RAHEJA QBE

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CIN: U66030MH2007PLC173129, IRDAI Reg. No. 141

RQBE DISABILITY INCOME PROTECT- GROUP

Prospectus

The Prospectus is intended to facilitate an easier understanding of the Policy terms, conditions, and exclusions. It only gives a summary of the significant benefits and exclusions associated with this product. When issued the Policy attached with this statement represents the legal contract between yourself and Raheja QBE and should be seen for complete details.

Age Limit

Minimum Entry Age: 18 Years

Maximum Entry Age: 64 Years

Maximum Renewal age**:** 64 Years

Benefit Period

Minimum: 3 Months

Maximum: 5 Years

Sum insured

Minimum: INR 100/-

Maximum: INR 5,60,00,000/-

Scope of Cover

Raheja QBE General Insurance Company offers RQBE DISABILITY INCOME PROTECT- Group Insurance to Full Time Confirmed Employees of the Organization. Employees working in consultant / contractual role, part-time role & trainee / internship role are excluded from the scope of cover.

1. Coverages

Section: 1 – Income Protection

Eligibility of the Person to be Insured:

i. Persons with consistent source of monthly income, which can be validated for at least 24 months preceding the disability through reliable means e.g. Bank statement/Salary slips/ ITRs etc.
ii. Full Time Confirmed Employees of the Organization. Employees working in consultant / contractual role, part-time role & trainee / internship role are excluded from the scope of cover.
iii. Resident of India and Indian Nationality
iv. Active Work Requirement - Insured must be capable of Active Work for the period specified in the policy schedule before the effective date of the Insurance Policy. If Insured is incapable of Active Work because of injury / illness, any time during the said period of before the Policy effective date, then the Insured will not be covered under the policy until he/ she fulfils the criteria.
v. Insurance under this section is available for persons, between 18 and 64 years of age.

This section provides cover for the following two benefits:

i. Monthly Temporary Disability Income (MTDI) – Mandatory benefit under this section
ii. Lump-Sum Permanent Disability Income (LPDI)– Optional benefit under this section

Monthly Temporary Disability Income (MTDI)

Under this cover, we will pay a monthly benefit if the Insured Person suffers from Occupational Disability during the Policy Period, due to any illness or injury.
The benefit is subject to the terms, general exclusions as stated in the Policy and the following conditions:

a) The monthly benefit payout shall be up to 75% of the Insured Person's pre-disability income (excluding bonuses, commissions, overtime pay & extra compensation) and shall be paid maximum up to the benefit period as specified in the Policy Schedule / Certificate of Insurance.
b) The Insured Person must first complete the Qualifying period as specified in the Policy Schedule / Certificate of Insurance, before the benefits are payable. During the Qualifying Period, no benefits shall be paid.
c) The Qualifying Period starts when a Medical Practitioner (as defined in the policy wordings) certifies that the Insured Person is unable to perform his / her regular occupation or any other occupation.
d) The Insured Person must be continuously disabled and should be under care of a Medical Practitioner throughout the Qualifying Period to become eligible for Monthly Disability Income under this section.
e) If the Insured Person is able to pursue a part time job in own regular occupation or in any other occupation and is able to earn partial income, then Our liability for the monthly pay-outs shall be limited to the difference between 75% of the pre-disability income and earned partial income.
f) No benefits shall be paid during the Sabbatical period in case the Insured Person is on

Sabbatical Leave.

g) The monthly payouts for the Insured Person will end on the earliest of the following –
   - Date the Insured Person in no longer Occupationally Disabled
   - Last day of the month when the Insured Person reached the age of 65 years
   - Last day of the month when the Insured Person retires.
   - Death of the Insured Person
   - After the benefit period has ended.

Lump-Sum Permanent Disability Income (LPDI)
Under this cover, we will pay a one-time single fixed lump sum amount if the Insured Person suffers from Occupational Disability, during the Policy Period, due to any illness or injury.

The benefit is subject to the terms, general exclusions as stated in the Policy and the following conditions:

a) The treating Medical Practitioner certifies that the Occupational Disability is medically permanent.
b) The fixed lump sum amount shall be equal to the total payout done under the Monthly Disability Income.
c) The Insured Person must be disabled continuously throughout the Qualifying Period and the maximum Monthly Disability Income period, to become eligible for the Lump-Sum Disability Income.

