

STUDENT EDUCATION WELFARE PLAN

Chitkara University, Punjab
Chitkara University, Himachal

Chitkara Education Trust attempts to provide utmost security for its students, both within and outside the campus. The Trust has adopted strict safety measures to ensure that students of both University campuses of Punjab and Himachal Pradesh are protected.

Keeping this in view a noble insurance plan called ‘**Student Education Welfare Plan**’ has been arranged for the students of Chitkara University Campuses.

The main features of ‘**Group Insurance Plan**’ for the benefit of students and parents are mentioned below:-

Benefit 1 : Accidental Death, Dismemberment & Permanent Total Disablement

- **For Students:** In case a student meets with an accidental death or results in severance of a body part/including Permanent Partial Disablement, a sum of **Rs. 1,00,000 (Rupees One Lakh)** will be given to the Nominee.

Benefit 2: Accidental Medical Expenses Reimbursement

For students: Upto **Rs. 5,000/-**.(It covers In patient and out patient) (Per year Limit)

NO LIMIT on the no. of accidents covered in a year.

Benefit 3: Education Continuity Plan

- **Earning Parent Benefit:** A unique benefit offered by us - A sum of **Rs. 3,00,000 Lakhs** is given to the management of the institute to ensure that, the student continues to gain from **quality education** from your college even if, his **sole income-earning parent** meets with an accident resulting in **Death**. The amount includes the **fees, books & uniform expenses etc.**

DETAILS OF THE ABOVE BENEFITS

COVERAGE

Accident, Accidental - means a sudden, unforeseen, uncontrollable and unexpected physical event to the Insured Person caused by external, violent and visible means occurring under the circumstances described in a Hazard applicable to that person.

ACCIDENTAL DISMEMBERMENT

(Including Loss of Sight and Hearing)

We will pay a percentage of the Principal Sum shown in the Policy Schedule if Injury to You results in one of the losses shown in the Table of Losses below. The loss must occur under the circumstances described in a Hazard within 365 Days from the date of the Accident which caused Injury.

We will pay, provided such disability has continued for a period of 12 consecutive months and is total, continuous and Permanent at the end of this period, the Principal Sum less any other amount paid or payable under: Permanent Total Disability or Permanent Partial Disability section of this Policy, if these coverages are offered under this Policy, as the result of the same Accident. If more than one loss results from any one Accident, only one amount, the largest, will be paid.

Table of Losses

Loss of: % of Principal Sum
Both Hands or Both Feet 100%
Sight of Both Eyes 100%
One Hand and One Foot ... 100%
Either Hand or Foot and Sight of One Eye ... 100%
Speech and Hearing in Both Ears 100%
Either Hand or Foot 50%
Sight of One Eye 50%
Speech or Hearing in Both Ears 50%
Hearing in One Ear 25%
Thumb and Index Finger of Same Hand ... 25%
"Loss" with regard to:

1. Hand or foot means actual severance through or above the wrist or ankle joints respectively;
2. Eye means entire and irrecoverable loss of sight;
3. Thumb and index finger means actual severance through or above the joint that meets the hand at the palm;
4. speech or hearing means entire and irrecoverable loss of speech or hearing of both ears;
Exposure:

For the purposes of the Accidental Dismemberment benefit above, a loss resulting from You being unavoidably exposed to the elements due to an Accident occurring under the circumstances described in a Hazard will be pay

Exclusions

In addition to the General Exclusions listed in this Policy this coverage section shall not cover:

1. Loss caused directly or indirectly, wholly or partly by:
 - (a) Infections (except pyogenic infections which shall occur through an Accidental cut or wound) or any other kind of Disease;
 - (b) Medical or surgical treatment except as may be necessary solely as a result of Injury;
2. Any Injury which shall result in hernia.

COVERAGE

Section: ACCIDENTAL DEATH

We will pay the Principal Sum shown in the Policy Schedule if Injury to You results in loss of life. The loss must occur under the circumstances described in a Hazard within 365 Days from the date of the Accident which caused Injury.

