

**UIN: IRDA/NL-HLT/FGII/P-H(C)/V.I/74/13-14**

**BAP UIN: FGIHLIP14004V021314**

## A. SALIENT FEATURES

- This policy covers persons in the age group 6 years onwards. The maximum entry age is 65 years.
- The policy can be renewed lifelong.
- The policy will be issued for a 1 year period.
- This policy can be issued to an individual and/or family.
- The family includes You, Your Spouse, Your first two dependent children and your two dependent parents.
- Maximum sum insured available as follows

Entry Age	Max Sum insured option(INR)
6 yrs to 45 yrs	5,000,000
46 yrs to 65 yrs	2,000,000

- The maximum sum insured under family floater plan can be provided up to sum insured eligibility of the eldest member.
- Premium for the primary insured remain as per the individual table.
- For remaining dependant members discounts applicable as per the table below on their respective premium.

Age group	Premium Discounts
6 yrs to 25 yrs	50%
26 to 30 yrs	30%
31 to 35 yrs	30%
36 to 40 yrs	30%
41 to 45 yrs	20%
46 to 50 yrs	10%
Above 51 yrs	5%

- The entire sum insured would be paid out upon the first diagnosis/ occurrence/ actual undergoing of the surgical procedures that are mentioned below.
- Upon the occurrence of an event of Critical Illness and (subject to the terms, conditions and exclusions of this Policy) without prejudice to the Company's obligation to make payment, this Policy shall immediately cease to exist with reference to that Insured.
- Applicable for family floater policy:
  - Upon the occurrence of an event of Critical Illness and (subject to the terms, conditions and exclusions of this Policy) for any insured under the family floater policy, without prejudice to the Company's obligation to make payment, this Policy shall immediately cease to exist.
  - The rest of the family members can opt for a separate critical illness policy and they will be given continuity for the period they have been insured under the Future Criticare Policy.
  - In the event of the death of any of the insured members subject to no critical illness claim being paid on the policy, the cover ceases to exist for that insured and the remaining members would continue to have the coverage until the end of the policy period.
- Premium payable by any mode other than cash is eligible for Tax relief as provided under section 80 D of the Income Tax Act.
- Renewal: The maximum sum insured eligibility for renewals -

Age	Max Sum insured option(INR)
66 years to 70 years	1, 000, 000
71 years to 75 years	5, 00, 000
Above 75 years	2, 00, 000

- 1) Renewals will be invited for the above age bands as per respective Sum Insured mentioned in the table.
- 2) Premium would be charged as per the restricted Sum Insured

**Renewal premium:** Following loadings in premiums will be applicable for policies above 65 years of age for lifelong renewal:

1. Above 65 years upto 70 years – 10% (loading on 61-65 yrs age band)
2. 71 years to 75 years -20% (loading on 61-65 yrs age band )
3. Above 75 years -25% (loading on 61-65 yrs age band )

## B. COVERAGE AND BENEFITS:

The entire sum insured under the policy is payable upon survival of 28 days from the first diagnosis/actual undergoing of the surgical procedures that are mentioned below provided whose signs or symptoms first commence more than 90 days after the commencement of Period of Insurance and shall only include:

- First Diagnosis of the below-mentioned Illnesses more specifically described below:
  1. Cancer (cancer of specified severity)
  2. Kidney failure requiring regular dialysis
  3. Primary pulmonary arterial hypertension
  4. Liver failure
  5. Multiple sclerosis with persisting symptoms

Or
- Undergoing for the first time of the following surgical procedures, more specifically described below:
  1. Major organ/bone marrow transplant
  2. Open chest CABG (coronary artery bypass graft)
  3. Aorta graft surgery

Or
- Occurrence for the first time of the following medical events more specifically described below:
  1. Stroke resulting in permanent symptoms
  2. First heart attack (myocardial infarction)- of specified severity
  3. Coma of specified severity
  4. Total blindness

The Insured Event under this Section and the conditions applicable to the same are more particularly defined below:

### 1.Cancer

#### CANCER OF SPECIFIED SEVERITY

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

**Exclusions:** The following are excluded

- Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
- 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

- iv. Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
- v. Chronic lymphocytic leukaemia less than RAI stage
- vi. Microcarcinoma of the bladder
- vii. All tumours in the presence of HIV infection.

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

**3. PRIMARY PULMONARY ARTERIAL HYPERTENSION:** Primary Pulmonary Hypertension with substantial right ventricular enlargement confirmed by a Cardiologist with the help of investigations including Cardiac Catheterization (cardiac catheterization proving the pulmonary pressure to be above 30 mm of Hg), resulting in permanent irreversible physical impairment of at least Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment and resulting in the Insured being unable to perform his / her usual occupation.

