

अमेरिकन लाइफ इन्स्योरेन्स कम्पनी

(लिमिटेड कम्पनीको रूपमा सन् १८६८ मा अमेरिकामा स्थापित र्छ
बीमा ऐन, २०४९ अनुसार नेपालमा जीवन बीमा व्यवसाय गर्ने इजाजत प्राप्त)
कम्पनी दर्ता नं. ६/०६२/०६३

नेपाल विप्लव रजिष्टर्ड कार्यालय :

नारायणी कम्प्लेक्स, पुल्चोक,
पो.म.नं. ११४९०, काठमाडौं, नेपाल ।

मुख्य कार्यालय :

मेट्रोपेसिफिक लाइफ इन्स्योरेन्स
कम्पनि
२०० चर्क एवेन्यू, न्यूयोर्क
न्यूयोर्क १००६६, यु.एस.ए.

“लाइफ शील्ड” म्यादी जीवन बीमालेख

अमेरिकन लाइफ इन्स्योरेन्स कम्पनी (यस पछि कम्पनी भनिएको) ले वीमिति लाई यस बीमालेख अन्तर्गत रक्षावरण गरिएको जोखिमहरूको लागि यस अन्तर्गतका अपवादहरू, सीमाहरू, प्रावधानहरू र फारामहरूको अधिनमा रहि बीमा गर्दछ ।

यस बीमालेख अन्तर्गतको बीमा, यसैसाथ संलग्न साभहरूको अनुसूचीमा उल्लेख गरिएको रक्षावरणहरू र सो वापत उल्लेख गरिएको बीमाकहरू अनुसार हुनेछ ।

बीमालेख वापत लिनुपर्ने, साभहरूको अनुसूचीमा उल्लेखित पूर्ण बीमाशुल्क अधिम रूपमा भुक्तानी गरिएको आधारमा यो बीमालेख जारी गरिएको छ ।

कम्पनीले वा कम्पनीलाई लिनुपर्ने सबै रकमहरू बीमालेखको साभहरूको अनुसूचीमा उल्लेख भए अनुरूपको मुद्दामा र बीमालेखको साभहरूको अनुसूचीमा उल्लेख भएको भुक्तानीको देशमा रहेको कम्पनीको कार्यालयमा भुक्तानी गरिने छ ।

बीमावापत प्राप्त हुने साभहरू, यस पृष्ठमा तथा यस पछिका पृष्ठहरूमा र यसै साथ संलग्न फारामहरूमा उल्लेख भएका प्रावधान तथा शर्तहरू हस्ताक्षर गरिए सरह पूर्णरूपमा यसै कारणका अंग मानिनेछन् ।

यो बीमालेख कम्पनीको अधिकार प्राप्त अधिकृतद्वारा हस्ताक्षर नभए सम्म मान्य हुनेछैन ।

बीमालेख साभहरूको अनुसूचीमा उल्लेख भएको जारी मितिका दिन यसमा उल्लेखित साक्षीहरूको रोहवरमा, अमेरिकन लाइफ इन्स्योरेन्स कम्पनीले यो बीमालेख छाप लगाई जारी गरेको छ ।

प्रतिहस्ताक्षर गर्ने _____

संस्थापक



निर्देशकारी प्रेषक
वाईस प्रेसिडेन्ट एण्ड कन्सल म्यानेजर



American Life Insurance Company
(Incorporated in 1868 in the U.S.A. as Limited Company and
Registered for Life Insurance Business in Nepal under Insurance Act, 2048)
Company Regn. No. 61062/062

Registered Office in Nepal:
NARAYANI COMPLEX, PULCHOWK
G.P.O. BOX: 11590, KATHMANDU, NEPAL

Home Office:
METROPOLITAN LIFE INSURANCE
COMPANY
200 Park Avenue, New York
New York 10166, U.S.A.

**"LIFE SHIELD"
TERM LIFE INSURANCE PLAN**

AMERICAN LIFE INSURANCE COMPANY, (hereinafter called "the Company")

HEREBY INSURES the Insured against loss covered by this policy, subject to and in accordance with the exceptions, limitations, provisions and forms herein contained.

THE INSURANCE provided under this policy is only with respect to such and so many of the coverages as are indicated by a specific amount set opposite thereto in the Schedule of Benefits attached.

THIS POLICY is issued in consideration of the payment in advance of the total premium Specified in the Schedule of Benefits.

