

# A Long Term Unit Linked Health Insurance Plan for You and Your Family

## Table No. 901

“When it comes to health insurance, I trust only LIC.”

**LIC**  
भारतीय जीवन बीमा निगम  
LIFE INSURANCE CORPORATION OF INDIA

Presenting

**LIC's HEALTH PLUS**  
UNIT LINKED HEALTH INSURANCE PLAN

- Hospital Cash Benefit
- Major Surgical Benefit
- Domiciliary Treatment Benefit
- Your Money Grows in Units
- Income Tax Benefits

Toll free No: 1800-425-9876 • SMS health+city name-56677  
• Mobile No. 9440512000 • Email: health@licindia.com

www.licindia.in

Tarun Kumar Bansal  
LIC Agent, Rohini, Delhi  
9899212115, tarun.lic@gmail.com

IN THIS POLICY, THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICYHOLDER  
FOR FULL DETAILS OF POLICY CONDITIONS & PRIVILEGES, PLEASE REFER TO THE POLICY DOCUMENT OR CONTACT OUR NEAREST BRANCH OFFICE

**Health** is a major concern on everybody's mind these days. With sky rocketing medical expenses, the possibility of any illness leading to hospitalization or surgery is a constant source of anxiety unless the family has actively provided for funds to meet such an eventuality. Most families rarely provide for healthcare, and even if they do, it is grossly inadequate.

Given this scenario, LIC has launched *Health Plus* plan, a unique long term health insurance plan that combines health insurance covers for the entire family (husband, wife and the children) – *Hospital Cash Benefit* (HCB) and *Major Surgical Benefit* (MSB) along with a ULIP component (investment in the form of Units) that is specifically designed to meet domiciliary treatment (DTB) related expenses for the insured members.

## I. Vital Information

1. Age	Principal Insured	Spouse Insured	Child Insured
Minimum Policy Entry Age - Age Last Birthday	18	18	3 months
Maximum Age – HCB Cover - Age Last Birthday	18	18	3 months
Minimum Age – MSB Cover - Age Last Birthday	18	18	18
Maximum Entry Age - Age Nearer Birthday	55	55	17

## 2. Premium Payment

<b>Mode of Payment</b>	Yearly, Half-Yearly, & Monthly (ECS mode only)
<b>Minimum Annual Premium Conditions</b>	
<b>Number of Lives covered</b>	Higher of the two conditions in each category listed below:
<b>Single Life</b>	6 times the HCB of the Principal Insured <b>OR</b> Rs.5000 p.a.
<b>Two Lives</b>	The arithmetic sum of 6 times the HCB of PI and 3 times the HCB of the second insured. <b>OR</b> Rs.7500 p.a.
<b>More than two Lives</b>	The arithmetic sum of 6 times the HCB of PI and 3 times the HCB of each of the others insured <b>OR</b> Rs.10,000 p.a.
Annualized Premiums are payable in multiples of Rs.500.	

**3. Sum Assured:** The Principal Insured must first choose the respective levels of HCB for each member to be covered under the policy. The sum assured for major surgical benefits will be 200 times the HCB you choose.

Major Surgical Sum Assured	Principal Insured	Spouse Insured	Child Insured
	200 times the HCB applicable to each insured life under the policy		

**4. Term of the Policy.** The term of the policy is upto the policy anniversary on which the age nearer birthday of the principal insured is 65 years.

Age Nearest Birthday	Principal Insured	Spouse Insured	Child Insured
Cover ceasing age for HCB & MSB	65	65	25
Premium Ceasing Age	65 Years Nearest Birthday of the PI		

**5. Addition of New Members.** It is important for the Principal Insured (the person taking the policy) to decide which of the existing family members are to be covered and include them at the beginning (proposal stage) itself. Eligible existing family members cannot be added at a later stage. New members can however be added under the following three situations.