The NYHA Classification of Cardiac Impairment (Source: "Current Medical Diagnosis and Treatment – 39th Edition"):

- 1) Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnoea, or angina pain.
- 2) Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms.
- 3) Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
- 4) Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

#### 4. LIVER FAILURE

End Stage Liver Disease means chronic end stage liver failure evidenced by at least 3 of the following:

- a) Uncontrollable Ascites
- b) Permanent Jaundice
- c) Oesophageal or Gastric Varices and Portal Hypertension
- d) Hepatic Encephalopathy.

**Exclusions:** Liver disease arising out of or secondary to alcohol or drug abuse.

#### 5. MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS:

- I. The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following:
  - i. investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis.
  - ii. There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, and
  - iii. well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with at least two clinically documented episodes at least one month apart.
- II. Other causes of neurological damage such as SLE (Systemic Lupus Erythematosus) and HIV (Human Immuno deficiency Virus) are excluded.

#### 6. MAJOR ORGAN /BONE MARROW TRANSPLANT:

- I. The actual undergoing of a transplant of:
  - i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
  - ii. Human bone marrow using hematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

II. **The following are excluded:**

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

#### 7. OPEN CHEST CABG (Coronary Artery Bypass Graft):

- I. The actual undergoing of open chest surgery for the correction of one or more coronary arteries which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner.
- II. The following are excluded:
  - i. Angioplasty and/or any other intra-arterial procedures.
  - ii. Any key-hole or laser surgery.

#### 8. AORTA GRAFT SURGERY:

Aorta Graft Surgery is defined as the actual undergoing of surgery for disease of the aorta needing excision and surgical replacement of a portion of the diseased aorta with a graft. For this definition, aorta means the thoracic and abdominal aorta but not its branches.

#### Exclusions:

- a) Surgery following traumatic injury to the aorta.
- b) Surgery to treat peripheral vascular disease of the aortic branches is excluded even if a portion of the aorta is removed during the operative procedures.
- c) Surgery performed using only minimally invasive or intra-arterial techniques such as percutaneous endovascular aneurysm with insertion of a stent graft.

#### 9. STROKE RESULTING IN PERMANENT SYMPTOMS:

- I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.
- II. The following are excluded:
  - i. Transient ischemic attacks (TIA)
  - ii. Traumatic injury of the brain
  - iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

#### 10. FIRST HEART ATTACK (Myocardial infarction) - OF SPECIFIED SEVERITY

- a) The first occurrence of myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for this will be evidenced by all of the following criteria:
  - i. a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain).
  - ii. New characteristic electrocardiogram changes.
  - iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical Markers.

#### The following are excluded:

- i. Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T
- ii. Other acute Coronary Syndrome
- iii. Any type of angina pectoris.

Diagnosis must be confirmed by a Consultant Cardiologist.

**11. COMA OF SPECIFIED SEVERITY:** state of unconsciousness with no reaction or response to external stimuli or internal needs.

- I. This diagnosis must be supported by evidence of all of the following:
  - i. No response to external stimuli continuously for at least 96 hours;
  - ii. Life support measures are necessary to sustain life; and
  - iii. Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
- II. The condition has to be confirmed by a specialist medical practitioner.

Coma resulting directly from alcohol or drug abuse is excluded.

**12. Total Blindness:** Total blindness is defined as total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident. The blindness must be confirmed by an Ophthalmologist.

**Exclusions:** Total blindness as a result of:

- i. Cataract
- ii. Glaucoma
- iii. Corneal lesions
- iv. Retinopathies

### C. DEFINITIONS

The following words or terms shall have the meaning ascribed to them wherever they appear in this Policy, and references to the singular or to the masculine shall include references to the plural or to the female wherever the context so permits:

1. **Medical Practitioner** is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his licence. The registered practitioner should not be the **Insured** or close **Family** members.
2. **Consultant/ Specialist** means a qualified **Medical Practitioner** holding a valid and subsisting license, granted by the appropriate licensing authority, and acting within the scope of his license, expert in the field of medicine for which he carries the status of a **Consultant**. The **Consultant** should not be related to the **Insured** or the Named **Insured** by blood or marriage.
3. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the **Policy Period** and requires medical treatment.
4. **Critical Illness** means an **Illness**, sickness or a disease or a corrective measure as specified in Section B of this **Policy**.
5. **Critical Illness Benefit** means the amount specified in the **Schedule**, which is the maximum amount for which the Company may be liable to make payment for any or all Critical Illnesses covered under this **Policy**.
6. **Accident** is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
7. **Hospital** means any institution established for in-patient care and day care treatment of **Illness** and/ or injuries and which has been registered as a **Hospital** with the local authorities under Clinical Establishments (Registration and Regulation) Act, 2010 or under enactments specified under the **Schedule** of Section 56(1) of the said Act OR complies with all minimum criteria as under:
  - has qualified nursing staff under its employment round the clock;
  - has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places;
  - has qualified medical practitioner(s) in charge round the clock;
  - has a fully equipped operation theatre of its own where **Surgical Procedures** are carried out

-maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

8. **Injury/ Accidental Bodily Injury** means accidental physical bodily harm excluding **Illness** or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
9. **Pre-Existing Disease** means any condition, ailment or **Injury** or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 48 months to prior to the first **Policy** issued by the insurer.
10. **Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position
  - a. **Internal Congenital Anomaly -Congenital Anomaly** which is not in the visible and accessible parts of the body.
  - b. **External Congenital Anomaly- Congenital Anomaly** which is in the visible and accessible parts of the body.
11. **Condition Precedent** shall mean a **Policy** term or condition upon which the Insurer's liability under the **Policy** is conditional upon.
12. **Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an **Illness** or **Injury**, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a **Hospital** or day care centre by a **Medical Practitioner**
13. **Insured** means the person specified in the **Schedule** who is **Insured** by the Company under this **Policy**.
14. **Proposer** means the person specified in the **Schedule** who is the owner of the **Policy** at any point of time.
15. **Family** means and includes You, Your Spouse, Your first two dependent children and your two dependent parents. At any point of time the family floater cannot exceed for more than 6 members. The sum insured, as mentioned in the **Schedule**, would be shared among all the members of the Family Floater.
16. **Dependent Child** refers to a child (natural or legally adopted), who is financially dependent on the primary **Insured** or **Proposer** and does not have his/ her independent sources of income.
17. **Policy** means the complete documents consisting of the Proposal, **Policy** wording, **Schedule** and Endorsements and attachments if any.
18. **Policy Period** means the date between the commencement date specified in the **Schedule** and, in respect of any **Insured**, the earlier of (a) the expiry date specified in the **Schedule** and (b) the occurrence of an event of Critical Illness
19. **Schedule** means the **Schedule**, and any annexure to it, attached to and forming part of this **Policy**.
20. **Waiting Period:** At no point of time during the term of the **Policy**, any benefit shall be payable for the claim which occurs or where the signs and/ or the symptoms of **Illness/** condition for the claim has occurred within 90 days of first **Policy** issue Date. **Waiting Period** is not applicable for the subsequent continuous renewals.
21. **Survival Period:** At any point of time during the term of the **Policy**, any benefit shall be payable only if the **Insured** is alive for a period of more than or equal to 28 days from the date of the first diagnosis of the Critical illness/ Undergoing for the first time of the **Surgical Procedures/** for the first time of occurrence of medical events.
22. **Notification of Claim** is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address/ telephone number to which it should be notified.
23. **Disclosure to information norm:** The **Policy** shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
24. **Portability** means transfer by an individual health insurance Policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.

**25. Renewal** defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the **Renewal** continuous for the purpose of all **Waiting Periods**.

**26. Alternative treatments** are forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.

#### **D. Exclusions:**

Without prejudice to the exclusions mentioned elsewhere in this document, the following exclusions shall apply to the benefits admissible under this policy: No benefit shall be paid for the following circumstances and for the following conditions/ tests/ treatments:

1. Benefits will not be available for Any Pre- Existing conditions or related condition(s) for which You have been diagnosed, received medical treatment, had signs and / or symptoms, prior to inception of Your first Policy, unless such a condition is stated in the proposal form and specifically accepted by the Company and endorsed thereon.
2. The Company shall not be liable to make any payment under this Policy in connection with or in respect of any Insured Event, as stated in this Section, occurred or suffered before the commencement of Period of Insurance or arising within the first 90 days of the commencement of the Period of Insurance.
3. Any medical procedure or treatment, which is not medically necessary or not performed by a Doctor.
4. Any treatment relating to birth defects and external or internal congenital Illnesses.
5. Birth control procedures and hormone replacement therapy.
6. Any treatment/surgery for change of sex or any cosmetic surgery or treatment/surgery /complications/illness arising as a consequence thereof.
7. Treatment by a family member and self-medication or any treatment that is NOT scientifically recognized.
8. Ayurvedic, Homeopathy, Unani, naturopathy, reflexology, acupuncture, bone-setting, herbalist treatment, hypnotism, rolfing, massage therapy, aroma therapy or any other treatments including Alternative treatments other than Allopathy / western medicines.
9. Attempted suicide (whether sane or insane) or intentionally self inflicted Injury or Illness, or sexually transmitted conditions, mental or nervous disorder, anxiety, stress or depression, Acquired Immune Deficiency Syndrome (AIDS), Human Immune deficiency Virus (HIV) infection.
10. Being under the influence of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a Physician and taken as prescribed.
11. War, civil War, invasion, insurrection, revolution, act of foreign enemy, hostilities (whether War be declared or not), rebellion, mutiny, use of military power or usurpation of government or military power.
12. Participation in winter sports, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sports, any bodily contact sport or any other hazardous or potentially dangerous sport for which You are untrained.
13. Loss caused directly or indirectly, wholly or partly by infections (except pyogenic infections which shall occur through an Accidental cut or wound) or any other kind of Disease.
14. Diagnosis outside India; unless reaffirmed by Physician in Indian and subject to presentation of all Claim documents in English.