ALL SUMS payable hereunder by or to the Company shall be payable in the currency stated in the Schedule of Benefits and shall be paid at the office of the Company in the country stated in the Schedule of Benefits.

THE BENEFITS provisions and conditions set forth on this and following pages and on Forms herein contained are part of this contract as fully as though it appeared over the signatures hereunder affixed.

This Policy shall not be valid unless countersigned by a duly authorized officer of the Company.

IN WITNESS WHEREOF, the Company has affixed its seal and caused this Policy to be executed as of the date of issue stated in the Schedule of Benefits attached thereto.

Countersigned by: _____
Registrar



Nirmal K. Shrestha
Vice President and General Manager

ACCIDENTAL DEATH, DISMEMBERMENT AND PERMANENT TOTAL DISABILITY

SUPPLEMENTARY CONTRACT - FORM 60-P

ISSUED BY
AMERICAN LIFE INSURANCE COMPANY

This Supplementary Contract is an integral part of the Policy to which it is attached and is valid only if the Supplementary Contract Form number, benefit, and appropriate premium is indicated on the Application for said Policy or is endorsed thereon.

DEFINITIONS

"Injury" wherever used in this Supplementary Contract means accidental bodily injury occurring to the Insured while this Supplementary Contract is in force, effected only by external, violent and accidental means of which there is evidence of visible contusion or wound and resulting, directly and independently of all other causes in loss covered by this Supplementary Contract.

"Principal Sum" wherever used in this Supplementary Contract means the amount stated in the Schedule of Benefits.

"Permanent" wherever used in this Supplementary Contract means total irremediable loss which has continued uninterruptedly for a period of at least twelve (12) calendar months and at the expiry of this period is beyond hope of improvement.

"Loss" wherever used herein means the Permanent total loss of functional use or complete and permanent severance:

- With reference to hand or foot: at or above the wrist or ankle joint.
- With reference to Thumb and Index: at or above the metacarpal phalangeal joints.
- With reference to the sight, hearing or speech: the entire and irrecoverable loss of sight, hearing or speech as certified by a licensed physician.

"Totally and Permanently Disabled" wherever used in this Supplementary Contract means the Insured is unable to engage in any occupation or employment for compensation or profit.

"Pre-existing Condition" wherever used in this Supplementary Contract shall mean any physical condition that was diagnosed, treated, or for which a physician was consulted, at any time prior to the Effective Date of this Supplementary Contract; whether declared or not declared on application or health statement.

"Physician" wherever used in this Supplementary Contract means a person legally licensed to practice medicine and/or surgery, specializing in Ophthalmology or Otolaryngology other than the Insured or a member of the Insured's immediate family.

"Hospital" wherever used in this Supplementary Contract means an establishment which meets all of the following requirements: (1) holds a license as a hospital, if licensing is required in the country or governmental jurisdiction; (2) operates primarily for the reception, care and treatment of sick, ailing or injured persons as inpatients; (3) provides 24-hour a day nursing service by registered or graduate nurses; (4) has a staff of one or more physicians available at all times; (5) provides organized facilities for diagnosis and major surgical procedures; (6) is not primarily a clinic, nursing, rest or convalescent home or similar establishment and is not, other than incidentally, a place for alcoholics or drug addicts; and (7) maintains necessary equipment and operating room facilities.

BENEFITS

Section 1. LOSS OF LIFE ACCIDENT INDEMNITY: When injury results in loss of life of the Insured within three hundred sixty five (365) days from the date of the accident, the Company will pay the Principal Sum, less any other amount paid or payable under Sections 2 and 3.

Section 2. DISMEMBERMENT, LOSS OF SIGHT, HEARING, SPEECH INDEMNITY: When injury to a the Insured results in any of the following Losses within three hundred sixty five (365) days from the date of the accident, the Company will pay for the Loss of:

Both Hands or Both Feet Or	
Sight of Both Eyes	The Principal Sum
One Hand and One Foot	The Principal Sum
Either Hand or Foot and Sight of One Eye ..	The Principal Sum
Hearing of Both Ears	The Principal Sum
Speech	The Principal Sum
Either Hand or Foot	One Half The Principal Sum
Sight of One Eye	One Half The Principal Sum
Thumb and Index Fingers	One quarter The Principal Sum

In case of occurrence of more than one of the losses specified under this section, the total indemnity payable hereunder is established by adding the indemnity corresponding to each single loss up to a maximum limit of 100 % of the Principal Sum

Section 3. PERMANENT TOTAL DISABILITY: When, as the result of injury and commencing within three hundred sixty five (365) days after the date of the accident, the Insured is Totally and Permanently Disabled, and such disability has continued for a period of twelve (12) consecutive months and is total, continuous and Permanent at the end of this period, the Company will pay the Principal Sum less any other amount paid or payable under section 2. The Principal Sum will be paid in one lump sum up to the maximum shown in the Schedule of Benefits.

