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Email: care@libertyinsurance.in
IRDA of India registration number: 150 ● CIN: U66000MH2010PLC209656

LIBERTY COMPLETE PROTECT GROUP POLICY

PROSPECTUS

INTRODUCTION

Liberty Complete Protect Group Policy is available to anybody Corporate / Association / Institution / Group as defined by IRDA Circular 015/IRDA/Life/Circular/GI Guidelines/2005 dated 14th July 2005.

GENERAL FEATURES

1. **Entry age :**

	Adult	Dependent Child
Minimum entry Age	18 Years	3 months
Maximum entry Age	65 Years	25 Years

*Renewal can be continued life long

2. **Relationship Covered :**

An Individual may cover himself /herself and his or her spouse and dependent children under the policy.

3. **Policy Tenure :**

Non Credit Linked - The Policy will be issued for a period of maximum 1 year

Credit Linked - The Policy will be issued for a period of maximum 5 year

4. **Waiting Period are applicable as per the benefit section opted.**

5. **Pre Policy Medical Checkup :**

We may ask the insured person to undergo medical check up if the insured person age in completed year is above 50 years and or if the sum insured opted under Critical Illness Benefit is 10 Lac and above, and the proposal may be accepted as per the board approved underwriting policy of the Company. This is not applicable for all subsequent renewal(s) involving age slab changes. If the proposal is accepted, we shall refund 50% of the health check-up cost.

Pre Policy Medical Checkup is applicable if Section I and / or Section III is opted.

1. List of tests applicable for the member above 50 years of age:

FME	RUA	FBS	CBC
Lipid profile	LFT	RFT	HbA1c
TMT	PSA (for male)	PAP smear (for female)	USG
Chest X-Ray			

FME – Full Medical examination, RUA (Routine Urine Analysis), FBS (Fasting Blood Sugar), CBC (Complete Blood Count), Lipid profile, TMT (Tread Mill Test), LFT (Liver Function Test), RFT (Renal Function Test), HbA1c, PSA (Prostate Specific Antigen for Males), PAP Smear (females only), USG Abdomen -males & females (Ultrasonogram).

2. List of tests for proposals with SI above INR 10 Lacs:

Sum Insured (INR)	Entry Age			
	20 – 35	36 – 45	46 – 55	56 & Above
10 Lacs to 25 Lacs	NA	NA	Health Form + FME + CBC + RUA + Chest X-ray + Lipid Profile + LFT + HbA1c + TMT + RFT + USG+ Tumour Markers	Health Form + FME + CBC + RUA + Chest X-ray + Lipid Profile + LFT + HbA1c + TMT + RFT + USG + PAP Smear + Tumour Markers
Above 25 Lacs	Health Form + FME + CBC + RUA + Chest X-ray + Lipid Profile + LFT	Health Form + FME + CBC + RUA + Chest X-ray + Lipid Profile + LFT + HbA1c + TMT	Health Form + FME + CBC + RUA + Chest X-ray + Lipid Profile + LFT + HbA1c + TMT + RFT + USG+ Tumour Markers	Health Form + FME + CBC + RUA + Chest X-ray + Lipid Profile + LFT + HbA1c + TMT + RFT + USG + PAP Smear + Tumour Markers

Tumour marker test to be included

a. Carcinoembryonic Antigen (CEA)
b. Prostate-specific Antigen (PSA)

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LIBERTY COMPLETE PROTECT GROUP POLICY

PROSPECTUS

KEY FEATURES

Selection of covers available as per your needs.

- Daily Hospital Cash benefit
- Personal Accident benefit
- Critical Illness benefit
- Vector Borne Diseases benefit
- EMI Protector Benefit
- Loan Protector Benefit

1. This Policy offers selection of cover as per your need by providing options to choose from either of the cover as mentioned below under Section I, II, III or IV
2. Section V can be opted by Primary Insured Person only if Section I and/or Section II (1) and/or Section II (2) and/or Section II (3) and/or Section III, and/ or Section IV(b), benefit(s) is opted under the policy
3. Section VI can be opted by Primary Insured Person only if Section II (1) and/or Section II (2) and/or Section III, is opted under the policy
4. An Insured Person can opt for either Section V or Section VI.

Section I : Daily Hospital Cash Benefit

a. **Daily Hospital Cash Benefit (DHC) - Illness / Injury :** In case of Hospitalization of the Insured Person/s for a Medically Necessary treatment (Including AYUSH Treatment) due to any Illness or accidental bodily Injury sustained or contracted within the Policy Year, for a continuous period of more than the number of days as mentioned in policy schedule, a daily Hospital cash benefit as mentioned in the Schedule to the Policy, shall be payable for every completed 24 hours of Hospitalization, maximum up to the number of days as mentioned in the Schedule to the Policy (inclusive of both ICU & Non-ICU stay) with a maximum period of benefit during the Policy Year as per plan Opted

This benefit is available in Single Event Per Year and Multiple Event Per Year Option as opted and mentioned in the Policy Schedule or Certificate of Insurance.

OR

b. **Daily Hospital Cash (DHC) - Only Accidents:** In case of Hospitalization of the Insured Person/s due to accidental bodily Injury and/or any Illness/sickness arising due to consequences of accidental bodily Injury sustained or contracted during the Policy Year, for a continuous period of more than the number of days as mentioned in policy schedule, a Daily Hospital Cash– Only Accidents as mentioned in the Schedule to the Policy shall be payable, for every completed 24 hours of Hospitalization, maximum up to the number of days as mentioned in the Schedule to the Policy (inclusive of both ICU & Non-ICU stay) with a maximum period of benefit during the Policy Year as per plan Opted

This benefit is available in Single Event Per Year and Multiple Event Per Year Option as opted and mentioned in the Policy Schedule or Certificate of Insurance.

Optional Cover Under Section I

1. **Double ICU Benefit (DIB)- Illness:** In case the Insured Person/s is/are required to be admitted in an Intensive Care Unit (ICU) for a Medically Necessary treatment (Including AYUSH Treatment) due to any Illness not traceable to accidental bodily Injury, for a continuous period of more than the number of days as mentioned in policy schedule, a Daily Hospital Cash Benefit as mentioned in the Schedule to the Policy shall be doubled and payable for every completed 24 hours in an ICU, maximum up to the number of days as mentioned in the Schedule to the Policy. If this cover is admissible, we will then not pay separately for the Daily Hospital Cash benefit or Daily Hospital Cash- Accident under Section I, (a) and (b) of the Policy.

2. **Double ICU Benefit (DIB)- Only Accidents:** In case the Insured Person/s is/are required to be admitted in an Intensive Care Unit (ICU) for a Medically Necessary treatment due to accidental bodily Injury and includes any Illness/sickness arising from such accidental bodily Injury sustained or contracted within the Policy Year, for a continuous period of more than the number of days as mentioned in the policy schedule, a Daily Hospital Cash Benefit or Daily Hospital Cash –Only Accidents as mentioned in the Schedule to the Policy shall be doubled and payable for every completed 24 hours in an ICU, maximum up to the number of days as mentioned in the Schedule to the Policy. If this cover is admissible, we will then not pay separately for the Daily Hospital Cash benefit or Daily Hospital Cash-Accident under Section I, (a) and (b) of the Policy.