Section: 2 – Credit Card Minimum Amount Protection

We will pay the monthly benefit, if the Insured Person suffers from Occupational Disability, during the Policy Period, due to any illness or injury.
The benefit is subject to the terms, general exclusions as stated in the Policy and the following conditions –

a) The monthly benefit payout shall be equal to the monthly Credit Card minimum amount due or 5% of the Credit Card Limit, whichever is lower, and shall be paid maximum up to the benefit period as specified in the Policy Schedule / Certificate of Insurance.
b) The minimum amount due considered for the monthly benefit payout would be fixed and shall be paid maximum up to the benefit period as specified in the Policy Schedule / Certificate of Insurance.
c) The Insured Person must first complete the Qualifying period as specified in the Policy Schedule / Certificate of Insurance, before the benefits are payable. During the Qualifying Period, no benefits shall be paid.
d) For the purpose of monthly benefit payout the credit card statement dated after the completion of Qualifying period shall be considered.
e) The Qualifying Period starts when a Medical Practitioner (as defined in the policy wordings) certifies that the Insured Person is unable to perform his / her regular occupation or any other occupation.

f) The Insured Person must be continuously disabled and should be under care of a Medical Practitioner throughout the Qualifying Period to become eligible for benefits under this section.

Section: 3 – Loan Protection

We will pay the monthly benefit, if the Insured Person suffers from Occupational Disability, during the Policy Period, due to any illness or injury.

The benefit is subject to the terms, general exclusions as stated in the Policy and the following conditions:

The monthly benefit payout shall be equal to the actual loan EMI shall be paid maximum up to the benefit period as specified in the Policy Schedule / Certificate of Insurance.

The monthly benefit payout will cease if the outstanding principal loan amount is completely repaid by the Insured Person.

a) The Insured Person must first complete the Qualifying period as specified in the Policy Schedule / Certificate of Insurance, before the benefits are payable. During the Qualifying Period, no benefits shall be paid.
b) The Qualifying Period starts when a Medical Practitioner (as defined in the policy wordings) certifies that the Insured Person is unable to perform his / her regular occupation or any other occupation.
c) The Insured Person must be continuously disabled and should be under care of a Medical Practitioner throughout the Qualifying Period to become eligible for benefits under this section.

Section: 4 – Personal Expenses Assistance

We will pay the monthly benefit if the Insured Person suffers from Occupational Disability, during the Policy Period, due to any illness or injury.

The benefit is subject to the terms, general exclusions as stated in the Policy and the following conditions:

a. The monthly benefit payout shall be, equal to the benefit option chosen and shall be paid maximum up to the benefit period as specified in the Policy Schedule / Certificate of Insurance.
b. The Insured Person must first complete the Qualifying period as specified in the Policy Schedule / Certificate of Insurance, before the benefits are payable. During the Qualifying Period, no benefits shall be paid.
c. The Qualifying Period starts when a Medical Practitioner (as defined in the policy wordings) certifies that the Insured Person is unable to perform his / her regular occupation or any other occupation.

The Insured Person must be continuously disabled and should be under care of a Medical Practitioner throughout the Qualifying Period to become eligible for benefits under this section.

2. Condition when claim arises (Claims Procedure)

In case of an Occupational Disability that may result in a claim, then

a. Insured Person must immediately consult a Medical Practitioner and follow the Medical Advice and treatment that he recommends

b. Insured Person or someone claiming on his/her behalf must inform Us in writing immediately and in any event within 15 days of any event likely to give rise to a claim under this Policy.

c. Insured Person must take reasonable steps to lessen the consequences of the Illness/Injury.

d. Insured Person or someone claiming on his/her behalf must promptly give Us the documentation and other information We ask for to investigate the claim for Our obligation to make payment for it.

e. Insured Person must have himself examined by Our medical advisors if We ask for this and as often as We consider this to be necessary.

f. We will make claim payment to You or the Insured Person as specified in the Policy schedule.