#### **E. Pre-acceptance medical tests**

Pre-acceptance medical tests are not required for all proposers upto the

age of 45 yrs upto 5 lacs sum insured, if the proposal form is clean. (No health declaration). For age 46 years and above medical tests are required.

#### **F. Cost of pre-insurance medical examination**

We will reimburse 50% of the cost of any pre-insurance medical examination once the proposal is accepted and the policy is issued for that insured. We shall maintain a list of and the fees chargeable by, institutions where such Pre-insurance medical examination may be conducted, the reports from which will be accepted by Us. Such list shall be furnished to the prospective policyholder at the time of pre-insurance medical examination. All pre-acceptance medical tests will have to be done in Future Generali empanelled diagnostic centers only. The reports would be valid for a period of 30 days from the date of test conducted.

#### **G. Claim Documents**

- a. You or someone claiming on Your behalf must give Notification of Claim to us in writing immediately, and in any event within 60 days of the aforesaid Illness/ condition/ surgical event but after the survival period of 28 days.
- b. In the event of the death of the insured person post the survival period, someone claiming on his behalf must inform Us in writing immediately and send Us a copy of the post mortem report (if any) within 14 days.
- c. List of mandatory documents required for processing of the Claims are: (You need to submit all documents in original and photocopy. The original documents would be returned to you post verification if requested by You)
  - i) Claim form
  - ii) Discharge certificate/ card from the Hospital
  - iii) Attending Doctor's/ Consultant's/ Specialist's/ Anesthetist's certificate regarding diagnosis.
  - iv) Surgeon's certificate stating nature of operation performed and Surgeon's bill and receipt
  - v) Indoor case papers from the Hospital
- d. Lack of documents or medical certificates confirming the diagnosis of illness or undergoing of medical/ surgical procedure will result in forfeiture of the claim.
- e. We will scrutinize the claims and flag the claim as settled/ Rejected/ Pending within the period of 30 days of the receipt of the last 'necessary' documents.
  - a. Pending claims will be asked for submission of incomplete documents.
  - b. Rejected claims will be informed to the Insured Person in writing with reason for rejection.

#### **H. Claims Administered by:**

##### **Future Generali Health (FGH)**

Future Generali India Insurance Co. Ltd.

Office No. 3, 3rd Floor, "A" Building , G - O - Square, S. No. 249 & 250, Aundh Hinjewadi Link Road, Wakad, Pune - 411 057.

Toll Free Number: 1800 103 8889

Toll Free Fax: 1800 103 9998

Email: [fgf@futuregenerali.in](mailto:fgf@futuregenerali.in)

#### **I. Free Look Period**

The free look period shall be applicable at the inception of the policy.

- a. The insured will be allowed a period of at least 15 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable.

- b. If the insured has not made any claim during the free look period, the insured shall be entitled to-
  - i) A refund of the premium paid less any expenses incurred by the insurer on medical examination of the insured persons and the stamp duty charges or;
  - ii) where the risk has already commenced and the option of return of the policy is exercised by the policyholder, a deduction towards the proportionate risk premium for period on cover or;
  - iii) Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

**J. Renewal & Cancellation**

- a) Your policy shall be renewable lifelong except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the insured.
- b) This Policy may be renewed by mutual consent every year and in such event, the renewal premium shall be paid to Us on or before the date of expiry of the Policy or of the subsequent renewal thereof. We may cancel this insurance by giving You at least 15 days written notice, and if no claim has been made then We shall refund a pro-rata premium for the unexpired Policy Period.
- c) You may cancel this insurance by giving Us at least 15 days written notice, and if no claim has been made then the We shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

Period on risk	Rate of premium refunded
Up to one month	75% of annual rate
Up to three months	50% of annual rate
Up to six months	25% of annual rate
Exceeding six months	Nil

- d) Upon the occurrence of an event of Critical Illness and (subject to the terms, conditions and exclusions of this Policy) without prejudice to the Company's obligation to make payment, this Policy shall immediately cease to exist with reference to that Insured.
- e) Applicable for family floater policy- Upon the occurrence of an event of Critical Illness and (subject to the terms, conditions and exclusions of this Policy) for any insured under the family floater policy, without prejudice to the Company's obligation to make payment, this Policy shall immediately cease to exist. The rest of the family members can opt for a separate critical illness policy and they will be given continuity for the period they have been insured under the Future Criticare Policy. In the event of the death of any of the insured members subject to no critical illness claim being paid on the policy, the cover ceases to exist for that insured and the remaining members would continue to have the coverage until the end of the policy period.