Situation	When to include?	The cover starts from
Marriage/remarriage of the Principal insured after taking the policy	Within one year from the date of marriage	The following policy anniversary
A Child born or Legally adopted child less than 3 months after taking the policy	Health Cover starts from the policy anniversary falling immediately after the child completes 3 months	
Legally adopted child is more than 3 months old	From the policy anniversary falling after date of adoption	

- New members will be eligible for cover only if they satisfy the conditions of minimum premium and benefits.
- New members must be included by the Principal Insured only. No new members will be allowed after the death of the principal insured.

**6. Increase/Decrease of Premiums.** Increase or decrease of premiums is allowed during the term of the policy. Increase in premium must be in multiples of Rs.500. In case of decrease, the minimum premium conditions must be satisfied. However, increase/decrease in premiums does not affect the level of health cover and HCB and MSB benefits.

## II. Benefits

**1. Hospital Cash Benefit (HCB).** A daily benefit is payable in case the insured is hospitalized due to either accidental body injury or sickness. The quantum of benefit depends upon the level of the cover opted.

Insured	Initial Daily Benefit (IDB)**	
	Minimum	Maximum
Principal Insured	Rs.250	Rs.2500
Spouse/Child	Rs.250	Rs.1500
The initial HCB must be in multiples of Rs.50.		

\*The Applicable daily Benefit. The IDB is applicable during the first year of then cover. The daily benefit will increase @5% p.a. simple of the IDB on each policy anniversary until it hits a cap of 1.5 times the initial benefit. The IDB of the spouse cannot exceed the Principal Insured's IDB; The IDB of the children cannot exceed the spouse's IDB.

#Initial daily benefit that is payable in respect of stay in non-ICU room or ward. In case the insured is required to stay in the ICU of a hospital, an enhanced rate of daily benefit is payable, which is twice the eligible daily cash benefit.

**2. Major Surgical Benefit (MSB).** In the event of the insured undergoing one of the major surgeries defined in the table furnished herewith, a *lump sum* benefit (regardless of the actual costs incurred) equivalent to the percentage of the sum assured mentioned against that surgery will be payable on providing proper proof of surgery to the satisfaction of the corporation.

**3. Domiciliary Treatment Benefit (DTB).** The Principal Insured can withdraw an amount equivalent to the actual expense he or she has incurred in respect of any domiciliary treatment or to meet the medical expenses incurred over and above the hospital cash/major surgical benefits in respect of either oneself or others insured under the policy.

Minimum domiciliary claimable	Rs.2500
Maximum amount that can be claimed/ payable*	Up to 50% of the policy fund at the date of payment
* Subject to a minimum balance of one annualized premium being left in the policy fund after making the payment.	

**Note:** 1. A maximum of **two payments** will be allowed in a policy year subject to the above conditions – on production of supporting proof of treatment and bills for expenses. **DTB is available only after at least 3 years premiums are paid.** 2. DTB is payable for the children covered until the health cover ceasing age.

**4. Death Benefit. No death insurance cover is available under the plan.** The following benefits/changes will take place on happening of the unfortunate death of the principal insured (PI) and/or other insured member:

**1. Where only a single life (Principal Insured) is insured under the policy:**

Fund value of units held in the policy fund is payable to the nominee or legal heir(s) of the principal insured.

**2. Where two or more are covered under the policy:**

**Where the death of the PI has occurred within 3 years from the commencement:** The policy will terminate and the policy fund value will be payable to the nominee/legal heir.

**Where death of the PI has occurred after 3 years from the commencement:** The premium payment will cease but the health cover for the others insured, if any, will continue until the fund is sufficient to recover the charges or until the cover ceasing age, whichever is earlier.

**3. On the death of insured members other than the PI:**

Premium payment as well as the risk cover will continue for the other members insured under the policy.

**4. On death of all the insured members:**

Fund value of units held in the policy fund is payable to the nominee or legal heir(s) of the principal insured.

