



*Leadership and beyond*

दि न्यू इन्डिया एश्योरन्स कंपनी लिमिटेड  
The New India Assurance Co. Ltd

India's Premier Multinational General Insurance Company  
Wholly owned by Government of India

TERMS & CONDITIONS FORMING PART OF GROUP MEDICLAIM POLICY NO. 42250063260400000003;

POLICY PERIOD: 16.05.2026 to 15.05.2027

INSURED: INDIAN INSTITUTE OF TECHNOLOGY KANPUR

INSURER: THE NEW INDIA ASSURANCE CO. LTD

### 1. POLICY BASIS:

This insurance policy is issued under **New India Flexi Floater Group Mediclaim Policy** and shall be governed by the *standard policy wording, IRDAI regulations, policy schedule, and the special terms agreed* under the annexure. Wherever specific customized conditions are mentioned herein, the same shall prevail over standard policy wording to the extent of such customization only.

### 2. ELIGIBILITY & COVERED RELATIONSHIP:

**Permanent Employees & Project Employees:** The employee and their dependents shall be governed in accordance with the definition of "Family" as specified under the concession for family provisions of the Medical Attendance Rules applicable to Central Government employees.

**Retired Employees:** Self + Spouse only

\*No individual shall be covered more than once under the policy either as employee or as dependent.

\*Policy shall operate on non-selective and employer-employee relationship basis only.

### 3. POLICY TYPE & MEMBER ENROLLMENT:

The policy shall be booked on actual number of lives covered. Premium balance, if any, shall remain in Advance Premium Deposit Account and may be utilized for future additions during the policy period.

**Mid-Term Additions Allowed Only For:** New employee joining, Marriage (addition of spouse), Child birth (addition of newborn)

Such additions must be declared within: 45 days from date of event.

### 4. PAYMENT TERMS:

Premium payment shall be payable in installments as under:

60% at inception

20% within 2 months from inception

20% within 4 months from inception

### 5. SCOPE OF COVER:

The policy covers hospitalization expenses incurred in India for illness, disease or accidental injury occurring during the policy period, subject to terms, conditions, exclusions and Sum Insured limits.

#### **Coverage includes:**

In-patient hospitalization (**minimum 24 hrs**)

**Day care procedures:** Anti-Rabies Vaccination, Hysterectomy, Appendectomy, Inguinal/Ventral/Umbilical/Femoral Hernia, Coronary Angiography, Lithotripsy (Kidney Stone Removal), Coronary Angioplasty, Parenteral Chemotherapy, Dental surgery following an accident, Piles / Fistula, Dilatation & Curettage (D & C) of Cervix, Prostate, Eye surgery, Radiotherapy, Fracture / dislocation excluding hairline Fracture, Sinusitis, Gastrointestinal Tract system Stone in Gall Bladder, Pancreas, and Bile Duct, Haemo-Dialysis, Tonsillectomy, Hydrocele, Urinary Tract System OR any other Surgeries / Procedures agreed by TPA/Company which require less than 24 hours hospitalization due to advancement in Medical Technology.

ICU expenses  
Pre-hospitalization expenses for 30 days  
Post-hospitalization expenses for 60 days  
Modern treatment procedures as per policy wording  
Organ donor hospitalization expenses (Excl. Cost of Organ)  
AYUSH treatment  
Ambulance expenses  
Psychiatric hospitalization as per policy terms  
Maternity benefits  
Critical illness support through corporate buffer  
Cost of Pharmacy and Consumables, Cost of Implants and Medical Devices and Cost of Diagnostics.

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## **6. WAITING PERIODS:**

The following waiting periods are waived and covered from Day 1:

Initial 30 days waiting period  
Pre-existing disease waiting period  
2 year / 4 year exclusion waiting periods  
Maternity waiting period

However, specific sub-limits, conditions and exclusions under the policy shall continue to apply.

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## **7. ROOM RENT ELIGIBILITY:**

Normal Room Rent Eligibility:

Group A: Rs. 9,000 per day  
Group B: Rs. 5,000 per day  
Group C: Rs. 3,500 per day

ICU Eligibility:

Rs. 11,000 per day

### **Proportionate Deduction:**

If insured opts for room category higher than entitled eligibility, proportionate deduction shall apply on all associated medical expenses in the same ratio as room rent eligibility bears to actual room rent charged. However, it is not applicable on Cost of Pharmacy and Consumables, Implants and Medical Devices, Diagnostics.