**K. Portability**

Members covered under any Individual/ Family Floater Critical illness policy of a non-life insurance company shall have the right to migrate from such an individual/ family floater policy to a similar critical illness policy with us. Individual members, including the family members covered under Individual/ Family Floater Criti-Care policy of Future Generali India Insurance Company shall have the right to migrate from such a group policy to an Individual/ Family Floater Criti-Care policy with us.

**L. Mandatory Disclosures**

- a)
  - i. Your Criti-Care policy shall be renewable lifelong if renewed continuously without any break in insurance.
  - ii. Upon the occurrence of an event of Critical Illness and (subject to the terms, conditions and exclusions of this Policy) without

prejudice to the Company's obligation to make payment, this Policy shall immediately cease to exist with reference to that Insured.

- iii. Applicable for family floater policy- Upon the occurrence of an event of Critical Illness and (subject to the terms, conditions and exclusions of this Policy) for any insured under the family floater policy, without prejudice to the Company's obligation to make payment, this Policy shall immediately cease to exist. The rest of the family members can opt for a separate critical illness policy and they will be given continuity for the period they have been insured under the Future Criticare Policy. In the event of the death of any of the insured members subject to no critical illness claim being paid on the policy, the cover ceases to exist for that insured and the remaining members would continue to have the coverage until the end of the policy period.

- b) The brochure / prospectus mentions the premium rates as per the age slabs/ sum insured. Insured would be charged as per the completed age at every renewal. In case of Family Floater, floater discounts will be applicable for the remaining members (other than primary insured) as per the table given under Section m (ii) of the Prospectus.
- c) The premiums as shown in the prospectus / brochure are subject to revision as and when approved by the regulator. However such revised premiums would be applicable only from subsequent renewals and with due notice whenever implemented.
- d) The maximum sum insured eligibility for renewal :

Age	Max Sum insured option(INR)
66 years to 70 years	1, 000, 000
71 years to 75 years	5, 00, 000
Above 75 years	2, 00, 000

- e) Renewals will not be refused or cancellation will not be invoked by Us except on ground of fraud, moral hazard or misrepresentation. If you prefer to cancel the policy the cancellation will be on short period basis.
- f) There will be no loading on premium for adverse claims experience.
- g) Terms for enhancing the Sum Insured
  - i. No increase in Sum Insured during the currency of the policy.
  - ii. Enhancement of sum insured will be subject to terms and conditions.
  - iii. For the enhanced sum insured, waiting periods will apply afresh.
- h) Detailed exclusions are given under Section E of the Prospectus.

**M. Payment of Premium**

As per table annexed

**This prospectus shall form part of your proposal form. Please sign declaring that you have noted the contents of this prospectus**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Place:** \_\_\_\_\_

