

THE NEW INDIA ASSURANCE CO. LTD.
87, M.G. ROAD, MUMBAI - 400 001.

PROSPECTUS

CANCER MEDICAL EXPENSES INSURANCE POLICY

1 Salient features of the Policy :

1.1 The policy covers reimbursement of medical expenses incurred for treatment of cancer .

1.2 In the event of any claim becoming admissible under this policy, the Company will pay to the Insured person the amount of such expenses as would fall under different heads mentioned below and are reasonable and necessarily incurred thereof by or on behalf of the such Insured person. But not exceeding the sum insured in respect of such person in any one policy period.

A) Room, Boarding Expenses as provided by the hospital/nursing home which includes Registration & Admission Fees.

B) Nursing Expenses.

C) Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees

D) Anaesthesia, Blood, Oxygen, Operation Theater Charges, Surgical Appliances, Medicines & Drugs, Diagnostic Materials and X-ray, Chemotherapy, Radiotherapy, Cost of Artificial Limbs & Cost of Organs and similar expenses.

E) Reasonable expenses incurred for ambulance within city limits at the time of admission and discharge only.

F) Expenses mentioned under 'A' to 'D' above shall also be covered if treatment is taken in Out Patient Department of a reputed cancer Hospital/Oncologist.

This policy will cover Ayurvedic / allopathic / homeopathic mode of treatment provided treatment is given by duly qualified medical practitioner. However the diagnostic investigations has to be done in a hospital / pathological laboratories to confirm that

the insured person has suffered from cancer.

(N.B. The Company's liability in respect of all claims admitted during the policy period shall not exceed the Sum Insured per person per annum to be reckoned from the date of inception of the risk as mentioned in the schedule. The sum insured under a particular policy period shall not be carried forward. The un-utilised limit shall lapse with each renewal).

2. Definitions:-

2.1 'HOSPITAL/NURSING HOME' means any institution in India established for indoor care and treatment of sickness and injuries and which

Either

(a) has been registered either as a Hospital or Nursing Home with the local authorities and is under the supervision of a registered and qualified Medical Practitioner.

OR

(b) should comply with minimum criteria as under :-

i) Fully equipped operation theater of its own. wherever surgical operations are carried out

ii) Fully qualified Nursing Staff under its employment round the clock.

iii) fully qualified Doctor(s) should be in-charge round the clock.

2.1.1 The term 'Hospital/Nursing Home' shall not include an establishment which is a place of rest, a place for the aged, a place for drug-addicts or place of alcoholics, a hotel or a similar place.

2.2 "Surgical Operation" means manual and/or operative procedures for correction of deformities and defects, repair of injuries, diagnosis and cure of diseases, relief of suffering and prolongation of life.

2.3 **MEDICAL PRACTITIONER** means a person who holds a degree/diploma of recognised institution and is registered by

Medical Council of respective State of India. The term Medical Practitioner would include Physician, Specialist and Surgeon

2.4 DEFINITION OF 'CANCER':-

CANCER means Malignant Neoplasm as described hereunder
Malignant neoplasm of Buccal cavity and pharynx
Malignant Neoplasm of Digestive organs and peritoneum
Malignant Neoplasm of respiratory System
Malignant Neoplasm of bone, connective tissue, skin and breast
Malignant Neoplasm of genito-urinary organs
Malignant Neoplasm of other and unspecified sites
Neoplasms of lymphatic and haematopoietic tissue, cancer in situ.

2.5 PERIOD OF INSURANCE :

The Period of insurance means the period commencing from the inception date till one year or five years as the case may be.

2.6 POLICY PERIOD :

Policy period is defined as the period of 12 months each commencing from the date of inception from which the risk is assumed.

2.7 INDEMNITY LIMITS :

The limit of indemnity will be restricted to the Sum Insured selected by the Insured Person as mentioned in the Schedule and will apply to each policy period during the period of insurance separately.

3. Pre-Condition for this Insurance :-

This insurance is available to such persons who are in good health and are not suffering from cancer. A certification of this effect should be obtained by the proposer either from general practitioner or family physician holding M.B.B.S. qualification.