3. **Family Floater Cover:** A Policy where the Insured person(s) in a family are insured under a single Sum Insured under Section I. This Section Sum Insured represents the maximum liability for any and all claims made by the Insured person(s) covered under this Family Floater during the Policy Year. Primary Insured Person means the first Insured Person with other members insured under the Policy being treated as secondary members to this Policy. The secondary member/s shall mean his/her lawful spouse &/or two dependent child/children.
Family Floater discount is applicable if this cover is opted. Family discount is not applicable.

4. **Deductible:** It is a cost sharing requirement under this section that provides that the company will not be liable for a specified number of days in case of hospitalization which will apply before any benefits are payable by the company. There are 3 deductible options which the company plans to provide which is 24 hrs or 48 hrs or 72 hrs.

5. **Day Care Procedure Cash (DCP):** In case of Hospitalization of the Insured Person(s) for a Medically Necessary treatment as an inpatient for less than 24 hours in a Hospital or day care center for any of the below listed Procedures, then We will pay Day care Procedure Cash as mentioned in the Schedule to this Policy, for each procedure undertaken, limited to the maximum number of days as mentioned in the Schedule to the Policy.
Total 141 Day care procedures as listed in Policy Wordings are covered.

6. **Waiting Period Waiver**
In consideration of additional premium received by the Company and realization thereof from the Insured/ Insured Person following standard waiting periods applicable under this Section of the policy can be waived for all Insured Person(s) covered under the policy.
6 (1). 30 Days Waiting Period and/or
6 (2). 90 Days Waiting Period and/or
6 (3). First Year Waiting Period and/or
6 (4). Two Year Waiting Period and/or
6 (5). Pre-Existing Disease Waiting Period

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LIBERTY COMPLETE PROTECT GROUP POLICY

PROSPECTUS

Waiting Period Under Section I – Daily Hospital Cash Benefit

1. **Waiting Period Exclusions:**

   a. **30 days Waiting Period: Code Excl03**
      a) 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.
      b) This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
      c) The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

   b. **90 days Waiting Period:** Expenses related to the treatment of Critical illness(s) within 90 days from the first policy commencement date shall be excluded except claims arising due to accidental bodily Injury requiring hospitalization, provided the same are covered

   c. **Specified disease/procedure waiting period- Code- Excl02**
      1. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 12 /24 /48 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
      2. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
      3. 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.
      4. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
      5. If the Insured Person 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.
      6. List of specific diseases/procedures
         i. **First Year (12 months) Waiting Period:**
            During the first Year of operation of this insurance cover, expenses on treatment of the following diseases are not payable: Cataract, Benign Prostatic Hypertrophy, Hernia, Hydrocele, Fistula in anus, piles, Sinusitis and related disorders, Fissure, Gastric and Duodenal ulcers, gout and rheumatism; internal tumors, cysts, nodules, polyps including breast lumps (each of any kind unless malignant); Hysterectomy/ myomectomy for menorrhagia or fibromyoma or prolapse of uterus, polycystic ovarian diseases; skin tumors unless malignant, benign ear, nose and throat (ENT) disorders and surgeries (including but not limited to adenoidectomy, mastoidectomy, tonsillectomy and tympanoplasty); dilatation and curettage (D&C); & Congenital Internal Diseases.
         ii) **Two Year (24 months) Waiting Period:**
            During the first two Years of the operation of this insurance cover, the expenses on treatment of following diseases are not payable: Calculus diseases of Gall bladder and Urogenital system, Hypertension and Diabetes and related complications, Joint Replacement due to Degenerative condition, Surgery for prolapsed inter vertebral disc unless arising from accident, Age related Osteoarthritis and Osteoporosis, Spondylosis / Spondylitis, Surgery of varicose veins and varicose ulcers.
            Diabetes & related complications including but not limited to: Diabetic Retinopathy, Diabetic Nephropathy, Diabetic Foot/Wound, Diabetic Angiopathy, Diabetic Neuropathy, Hypo/Hyperglycemic Shocks.
            Hypertension & related complications including but not limited to: Coronory Artery Disease, Cerebrovascular Accident, Hypertensive Nephropathy, Internal Bleed/Haemorrhages.
            Treatment related to Anxiety (F06, F40-41), Conduct & Mood disorders (F34, F38-39, F92-93, F98), Personality disorders (F60-61, F93) and stress (F43)*
            If these diseases/disorders are pre-existing at the time of proposal or subsequently found to be pre-existing, then Pre-Existing Condition Exclusion ("e" below) shall be applicable.
         iii) **Four Year (48 months) Waiting Period:**
            Treatment of Bipolar (F31), Delirium (F05), Dementia (F00-F03), Depression (F30,F32,F33), Hyperkinetic (F90), Mental retardation (F70-79), Schizophrenia (F20-29), including its complications will be covered post 48 continuous months of this Policy with us. The Waiting Period shall apply unless expressly stated to the contrary elsewhere in this Policy.*
            * The illnesses/diseases mentioned with the coding in the bracket such as F06, F40 are as per the 'International Classification of Diseases (ICD's). ICD defines the universe of diseases, disorders, injuries and other related health conditions, listed in a comprehensive, hierarchical fashion.

   d. **Pre- Existing Disease : 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 36 months of continuous coverage after the date of inception of the first policy with insurer.
      b. In case of enhancement of sum insured the exclusion shall apply afresh top the extent of sum insured increase
      c. If the Insured Person 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 expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of proposal and accepted by Insurer.

Specific Exclusions under Section I – Daily Hospital Cash Benefit

(In addition to General Exclusion)

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary elsewhere in this Policy:

1. **Maternity: Code Excl18**
   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.

1. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident
2. Any OPD treatment
3. Treatment received outside India
4. Charges incurred at Hospital primarily for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness or Injury for which Inpatient Care/Day Care Treatment is required
5. Any charges incurred to procure any medical certificate, treatment or Illness related documents pertaining to any period of Hospitalization or Illness.
6. Alopecia, wigs and/or toupee and all hair or hair fall treatment and products
7. EECP & Chelation Therapy, Rotational Field Quantum Magnetic Resonance (RFQMR) or Cytotron therapy.

Specific Condition applicable to Section I (Hospital Cash Benefit)
The cover as described under this Section, for specific Insured Person/s, shall terminate for that Policy Year in the event of complete utilization of the maximum number of coverage day opted, by one/or more claim as the case may be in respect of that Insured Person/s becoming admissible and accepted by the Company under this Section and the Company admitting liability against this Section I for that Insured Person/s.

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LIBERTY COMPLETE PROTECT GROUP POLICY

PROSPECTUS

Section II : Personal Accident Benefit

This section of the policy if opted provide compensation to the Insured Person, his or her nominee or legal representatives, as the case may be, the sum or sums as set forth in the Tables of Benefits below, subject to the **Section Sum Insured** being the maximum liability of the Company towards injury, solely and directly from accident and resulting in death or disability within 12 (twelve) calendar months of occurrence of such injury. The compensation under more than one benefit for same period of disability shall not exceed the **Section Sum Insured.**

The policy allows the Insured person to choose any one or all the listed benefit coverage (1 /2 /3 or 4) and Optional Cover as per his insurance needs:

Coverage

1. Accidental Death Only
2. Permanent Total disablement Only
3. Permanent Partial disablement Only
4. Temporary Total Disablement Only

Table of Benefits

Coverage	Benefit
Accidental Death	Covered up to 100% of Section Sum Insured
Permanent Total Disability	Covered up to 100% of Section Sum Insured
Permanent Partial disablement Only	Covered as per the Permanent Partial disablement Table of benefit
Temporary Total Disablement Only	Covered up to 1% of the CSI per week or up to maximum of Rs. 100,000 per week or actual wages for a maximum of 104 weeks.