2.1 Claims Documents

a. The Insured / Insured Person or his / legal representative as the case may be, is required to submit the following documents while lodging a claim under the Policy. The documents mentioned below are an indicative list. Additional documents may be asked, if required, for specific claims. Duly completed Claim Form signed by Insured/ Nominee along with filled.

i. Attending Physician's Statement

ii. Claimant's Statement - Please provide brief details of accident/illness and enclose with claim form.

b. Photocopy of Policy Schedule /Certificate of Insurance

c. Copies of medical documents supporting the disability and treatment taken related to the same.

d. Original Investigation Reports and copies of reports, X - Ray films supporting the accidental injury. Post-Operative X-ray films, if any

e. Disability Certificate (Not mandatory - as per the discretion of the insurer)

i. For Physical Disabilities related with separation of limbs or complete loss of organs - Copy of Disability Certificate issued by Orthopedic Surgeon mentioning the type and percentage of disability. -Disability certificate to be issued by government doctor

ii. For Physical Disabilities NOT related with separation of limbs or complete loss of organs - Copy of Disability Certificate issued by a Government Doctor / Disability Board / Panel only

iii. For Non - Physical Disabilities - Copy of Disability Certificate issued by a Government Doctor / Disability Board / Panel only for the related specialty (e.g., Loss of memory, sense organs, vision, hearing etc.)

f. In case of Employer Employee Group Policy

i. Leave Records with seal and signature of Authorized signatory of the organization

specifying the period of leave and reason for the same.
ii. Photocopy of 12 months' Salary slips/ Form 16/26/ITR as per insurer discretion confirming the loss of monthly income
iii. A copy of the Termination Employment Letter from Employer (if applicable)
iv. Letter from employer to certify that the Claimant is not being paid during the period of disability.
v. Employee ID card
g. Credit card statement for the policy period
h. First Information Report and Final Police report, wherever necessary.
i. Bills and receipt towards expenses relevant to funeral ceremony / repatriation of mortal remains.
j. Loan Certificate/Amortization Schedule prepared by the Bank/ Financial Institution at the time of disbursement of Loan showing details of the Loan/EMIs, Principal Outstanding, etc.,
k. Death certificate, wherever applicable.
l. Copy of Photo ID and Address Proof of Insured Member for whom Claim is lodged.
m. Legal Heir Certificate containing affidavit and indemnity bond both duly signed by all legal heirs and notarized (Mandatory if Nominee name is not mentioned on policy schedule/Certificate of Insurance).
n. Authorization Letter - Authorization letter has to be submitted if you are authorizing another party to handle the claim (including collection of cheque) on your behalf.
o. Consultation papers for all past and ongoing treatments.
p. NEFT/Bank Details (to enable direct credit of claim amount in bank account) and cancelled cheque.
q. KYC (Identity proof with Address – Pan card , Aadhar card, CKYC form) of the proposer.
r. Form 16/26/ITR as per insurer discretion confirming the loss of monthly income

2.2 Settlement of Claim

i. 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.
ii. Benefits will be paid at the end of each month. In case the Insured is disabled for part of a month, We will pay 1/30 of the monthly benefit for each day of disablement.
iii. At any point of time, We can ask the Insured to provide the proof of disability. In case, the Insured does not provide the required information within 30 days of date of such request, the Insured will not be entitled for any benefits under the Policy.
iv. In case of a claim, We may require the Insured to undergo medical examination (cost for which will be borne by Us). If the Insured Person refuses or is not available or is not coordinating to undergo the required medical examination, we will not be liable to pay any benefit under the Policy.
v. During the benefit period, the Insured needs to be present within the Indian Territory only. If at any given point of time during the benefit period, the Insured is not in India, then We will not be liable to pay any benefit under the Policy.
vi. If the Insured voluntarily donates organ, then any illness / disability which results from such organ donation surgery or its complications, will be excluded from the scope of cover.
vii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest

to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
viii. 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 or reject the claim within 45 days from the date of receipt of last necessary document.
ix. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
x. Pending claims will be asked for submission of incomplete documents.
xi. Rejected claims will be informed to the Insured Person in writing with reason for rejection.
xii. We will make all claim payments in Indian rupees within India only.
xiii. In case we have done any overpayments (due to delayed notification of partial earnings or person re-joining work or Insured Person recovers from disability), then We shall call for repayments of the excess claim amount. Unless the excess is repaid to Us, further payments will not be released from our side or We may deduct the amount to be repaid from the future pay outs or We may opt for any legal recourse.