Proportionate Deduction shall also not be applied in respect of Hospitals which do not follow differential billing or for those expenses in which differential billing is not adopted based on the room category, as evidenced by the Hospital's schedule of charges / tariff.

However, the bills raised by Surgeon, Anesthetist directly and not included in the hospitalization bill may be reimbursed in the following manner:

- a. The reasonable, customary and Medically Necessary Surgeon fee and Anesthetist fee would be reimbursed, limited to the maximum of 25% of Sum Insured. The payment shall be reimbursed provided the insured pays such fee(s) through cheque and the Surgeon / Anesthetist provides a numbered bill. Bills given on letter-head of the Surgeon, Anesthetist would not be entertained.
- b. Fees paid in cash will be reimbursed up to a limit of Rs. 10,000/- only, provided the Surgeon/Anesthetist provides a numbered bill.

Reasonable and customary charges clause shall remain applicable.

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## **8. MATERNITY COVER:**

Maternity shall be covered from Day 1 subject to following limits:

Normal Delivery: Rs. 50,000  
Caesarean Section: Rs. 1,00,000

Conditions:

Pre and post natal expenses are not covered  
Newborn baby shall be covered from Day One up to family Sum Insured subject to intimation to Insurance Cell, IITK for issuance of ecard for baby.

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## **9. CORPORATE BUFFER:**

Corporate Buffer shall be available during the policy period subject to following conditions:

### **PERMANENT EMPLOYEES:**

Maximum Utilization: Up to Rs. 4 lakh per family.  
Additional Rs. 1 lakh for critical illness diseases as per list.

### **RETIRED EMPLOYEES:**

upto Rs. 1 lakh for critical illness diseases as per list.

Conditions:

Not available for Project Employees.

Not available for maternity claims.

Not available for OPD claims.

Cannot be utilized against capped ailments or restricted Sum Insured conditions.

Request for corporate buffer must be raised within One month from date of loss OR Policy expiry date whichever is earlier  
Approval of corporate buffer shall remain subject to insurer discretion and availability of balance buffer amount.

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## **10. AMBULANCE COVER:**

Ambulance expenses shall be payable up to Rs. 2,000 per hospitalization in emergency cases.

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## **11. AYUSH TREATMENT:**

AYUSH hospitalization treatment shall be covered up to 25% of applicable Sum Insured in recognized AYUSH hospitals as defined under policy wording.

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## **12. CATARACT COVER:**

Cataract treatment shall be covered up to: Rs. 24,000 per eye inclusive of all charges

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## **13. PSYCHIATRIC & PSYCHOSOMATIC DISORDERS:**

Psychiatric and psychosomatic disorders requiring hospitalization shall be covered up to full Sum Insured, subject to admissibility under Mental Health provisions of policy and hospitalization necessity and IRDAI guidelines.  
Outpatient counseling, psychotherapy, behavioral therapy and non-hospitalization treatments shall not be covered.

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## **14. CONGENITAL DISEASES**

Internal congenital diseases shall be covered.

External congenital diseases shall be covered only in life-threatening situations requiring hospitalization.

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## **15. SPECIAL COVERAGES**

The following shall be covered subject to policy conditions:

\*Hospitalization due to terrorism

\*Dental treatment only when arising out of accidental hospitalization

\***Impairment of Persons' intellectual faculties** by usage of drugs, stimulants or depressants as prescribed by a medical practitioner is covered up to 5% of Sum Insured, maximum upto Rs. 25,000 per policy period, subject to it arising during treatment of covered illness for an admissible claim. This amount shall be part of the Sum Insured.

\***Artificial life maintenance**, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of Health under any circumstances unless in a vegetative state as certified by the treating medical practitioner, is covered up to 10% of Sum Insured and for a maximum of 15 days per policy period following admission for a covered illness. (Explanation: Expenses up to the date of confirmation by the treating doctor that the patient is in vegetative state shall be covered as per the terms and conditions of the policy contract). Such expenses shall be payable if required in conjunction to an admissible claim and shall be within the Sum insured

\***Puberty and Menopause related Disorders:** Treatment for any symptoms, illness, complications arising due to physiological conditions associated with Puberty, Menopause such as menopausal bleeding or flushing is covered only as Inpatient procedure. This cover will have a sub-limit of up to 25% of Sum Insured per policy period.