We will pay, the Principal Sum less any other amount paid or payable under: Accidental Dismemberment including Paralysis, Permanent Total Disability section of this Policy, if these coverage's are offered under this Policy, as the result of the same Accident

Exposure

For the purposes of the Accidental Death benefit above, a loss resulting from You being unavoidably exposed to the elements due to an Accident occurring under the circumstances described in a Hazard will be payable as if resulting from an Injury. Loss must occur within 365 Days of the date of the Accident.

Disappearance

We will pay the benefit for Loss of Life under the circumstances described in a Hazard if Your body cannot be located within 365 Days after the forced landing, stranding, sinking or wrecking of a conveyance in which You were a passenger or as a result of any Acts of God, in which case it shall be deemed, subject to all other terms and provisions of the Policy, that You shall have suffered loss of life within the meaning of the Policy

Exclusions:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover:

1. loss caused directly or indirectly, wholly or partly by:
 - a. infections (except pyogenic infections which shall occur through an Accidental cut or wound) or any other kind of Disease;
 - b. medical or surgical treatment except as may be necessary solely as a result of Injury
2. any Injury which shall result in hernia.

COVERAGE

Section: EMERGENCY ACCIDENT MEDICAL

We will pay the Reasonable and Customary Charges, subject to the Deductible shown in the Policy Schedule, for Covered Medical Expenses incurred in the Republic of India by You for medical services which are not due to a Pre-existing Condition up to the maximum amount and benefit period stated in the Policy Schedule for Immediate Medical Treatment of an Injury sustained by You, under the circumstances described in a Hazard, while this Policy is in effect.

Dental benefits shall be limited to treatment of Injury sustained to Sound Natural Teeth. Covered

emergency dental expenses are those incurred within 30 days of the time and date of the Injury caused by Accident subject to the per tooth limit and per occurrence limit shown in the Policy Schedule.

Definitions:

Covered Medical Expenses - means expenses incurred by You for medical services and supplies which are recommended by the attending Physician. They include:

- (a) the services of a Physician;
- (b) Hospital confinement and use of operating room;
- (c) anesthetics (including administration), x-ray examinations or treatments, and laboratory tests;
- (d) ambulance service;
- (e) drugs, medicines, and therapeutic services and supplies;
- (f) dental treatment resulting from Injury sustained to Sound Natural Teeth subject to the per tooth and per occurrence maximums shown in the Policy Schedule.

Immediate Medical Treatment - means treatment commencing within 24 hours of the time and date of the Accidental bodily Injury. Only Covered Medical Expenses are covered.

Exclusions:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover:

1. Any treatment of any disease, sickness or illness; or
2. Services, supplies, or treatment, including any period of Hospital confinement, which were not recommended, approved, and certified as Medically Necessary by a Physician; or
3. Routine physicals or other examinations where there are no objective indications of impairment in normal health, and laboratory diagnostic or X-ray examinations except in the course of a disability established by the prior call or attendance of a Physician; or
4. elective, cosmetic, or plastic surgery, except as a result of an Injury caused by a covered Accident while Our Policy is in force; or
5. dental care, except as a result of Injury caused by Accident to Sound Natural Teeth while this Policy is in effect; or
6. expenses incurred in connection with weak, strained, or flat feet, corns, calluses, or toenails; or
7. the diagnosis and treatment of acne; or
8. deviated septum, including sub mucous resection and/or other surgical correction thereof; or
9. organ transplants that are considered experimental in nature; or
10. well child care including exams and immunizations; or
11. expenses which are not exclusively medical in nature; or

12. eyeglasses, contact lenses, hearing aids, and examination for the prescription or fitting thereof, unless Injury or no Sickness cover has caused impairment of vision or hearing; or
13. treatment provided in a government Hospital or services for which no charge is normally made; or
14. mental, nervous, or emotional disorders or rest cures; or
15. pregnancy and all related conditions, including services and supplies related to the diagnosis or treatment of infertility or other problems related to inability to conceive a child; birth control, including surgical procedures and devices; or
16. medical expenses covered under any workers compensation or similar policy; or
17. medical expenses incurred as the result of alcohol and/or drug abuse, addiction or overdose; or
18. therapeutic services unless conclusive scientific evidence proves, , that it improves health outcome.