2.3 Payments
The Company shall be duly discharged of its obligations under this Policy and the Insured shall hold the Company harmless, upon making the payment of the claim to the Insured or his/her nominee/ legal heirs or to Financial Institution in case of outstanding loan amount, as the case may be or as agreed in the contract.

2.3.1 Claim Settlement (provision for Penal Interest)
i The Company shall settle or reject a claim, as may be the case, within 30 days from the date of receipt of last necessary document.
ii 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.
iii 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.
iv In case of delay beyond stipulated 45 days the Insurer 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.

(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)

3. EXCLUSIONS

3.1 Time Bound Exclusion

The following exclusions shall be applicable for all benefits:

Pre-Existing Disease:

Benefits arising in respect 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 Us.

In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

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.

Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.

3.2 Other Exclusions

We shall not be liable for payment of benefit in respect of an Occupational Disability under any Section of this Policy arising out of or howsoever related to any of the following:

i. Intentional self-Injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) or attempted suicide.
ii. Accident while under the influence of alcohol or drugs or other intoxicants
iii. Participation in an actual or attempted felony, riot, crime, misdemeanor or civil commotion
iv. Insured Person committing or attempting to commit a breach of law with criminal intent.
v. Whilst engaging in Aviation or Ballooning or whilst mounting into, dismounting from or traveling in any balloon or aircraft other than as passenger (fare paying or otherwise) in any duly licensed standard type of aircraft.
vi. Participating in motor racing or trial run as a driver, co-driver or passenger.
vii. 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.
viii. 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:

a. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.

b. 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.

c. 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.

ix. The Insured Person engaging in or taking part in armed forces service or operations
x. Bodily Injury caused by or arising from terrorism, except in case where the Policyholder is a victim of terrorist act and not abetting terrorism.
xi. Illness / Injury which results from voluntary organ donation surgery or its complications.
xii. Any disability arising out of Obesity or its treatment, Change of Gender procedures and Cosmetic/plastic surgery

4. General Terms and Conditions

4.1 Standard General Terms and Clauses:

4.1.1 Disclosure to information norm:

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact by the policyholder.

4.1.2 Condition Precedent to Admission of Liability

The terms and conditions of the policy must be fulfilled by the Insured Person for the Company to make any payment for claim(s) arising under the policy.

4.1.3 Migration & portability

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 at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the Company, the Insured Person will get all the accrued continuity benefits in waiting periods as per the IRDAI guidelines on migration.

Portability- The Insured Person will have the option to port the Policy to other insurers as per extant 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:

i. The waiting periods specified shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.

ii. 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 migration & portability, kindly refer the link:

https://www.rahejaqbe.com/frontend/images/health-basic-guideline/pdf/download/Portability%20and%20Migration%20Guidelines.pdf

4.1.4 Fraud

If any claim made by the Insured Person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent or the hospital/doctor/any other party acting on behalf of the Insured Person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

a. the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true

b. the active concealment of a fact by the Insured Person having knowledge or belief of the fact;

c. any other act fitted to deceive; and

d. any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the Insured Person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer

4.1.5 Grace Period

i. A Grace Period of 30 days is available for Renewal of the Policy. Any Illness, disease or condition contracted during Grace Period will not be covered and will be treated as Pre-existing diseases.

ii. Policies for which Premium is received after the Grace Period shall be considered as a fresh policy.

4.1.6 Nomination

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of

nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

4.1.7 Multiple Policies

i. In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.

ii. insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.

iii. If the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurers from whom he/she wants to claim the balance amount.

iv. Where an insured person has policies from more than one insurer to cover the same risk on indemnity basis, the insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

4.2 Specific Terms and Clauses

4.2.1 Age Limit (Entry Age)

To be eligible to be covered under the Policy or get any benefits under the Policy, the minimum age of entry is 18 years, and the maximum age of entry is 64 years, on the date of commencement of the Policy Period, as applicable to such Insured.

4.2.2 Insured Persons

Only those persons named, as the Insured in the Policy Schedule shall be covered under this Policy. The details of the Insured Persons are as provided by You. A person may be added as an Insured Person during the Policy Period after his application has been accepted by Us, an additional premium has been paid and Our agreement to extend cover has been indicated by issuing an endorsement confirming the addition of such person as an Insured Person.