Permanent Total Disablement shall mean

Permanent Total Disability – Table of Benefits Loss of	% of Sum Insured
Limbs (both hands or both feet or one hand and one foot)	100%
Loss of a limb and an eye	100%
Complete and irrecoverable loss of sight of both eye	100%
Complete and irrecoverable loss of speech & hearing of both ears	100%

In this benefit

I. Limb means a hand at or above the wrist or a foot above the ankle.

II. Loss of Limb means physical separation of a limb above the wrist or ankle respectively

In case of physical severance of Limbs, waiting period of 12 months shall not be applicable and the claim would be payable immediately subject to admission of claim as per the Policy terms and conditions and submission of all necessary documents / information and any other additional information required for the settlement of the claim.

Permanent Partial Disability Means:

Permanent Partial Disability – Table of Benefits	
Loss of	**% of CSI**
Each arm at the shoulder joint	70%
Each arm to a point above elbow joint	65%
Each arm below elbow joint	60%
Each hand at the wrist	55%
Each thumb	20%
Each index finger	10%
Each other finger	5%
Each leg above center of the femur	70%
Each leg up to a point below the femur	65%
Each leg to a point below the knee	50%
Each leg up to the center of tibia	45%
Each foot at the ankle.	40%
Each big toe	5%
Each other toe	2%
Each eye	50%
Hearing in each ear	30%
Sense of smell	10%
Sense of taste	5%
Any other Permanent Partial Disability	Percentage as assessed by Registered medical practitioner

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PROSPECTUS

The compensation under more than one event as stated above, for same period of disability shall not exceed the Section Sum Insured stated under this cover.

In case of multiple claims under Permanent Partial Disability arising due to multiple events during the Policy period, the total claim payable amount shall not exceed the Section Sum Insured stated under this cover.

The total liability for payment of compensation for an Insured Person under Accident benefit(s) in aggregate shall not exceed the amount mentioned as Section Sum Insured against each insured person named in the Policy Schedule. On payment of the Sum Insured as referred for all the above benefits, such benefits and relevant extensions shall cease to exist.

Optional Cover Under Section II Personal Accident Benefit

a. Child Education Support:
If the Insured Person suffers an Accident during the Policy Period for which a valid claim has been admitted for Accidental Death or Permanent Total Disability, We will make payment towards child education support of the Insured Person(s)' dependent child /children maximum for two dependent children to the extent of the sum insured mentioned against this benefit.

In case of one child, the benefit payable would be the maximum Sum Insured as specified under this extension and in the case of more than one child, the benefit will be equally divided between maximum two dependent children.
"Dependent Child" refers to a child (natural or legally adopted) below 25 years of age, who is pursuing an educational course as a fulltime student in an Educational Institution.

b. Accidental Medical Expenses
If an Insured Person suffers an Accident during the Policy Period requiring immediate medical treatment following such accident, we will reimburse Reasonable and Customary Charges for Medical Expenses that are incurred towards treatment of such person to the extent of limit/s mentioned in the schedule forming part of the policy, provided a valid claim has been admitted in respect of any of the accident benefit(s) defined in the Table of Benefits.
Specific Exclusions Under Accidental Medical Expenses (In addition to General Exclusion)
a) Any treatment for an existing disability from a previous accident.
b) Vaccination and inoculation of any kind unless forming part of treatment for injury due to an accident as prescribed by the Medical Practitioner.
c) Vitamins and tonics unless forming part of treatment for injury due to an accident as prescribed by the Medical Practitioner.
d) Dietary supplements and substances that can be purchased without prescription, including Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure
e) Any treatment received outside India if accidental injury happened within India
f) Costs incurred on all methods of treatment except Allopathic.
g) Naturopathy treatment.
h) Loss caused directly or indirectly, wholly or partly by Bacterial infections (except pyogenic infections which shall occur through an accident) or any other kind of disease
i) Medical or surgical treatment except as may be necessary solely as a result of injury;

c. Transportation of Mortal Remains
In the event of We, making payment for a claim for Accidental Death, we will reimburse towards
i. Expenses incurred for transportation of the mortal remains from the place of death to Your city of residence/residential place as mentioned in the Policy Schedule provided the place of death is not less than 100 kms from Your normal place of residence.
ii. Our liability to make payment will be actuals or up to the maximum amount as mentioned in the Policy Schedule whichever is lower.

d. Performance of Funeral Ceremony
In the event of We, making payment for a claim for Accidental Death, we will reimburse
i. Expenses incurred for preparation for burial or cremation service of mortal remains
ii. Our liability to make payment will be actuals or up to the maximum amount as mentioned in the Policy Schedule whichever is lower.

e. Ambulance Hiring Charges
Following an Accident, if it is necessary to immediately transfer the Insured Person to the nearest Hospital / Nursing Home by an ambulance offered by a healthcare or an ambulance service provider, then We shall reimburse the actual expenses of the transfer using the shortest route or up to a maximum amount as specified in the Policy Schedule subject to a valid claim admitted under the Accident benefit(s) covers provided under the Policy.

f. Modification of Vehicle/Residence
If the Insured Person suffers an Accident during the Policy Period for which a valid claim has been admitted under Permanent Total Disability or Permanent Partial Disability and, we will reimburse the reasonable expenses incurred to modify Insured Person's residential accommodation and/or vehicle within India and as certified by a Doctor to be necessary, up to the limit as specified in the Policy Schedule.
Special Exclusions: Any modifications or alterations not compliant with the Motor Vehicle Act and Construction of residential houses laws applicable in the respective city / State of India.

g. Permanent Total Disability (Enhanced)
Notwithstanding anything contrary to the terms & conditions under the Permanent Disability benefit cover of the Policy and in consideration of the extra premium charged, it is hereby agreed and declared that, If the Insured Person suffers from an accidental injury during the Policy Period and within 12 (twelve) Calendar months from the date of Accident and this is the sole and direct cause of Permanent Total Disability in one of the ways detailed in the table below, we will pay the percentage of the Section Sum Insured shown in the table:

Permanent Total Disability – Table of Benefits Loss of	Options 1 % of CSI	Options 2 % of CSI	Options 3 % of CSI
Limbs (both hands or both feet or one hand and one foot)	125%	150%	200%
Loss of a limb and an eye	125%	150%	200%
Complete and irrecoverable loss of sight of both eye	125%	150%	200%
Complete and irrecoverable loss of speech & hearing of both ears	125%	150%	200%

For this benefit
i. Limb means a hand at or above the wrist or a foot above the ankle.
ii. Loss of Limb means physical separation of a limb above the wrist or ankle respectively

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LIBERTY COMPLETE PROTECT GROUP POLICY

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Specific Exclusions under Section II – Personal Accident Benefit

(In addition to General Exclusion)

The Company shall not be liable under this Policy for –

1. Death or disability resulting directly or indirectly caused by, contributed to or aggravated or prolonged by childbirth or from pregnancy excluding ectopic pregnancy.