4. Exclusions:-

The Company shall not be liable to make any payment under this policy in respect of any expenses incurred by any insured person in connection with or in respect of

- 4.1 Treatment of Cancer within 3 months from the inception of the policy. This period of 3 months will not apply to renewals.
- 4.2 Any payment under the Policy by reason of any injury, disease or illness directly or indirectly caused or contributed by nuclear weapons, or by reason of the contact of the insured person with radiation or radioactivity from any source whatsoever .
- 4.3 Injury or Disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, Warlike operations (whether war be declared or not)
- 4.4 Any claim if such claim be in any manner fraudulent or supported by any fraudulent means or device whether by the Insured Person or by any other person acting on his behalf.
- 4.5 Any claim unless the diagnostic investigations reveals positive existence or presence of Cancer.
- 4.6 All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus Type III (HTLB-III) or lymphadenopathy Associated Virus (LAV) OR the mutants derivative or variation deficiency syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.
- 4.7 Expenses on vitamins and tonics unless forming part of treatment for cancer certified by the attending physician.
- 4.8 Naturopathy Treatment

5. **AGE LIMIT :**

This insurance is available to persons between the age of 5 years and 70 years. Children between the age of 3 months and 5 years of age can be covered provided their either parents covered concurrently.

6. **NOTICE OF CLAIM :-**

- 6.1 Preliminary notice of claim with particulars relating to Policy Numbers, Name of insured person in respect of whom claim is made, Nature of ailment and Name and Address of the attending medical practitioner/Hospital/Nursing Home should

be given to the Insurance Company within thirty days from the date of detection of cancer.

- 6.2 Final claim alongwith hospital receipted Bills/Cash memos, claim form and list of documents as listed in the claim form etc. should be submitted to the company within 30 days of discharge from the Hospital/completion of treatment.

Note : Waiver of this Condition may be considered in extreme cases of hardship where it is proved to the satisfaction of the Company that under the circumstances in which the insured was placed it was not possible for him or any other person to give such notice or file claim within the prescribed time limit.

7. PROOF OF CLAIM :-

The claim shall be substantiated in full with all supporting documents including certificates from the qualified medical practitioner which shall be required for processing of the payment of claim.

8. PAYMENT OF CLAIM :

All claims under this policy shall be payable in Indian currency. All medical treatments for the purpose of this Insurance will have to be taken in India only. Claims for reimbursement of Medical expenses may be submitted by the insured to NIAC on quarterly basis and shall be settled accordingly as per terms/conditions of the Policy.

9. CANCELLATION OF POLICY :

The Company may at any time cancel this Policy by sending the Insured 30 days notice by registered letter at the Insured's last known address and in such event the Company shall refund to the Insured a pro-rata premium for unexpired period of Insurance. The Company shall however, remain liable for any claim which arose prior to the date of cancellation. The Insured may at any time cancel this Policy and in such event the Company shall allow refund of premium at Company's short period rate only (table given herebelow) provided no claim has occurred upto the date of cancellation

A) (for Annual Policy)
PERIOD ON RISK

RATE OF PREMIUM TO BE CHARGED

| | |
|----------------------|--------------------------|
| Upto one month | 1/4th of the annual rate |
| Upto three months | 1/2 of the annual rate |
| Upto six months | 3/4th of the annual rate |
| Exceeding six months | Full annual rate |

5 Years Policy

| <u>PERIOD ON RISK</u> | <u>RATE OF PREMIUM TO BE CHARGED</u> |
|-------------------------|--------------------------------------|
| Upto six months | 1/4th of the 5 years rate |
| Upto fifteen months | 1/2 of the 5 years rate |
| Upto thirty months | 3/4th of the 5 years rate |
| Exceeding thirty months | Full rate of 5 years |

10. PREMIUM PAYABLE :

10.1) As per table attached

10.2) A discount of 10% from the premium shall be allowed when the proposer takes the Insurance for an additional member of the family .

Policies are available for 1 year & 5 years period.

11. SUM INSURED :

Sum Insured Rs.5000 to 5 lakhs as per premium table

I have read the prospectus and I am willing to accept the insurance subject to the terms , conditions and limitations of the policy

Date : _____

Signature of Proposer

Place : _____

CANCER MEDICAL EXPENSES INSURANCE FOR INDIVIDUALS

| SUM INSURED RS. | PREMIUM | |
|--------------------|---------|-------|
| | ANNUAL | 5YRS. |
| 5,000.00 | 10 | 40 |
| 10,000.00 | 20 | 80 |
| 25,000.00 | 50 | 200 |
| 50,000.00 | 100 | 400 |
| 75,000.00 | 150 | 600 |
| 100,000.00 | 200 | 800 |
| 125,000.00 | 250 | 1000 |
| 150,000.00 | 300 | 1200 |
| 200,000.00 | 400 | 1600 |
| 225,000.00 | 450 | 1800 |
| 250,000.00 | 500 | 2000 |

| | | |
|------------|------|------|
| 300,000.00 | 600 | 2400 |
| 325,000.00 | 650 | 2600 |
| 350,000.00 | 700 | 2800 |
| 400,000.00 | 800 | 3200 |
| 425,000.00 | 850 | 3400 |
| 450,000.00 | 900 | 3600 |
| 500,000.00 | 1000 | 4000 |

8% Service Tax is applicable

THE NEW INDIA ASSURANCE CO. LTD.