4.2.3 Entire Contract

The Policy and the Proposal form constitute the complete contract of insurance. No change or

alteration shall be valid or effective unless approved in writing by Us, for which approval shall be evidenced by an endorsement on the Policy Schedule

4.2.4 Due Care

The Insured Person shall take all reasonable steps to safeguard the Insured's interests against loss or damage that may give rise to a claim.

4.2.5 Communication

a. Any communications, notifications or declarations meant for Us must be in writing and delivered to our address specified in Policy Schedule/Certificate of Insurance.

b. Any communication meant for You/Insured Person will be sent by Us to Your/Insured Persons address shown in the Policy Schedule. You/Insured Person must notify Us immediately of any change in Your address.

c. Our agents are not authorized to receive communications, notices or declarations on Our behalf.

4.2.6 Renewal

The Policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person provided that the policy is not withdrawn and also subject to conditions stated under clause 4.2.15. The renewal premium shall be paid to the Company on or before the date of expiry of the Policy or of the subsequent renewal thereof.

i. The Company shall endeavor to give notice for renewal. However, the Company is not bound to give any notice for renewal.

ii. Renewal shall not be denied on the ground that the insured 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 to maintain continuity of benefits without Break in Policy. Coverage is not available during the grace period.

v. If not renewed within Grace Period after due renewal date, the Policy shall terminate.

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

4.2.7 Cancellation

The policyholder may cancel this policy by giving 7 days written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.
1. If no claim has been made during the policy period, a proportionate refund of the

premium will be issued based on the number of unexpired days. The date of the cancellation request will be considered as the expiry date of coverage.
2. If a claim has been made during the Policy period, no refund will be given to the Policyholder.

The Company may cancel the policy at any time on grounds of misrepresentation 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 misrepresentation, non-disclosure of material facts or fraud.

Cancellation in case of Death of Insured Person

i. In case of no claim (s) in the policy year-
In the event of the death of any of the Insured Person subject to no claims made under the policy by the deceased person, the premium for unutilized policy period for the deceased member shall be refunded on a pro rata basis.

ii. In case of Claim(s) in the policy year -
In case of claim made under the policy by the deceased person, there will be no refund of premium for the deceased person.

4.2.8 Group Administrator:

The Group Administrator i.e. Policyholder shall take all reasonable steps to cover their members or employees of the company and ensure timely payment of premium in respect of the persons covered. The Group administrator will collect premium from members wherever applicable as mentioned in the Group/Master policy issued to the Group administrator. The Group administrator will neither charge more premium nor alter the scope of coverage offered under the Group/Master policy.

Group/Master policy will be issued to the group administrator and all members wherever required will be provided with the certificate of insurance by Us. We reserve the right to inspect the record at any time to ensure that terms and conditions of group policy and provisions as prescribed under IRDAI Regulatory Prescription existing during the policy tenure. We may also require you to submit to us a compliance certificate from your Group Administrator auditors.

The Group administrator will provide all possible help to its member and facilitate any service required under the Policy including claims. Notwithstanding this a member of the group covered under the Policy shall be free to contact Us directly for filing the claim or any assistance required under the Policy.

4.2.9 Addition and Deletion of Members

a) The new members of the Disability income protection policy can be added at periodic intervals. However, the insurance coverage for every member of the Group Occupational Disability policy shall not exceed the maximum policy term.

b) The Company may issue multiple Group Occupational Disability policies in tranches to the Group Organizer, subject to minimum group size and maximum policy term, for providing insurance coverage to the new members on an ongoing basis.

c) All members of the group will be issued a Certificate of Insurance giving the details of the benefits, important conditions and exclusions.

4.2.10 Effect of Termination / Amendment to the Group Policy

During each period of continuous disability, we will pay disability benefits according to the terms of the Group Policy in effect on the date the Insured is disabled. The right of the Insured to receive disability benefits will not be affected by –

- Any amendment to the Group Policy that is effective after the Insured has become disabled
- Termination of the Group Policy after the Insured has become disabled

4.2.11 Coverage Termination Conditions

Cover under the Policy will end for the Insured Person on the earliest of the following

a. Date of end of employment
b. Date the Insured is not actively working
c. Once Insured Members complete 65 years of age during the policy.
d. Date the benefit provision under which the Insured is covered terminates
e. Policy End Date

4.2.12 Payment Termination Conditions

Payouts will end for the Insured on the earliest of the following –

- Date the Insured is no longer disabled
- Date the insured is back to full time work
- Last day of the month when the Insured reaches the age of 65 years
- Last day of the month when the Insured retires
- Date of death of Insured

4.2.13 Policy Period

a. Non-Credit Linked Insurance Policy - Such Policy can be issued for tenure of 1 year

b. Credit Linked Insurance Policy - Such Policy can be issued for a maximum term of up to 5 years or up to the loan period, whichever is less.