**5. On death of the PI and the spouse (whether insured or not under the policy) after 3 years from the commencement.**

The benefits in respect of the insured children, if any, shall continue and can be claimed by the eldest major child covered under the policy. If all the children covered are minors, the legal guardian can claim the health cover benefits.

List of Surgical Procedures	S.A. %
<b>CARDIOVASCULAR SYSTEM</b>	
Major Surgery of Aorta	100%
CABG (two or more coronary arteries must be bypassed) via open chest surgery	100%
Valve Replacement using mechanical prosthesis via open chest surgery	100%
Pericardiectomy / Pericardectomy done in chronic constrictive pericarditis	100%
Open chest surgery for repair of any of the heart valves	100%
Initial implantation of permanent pacemaker in the heart	60%
Coronary Angioplasty with stent implantation (two or more coronary arteries must be stented)	40%
<b>HAEMIC AND LYMPHATIC SYSTEM</b>	
Bone Marrow transplant (as recipient)	60%
Splenectomy for hematological conditions	60%
<b>NERVOUS SYSTEM</b>	
Surgery to remove cerebral tumors (benign or malignant) and space occupying lesions requiring "craniotomy"	100%
Repair of Cerebral or, Spinal Arterio- Venous Malformations and , Cerebral Aneurysms	100%
Other intra-cranial operations requiring craniotomy	100%
Excision of pineal gland	100%
Excision of the pituitary gland	100%
Operations on Subarachnoid space of brain	60%
Intracranial □ransaction of Cranial nerve	60%
Drainage of Extradural space	40%
Drainage of Subdural space	40%
<b>RESPIRATORY SYSTEM</b>	
Lung Transplant or combined Heart-Lung Transplant	100%
Isolated Heart Transplant	100%
Pneumonectomy or Pleuro-pneumonectomy – total lung of one side	100%
Pleurectomy or Pleural decortication	60%
Thoracoplasty	60%
Open Lobectomy of Lung	60%
Excision of benign mediastinal, mediastinal lesions (evidence of thoracotomy needs to be ascertained)	60%
Partial Extirpation of Bronchus	60%
Partial or Total Pharyngectomy	60%
Total Laryngectomy	60%
<b>DIGESTIVE SYSTEM</b>	
Resection and Anastomosis of any part of digestive tract	60%
Open Surgery for treatment of Peptic Ulcer	60%
Total excision of oesophagus	60%
Total excision of stomach	60%
Excision of esophagus and stomach	100%
Artificial opening into stomach	40%
<b>ENDOCRINE SYSTEM</b>	
Complete excision of adrenal glands	60%
Partial excision of adrenal glands	40%
Complete excision of Thyroid gland	60%
Partial excision of Thyroid gland	40%
Complete excision of Parathyroid gland	60%
Partial excision of Parathyroid gland	40%
Thymectomy	60%
<b>EYE</b>	
Any eye surgery requiring corneal or retinal repair due to accident	40%
<b>LIVER, GALL BLADDER &amp; PANCREAS</b>	
Partial Resection of Liver	60%
Partial Pancreatectomy	60%

<b>MUSCULOSKELETAL SYSTEM</b>	
Total Replacement of Hip or knee joint following accident	60%
Amputation of Arm or hand or Foot or Leg due to trauma or accident	60%
<b>ORO-MAXILLAFACIAL SURGERY</b>	
Major reconstructive oro-maxillafacial surgery due to trauma or burns and not for cosmetic purpose	60%
<b>KIDNEY AND URINARY TRACT</b>	
Renal transplant (recipient)	100%
Nephrectomy due to medical advice (not as a transplant donor)	60%

### III. Conditions & Restrictions

1. **Waiting Period.** Both HCB and MSB covers are available subject to a waiting period from the commencement of the risk cover specified hereunder – in respect of each insured member:

Waiting Period from	Principal Insured	Spouse Insured	Child Insured
Date of the cover	180 days	180 days	180 days
Date of revival/ reinstatement	90 days	90 days	90 days

No waiting period in respect of Accidental Bodily Injury.