2. Any pre-existing condition/ disability / accidental injury except where the proximate cause of injury is accident.

3. Any claim arising out of Insured Person(s) serving in any branch of the Military or Armed Forces of any country during war or warlike operations.

4. We shall not be deemed to provide cover and shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose us to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

Specific Condition applicable to Section II (Personal Accident Benefit)

a) The cover as described under this Section, for specific Insured Person/s, shall terminate in the event of claim exhausting the liability under this section in respect of that Insured Person/s becoming admissible and accepted by the Company under this Section and the Company admitting liability against Section II for the Insured Person/s.
b) The compensation under more than one benefit for same period of disability shall not exceed the Section II Sum Insured mentioned in the Policy Schedule/ Certificate of Insurance
c) The geographical scope of this benefit will be worldwide; however, the claims shall be settled in India in Indian rupees

Section III : Critical Illness Benefit

A "Critical Illness" shall mean any one of the following critical illness and it is subject to fulfillment of all the terms and conditions as defined in the Policy Wordings for this benefit and as applicable particularly to each Critical Illness-

Option A	Option B	Option C
1. Cancer of Specified Severity	1. Alzheimer's Disease	1. Alzheimer's Disease
2. Kidney Failure Requiring Regular Dialysis	2. Benign Brain Tumor	2. Apallic Syndrome
3. Open Chest CABG	3. Cancer of Specified Severity	3. Aplastic Anemia
4. Major Organ / Bone Marrow Transplant	4. Coma of Specified Severity	4. Bacterial Meningitis
5. Multiple Sclerosis with Persisting Symptoms	5. Deafness	5. Benign Brain Tumor
6. Myocardial Infraction (First Heart Attack of Specified Severity)	6. End Stage Liver Failure	6. Blindness
7. Permanent Paralysis of Limbs	7. Kidney Failure Requiring Regular Dialysis	7. Brain Surgery
8. Stroke Resulting In Permanent Symptoms	8. Loss of Speech	8. Cancer of Specified Severity
9. Surgery to Aorta / Aorta Graft Surgery	9. Major Organ / Bone Marrow Transplant	9. Cardiomyopathy
	10. Medullary Cystic Disease	10. Coma of Specified Severity
	11. Motor Neuron Disease with Permanent Symptoms	11. Creutzfeldt-Jakob Disease (CJD)
	12. Multiple Sclerosis with Persisting Symptoms	12. Deafness
	13. Muscular Dystrophy	13. Encephalitis
	14. Myocardial Infraction (First Heart Attack of Specified Severity)	14. End-Stage Liver Failure
	15. Open Chest CABG	15. End-Stage Lung Failure
	16. Open Heart Replacement or Repair of Heart Valves	16. Fulminant Viral Hepatitis
	17. Parkinson's Disease	17. Goodpasture's Syndrome
	18. Permanent Paralysis of Limbs	18. Kidney Failure Requiring Regular Dialysis
	19. Pneumonectomy	19. Loss of Speech
	20. Primary (Idiopathic) Pulmonary Hypertension	20. Loss of Limbs
	21. Pulmonary Artery Graft Surgery	21. Major Head Trauma
	22. Stroke Resulting In Permanent Symptoms	22. Major Organ / Bone Marrow Transplant
	23. Surgery to Aorta / Aorta Graft Surgery	23. Medullary Cystic Disease
	24. Systemic Lupus Erythematosus	24. Motor Neuron Disease with Permanent Symptoms
	25. Third-Degree Burns (Major Burns)	25. Multiple Sclerosis with Persisting Symptoms
		26. Multiple System Atrophy
		27. Muscular Dystrophy
		28. Myocardial Infarction (First Heart Attack of Specified Severity)
		29. Open Chest CABG / Coronary Artery Bypass Surgery
		30. Open Heart Replacement or Repair of Heart Valves
		31. Parkinson's Disease
		32. Permanent Paralysis of Limbs
		33. Pneumonectomy
		34. Primary (Idiopathic) Pulmonary Hypertension
		35. Progressive Supranuclear Palsy
		36. Progressive Scleroderma
		37. Pulmonary Artery Graft Surgery
		38. Pulmonary-Renal Syndrome
		39. Severe Rheumatoid Arthritis
		40. Stroke Resulting in Permanent Symptoms
		41. Surgery to Aorta / Aorta Graft Surgery
		42. Systemic Lupus Erythematosus
		43. Third-Degree Burns (Major Burns)

Descriptions of Critical Illnesses / Insured Conditions – Refer Policy Wordings

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IRDA of India registration number: 150 ● CIN: U66000MH2010PLC209656

LIBERTY COMPLETE PROTECT GROUP POLICY

PROSPECTUS

Optional Cover under Section III – Critical Illness Benefit

1. **Option to Waive 30-Day Survival Period:**
   If you specify that you would like to opt this cover for waiving the Survival Period from the date of diagnosis, We will apply an additional pricing to the premium payable. If you opt for this Optional feature, and you submit a duly filled claim form along with specified documents, a claim can be valid and payable without completion of the Survival Period.

2. **Waiting Period Waiver**
   In consideration of additional premium received by the Company and realization thereof from the Insured/ Insured Person following standard waiting periods applicable under this Section of the policy can be waived for all Insured Person(s) covered under the policy.
   2(1). 90 Days Waiting Period and/or
   2(2). Two Year Waiting Period and/or
   2(3). Pre-Existing Disease Waiting Period

Waiting Period under Section III – Critical Illness Benefit

1. **90 days Waiting Period:** A waiting period of 90 days from the commencement date of the first Policy will apply to Critical Illness (es) contracted other than accidental bodily Injury requiring Hospitalization

2. **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 36 months of continuous coverage after the date of inception of the first policy with insurer.
   b) In case of enhancement of sum insured the exclusion shall apply afresh top the extent of sum insured increase
   c) If the Insured Person 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 expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

3. **Specified disease/procedure waiting period- Code- Excl02**
   a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 /48 months of continuous coverage 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 the Insured Person 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
      1. **Two Year (24 months) Waiting Period:**
         Treatment related to Anxiety (F06, F40-41), Conduct & Mood disorders (F34, F38-39, F92-93, F98), Personality disorders (F60-61, F93) and stress (F43)*
         If these diseases/disorders are pre-existing at the time of proposal or subsequently found to be pre-existing, exclusion below shall be applicable.
      2. **Four Year (48 months) Waiting Period:**
         Treatment of Bipolar (F31), Delirium (F05), Dementia (F00-F03), Depression (F30,F32,F33), Hyperkinetic (F90), Mental retardation (F70-79), Schizophrenia (F20-29), including its complications will be covered post 48 continuous months of this Policy with us. The Waiting Period shall apply unless expressly stated to the contrary elsewhere in this Policy.*
         * The illnesses/diseases mentioned with the coding in the bracket such as F06, F40 are as per the 'International Classification of Diseases (ICD's). ICD defines the universe of diseases, disorders, injuries and other related health conditions, listed in a comprehensive, hierarchical fashion.

4. **Survival Period:**
   A claim for an insured condition becomes valid and payable if the insured person survive for 30 days after the insured condition.

Specific Exclusion under Section III – Critical Illness Benefit

(In addition to General Exclusion)

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.