**FGH/UW/RET/64/03**

**CIN: U66030MH2006PLC165287**

**Premium illustration: (All figures in Rs. ) Goods & service Tax extra**

Sum Insured	6 years to 25 yrs	26 to 30 yrs	31 to 35 yrs	36 to 40 yrs	41 to 45 yrs	46 to 50 yrs	51 to 55 yrs	56 to 60 yrs	61-65 yrs
1 lakh	262	320	391	636	933	1746	2598	4614	5768
2 lakhs	487	601	740	1229	1821	3166	4869	8247	10309
3 lakhs	711	881	1090	1822	2709	4587	7140	11880	14850
4 lakhs	936	1162	1439	2415	3597	6374	9778	15513	19391
5 lakhs	1160	1442	1788	3009	4485	7795	12049	19147	23934
6 lakhs	1634	1972	2387	4238	6010	9207	14312	23364	29205
7 lakhs	1859	2253	2736	4831	6898	10627	16583	26997	33746
8 lakhs	2083	2533	3086	5424	7786	12048	18854	30630	38288
9 lakhs	2308	2814	3435	6017	8674	13469	21125	34264	42830
10 lakhs	2532	3094	3785	6610	9562	14889	23396	37897	47371
11 lakhs	2957	3519	4209	6648	9599	14927	23433	37899	47374
12 lakhs	3404	4078	4906	7832	11373	17766	27974	45163	56454
13 lakhs	3629	4359	5256	8425	12262	19187	30245	48797	60996
14 lakhs	3853	4639	5605	9018	13150	20607	32516	52430	65538
15 lakhs	4078	4920	5954	9611	14038	22028	34787	56063	70079
16 lakhs	4712	5610	6713	10614	15335	24285	37895	59691	74614
17 lakhs	4936	5890	7063	11207	16223	25706	40166	63325	79156
18 lakhs	5161	6171	7412	11800	17111	27127	42437	66958	83698
19 lakhs	5385	6451	7761	12393	17999	28547	44708	70591	88239
20 lakhs	5610	6732	8111	12986	18887	29968	46980	74224	100202
21 lakhs	5834	7013	8460	13579	19775	31388	49251	77858	105108
22 lakhs	6059	7293	8810	14172	20663	32809	51522	81491	110013
23 lakhs	6283	7574	9159	14765	21552	34230	53793	85124	114917
24 lakhs	6508	7854	9508	15358	22440	35650	56064	88757	119822
25 lakhs	6732	8135	9858	15951	23328	37071	58335	92391	124728
26 lakhs	7375	8834	10626	16963	24634	38483	60597	96015	129620
27 lakhs	7600	9114	10975	17556	25522	39903	62869	99648	134525
28 lakhs	7824	9395	11324	18149	26410	41324	65140	103282	139431
29 lakhs	8049	9675	11674	18742	27298	42745	67411	106915	144335
30 lakhs	8273	9956	12023	19335	28186	44165	69682	110548	149240
31 lakhs	8498	10236	12373	19928	29074	45586	71953	114182	154146
32 lakhs	8722	10517	12722	20521	29962	47006	74224	117815	159050
33 lakhs	8947	10798	13071	21114	30850	48427	76495	121448	163955
34 lakhs	9171	11078	13421	21707	31738	49848	78767	125081	168859
35 lakhs	9396	11359	13770	22301	32626	51268	81038	128715	173765
36 lakhs	9620	11639	14120	22894	33515	52689	83309	132348	179105
37 lakhs	9845	11920	14469	23487	34403	54110	85580	135981	197172
38 lakhs	10070	12200	14818	24080	35291	55530	87851	139615	202442
39 lakhs	10294	12481	15168	24673	36179	56951	90122	143248	207710
40 lakhs	10519	12761	15517	25266	37067	58372	92393	146881	212977
41 lakhs	10743	13042	15867	25859	37955	59792	94664	150514	218245
42 lakhs	10968	13323	16216	26452	38843	61213	96936	154148	223515
43 lakhs	11192	13603	16565	27045	39731	62633	99207	157781	228782
44 lakhs	11417	13884	16915	27638	40619	64054	101478	161414	234050
45 lakhs	11641	14164	17264	28231	41507	65475	103749	165047	239318
46 lakhs	11866	14445	17614	28824	42395	66895	106020	168681	244587
47 lakhs	12090	14725	17963	29418	43283	68316	108291	172314	249855
48 lakhs	12315	15006	18312	30011	44171	69737	110562	175947	255123
49 lakhs	12539	15286	18662	30604	45059	71157	112833	179581	260392
50 lakhs	12764	15567	19011	31197	45947	72578	115105	183214	265660

- i. **Family Floater Discounts:** Premium for the primary insured remain as per the individual table. For remaining dependant members discounts applicable as per the table below on their respective premium.

Age group	Premium Discounts
6 to 25 yrs	50%
26 to 30 yrs	30%
31 to 35 yrs	30%
36 to 40 yrs	30%
41 to 45 yrs	20%
46 to 50 yrs	10%
Above 51 yrs	5%

- ii. **Renewal premium:**

Following loadings in premiums will be applicable for policies above 65 years of age for lifelong renewal:

1. Above 65 years upto 70 years – 10% (loading on 61-65 yrs age band )
2. 71 years to 75 years -20% (loading on 61-65 yrs age band )
3. Above 75 years -25% (loading on 61-65 yrs age band )



**C. LIFESTYLE DETAILS OF INSURED\*:** (Please answer by ticking either "yes" or "no" against each of the questions)

Sr. No.	Question	Primary Insured		Spouse		Father		Mother		Child 1		Child 2	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Is your occupation associated with any specific hazard (e.g. chemical factory, mines, explosives, radiation, corrosive chemicals etc)?												
2	Are you employed in the armed, paramilitary or police forces?												
3	Do you take part in activities or have hobbies that could be dangerous in any way?												
4	Do you consume or have ever consumed Tobacco, Alcohol or any Narcotic? (If yes, specify the details separately in the format below)												

