,168	71,685	78,853	86,739	91,076
12,00,000	6,364	7,340	10,381	13,674	21,174	32,237	33,803	41,588	55,464	66,556	73,212	80,533	88,587	93,016
13,00,000	6,676	7,701	10,892	14,347	22,215	33,822	35,465	43,633	58,190	69,828	76,811	84,492	92,941	97,588
14,00,000	6,814	7,859	11,116	14,641	22,671	34,517	36,193	44,529	59,386	71,263	78,389	86,228	94,851	99,593
15,00,000	7,015	8,091	11,444	15,074	23,341	35,537	37,263	45,845	61,140	73,368	80,705	88,776	97,653	1,02,536
16,00,000	7,220	8,327	11,778	15,514	24,022	36,574	38,350	47,182	62,924	75,509	83,060	91,366	1,00,502	1,05,528
17,00,000	7,463	8,608	12,174	16,036	24,831	37,805	39,641	48,771	65,043	78,052	85,857	94,443	1,03,887	1,09,081
18,00,000	7,715	8,899	12,587	16,579	25,672	39,085	40,983	50,422	67,245	80,694	88,764	97,640	1,07,404	1,12,774
19,00,000	8,104	9,347	13,221	17,414	26,965	41,054	43,048	52,962	70,632	84,759	93,235	1,02,558	1,12,814	1,18,455
20,00,000	8,492	9,795	13,855	18,249	28,258	43,023	45,112	55,502	74,019	88,823	97,705	1,07,476	1,18,223	1,24,135
21,00,000	8,920	10,289	14,552	19,168	29,681	45,189	47,384	58,297	77,747	93,297	1,02,626	1,12,889	1,24,178	1,30,387
22,00,000	9,348	10,782	15,250	20,088	31,104	47,356	49,656	61,093	81,475	97,770	1,07,548	1,18,302	1,30,133	1,36,639
23,00,000	9,819	11,325	16,018	21,099	32,671	49,742	52,157	64,170	85,579	1,02,695	1,12,964	1,24,261	1,36,687	1,43,521
24,00,000	10,290	11,868	16,786	22,111	34,237	52,127	54,658	67,247	89,683	1,07,619	1,18,381	1,30,219	1,43,241	1,50,403
25,00,000	10,795	12,452	17,612	23,198	35,920	54,689	57,345	70,552	94,091	1,12,910	1,24,201	1,36,621	1,50,283	1,57,797
26,00,000	11,339	13,079	18,499	24,366	37,730	57,444	60,233	74,106	98,830	1,18,597	1,30,456	1,43,502	1,57,852	1,65,745
27,00,000	11,883	13,706	19,386	25,535	39,539	60,198	63,122	77,659	1,03,570	1,24,283	1,36,712	1,50,383	1,65,421	1,73,692
28,00,000	12,496	14,413	20,386	26,853	41,580	63,305	66,380	81,668	1,08,915	1,30,698	1,43,768	1,58,145	1,73,959	1,82,657
29,00,000	13,110	15,121	21,387	28,171	43,620	66,412	69,638	85,676	1,14,261	1,37,113	1,50,824	1,65,907	1,82,498	1,91,622
30,00,000	13,723	15,828	22,387	29,489	45,661	69,520	72,896	89,684	1,19,607	1,43,528	1,57,881	1,73,669	1,91,036	2,00,587

This brochure provides only the salient features and for details kindly refers to the complete Policy wordings. For enquires kindly contact our nearest office or Dial Toll Free No. 1800-103-5499 or visit our website www.iffcotokio.co.in