1. If the Insured Person does not submit a medical certificate from the Doctor evidencing diagnosis of Illness or Injury or occurrence of the medical event or the undergoing of the medical / surgical procedure in relation to the claim of the particular Insured Person.
2. Any Critical Illness arising out of use, abuse or consequence or influence of any substance (substances that are abused like illegal drugs, opioids, marijuana etc) intoxicant, drug, alcohol or hallucinogen.
3. Any illness which is not a part of the listed Critical Illness, as mentioned under Section III of the Policy and/or not opted by the Insured/Insured Person/s.

Specific Condition applicable to Section III (Critical Illness Benefit)

a) The cover as described under this Section, for specific Insured Person/s, shall terminate in the event of one claim in respect of that Insured Person/s becoming admissible and accepted by the Company under this Section and the Company admitting liability against Section III for the Insured Person/s.
b) The geographical scope of this benefit will be worldwide; however, the claims shall be settled in India in Indian rupees

Section IV : Vector Borne Diseases Benefit

a. **In-patient Hospitalization Benefit**
This is a mandatory cover under this Section.
We will pay the Section Sum Insured for the policy year in the manner as specified in the Policy Schedule or Certificate of Insurance to an Insured Person due to medically necessary Hospitalization of an Insured Person due to;
1. Plan A - Dengue Fever
2. Plan B – Malaria
3. Plan C - Other Vector Borne Diseases listed below
   a. Chikungunya
   b. Japanese Encephalitis
   c. Kala-azar
   d. Lymphatic Filariasis
   e. Zika Virus

which is/are covered as specified in the Policy Schedule or Certificate of Insurance and contracted during the Policy Year and as defined and opted under the Policy subject to waiting Period as specified in the policy schedule.

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b. Double Vector Borne Diseases Benefit

We will pay the Section Sum Insured against this Benefit as specified in the Policy Schedule/Certificate of Insurance if the insured person is diagnosed and/or hospitalized for the 2nd time for the same Vector Borne disease for which the claim was admissible in Section 4(a) provided the 2nd diagnosis and/or hospitalisation is within 7 days from the date of discharge of 1st hospitalisation and with the severity as defined below.

1) **Plan A - Dengue Fever**

Dengue Shock Syndrome is a complication of Dengue haemorrhagic fever which is a potentially fatal complication of dengue causing an

i. enlarged liver with shock (a sudden drop in blood pressure),
ii. irregular breathing,
iii. dilated pupils
iv. circulatory system failure
v. damage to the lymphatic system
vi. Encephalopathy presenting with dengue encephalitis associated with development of seizures and altered sensorium.

2) **Plan B – Malaria**

i. Cerebral malaria affects the brain, which can cause brain to swell, sometimes leading to permanent brain damage altered mental status, or multiple seizures with P falciparum in the blood
ii. Other severe complications like
- Liver failure and Hepatic Toxicity
- Shock – a sudden drop in blood pressure,
- ARDS (acute respiratory distress syndrome)
- Acute Renal Failure
- Swelling and Rapture of Spleen

3) **Plan C - Other Vector Borne Diseases listed below**

i. Chikungunya - Severe complications such as liver failure, myocarditis/pericarditis, encephalitis, pneumonia, renal failure, and pancreatitis
ii. Japanese Encephalitis - Underlying injury to the brain, leading to memory loss and personality behaviour changes and epilepsy.
iii. Kala-azar – Visceral leishmaniasis – Causing damage to Liver, spleen, and septicaemia
iv. Lymphatic Filariasis – Payable only once in a lifetime The most common symptom of elephantiasis is swelling of body parts. The swelling tends to happen in the below most common
a. legs
b. genitals
c. breasts
d. arms
v. Zika Virus - Neurologic complications in adults and children, including Guillain-Barré syndrome, neuropathy and myeliti

Optional Cover under Section IV – Vector Borne Diseases Benefit

1. Waiting Period Waiver

In consideration of additional premium received by the Company and realization thereof from the Insured/ Insured Person, following standard waiting periods applicable under this Section of the policy can be waived for all Insured Person(s) covered under the policy.

1(1). 30 Days Waiting Period and/or
1(2). 60 Days Waiting Period

Specific Condition applicable to Section IV (Vector Borne diseases Benefit)

a) If We pay the claim for any of the listed vector borne diseases under Section IV(a) then this Policy shall cease for the named Insured Person, as the case may be for that Policy Year. However, in case of multiyear policy, the sum insured shall get reinstated automatically for the next Policy Year.
b) The cover as described under Section IV(b), for specific Insured Person/s, shall terminate in the event of one claim in respect of that Insured Person/s becoming admissible and accepted by the Company under this Section

Waiting Period under Section IV - Vector Borne Diseases Benefit

1. 30 days Waiting Period: Code Excl03

a) 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.
b) This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
c) The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

2. If the Policy is opted after occurrence of any of the listed vector borne diseases, 60 days waiting period shall be applicable for the specific ailment from date of revious admission. However,
a. Single Year Policy - Once a benefit is paid under this section during the Policy Period and the Named Insured Person renews the Policy, in such scenario for the renewal Policy, 60 days waiting period from date of previous admission would apply for the specific ailment of which a claim has been paid.
b. Multi-Year Policy - Once a benefit is paid under this section during the Policy Year and the policy is continued for the next policy year in case of long term policy, in such scenario 60 days waiting period from date of previous admission would apply for the specific ailment of which a claim has been paid.

3. If the Policy is renewed post 60 days from the date of admission of the previously paid claim for the named Insured Persons, then a fresh waiting period of 15 days shall apply for all listed vector borne diseases.

Specific Exclusion under Section IV - Vector Borne Diseases Benefit

(In addition to General Exclusion)

We will not make any payment for any claim in respect of the Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this Policy;

1) Pre-existing Lymphatic Filariasis at the time of taking the policy is excluded for lifetime
2) Any OPD Treatment
3) Any Treatment taken for any illness other than for vector borne diseases as listed in Section IV
4) Admission to hospital for less than 24 hours
5) Diagnosis and treatment outside India.

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LIBERTY COMPLETE PROTECT GROUP POLICY

PROSPECTUS

Section V: EMI Protector Benefit

Coverage under this Benefit Section is available only to the Primary Insured Person named in the Certificate of Insurance, if Section I and/or Section II (1) and/or Section II (2) and/or Section II (3) and/or Section III and/or Section IV(b), is opted under the Policy. This benefit section is not available if only TTD benefit is opted under Section II and if only Inpatient Hospitalization is opted under Section IV.

If the Section Sum Insured opted is less than the Loan Amount, then the EMI payable will be in proportion to the Section Sum Insured opted and will not be the actual EMI corresponding to the Loan amount. In any case, the EMI payable cannot exceed the actual EMI. The benefit under this Section is available only for the Loan taken in the name of the Primary Insured Person within India.
Insured Event: For the purposes of this Section and the determination of the Company's liability under it, Insured Event in relation to the Primary Insured Person, shall mean -

a) For Section I (Daily Hospital Cash Benefit)
   - In case of an admissible claim under Section I and Hospitalization + Recovery /Bed Rest as prescribed by treating doctor exceeds the number of days mentioned below, in such case we shall pay the number of EMI as applicable below. In any case the monthly EMI payable shall not exceed the actual monthly EMI
     - Greater than 21 days – 1 EMI will be payable
     - Greater than 45 days – 2 EMI will be payable
     - Greater than 70 days – 3 EMI will be payable

b) For Section II (Personal Accident Benefit)
   - If a claim is admissible under Section II as per the Table of Benefits, under sub-sections AD/PTD/PPD, as opted, then we shall pay the number of EMIs as specified in the Policy Schedule/Certificate of Insurance or Actuals whichever is less, subject to the Policy terms and conditions.

c) For Section III (Critical Illness Benefit)
   - If a claim is admissible under Section III then we shall Pay the number of EMIs as specified in the Policy Schedule/Certificate of Insurance or Actuals whichever is less, subject to the Policy terms and conditions.

d) For Section IV (Vector Born Disease Benefit)
   - If a claim is admissible under Section IV (b), then we shall pay the number of EMIs as specified in the Policy Schedule/Certificate of Insurance or Actuals whichever is less, subject to the Policy terms and conditions.