#### 2. Benefit Period Limits – Hospital Cash Benefit

HCB Conditions	Maximum Annual Benefit Period		Maximum Lifetime Benefit Period
	1 <sup>st</sup> Year	2 <sup>nd</sup> year & after	
Principal Insured	18 days	60 days incl.	365 days
Spouse Insured	incl. 9 days for ICU	30 days for ICU	
Child Insured*			

\*Maximum period of HCB for an insured child until he or she completes 5 years age is limited to 90 days.

**IMPORTANT NOTE:** HCB is available only in respect of hospitalization in a ward or ICU for continuous period of 24 hours or part there of, over and above 48 hours, provided such part stay exceeds 4 hours.

#### 3. Conditions for Availing Major Surgery Benefit

MSB	Principal Insured	Spouse Insured	Child Insured
Maximum Annual benefit	100% of the Sum Assured applicable in respect of each insured member		
Maximum Lifetime Benefit	3 times the sum assured applicable in respect of each insured member		

MSB is payable only if the surgery is performed in India

**NOTE:** Various HCB and MSB benefit limits and restrictions applicable under this policy in respect of each insured shall solely and exclusively apply to that insured only and are not transferable to any other insured.

#### 4. Limits on Availing Domiciliary Treatment Benefit

<b>DTB Conditions</b>	
Minimum domiciliary claimable	Rs.2500
Maximum amount that can be claimed/ payable during the policy term – for each payment	50%* of the policy fund at the date of payment
Maximum amount that can be claimed/ payable during the last policy anniversary by the Principal insured.	100%# of the policy fund at the date of payment
*Equal to actual amount spent subject to a minimum balance of one annualized premium being left in the policy fund after making the payment.	

#### 5. Termination of HCB and MSB Benefits.

- On attainment of the insured's maximum cover ceasing age – 65 years n.b.d. for PI/spouse insured and 25 years n.b.d. for the children insured
- On reaching the maximum lifetime benefit limits under HCB (365 days) and MSB(3 times the sum assured)
- On the date of death of the insured; End of the policy term or on the date of termination of the policy for any reason
- Insured spouse's cover terminates on the date of divorce/ legal separation
- On the date of lapsation: See 6 below

6. **Policy Discontinuance and Revival.** The policy will lapse if the premiums are not paid within the days of grace. The PI shall have the option to revive the policy anytime within a period of two years from the due date of first unpaid premium.

If the policy lapses before payment of 3 years premiums, the health cover will stop for all the insured. The policy can be revived anytime during a period of 2 years from due date of first unpaid premium by payment of arrears of premiums without interest but subject to proof of continued insurability.

If the policy lapses after payment of at least 3 years premiums, the policy can be revived within 2 years from due date of first unpaid premium by payment of arrears of premiums or by availing Premium Holidays. During the period of discontinuity, the charges for HCB and MSB covers will continue to be deducted from the policy fund till whichever of the following happens earlier.

- the policy fund falls below one annualized premium, or
- the lives covered reach the benefit ceasing age, or
- the maximum lifetime benefits are exhausted, or
- the policy has reached the end of revival period/end of policy term.
- the policy is terminated due to death or any other reason.

7. **Premium Holidays.** If the policy lapses after at least 3 years' premiums have been paid the Principal Insured has the option of either paying all the due premiums in full or avail of *premium holiday* by just paying the latest instalment premium without any interest. The premium holidays can be availed only as long the policy fund has a balance of at least one annualized premium at the time of revival.

8. **Surrender.** The surrender value, if any, is payable only on completion of the third policy anniversary. The policy can be surrendered by the Principal Insured. If the application is received within 3 years from the Date of Commencement (DOC), the monetary value of the fund as on the date of application is payable after 3 years from commencement date.