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

The Company may revise or modify the terms of the policy including the premium rates. The insured person shall be notified regarding the change of premium rates.

4.2.15 Withdrawal of Policy

i. 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. The product will be withdrawn only after due approval from the Authority.

ii. In such cases, where Policy is falling due for Renewal within 90 days from the date of withdrawal, We will provide the Policyholder one time option to renew the existing Policy with us or migrate to modified or new suitable health insurance policy with Us. Any Policy falling due for Renewal after 90 days from the date of withdrawal will have to migrate to a modified or new suitable health insurance policy with Us.

iii. In case Insured Person chooses 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 regulatory prescriptions prevailing then, provided the Policy has been maintained without a break as per extant regulatory framework.

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4.2.16 Moratorium Period

After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the Sum Insured is enhanced, the completion of sixty continuous months would be applicable from date of enhancement of sums insured only on the enhanced limits.

4.2.17 Free look period

The Free Look Period shall be applicable at the inception of the Policy and not on renewals or at the time of porting the policy.
The insured shall be allowed a period of thirty days from date of receipt of the Policy, whether received electronically or otherwise, to review the terms and conditions of the Policy.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

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

4.2.18 Alterations in the Policy

This Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved, evidenced by a written endorsement signed and stamped by the Company.

4.2.19 Change of Sum Insured

Sum insured can be changed (increased/ decreased) only at the time of renewal, subject to underwriting by the Company. For any increase in Sum Insured, the waiting period shall start afresh for the incremental portion of the sum insured.

4.2.20 Territorial Limits and Law

a. This cover is offered to Resident of India and persons of Indian Nationality

b. We cover Occupational Disability due to an Injury or Illness sustained by the Insured Person during the Policy Period anywhere in the World.

c. The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian Law.

d. The Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by Us, which approval shall be evidenced by an endorsement on the Policy Schedule.

4.2.21 Dispute Resolution

Any and all disputes or differences under or in relation to this Policy shall be subject to the exclusive jurisdiction of the Indian Courts and subject to Indian law.

Disclaimer

This is only a summary of the product features. The actual benefits shall be described in the policy, and will be subject to the policy terms, conditions and exclusions.

For more details on risk factors, terms and conditions, read the sales brochure carefully before concluding a sale.

IRDAI Regulation

This Policy is subject to Master Circular on Operations and Allied Matters of Insurers 2024 - Health Insurance & Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests, Operations and Allied Matters of Insurers) Regulations, 2024 or any amendment thereof from time to time.

Prohibition of Rebates: Section 41 of the Insurance Act, 1938 (and amendments thereof)

1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out 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 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 prospectus or tables of the insurers.

2) Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

4.2.23 REDRESSAL OF GRIEVANCE

In case of any grievance the Insured Person may contact the company through

Website: www.rahejaqbe.com

Toll free: 1800-102- 7723 (9 am to 8 pm, Monday to Saturday)

E-mail: customercare@rahejaqbe.com

Telephone: 022 – 69155050

For Senior Citizen: 1800-102-7723 (9 am to 8 pm, Monday to Saturday)

E-mail: seniorcitizencare@rahejaqbe.com

Courier: Any branch office or the correspondence address, during normal business hours

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at:

RAHEJA QBE GENERAL INSURANCE COMPANY LIMITED
Fulcrum, 501 & 502, A Wing, 5th Floor, IA Project Road, Sahar
Andheri East, Mumbai 400059, India
Tel: 022 - 69155050
Website: www.rahejaqbe.com
Email: complaintsofficer@rahejaqbe.com

Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://bimabharosa.irdai.gov.in/

If Insured person is not satisfied with the redressal of grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance.

The details of Insurance Ombudsman are available on website: https://www.cioins.co.in/Ombudsman

On the website of General Insurance Council: www.gicouncil.in and our website www.rahejaqbe.com or from any of the Our offices.