Specific Condition Applicable to Section V
The cover as described under this Section, for Primary Insured Person, shall terminate in the event of one claim in respect of that Insured Person becoming admissible and accepted by the Company under this Section

Exclusion under Section V – EMI Protector Benefit

Section Specific exclusion and General Exclusions are applicable as per Benefit Section opted and mentioned under the Schedule to the Policy or Certificate of Insurance.

Section VI: Loan Protector Benefit

Coverage under this Benefit Section is available only to the Primary Insured Person named in the Certificate of Insurance, if Section II (1) and/or Section II (2) and/or Section III, is opted under the Policy.

If the Section Sum Insured opted is less than the Loan Amount, then the Principal Outstanding Loan Amount payable will be in proportion to the Section Sum Insured opted and will not be the actual Loan amount corresponding to the Loan account. In any case, the Principal Outstanding Loan Amount payable cannot exceed the actual outstanding amount.

Specific Condition Applicable to Section VI
The cover as described under this Section, for Primary Insured Person, shall terminate in the event of one claim in respect of that Primary Insured Person becoming admissible and accepted by the Company under this Section

Exclusion under Section VI – Loan Protector Benefit

Section Specific exclusion and General Exclusions are applicable as per Benefit Section opted and mentioned under the Schedule to the Policy or Certificate of Insurance.

General Exclusions applicable to all sections

We will not make any payment for any claim in respect of any Insured Person/s directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary elsewhere in this Policy:

1) Treatment taken from anyone who is not registered as Medical Practitioners under respective Medical Councils or from a Medical Practitioner who is practicing outside the discipline for which he is licensed, or the treatment is undertaken from an immediate family member or any kind of self-medication.

2) Congenital external diseases, defects or anomalies.

3) Birth control procedures and hormone replacement therapy.

4) **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 as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled person
   (ii) Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

5) **Obesity /Weight Control: Code-Excl06**
   Expenses related to the surgical treatment of obesity that does not full fill all the below condition
   (i) Surgery to be conducted is upon the advice of the doctor
   (ii) The Surgery/procedures conducted should be supported by clinical protocols
   (iii) The member has to be 18 years of age or older and

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(iv) Body Mass Index (BMI)
- (1) Greater than or equals to 40 or
- (2) Greater than or equals to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
  - (a) Obesity related cardiomyopathy
  - (b) Coronary Heart disease
  - (c) Severe Sleep Apnea
  - (d) Uncontrolled Type2 Diabetes

6) **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.

7) **Cosmetic or Plastic Surgery: Code-Excl08**
Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an accident, burns 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.

8) **Hazardous and Adventure Sports: Code-Excl09**
Expenses related to any treatment necessitated due to participation 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.

9) **Breach of Law: Code-Excl10**
Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit breach of law with criminal intent.

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

11) Treatments received in heath 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**

12) **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.

13) **Sterility and Infertility: Code-Excl17**
Expenses related to sterility and infertility. This includes:
- a) Any type of contraception sterilization
- b) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- c) Gestational Surrogacy
- d) Reversal of sterilization

14) 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.

15) Dental care or surgery except as occasioned by Accidental Injury and requiring hospitalization.

16) Nuclear, chemical or biological 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:
- (i) 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.
- (ii) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
- (iii) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.

17) Any expenses incurred on Domiciliary Hospitalization and OPD treatment

18) Any claim of the Insured Person
- i) from intentional self-injury, suicide or attempted suicide
- ii) whilst under the influence of liquor or drugs or other intoxicants except where the insured person is not directly responsible for the injury / accident though under influence of intoxication.
- iii) as a result of active participation in any violent labour disturbance, riot or civil commotion or public disorder
- iv) driving any vehicle without a valid driving licence
- v) whilst engaging as a driver, co-driver or passenger of a vehicle engaging in speed contest or racing of any kind or participating in a trail run.

19) Any loss whilst flying or taking part in aerial activities (including cabin crew) except as a fare-paying passenger in a regular Scheduled airline or Air Charter Company.

Fare paying passenger includes person travelling through some concession or benefit in terms of valid boarding pass / voucher

20) Expenses for treatment directly arising from or consequence upon any insured person participating in an actual or attempted felony, riot, crime, misdemeanor or civil commotion.

21) Any claim caused by or contributed to or arising from-
- i) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel and for the purpose hereof, combustion shall include any self-sustaining process of nuclear fission; or
- ii) Nuclear weapons material

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LIBERTY COMPLETE PROTECT GROUP POLICY

PROSPECTUS

General Terms & Conditions

1. Premium Payment in Installments

If the insured person has opted for payment of premium on an installment basis i.e. Half Yearly, Quarterly or Monthly as mentioned in the certificate of insurance, the following conditions shall apply (notwithstanding any terms contrary elsewhere in the policy). This facility needs to be opted before inception of the policy and opting ECS/SI payment mode.

i. Grace Period of 15 days would be given to pay the instalment premium due for the policy.
ii. During such grace period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company.
iii. The insured person will get the accrued continuity benefit in respect of the "Waiting Periods" in the event of payment of premium within the stipulated grace Period.
iv. No interest will be charged If the instalment premium is not paid on due date.
v. In case of instalment premium due not received within the grace period, the policy will get cancelled.
vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
vii. The company has the right to recover and deduct all the pending installments from the claim amount due under the policy.
viii. in case the claim amount is less than the balance premium installment, no claim will be payable till the balance premium installment is recovered.

The total premium applicable for a yearly or long-term policy tenure shall be collected by us not later than first year of the policy.

Please review the installment payment terms on the right, which apply to standard premiums.

Installment Frequency	% of Annual Premium
Half Yearly	51%
Quarterly	26%
Monthly	8.75%

2. Cancellation

The Company may cancel the Policy at any time on grounds of misrepresenation, non-disclosure of material facts , fraud by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresenation ,non-disclosure of material facts or fraud.

The policyholder may cancel this policy by giving 15 days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.

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 the insured person under the policy.