**\*Age Related Muscular Degeneration (ARMD)** is covered only for Intravitreal Injections and anti – VEGF medication. This cover will have a sub-limit of 10% of Sum Insured, maximum upto Rs. 75,000 per policy period.

**\*Behavioural and Neuro Developmental Disorders:** Disorders of adult personality and Disorders of speech and language including stammering, dyslexia; are covered as Inpatient procedure. This cover will have a sub-limit of 25% of Sum Insured per policy period.

**\*Genetic diseases or disorders** are covered with a sub-limit of 25% of Sum Insured per policy period.

**Treatment of mental illness, stress or psychological disorders and neurodegenerative disorders:** We shall indemnify the Hospital or the Insured the Medical Expenses (including Pre and Post Hospitalisation Expenses) related to following with a sub-limit up to 25% of Sum Insured per policy period. The below covers are subject to the patient simultaneously exhibiting the following traits and requiring Hospitalisation as per the treating Psychiatrist's advice:

**1. Major Depressive Disorder-** when the patient is aggressive or violent.

**2. Acute psychotic conditions** – aggressive / violent behavior or hallucinations, incoherent talking or agitation.

**3. Schizophrenia** - esp. Psychotic episodes.

**4. Bipolar disorder** - manic phase.

Treatment of any Injury due to Suicidality shall not be covered.

Condition

Treatment shall be undertaken at a Hospital categorized as Mental Health Establishment or at a Hospital with a specific department for Mental Illness, under a Medical Practitioner qualified as Mental Health Professional.

Exclusions

Any kind of Psychological counselling, cognitive / family / group / behavior / palliative therapy or other kinds of psychotherapy for which Hospitalisation is not necessary shall not be covered.

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## 16. EXCLUSIONS

The following shall not be payable under the policy:

\*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

\*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.

\*Domiciliary hospitalization

\*Infertility and sterility treatment including IVF and related procedures

\*Septoplasty

\*Experimental / trial treatments

\*Administrative / registration / service / admission / surcharge / miscellaneous hospital charges

\*Expenses on prosthesis and external appliances

\*Devices/instruments replacing organ function unless specifically covered

\*Holter monitoring

\*Treatment outside India

\*Cosmetic surgery unless medically necessary due to accident/cancer

\*Non-medical expenses

\*Substance abuse related treatment except as specifically covered under policy wording

\*OPD expenses

\*Vaccination and inoculation

\*Unproven treatments

\*Expenses related to any admission primarily for diagnostics and evaluation purposes.

\*Expenses related to any admission primarily for enforced bed rest and not for receiving treatment.

\*Expenses related to the surgical treatment of obesity

\*Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex

\*Expenses related to any treatment necessitated due to participation as a professional 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.

\*Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

\*Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.

\*Treatments received in health 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.

\*Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure.

- \*Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.
- \*Circumcision unless required to treat Injury or Illness.
- \*Treatment such as Rotational Field Quantum Magnetic Resonance (**RFQMR**), External Counter Pulsation (**ECP**), Enhanced External Counter Pulsation (**EECP**), Hyperbaric Oxygen Therapy.
- \*Instrument used in treatment of Sleep Apnea Syndrome (C.P.A.P.) and continuous Peritoneal Ambulatory dialysis (C.P.A.D.) and Oxygen Concentrator for Bronchial Asthmatic condition.
- \*Stem cell implantation / surgery for other than those treatments mentioned in MODERN TREATMENT Table.
- \*Change of treatment from one system to another unless recommended by the consultant / hospital under whom the treatment is taken.
- \*Naturopathy Treatment.
- \*Bodily injury or sickness due to willful or deliberate exposure to danger (except in an attempt to save human life), intentional self-inflicted injury, attempted suicide. However, Failure to seek or follow medical advice or failure to follow treatment is not excluded. It is covered with a sub-limit of 10% of Sum Insured per policy period.
- \*Convalescence, general debility.
- \*Cost of braces, equipment or external prosthetic devices, non-durable implants, eyeglasses, Cost of spectacles and contact lenses, hearing aids including cochlear implants, durable medical equipment.
- \*All other exclusions shall be applicable as per standard New India Flexi Floater Group Mediclaim Policy wording.

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## 17. CLAIM INTIMATION & SUBMISSION

### Reimbursement Claims

Intimation within 30 days from date of discharge

Submission within 30 days from discharge

Delay beyond prescribed timeline may attract additional 10% co-payment over admissible claim amount.