The **Monetary Value** of the fund is the NAV as on the date of application for surrender or the date when the revival period is over (in respect of compulsory surrender) as the case may be, multiplied by the number of units in the policyholder's fund as on that date. There will be no surrender charge.

#### 9. Compulsory Surrender

a. **Where the premiums are paid for less than 3 years.** In case the policy is not renewed and the fund value is not sufficient to cover the relevant charges, the policy shall compulsorily be terminated and the balance amount, if any, shall be refunded to the PI immediately.

b. **Where the premiums are paid for at least 3 years.** The balance in the policy fund value is at all times, subject to a minimum balance of one annualized premium. In case the fund value falls below this limit, the policy shall compulsorily be terminated and the balance amount in the policy fund, if any, shall be refunded to the PI immediately.

10. **Benefit payable at the end of the policy term.** The balance in policy fund, if any, will be payable to the principal insured.

11. **Policy Loans.** No policy loan will be available under this policy.

12. **Assignment.** No assignment will be allowed under this policy.

## V. Investment of Funds

The premiums allocated to purchase units will be strictly invested in a **Health Plus Fund** (Income and Growth – Low Risk) as follows:

A. Government/ Government guaranteed/ Corporate securities/ debt	Not less than 50%
B. Short term investments: Money Market instruments including A above	Not more than 90%
C. Investment in listed equity shares	Not less than 10% & Not more than 50%

**1. Method of Calculation of Unit price:** Units will be allotted based on the Net Asset Value (NAV) on the date of allotment. There is no Bid-Offer spread. The NAV will be computed on daily basis and will be based on investment performance and, Fund Management Charge and whether the fund is expanding or contracting.

**a. Applicability of Net Asset Value (NAV):** The premiums received up to 3 p.m. (as per IRDA guidelines) by the servicing branch of the corporation by a local cheque or by a demand draft payable at par at the place where the premium is received, the closing NAV of that day on which premium is received shall be applicable. The premiums received after such time by the servicing branch of the corporation by a local cheque or by a demand draft payable at par at the place where the premium is received, the closing NAV of the next business day shall be applicable.

**b. Redeeming of Units:** In respect of valid applications received for reimbursement of medical expenses, death claim, etc up to such time by the servicing branch of the Corporation closing NAV of that day shall be applicable. For the valid applications received in respect of Domiciliary Treatment Benefit, death claim etc after 3 p.m. as per IRDA guidelines by the servicing branch of the Corporation the closing NAV of the next business day shall be applicable.

### 2. Charges under the Plan:

**a. Premium Allocation Charge:** This is the percentage of the premium appropriated towards charges from the premium received. The balance known as allocation rate constitutes that part of the premium which is utilized to purchase (Investment) units for the policy. The allocation charges are as below:

First year	thereafter
30 %	6%

The above allocation charges shall be applicable for all premiums including any additional premium paid in that particular policy year.

**b. Health Insurance Charge:** There will be two separate charges for the following benefits:

Hospital Cash Benefit	Major Surgical Benefit
-----------------------	------------------------

These charges will be taken every month in respect of all the members covered by canceling appropriate number of units out of the Policy Fund.

These charges, during a policy year, will be based on the age nearer birthday, of the each of the members covered, as at the Policy anniversary coinciding with or immediately preceding the due date of cancellation of units and hence may increase every year on each policy anniversary. The charges will also depend on whether the person covered is male or female and standard or sub-standard as per the underwriting decision.

If more than one member is covered under the policy then the total charges shall be based on the individual ages of all the members and the amount of cover for each such member.

In case of Hospital Cash Benefit, the charges will be applied on the Initial Daily Benefit as mentioned in the policy Schedule.

The charges for Hospital Cash Benefit and/or Major Surgical Benefit will not be deducted once the benefit terminates.