Substance	Quantity/ day	No of years since consuming
Tobacco		
Alcohol		
Narcotic		

**D. HEALTH QUESTIONS\*:** (Please answer by ticking either "yes" or "no" against each of the questions)

Sr. No.	Question	Primary Insured		Spouse		Father		Mother		Child 1		Child 2	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1.	Are you presently in a good health and fully functioning with work, school or home life and entirely free from any mental or physical impairments or deformities?												
2.	Do you have any physical deformity/ handicap or use any mechanical/ physical assistance for mobility?												
3.	Have you ever consulted any doctor or are you currently undergoing any tests, investigations, awaiting results of any tests or investigations or have you ever been advised to undergo any tests, investigations or surgery or been hospitalized for general check up, Observation, Treatment or Surgery?												
4.	Did you have any Ailment/ Injury/ Accident requiring Treatment/ Medication for more than a week?												
5.	Are you at present or at any time in past on any medication, special diet or treatment?												
6.	Were you or your spouse ever tested for Hepatitis B or C, HIV/AIDS or any other Sexually Transmitted Disease or have you ever been refused as a blood donor?												
7.	Have you undergone/ have been recommended to undergo any of the following- Angioplasty, Bypass Surgery, Brain surgery, Heart valve surgery, Aorta surgery or organ transplant or any other major Surgery or Treatment												
<b>8.</b>	<b>Have you ever suffered or are suffering from any of the following</b>												
(a)	Disease of the circulatory system (e.g. heart trouble, chest pain, rheumatic fever, high blood pressure, diseases of the arteries and veins)?												
(b)	Diseases of the respiratory system (e.g. tuberculosis, asthma, persistent cough, pneumonia or emphysema)?												
(c)	Diseases of the genito-urinary system (e.g. infections of the kidneys, urinary or genital organs, renal stones, venereal disease)?												



(d)	Diseases of the gastrointestinal system (e.g. digestive disorders, gastric or duodenal ulcer, hepatitis B, hepatitis C or other disorders of the liver, disorders of the gall bladder)?												
Sr. No.	Question	Primary Insured		Spouse		Father		Mother		Child 1		Child 2	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
(e)	Diseases of the nervous system or mental disorders (e.g. stroke, epilepsy, fits or fainting attacks, frequent headaches, nervous breakdown, depression or other mental or psychiatric disorder)?												
(f)	Diabetes mellitus, cancer or tumour of any kind, or any diseases of the blood, glands, spleen, ears, eyes or skin?												
(g)	Unexplained night-sweats and/or loss of weight, persistent fever, chronic or recurrent diarrhea, unexplained infections or swollen glands?												
(h)	Ailments related to Liver, Reproductive System												
(i)	Anemia, blood or blood related disorders												
(j)	Musculoskeletal disorders such as Arthritis, recurrent back pain, slipped disc or any other disorder of Spine, Joints or Limbs or Leprosy												
(k)	Chest pain, Palpitation, Rheumatic fever, heart murmur, heart attack, shortness of breath or any other heart related disorder												
(l)	Thyroid disorder or any other disease or disorder of the Endocrine system												
(m)	Any other diseases or ailments not mentioned above?												

**E. QUESTIONS TO BE ANSWERED BY FEMALE INSURED\*** (Strike off for all Male Insured)

9.	Have you ever suffered /are you suffering from Gynecological problems?												
10	Are you Pregnant at present? (i) If yes, mention the duration in weeks												
	(ii) Any complications, miscarriage, medical termination of pregnancy or Caesarian?												
11	Have you ever undergone any investigation or treatment or received medical advice or consulted a physician for:												
	(i) Any disease or disorder of the Cervix, Uterus, Ovary (ies) or Vagina, abnormal bleeding, Cancer or abnormal growth?												
	(ii) Any disease or disorder of the Breast(s) such as Breast Lump/cyst, Fibrocystic disease, Nipple changes or discharge, cancer or growth?												
	(iii) Have you undergone any mammogram or Pap smear? (If yes, then kindly provide date and the test result)												

**F. IF ANSWER TO ANY OF (D) OR (E) QUESTION IS "YES" (EXCEPT D. 1.), PLEASE PROVIDE DETAILS\*:**

Details of the Treating/ Family Doctor	Nature of ailment/Disease/ Exact Diagnosis etc	First Date of Diagnosis	Details of current symptoms (onset, intensity and duration)	List the current prescriptions or medicines taken for disorder	Is there any further consultation planned
<b>Name:</b>					
<b>Address:</b>					

**SECTION III: OTHER INSURANCE INFORMATION\***

Please provide details of any Critical illness Insurance cover that you or your family members hold or have applied for Future Generali India Insurance Company Ltd. or any other Life or Non Life Insurance Company