However, insurer may condone delay in genuine hardship cases upon satisfactory justification.

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## 18. CASHLESS FACILITY

Cashless treatment facility shall be available at network hospitals through the appointed TPA subject to pre-authorization approval and policy admissibility.

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## 19 KYC & DATA MAINTENANCE

Group administrator / master policyholder shall:

Maintain KYC records of all primary members

Maintain updated member database

Share records with insurer whenever required

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## 20 DAY CARE PROCEDURES

All standard day care procedures covered under New India Flexi Floater Group Mediclaim Policy shall be admissible.

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**21 MODERN TREATMENTS:** The following modern treatments/procedures shall be covered (wherever medically indicated) either as In-Patient treatment or as Day Care Treatment during the policy period, subject to the limits mentioned below:

S. No.	Treatment / Procedure	Limit per Policy Period
1	Uterine Artery Embolization and HIFU (High Intensity Focused Ultrasound)	Up to 20% of Sum Insured subject to maximum Rs. 2,00,000
2	Balloon Sinuplasty	Up to 20% of Sum Insured subject to maximum Rs. 2,00,000
3	Deep Brain Stimulation	Up to 50% of Sum Insured subject to maximum Rs. 5,00,000
4	Oral Chemotherapy	Up to 10% of Sum Insured subject to maximum Rs. 1,00,000
5	Immunotherapy – Monoclonal Antibody Injection	Up to 25% of Sum Insured subject to maximum Rs. 2,00,000
6	Intravitreal Injections	Up to 10% of Sum Insured subject to maximum Rs. 75,000
7	Robotic Surgeries	Up to 50% of Sum Insured subject to maximum Rs. 5,00,000
8	Stereotactic Radio Surgeries	Up to 50% of Sum Insured subject to maximum Rs. 3,00,000
9	Bronchial Thermoplasty	Up to 50% of Sum Insured subject to

		maximum Rs. 2,50,000
10	Vaporisation of Prostate (Green Laser / Holmium Laser Treatment)	Up to 50% of Sum Insured subject to maximum Rs. 2,50,000
11	IONM (Intra Operative Neuro Monitoring)	Up to 10% of Sum Insured subject to maximum Rs. 50,000
12	Stem Cell Therapy (Hematopoietic Stem Cells for Bone Marrow Transplant for Hematological Conditions)	Up to 50% of Sum Insured subject to maximum Rs. 2,50,000

Notes:

Coverage shall be available only when medically necessary and admissible under policy terms.

All limits are inclusive within the applicable Sum Insured and do not increase the overall Sum Insured.

Treatments must be undertaken in a registered hospital / recognized healthcare facility.

Any experimental or unproven treatment outside the above list shall remain excluded unless specifically approved by insurer.

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## **22. GOVERNING CONDITIONS**

This policy shall be governed by:

Policy Schedule

Annexure Terms & Conditions

Standard New India Flexi Floater Group Mediclaim Policy wording

IRDAI Health Insurance Regulations

Applicable endorsements issued during policy period

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## **23. JURISDICTION**

All disputes shall be subject to jurisdiction of competent courts in India and grievance redressal mechanisms available under IRDAI regulations and Insurance Ombudsman provisions.

**GRIEVANCE REDRESSAL:** In the event of Insured has any grievance relating to the insurance, Insured Person may contact:

**Level 1:** Ms. Anshika Tiwari, MediAssist TPA, [anshika.tiwari@mediassist.in](mailto:anshika.tiwari@mediassist.in), Mob No. 9451802802

**Level 2:** Mr. Abhinandan Dubey, MediAssist TPA, [abhinandan.dubey@mediassist.in](mailto:abhinandan.dubey@mediassist.in),

**Level 3:** Mr. Vivek Pandit, MediAssist TPA, [vivek.pandit@mediassist.in](mailto:vivek.pandit@mediassist.in),

If Insured Person is unable to get resolution, he/she may contact Mr. Alok Singh, New India Assurance at [alok.singh@newindia.co.in](mailto:alok.singh@newindia.co.in) with copies of communications made to Level 1, Level 2 & Level 3 of MediAssist TPA.