Specimen charges for Rs.100/- per day for HCB and for Rs.1000/- Sum Assured for MSB standard lives are given as under:

Age	HCB		MSB	
	Male	Female	Male	Female
5	24.43	24.43	0	0
15	20.71	20.71	0	0
25	31.39	24.34	1.02	1.38
35	33.59	29.96	1.58	1.75
45	49.29	53.20	3.54	2.64
55	76.08	72.53	7.28	5.16

### c. Other Charges:

Policy Administration Charges	Rs.75 per month during the first policy year and Rs.25 per month during the subsequent years
Fund Management Charges	Currently levied @ 1.25% per annum of the unit fund, at the time of computation of NAV which will be done on daily basis.
Bid/ Offer Spread	Nil
Surrender charges	Nil
Service Tax Charge	Service tax is charged at applicable rates. Currently the effective service rate is 12.36% which includes education cess @ 3%.

### Right to revise charges

The Corporation reserves the right to revise all or any of the above charges (subject to a maximum limit) except the *Premium Allocation charge*. The modification in charges will be done with prospective effect with the prior approval of IRDA with a 3 months notice to the policyholders.

### SECTION 45 – INDISPUTABILITY CLAUSE

No policy of Life Insurance shall, after the expiry of two years from the date on which it was effected, be called in question by an Insurer on the ground that a statement made in the proposal for insurance or any report of a medical officer or referee or friend of the Insurer or in any other document leading to the issue of the Policy, was inaccurate or false, unless the insurer shows such statement Was on material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the policy holder and that the policy holder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose.

**Note:** "Material" shall mean and include all important, essential and relevant information in the context of underwriting the risk to be covered by the corporation.

*Your Health Is Your Most Important Asset;  
Take Care of Your Health.*

## IV. Exclusions

### 1. Common Exclusions in respect of HCB & MSB Benefits:

No benefits are available hereunder and no payment will be made by the Corporation for any claim for Hospital Cash Benefit and Major Surgical Benefit under this Policy on account of Hospitalization directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

- a. **"Pre-existing condition"**- any medical condition or any related condition (e.g. illnesses, symptoms, treatments, pains and surgery) that have arisen at some point prior to the commencement of this coverage, irrespective of whether any medical treatment or advice was sought. Any such condition or related condition about which the PI or insured dependant know, knew or could reasonably have been assumed to have known, will be deemed to be pre-existing. The following conditions will also be deemed to be "pre-existing":
  - i. Conditions arising between signing the application form and confirmation of acceptance by the Corporation
  - ii. Any Sickness, illness, complication or ailment arising out of or connected to the pre-existing illness
- b. Any **Sickness** that has been classified as an Epidemic by the -Central or State Government.
- c. Self afflicted injuries or conditions (attempted suicide), and/or the use or misuse of any drugs or alcohol.
- d. Any sexually transmitted diseases or any condition directly or indirectly caused to or associated with Human Immuno Deficiency (HIV) Virus or any Syndrome or condition of a similar kind commonly referred to as AIDS. .
- e. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection military or usurped power of civil commotion or loot or pillage in connection herewith.
- f. Naval or military operations(including duties of peace time) of the armed forces or air force and participation in operations requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels and the like.
- g. Any natural peril (including but not limited to avalanche, earthquake, volcanic eruptions or any kind of natural hazard).
- h. Participation in any hazardous activity or sports including but not limited to racing, scuba diving, aerial sports, bungee jumping and mountaineering or in any criminal or illegal activities.
- i. Radioactive contamination.
- j. Non-allopathic methods of surgery and treatment

### 2. Additional Exclusions in respect of Hospital Cash Benefit:

No benefits are available hereunder and no payment will be made by the Corporation for any claim for Hospital Cash Benefit under this Policy on account of Hospitalization directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