COVERAGE

Section: PERMANENT TOTAL DISABILITY

When as the result of Injury occurring under the circumstances described in a Hazard and commencing within 365 Days from the date of the Accident You suffer a Permanent Total Disability, We will pay, provided such disability has continued for a period of 12 consecutive months and is total, continuous and Permanent at the end of this period, the Principal Sum less any other amount paid or payable under: Accidental Death, or Accidental Dismemberment, or Permanent Partial Disability, or Permanent Total Loss of Use sections of this Policy, if these coverages are offered under this Policy, as the result of the same Accident.

Definitions:

Permanent - means lasting twelve calendar months and at the expiry of that period being beyond reasonable hope of improvement.

Permanent Total Disability - means You are unable to engage in each and every occupation or employment for compensation or profit for which You are reasonably qualified by education, training or experience for the rest of your life. If at the time of loss You are unemployed, Permanent Total Disability shall mean the total and Permanent inability to perform all of the usual and customary duties and activities of a person of like age and sex.

GENERAL EXCLUSIONS

This entire Policy does not provide benefits for any loss resulting in whole or in part from, or Expenses incurred, directly or indirectly in respect of:

1. Any Pre-existing Condition, any complication arising from it or
2. Suicide, attempted suicide (whether sane or insane) or intentionally self-inflicted Injury or illness, or sexually transmitted conditions, mental or nervous disorder, anxiety, stress or

depression, Acquired Immune Deficiency Syndrome (AIDS), Human Immune-deficiency Virus (HIV) infection; or

3. Serving in any branch of the Military or Armed Forces of any country, whether in peace or War, and in such an event We, upon written notification by the Policyholder, shall return the pro rata premium for any such Insured Period of service under the circumstances described in a Hazard; or

4. Being under the influence of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a Physician and taken as prescribed; or

5. Participation in an actual or attempted felony, riot, crime, misdemeanor, (excluding traffic violations) or civil commotion; or

6. Operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft; or Scheduled Aircraft.; or

7. War, civil war, invasion, insurrection, revolution, act of foreign enemy, hostilities (whether War be declared or not), rebellion, mutiny, use of military power or usurpation of government or military power; or

8. Any loss, damage cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any Act of Terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

The warranty also excludes loss, damage, cost or expenses of whatsoever nature directly or Indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to action taken in respect of any act of terrorism. If the Company alleges that by reason of this Exclusion, any loss, damage, cost or expenses is not covered by this insurance the burden of proving the contrary shall be upon the Insured. ;or

9. The intentional use of military force to intercept, prevent, or mitigate any known or suspected Terrorist Act; or

10. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel; or

11. The radioactive, toxic, explosive or other

12. Self exposure to needless peril (except in an attempt to save human life);

13. Congenital anomalies or any complications or conditions arising therefrom; or

14. Participation in winter sports, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sport, any bodily contact sport or any other hazardous or potentially dangerous sport for which you are trained or untrained; or.

15. Any loss resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy, or

16. For any loss of which a contributing cause was Your actual or attempted commission of, or willful participation in, an illegal act or any violation or attempted violation of the law or Your

resistance to arrest.

CLAIM

TIME FOR FILING CLAIM FORMS AND EVIDENCE: Completed claim forms and written evidence of loss must be furnished to Us within thirty (30) Days after the date of such loss. Failure to furnish such evidence within the time required shall not invalidate nor reduce any claim if You can satisfy us that it was not reasonably possible for You to give proof within such time. However, no proof will be accepted if furnished later than one (1) year from the time the loss Occurred

In case of any above incident, the school authorities may be contacted to avail benefits of the scheme, please contact

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