**MIGRATION:** You 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 You are presently covered and has been continuously covered without any lapses under any Health Insurance product/plan offered by the Company, then You will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on Migration. For detailed guidelines on Migration. Kindly refer the link [https://www.irdai.gov.in/ADMINCMS/cms/frmGeneral\\_NoYearList.aspx?DF=RL&mid=](https://www.irdai.gov.in/ADMINCMS/cms/frmGeneral_NoYearList.aspx?DF=RL&mid=)

**MORATORIUM PERIOD:** After completion of **eight continuous years** under this policy no lookback would be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the Sums Insured of the first policy and subsequently completion of eight continuous years would be applicable from date of enhancement of Sums Insured only on the enhanced limits. After the expiry of Moratorium Period no claim under this policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments as per the policy.



## **CRITICAL ILLNESS LIST:**

### **1. Cancer:**

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

The following are excluded:

- (1) Tumors showing the malignant changes of carcinoma-in-situ & tumors which are histologically described as pre-malignant or non-invasive, including, but not limited to: Carcinoma-in-situ of the breasts, Cervical dysplasia: CIN-1, CIN-2 and CIN3;
- (2) Any skin cancer other than invasive malignant melanoma
- (3) All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- (4) Papillary micro-carcinoma of the thyroid less than 1 cm in diameter
- (5) Chronic lymphocytic leukaemia less than RAI stage 3
- (6) Microcarcinoma of the bladder
- (7) All tumors in the presence of HIV infection.

### **2. Kidney Failure (End Stage Renal Failure):**

End stage disease presented as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

**3. Primary Pulmonary Arterial Hypertension:** Primary Pulmonary Hypertension is characterized by elevated pulmonary artery pressure with no apparent cause and substantial right ventricular enlargement confirmed by a Cardiologist with the help of investigations including Cardiac Catheterization (cardiac catheterization proving the pulmonary pressure to be above 30 mm of Hg), resulting in permanent irreversible physical impairment of at least Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment and resulting in the Insured being unable to perform his / her usual occupation.

The NYHA Classification of Cardiac Impairment:

Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnoea, or angina pain.

Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms.

Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.

Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

**4. Multiple Sclerosis:** The definite occurrence of multiple sclerosis with the diagnosis support by all of the following:

- investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis
- there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, and
- Well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with atleast two clinically documented episodes atleast one month apart. Other causes of neurological damage such as SLE and HIV are excluded.

## **5. Major Organ Transplant:**

The actual undergoing of a transplant of:

- One of the following human organs: heart, lung, liver, kidney, pancreas that resulted from irreversible end-stage failure of the relevant organ, or
- Human bone marrow using haematopoietic stem cells

The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded from the scope:

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

## **6. Coronary artery by-pass grafts (with surgery to divide the breastbone):**

The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

Excluded are: (1) Angioplasty and / or any other intra-arterial procedures (2) Any Key-hole or laser surgery

## **7. Aorta Graft Surgery:**

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

Surgery following traumatic injury to the aorta is not covered. Surgery to treat peripheral vascular disease of the aortic branches is excluded even if a portion of the aorta is removed during the operative procedures. Surgery performed using only minimally invasive or intraarterial techniques such as percutaneous endovascular aneurysm with insertion of a stent graft are excluded.

**8. Heart Valve Surgery:** The actual undergoing of open-heart valve surgery to repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

**9. Stroke:** Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intra-cranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT scan or MRI of the brain.

Evidence of permanent neurological deficit lasting for atleast 3 months has to be produced.

The following are excluded:

- Transient ischemic attacks (TIA)
- Traumatic injury of the brain
- Vascular disease affecting only the eye or optic nerve or vestibular functions.

**10. Myocardial Infarction (First Heart Attack):** The first occurrence of myocardial infarction which means death of portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for this will be evidenced by all of the following criteria: a) a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain) b) new characteristic electrocardiogram changes c) elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded: (1).Non-ST segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T; (2).Other acute Coronary syndromes (3).Any type of angina pectoris

**11. Coma:** A state of unconsciousness with no reaction or response to external stimuli or internal needs.

This diagnosis must be supported by evidence of all of the following :

- No response to external stimuli continuously for at least 96 hours;
- Life-support measures being necessary to sustain life; and
- Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

**12. Total Blindness:** Total, permanent and irreversible loss of all sight in both eyes as a result of sickness or accident. Diagnosis has to be confirmed by a specialist (best by an ophthalmologist) and evidenced by specific test results.

**13. Paralysis:** Total and irreversible loss of use of two or more limbs as a result of Injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than three months.