- a. Hospitalization due to illness within the first 180 days from the Date of Cover commencement or 90 days from the date of revival/reinstatement if revived after discontinuance of the cover.
- b. Removal of any material that was implanted in a former surgery before Date of Cover commencement
- c. Any diagnosis or treatment arising from or traceable to pregnancy (whether uterine or extra uterine), childbirth including caesarean section, medical termination of pregnancy and/or any treatment related to pre and post natal care of the mother or the new born.
- d. Hospitalization for the sole purpose of physiotherapy or any ailment for which hospitalization is not warranted due to advancement in medical technology
- e. Any treatment not performed by a Physician or any treatment of a purely experimental nature.
- f. Any routine or prescribed medical check up or examination.
- g. *Medical Expenses* relating to any hospitalization primarily for diagnostic, X-ray or laboratory examinations
- h. Circumcision, cosmetic or aesthetic treatments of any description, change of gender surgery, plastic surgery (unless such plastic surgery is necessary for the treatment of Illness or Accidental Bodily Injury as a direct result of the insured event and performed with in 6 months of the same).
- i. Hospitalization for donation of an organ.
- j. Hospitalization for correction of birth defects or congenital anomalies
- k. Dental treatment or surgery of any kind unless necessitated by Accidental Bodily Injury.

- l. Convalescence, general debility, nervous or other breakdown, rest cure, congenital diseases or defect or anomaly, sterilization or infertility (diagnosis and treatment), any sanatoriums, spa or rest cures or long term care or hospitalization undertaken as a preventive or recuperative measure.

### 3. Additional Exclusions in respect of Major Surgical Benefit:

No benefits are available hereunder and no payment will be made by the Corporation for any claim for Major Surgical Benefit under this Policy directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

- a. Surgeries not listed in the List of surgical procedures covered under item II.
- b. Surgery triggered by health related causes (and not by Accident) within the first 180 days from the commencement date or 90 days from the date of revival/reinstatement if revived after discontinuance of the cover.
- c. Any Surgery for which claim has already been made and paid by the Corporation;
- d. Any treatment not performed by a Physician/Surgeon.
- e. Any treatment including Surgery that is performed un-conventionally under experimental conditions and purely experimental in nature.
- f. Circumcision, cosmetic or aesthetic treatments of any description, change of life surgery or treatment, treatment (including surgery) for obesity, plastic surgery (unless necessary for the treatment of Illness or accidental Bodily Injury as a direct result of the insured event and performed with in 6 months of the same).
- g. Surgery for donation of an organ.
- h. Removal or correction or replacement of any material that was implanted in a former Surgery before Date of Cover commencement
- i. Surgery for correction of birth defects or congenital anomalies
- j. Any diagnosis or treatment or Surgery arising from or traceable to pregnancy (whether uterine or extra uterine).

#### **"COOLING OFF" PERIOD**

If you are not satisfied with the "Terms and Conditions" of the policy, you may return the policy to us within 15 days.

#### **IMPORTANT**

If a person is covered under various policies of the corporation under this plan, then the maximum benefit available to such insured life shall not exceed the cap on benefits under this plan.

#### **PROHIBITION OF REBATES**

##### **SECTION 41 OF INSURANCE ACT 1938**

(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 or property in India, any rebate of the 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: provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.

(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.