HEAD OFFICE : 87, M.G. ROAD, MUMBAI -400 001.

CANCER MEDICAL EXPENSES INSURANCE POLICY PROPOSAL FORM

AGENCY CODE : _____ POLICY NO : _____
 PREMIUM Rs. ANNUAL FIVE YEARS TEN YEARS
 DEVELOPMENT OFFICER CODE :

IMPORTANT

1. The company will not be on risk unless the Insured person's details have been examined and accepted by the company and the communication of the acceptance has been given to the proposer in writing on full payment of premium.
2. The Insured Person is requested to go through the Insured Person Details Form carefully and reply to the questions properly to evaluate their health status fully.
3. If other family members residing with Proposer (spouse, eligible dependent children & dependent parents and relatives) are required to be covered, separate Insured Person's details form should be completed for each of such family members.

PROPOSER DETAILS

Name of the Proposer :

Address : Home :

Office :

Total number of persons to be covered : _____

Period of insurance : from _____ to _____

Place : _____

Date : _____

Signature of Proposer

Section 41 of Insurance Act 1938
Prohibition of Rebates

1) 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 of property in India, any rebate or the whole or part of the commission payable or any rebate of the premium shown in 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 prospectus or tables of the insurers.

2) Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees.

THE NEW INDIA ASSURANCE COMPANY LIMITED

Regd. & Head Office : New India Assurance Bldg.,
87, Mahatma Gandhi Road, Fort, Bombay-400 001.

**INSURED PERSON'S DETAILS FORM FOR CANCER MEDICAL
EXPENSES INSURANCE POLICY**

| | | |
|------|--|----------------|
| 1.a) | Name of the Person to be insured | _____ |
| b) | Relationship with the Proposer | _____ |
| 2 | Address | _____ _____ |
| | Telephone / Fax No. | _____ |
| 3 | Age | |
| 4 | Sex | |
| 5 | Occupation | |
| 6 | Are you in good health on the day of signing this proposal ? If not, then please give details. | |
| 7 | Who is your usual attending Physician? | |
| | His Qualifications. | |

| | | |
|----|---|----------|
| | | |
| 8) | Have you ever consulted any Physician / Surgeon for any major ailment (including Cancer) in the past prior to this proposal? If so, give details. | |
| 9 | Are you (a) A Smoker (b) Are you in the habit of chewing Tobacco / Pan Masala or any other intoxicant ? (c) Suffer from diabetes, Tuberculosis (T.B.) (d) Any other systemic diseases Please give details. | |
| 10 | Have any of your near blood relatives suffered from cancer? If yes, Please indicate details. | Yes / No |
| 11 | Have you noticed / suffered from any of the following in the recent past (within six months prior to signing this proposal):- a) Any change in your usual bowel or bladder habits. b) A sore anywhere on the body that does or did not heal within a fortnight. c) Unusual bleeding or discharge of any kind from any body opening. d) Thickening or lump in the breast or anywhere else in the body. e) Persistent indigestion or difficulty or obstruction in swallowing for over a fortnight . f) Any obvious change in a wart or mole such as shape, size, Colour, discharge or bleeding. g) Cough or hoarseness, for a fortnight. | |
| 12 | Have you undergone any radiation therapy for any reason whatsoever? | |

| | | |
|----|---|-----------|
| 13 | Are there any additional facts affecting the proposed insurance which should be disclosed to the Insurer? | |
| 14 | Sum Insured opted | Rs. _____ |

I hereby declare and warrant that the above statement are true and complete. I consent and authorise the Insurers to seek medical information from any hospital / Clinic / Medical Practitioner who had any time treated to me in the past I agree that this proposal shall form the basis of the contract should the insurance effected . If after the insurance is effected, it is found that the statement, answers or particulars stated in the Proposal form and its Questionnaire are incorrect or untrue in any respect, the Insurance Company shall incur no liability under this insurance. I have read the Prospectus and I am willing to accept the coverage subject to the terms, conditions and exceptions prescribed by the Insurance Company therein .

Name of the Insured Person/Proposer _____
 (Block Letters)
 Signature of the Insured Person/Proposer _____
 Date _____
 DD / MM/ YY

Place _____
(N.B.) This should necessarily be signed by the Insured person. In case of minor, the proposer may sign on his behalf .

Medical Certification

The Proposer of the insurance Shri / Ms. _____ has been Medically examined by me. I confirm that he is not suffering from any form malignancy and is not under medication for the same.

Signature of the Attending Physician

Name :

Registration No :

Qualification :

Address :

N.B. : Please note that the Attending Physician shall be either general practitioner or family physician of the Proposer. The qualification of the family physician or general practitioner shall be atleast M.B.B.S.