Policy or Proposal No	Company Name	Year of Issue	Medical tests conducted for the Policy (Y/ N)	Basic Insured	Sum	Decision (Std/ Extra With Premium/ Postpone/ Decline)	Policy Force/ (Mention yr of lapse / Revival Applied For)	Status: In Lapsed

**SECTION IV: DECLARATION & AUTHORIZATION\***

- I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons.
- I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurance company and that the policy will come into force only after full receipt of the premium chargeable.
- I/We further declare that I/we will notify in writing any change occurring in the occupation or general health of the life to be insured /proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
- I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured / proposer has been made for purpose of underwriting the proposal and/or claim settlement.
- I/We authorize the company to share the information pertaining to my proposal including the medical records for the sole purpose of the proposal underwriting and /or claims settlement and with any Governmental and /or Regulatory authority.
- I/We hereby acknowledge that I/we have read and understood the contents of the prospectus and have been explained the features, contents and terms of the \*Prospectus/Product by the Intermediary/Agent to my/our satisfaction
- I/We confirm that all premiums will be paid from bonafide sources.
- I/We agree that we will not use fraudulent means for making claims. I/We also agree that if we do it, the company will terminate the contract.
- I/We hereby authorize Future Generali Insurance Co. Ltd. to conduct screening/confirmation/reconfirmation of overall status of the Insureds, including the health status through medical examinations which may include Laboratory tests, Cardiology, Radiological investigations and other medical tests including blood tests to detect bacterial/viral/fungal infections. I/We hereby give my/our consent to undergo HIV1/2 test. I / We am/ are aware that this test is only for screening purpose and not confirmatory for HIV/AIDS.
- I agree that this proposal and the declaration shall be the basis of the contract between me and FUTURE GENERALI INDIA INSURANCE CO LTD and I/We agree to accept a policy, subject to the conditions prescribed by FUTURE GENERALI INDIA INSURANCE CO LTD.
- I hereby authorize the company to authenticate and/or verify my Aadhaar number for e-KYC purpose.

I/ We hereby declare that the premium is paid from the Bank Account of Mr. /Ms. \_\_\_\_\_, the \_\_\_\_\_ur income OR payment is allowed under the Income Tax Act 1961, and there is insurable interest with the payee.

I/we am/are (please tick all that are applicable)

- High Net Worth Individual/s  Non Residential Indian/s  Politically Exposed Person/s  Jeweller/s  Non Governmental Organization  
 Film Actor/s  Producer/s

**The company reserves the right to accept, decline or offer alternate terms on my proposal for insurance. This proposal form shall be a part of the insurance policy contract, in case of its acceptance by the Company**

**IMPORTANT NOTE:** The company reserves the right to reject the said proposal or to terminate the insurance contract unilaterally and/or freeze the funds if the Customer, or persons associated with him/her, found to be named in any recognized black list.

Date: \_\_\_\_\_ Place: \_\_\_\_\_ Proposer's Name \_\_\_\_\_ Proposer's Signature: \_\_\_\_\_

I hereby confirm that the product features and terms of the above product have been explained to the prospect in detail (including product suitability) and to the prospects' complete satisfaction. (In case prospect signs in a different language/or is not literate)

Intermediary/Agent Name \_\_\_\_\_ Intermediary/Agent Signature \_\_\_\_\_ Prospect's Thumb Impression \_\_\_\_\_

**SECTION V: PAYMENT DETAILS:**

Premium paid by Cash/Cheque No \_\_\_\_\_ Date \_\_\_\_\_ Bank \_\_\_\_\_

Amount (Rs.) \_\_\_\_\_

GSTIN: \_\_\_\_\_ (If more than one GSTIN, kindly attach an annexure with details)

Please fill up the request for authorization form attached with this proposal form to receive Claim/ Refund payments if any, directly into your bank account through NEFT if the Premium is more than Rs 25000/-

**FOR OFFICE USE ONLY**

Intermediary's Name:	Intermediary's Code:
Sales Manager's Name:	Sales Manager's Code:

**SECTION 41. OF INSURANCE ACT, 1938-PROHIBITION OF REBATES:**

No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

UIN: IRDA/NL-HLT/FGII/P-H(C)/V.I/74/13-14

BAP UIN: FGIHLIP14004V021314



FUTURE GENERALI INDIA INSURANCE COMPANY LIMITED  
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 Care Lines:- 1800-220-233 / 1860-500-3333 / 022-67837800 Email:- fgcare@futuregenerali.in Website:- www.futuregenerali.in  
 IRDA Regn. No. 132, CIN - U66030MH2006PLC165287.

FGH/UW/RET/17/09