*Income Tax Benefit Available*

**BENEFIT ILLUSTRATION**

Frequency of Premium Payment: Annual		Annual Premium: Rs.12,000			
Number of Lives Covered: Single Male		Per Day Hospital Cash Benefit (HCB): Rs.2000 Per Day Hospital Cash Benefit in ICU: Rs.4000			
Age at Entry: 35 Years		Major Surgical Benefit (MSB): Rs.4,00,000			
END OF POLICY YEAR	CUMULATIVE PREMIUM PAID TILL THE YEAR	MAXIMUM GUARANTEED BENEFIT		FUND VALUE AVAILABLE FOR DOMICILIARY TREATMENT BENEFIT	
		HCB	MSB	VARIABLE SCENARIO 1	VARIABLE SCENARIO 2
1	12000	54000	400000	6367	6649
2	24000	189000	400000	16600	17565
3	36000	198000	400000	27258	29369
4	48000	207000	400000	38350	42125
5	60000	216000	400000	49865	55883
6	72000	225000	400000	61787	70694
7	84000	234000	400000	74043	86555
8	96000	243000	400000	86739	103650
9	108000	252000	400000	99882	122068
10	120000	261000	400000	113464	141898
11	132000	270000	400000	127512	163265
12	144000	270000	400000	142005	186260
13	156000	270000	400000	156965	211024
14	168000	270000	400000	172410	237706
15	180000	270000	400000	188338	266447
16	192000	270000	400000	204790	297441
17	204000	270000	400000	221842	330938
18	216000	270000	400000	239442	367071
19	228000	270000	400000	257613	406066
20	240000	270000	400000	276346	448131
21	252000	270000	400000	295678	493544
22	264000	270000	400000	315609	542565
23	276000	270000	400000	336179	595518
24	288000	270000	400000	357406	652729
25	300000	270000	400000	379294	714541
26	312000	270000	400000	401870	781343
27	324000	270000	400000	425063	853464
28	336000	270000	400000	448692	931148
29	348000	270000	400000	472562	1014654
30	360000	270000	400000	496383	1104180

- This illustration is applicable to a non-smoker male/female standard (from medical, life style and occupation point of view) life.
- The non-guaranteed benefits (1) and (2) in above illustration are calculated so that they are consistent with the Projected Investment Rate of Return assumption of 6% p.a.(Scenario 1) and 10% p.a. (Scenario 2) respectively. In other words, in preparing this benefit illustration, it is assumed that the Projected Investment Rate of Return that LIC will be able to earn throughout the term of the policy will be 6% p.a. or 10% p.a., as the case may be. The Projected Investment Rate of Return is not guaranteed.
- The main objective of the illustration is that the client is able to appreciate the features of the product and the flow of benefits in different circumstances with some level of quantification.
- LIC does not authorize its agents/intermediaries, staff and officials to express their opinion on the future performance of the "ULIP" fund, excepting the above illustrative rate of 6% and 10% growth.
- Domiciliary Treatment Benefit can be claimed from the 3<sup>rd</sup> year onwards after at least 3 years premiums have been paid.

1. For variable amounts in the above benefit illustration, it is assumed that premiums have been paid as and when due and no domiciliary treatment benefit has been availed earlier.

2. Maximum HCB shown above is inclusive of 9 days stay in ICU in the first year and 30 days in subsequent years.

**STATUTORY WARNING:** "Some benefits are guaranteed and some benefits are variable with returns based on the future performance of your life insurance company. If your policy offers guaranteed returns then these will be clearly marked "guaranteed" in the illustration table on this page. If your policy offers variable returns then the illustrations on this page will show two different rates of assumed investment returns. These assumed rates of return are not guaranteed and they are not upper or lower limits of what you might get back as the value of your policy is dependant on a number of factors including future investment performance."

**RISKS BORNE BY THE POLICYHOLDER**

- LIC's Health Plus is a Unit Linked Health Insurance product which is different from the traditional insurance products and is subject to risk factors.
- The premium paid in Unit Linked Life Insurance policies are subject to investment risks associated with capital markets and the NAVs of the units may go up or down based on the performance of fund and factors influencing the capital market and the insured is responsible for his/her decisions.
- Life Insurance Corporation of India is only the name of the Insurance Company and LIC's Health Plus is only the name of the unit linked health insurance contract and does not in any way indicate the quality of the contract, its future prospects or returns.
- Please know the associated risks and the applicable charges, from your Insurance agent or the Intermediary or policy document of the insurer.
- The fund offered under this contract is the name of the fund and do not in any way indicate the quality of these plans, their future prospects and returns.
- All benefits under the policy are also subject to the Tax Laws and other financial enactments as they exist from time to time.