One time premium paid					
Cancellation period	1 Year Policy	2 Year Policy	3 Year Policy	4 Year Policy	5 Year Policy
Up to 1 Month	75.00%	87.50%	87.50%	87.50%	87.50%
Up to 3 Months	50.00%	75.00%	75.00%	80.00%	80.00%
Up to 6 Months	25.00%	62.50%	70.00%	75.00%	75.00%
Up to 9 Months	NIL	50.00%	60.00%	70.00%	70.00%
Up to 12 Months	NIL	42.00%	55.00%	65.00%	65.00%
Up to 15 Months	NIL	25.00%	50.00%	60.00%	60.00%
Up to 18 Months	NIL	12.50%	40.00%	55.00%	55.00%
Up to 24 Months	NIL	NIL	25.00%	45.00%	50.00%
Up to 30 Months	NIL	NIL	15.00%	30.00%	40.00%
Up to 36 Months	NIL	NIL	NIL	20.00%	30.00%
Up to 42 Months	NIL	NIL	NIL	10.00%	25.00%
Up to 48 Months	NIL	NIL	NIL	NIL	15.00%
Up to 54 Months	NIL	NIL	NIL	NIL	8.00%
Up to 60 Months	NIL	NIL	NIL	NIL	NIL

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LIBERTY COMPLETE PROTECT GROUP POLICY

PROSPECTUS

Installment Premium

Cancellation Period	1 Year Policy			2 Year Policy			3 Year Policy			4 Year Policy			5 Year Policy		
	Mthly.	Qtly.	Half-Yearly	Mthly.	Qtly.	Half-Yearly	Mthly.	Qtly.	Half-Yearly	Mthly.	Qtly.	Half-Yearly	Mthly.	Qtly.	Half-Yearly
Up to 1 Mth	NIL	NIL	20%	NIL	NIL	25%	NIL	10%	35%	NIL	10%	35%	10%	10%	35%
Up to 3 Mths	NIL	NIL	NIL	NIL	NIL	25%	NIL	10%	30%	10%	10%	30%	10%	10%	30%
Up to 6 Mths	NIL	NIL	NIL	10%	10%	10%	20%	20%	25%	20%	20%	25%	25%	25%	25%
Up to 9 Mths	NIL	NIL	NIL	20%	25%	30%	30%	30%	45%	35%	35%	50%	35%	35%	55%
Up to 12 Mths	NIL	NIL	NIL	35%	40%	40%	35%	35%	40%	50%	50%	50%	50%	50%	50%
Up to 15 Mths	NIL	NIL	NIL	NIL	NIL	NIL	30%	30%	30%	45%	45%	45%	50%	50%	50%
Up to 18 Mths	NIL	NIL	NIL	NIL	NIL	NIL	30%	30%	30%	40%	40%	40%	40%	40%	40%
Up to 24 Mths	NIL	NIL	NIL	NIL	NIL	NIL	20%	20%	20%	30%	30%	30%	35%	35%	35%
Up to 30 Mths	NIL	NIL	NIL	NIL	NIL	NIL	10%	10%	10%	20%	20%	20%	30%	30%	30%
Up to 36 Mths	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	15%	15%	15%	25%	25%	25%
Up to 42 Mths	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	10%	10%	10%	20%	20%	20%
Up to 48 Mths	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	10%	10%	10%
Up to 54 Mths	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	5%	5%	5%
Up to 60 Mths	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL

3. **Possibility of Revision of Terms of the Policy Including the Premium Rates**
The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected

4. **Migration**
The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company by applying for migration of the policy atleast 30days before policy renewal date as per extant Guidelines related to Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, as per Guidelines on migration, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as per below:
   i. The waiting periods as specified above for applicable sections shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.
   ii. Migration benefit will be offered to the extent of sum of previous sum insured and accrued bonus/multiplier benefit (as part of the base sum insured), migration benefit shall not apply to any other additional increased Sum Insured.

   For Detailed Guidelines on Migration, kindly refer the link https://www.libertyinsurance.in/

5. **Portability**
The Insured Person will have the option to port the Policy to other insurers by applying to such other insurer by applying to such other insurer to port the entire policy along with al the members of the family, if any atleast 45 days before but not earlier that 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 as per Guidelines on portability, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as under:
The waiting periods as specified above for applicable sections shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.
Portability benefit will be offered to the extent of sum of previous sum insured and accrued bonus (as part of the base sum insured), portability benefit shall not apply to any other additional increased Sum Insured.

   For Detailed Guidelines on Portability, kindly refer the link https://www.libertyinsurance.in/

6. **Notification of Claim**
It is a condition precedent to our liability hereunder that written notice of claim must be given by the Insured Person/Nominee/Legal Heir, as applicable, to the Company within 15 days after an actual or potential loss begins or as soon as is reasonably possible and, in any event, not later than 30 days after an actual or potential loss begins.

   Claim Intimation for Hospital Cash Benefit / Vector Borne Diseases.
You shall intimate the Claims to us within 2 days hospitalization or diagnosis of Vector Borne Diseases as the case may be or as specified in the policy schedule through any available mode of communication as specified in the Policy, Health Card or our Website

   However, the Company may condone the delay on merits of the claim subject to getting satisfied that the delay in notification was due to reasons beyond the control of the Insured Person/Nominee/Legal Heir.

7. **Time for Filing Claim Documents**
Completed Claim Forms and written evidence of loss must be furnished to us within 30 days after the date of such accident. Failure to furnish such evidence within the time required shall not invalidate nor reduce any claim if the Insured Person/Nominee/Legal Heir can satisfy the company that it was not reasonably

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possible for the Insured Person/Nominee/Legal Heir to submit the requisite proof / documents within the prescribed time.
The above time limit will not apply to claims pending action or claims subject to arbitration proceedings. .

8. Claim Procedure

It is a condition precedent to the Company's liability that upon the discovery or happening of any loss that may give rise to a claim under this Policy, the Insured Person/Nominee/Legal Heir, as applicable, shall undertake the following:

The claim has to be intimated to the Company directly or through the group administrator.

The following information should be furnished by the Insured Person/s while intimating a claim:

1. Insured Person's contact numbers
2. Policy Number
3. Location, Date and Time of Loss
4. Whether Police authorities has been informed (in case of Road/Rail Accident claim)
5. Name of the Insured Person(s) named in the Policy schedule/Certificate of Insurance availing treatment,
6. Nature of disease/illness/injury,
7. Name and address of the attending Medical Practitioner/Hospital
8. Date and time of event as applicable
9. Date of admission

Claims Processing and Settlement

1. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
2. In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
3. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle the claim within 45 days from the date of receipt of last necessary document.
4. In case of delay beyond stipulated 45 days the company shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

Bank rate shall mean the rate fixed by Reserve Bank of India at the beginning of the financial year in which claim have fallen due.

Claims processing and settlement will be as per Protection of Policy Holder's Interest,
Regulation 2017 as amended from time to time.

Proof satisfactory to the Company shall be furnished on all matters upon which a claim is based. Any Medical Officer or other representative of the Company shall be allowed to examine the Insured/Insured Person on the occasion of any alleged injury or disability when and so often as the same may reasonably be required on behalf of the Company. Such evidence as the Company may from time to time require shall be furnished within the space of fourteen days after demand in writing.

No person other than the Insured /Insured Person(s) and/ or nominees named in the proposal and/ or Legal Hair can claim or sue us under this Policy.

Section I: Daily Hospital Cash:

1. Duly Filled and signed claim form;
2. Copy of discharge summary/ Final bill/ investigation reports.
3. Photo ID proof of the insured member whose name the payment is to be done.
4. Address proof of the insured member whose name the payment is to be done.
5. NEFT mandate form filled by deceased / Insured Person in whose name the payment is to be done
6. Indoor case papers from hospital.

Section II: Personal Accident benefit

A. Accidental Death

1. Duly filled and signed claim form.
2. FIR / MLC from police authorities.
3. Driving License of the Insured Person in case death or injury because of Road Traffic accident and the Insured Person was driving the vehicle involved.
4. Death Certificate issued by competent Authorities.
5. Death Summary from the Hospital Authorities if death is confirmed by the Hospital.
6. Post Mortem Report if conducted (Viscera report may asked in case chemical analysis preserved)
7. Inquest / Panchnama Report.
8. Letter from HR stating the attendance closure to the incident in case if employee for Group policies.
9. Indemnity Bond / Succession Certificate/ Legal Heir Certificate.
10. Latest Photograph of the beneficiary / Insured Person / Legal Heirs in whose name the payment is to be done.
11. Photo ID proof of the beneficiary / Insured Person / Legal Heirs in whose name the payment is to be done.
12. Address proof of the beneficiary / Insured Person / Legal Heirs in whose name the payment is to be done.
13. NEFT mandate form filled by beneficiary / Insured Person / Legal Heirs in whose name the payment is to be done
14. Outstanding Loan Statement

B. PTD/PPD Claim Check List:

a. Duly filled and signed claim form
b. FIR / Medico Legal Case (MLC) report from police authorities.
c. Driving License of the Insured Person in case of injury because of Road Traffic accident and the Insured Person was driving the vehicle involved.
d. Medical Certificate from the attending Medical Practitioner for the injury indicating the extent of disability.
e. Hospital / Nursing Home Medical Records.
f. Radiological / X Ray report relevant to the disability.
g. Photographs of the insured showing affected area.
h. Photo ID proof of the deceased / Insured Person in whose name the payment is to be done.
i. Address proof of the deceased / Insured Person in whose name the payment is to be done.
j. NEFT mandate form filled by deceased / Insured Person in whose name the payment is to be done.
k. Disability Certificate from Civil Surgeon in PPD & PTD Claim.

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IRDA of India registration number: 150 ● CIN: U66000MH2010PLC209656

C. TTD Claim Check List

1. Duly filled and signed claim form
2. FIR / MLC from police authorities.
3. Driving License of the Insured Person in case of injury because of Road Traffic accident and the Insured Person was driving the vehicle involved.
4. Medical fitness certificate from the Treating consultant indicating duration of rest medically advised
5. Hospital / Nursing Home Medical Records.
6. Radiological / X Ray report relevant to the disability.
7. Leave certificate from HR (for salaried people) if employee for Group policies.
8. Salary certificate / income proof if employee for Group policies.
9. Photo ID proof of the deceased / Insured Person in whose name the payment is to be done.
10. Address proof of the deceased / Insured Person in whose name the payment is to be done.
11. NEFT mandate form filled by deceased / Insured Person in whose name the payment is to be done.

Optional Cover Under Section II Personal Accident Benefit

A. Child Education Support:

1. Proof of number of dependent child /children viz. Ration card
2. Age proof of the dependent child /children
3. Proof of education and payment of fee

B. Accidental Medical Expenses

1. Copy of document of hospitalization/medical treatment
2. Certificate from treating doctor about the diagnosis and line of treatment given during hospitalization/medical treatment
3. Bills and receipts towards medical expenses.
4. Copy of the test reports
5. Hospital / Nursing Home Medical Records, when required for verification of claims.

C. Transportation of Mortal Remains:

1. Bills and receipt towards cost of transportation of the mortal remains to the place of residence/hospital and/or cremation/burial ground.
2. NEFT mandate form filled by deceased / Insured Person in whose name the payment is to be done

D. Performance of Funeral Ceremony

1. Bills and receipt towards expenses relevant to funeral ceremony
2. NEFT mandate form filled by deceased / Insured Person in whose name the payment is to be done

E. Ambulance Hiring Charges

1. Bills and receipt towards cost of ambulance services
2. NEFT mandate form filled by deceased / Insured Person in whose name the payment is to be done

F. Modification of Vehicle/Residence

1. Permanent Total Disability / Permanent Partial Disability related documents
2. Bills and receipts towards vehicle or residence modifications

Section III: Critical Illness Benefit:

1. Dully filled & signed claim form
2. Investigation reports, Histological report or Scan/ X Ray Plates, etc. as applicable confirming diagnosis of the indicated Critical Illness
3. All Documents prior and after, related to the diagnosis of indicated critical illness
4. Medical certificate from the certified Physician confirming the diagnosis of Indicated critical illness
5. NEFT mandate form filled by deceased / Insured Person in whose name the payment is to be done

Section IV: Vector Borne Diseases Benefit

A. In-patient Hospitalization Benefit

1. Duly Filled and signed claim form;
2. Copy of discharge summary/ Final bill/ investigation reports.
3. Photo ID proof of the insured member whose name the payment is to be done.
4. Address proof of the insured member whose name the payment is to be done.
5. NEFT mandate form filled by deceased / Insured Person in whose name the payment is to be done
6. Indoor case papers from hospital.

B. Double Vector Borne Diseases Benefit:

1. Duly filled and signed claim form.
2. Copy of discharge summary/ Final bill/ investigation reports
3. Indoor case papers from hospital
4. Latest Photograph of the beneficiary / Insured Person / Legal Heirs in whose name the payment is to be done.
5. Photo ID proof of the beneficiary / Insured Person / Legal Heirs in whose name the payment is to be done.
6. Address proof of the beneficiary / Insured Person / Legal Heirs in whose name the payment is to be done.
7. NEFT mandate form filled by beneficiary / Insured Person / Legal Heirs in whose name the payment is to be done

Section V & VI: EMI Protector and Loan Protector Benefit:

1. Duly completed claim form;
2. Certificate if applicable from the Bank stating the amortization schedule, the EMI Amounts, Principal Outstanding, etc.
3. Certificate from the employer of the Insured Person confirming the termination, dismissal temporary suspension or retrenchment from employment of the Insured person furnishing the date of termination, dismissal, temporary suspension or retrenchment from employment of the Insured Person with the reasons for the same. In case of temporary suspension the period of suspension should also be mentioned in such certificate.
4. Any other document as may be required by the Company.
5. Photo Id & Address Proof of insured member
6. NEFT mandate form filled by beneficiary / Insured Person / Legal Heirs in whose name the payment is to be done

We may call for additional documents/ information as relevant and necessary for processing of the claim.
In case you are covered under multiple policies which provide fixed benefits, on the occurrence of the insured condition, we shall make the claim payments as per terms and conditions of this policy, independent of payments received by you under other similar polices

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IRDA of India registration number: 150 ● CIN: U66000MH2010PLC209656

No person other than the Insured /Insured Person(s) and/ or nominees named in the proposal and/ or Legal Hair can claim or sue us under this Policy.

In the event of the original documents being provided to any other Insurance Company or to a reimbursement provider, the Company shall accept properly verified photocopies of such documents attested by such other Insurance Company/ reimbursement provider.

9. Renewal of Policy

The Policy shall ordinarily be renewable except on the grounds of fraud, moral hazard or misrepresentation by the Insured/Insured Person.

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 the insured person 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 the continuity of benefits without break in policy. Coverage is not available during grace period.

v. No loading shall apply on renewals based on individual claims experience

10. Withdrawal of Product

In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy. Insured Person will have the option to migrate to similar health insurance product available with the Company 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.

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