However, and notwithstanding anything to the contrary under this policy and/or any other Personal Accident policy, or supplementary contract issued by the Company for the Insured, the lump sum payment payable by the Company in case of Permanent Total Disability from accident shall not, under any circumstances, exceed two million Nepalese Rupees (NPR 2,000,000). The balance, if any, will be payable monthly over a period of three years.

LIMITATIONS AND TERMINATION OF INDIVIDUAL INSURANCE

No indemnity will be paid under any circumstances for more than one of the losses, the greatest for which provision is made in Section 1 "Loss of Life Accident Indemnity", or Section 2 "Dismemberment, Loss of Sight, Hearing, Speech Indemnity", or Section 3 "Permanent Total Disability".

The occurrence of any specified loss/losses in respect of a covered Insured for which the full Principal Sum is payable shall at once terminate his insurance under the Policy, but such termination shall be without prejudice to any claim originating out of the accident causing such loss.

EXCEPTIONS

In addition to the General Exceptions listed under Part III of the Policy, this Supplementary Contract shall not cover and no payment shall be made with respect to any loss caused by or resulting from:

1. Bacterial infections (except pyogenic infections which shall occur through an accidental cut or wound) or any other kind of disease.
2. Accident caused by Acquired Immune Deficiency Syndrome (AIDS)

EXPIRATION OF COVERAGE

The Coverage under this Supplementary Contract will expire when the Insured, attains seventy (70) years of age and unearned premium will be refunded on pro-rata basis.

Expiration of the coverage under this provision shall be with out prejudice to any claim arising before expiration date.

ACCIDENT IN-HOSPITAL INCOMEISSUED BY
AMERICAN LIFE INSURANCE COMPANY

SUPPLEMENTARY CONTRACT - FORM ET-A

This Supplementary Contract is an integral part of the Policy to which it is attached and is valid only if the Supplementary Contract Form number, benefit, and appropriate premium are indicated on the Application for said Policy or are endorsed thereon.

DEFINITIONS

"In-Patient" whenever used in this Supplementary Contract means a person who is confined in a Hospital as a registered bed patient for at least twenty-four (24) hours.

"Injury" whenever used in this Supplementary Contract means accidental bodily injury occurring to the Insured while this Supplementary Contract is in force, effected only by external, violent and accidental means of which there is evidence of visible confusion or wound and resulting, directly and independently of all other causes in loss covered by this Supplementary Contract

"Pre-existing Condition" whenever used in this Supplementary Contract means any physical condition that was treated, or for which a physician was consulted at any time prior to the Supplementary Contract Effective Date, whether declared or undecleared in application or health statement.

"Medical Necessity" whenever used in this Supplementary Contract means that the medical condition of the Insured requires confinement according to a treating physician report confirming that a safe and effective treatment cannot be provided to the Insured as an Outpatient.

"Physician" whenever used in this Supplementary Contract means a person legally licensed to practice medicine and/or surgery, specializing in Ophthalmology or Otolaryngology other than the Insured or a member of the Insured's immediate family.

"Hospital" whenever used in this Supplementary Contract means an establishment which meets all of the following requirements:

(1) holds a license as a hospital, if licensing is required in the country or governmental jurisdiction; (2) operates primarily for the reception, care and treatment of sick, ailing or injured persons as inpatients; (3) provides 24-hour a day nursing service by registered or graduate nurses; (4) has a staff of one or more physicians available at all times; (5) provides organized facilities for diagnosis and major surgical procedures; (6) is not primarily a clinic, nursing, rest or convalescent home or similar establishment and is not, other than incidentally, a place for alcoholics or drug addicts; and (7) maintains necessary equipment and operating room facilities.

BENEFITS

When, as the result of Injury while this Supplementary Contract is in force, the Insured shall be for medical necessity confined within a Hospital as an in-patient under the continuous attendance of a physician, the Company will pay the Weekly Benefit stated in the Schedule, for each week that the Insured shall be confined therein, up to fifty-two (52) weeks.

If the Insured is confined for a portion of a week, one seventh (1/7) of the Weekly Benefit shall be payable for each day of confinement subject to the Elimination Period.

SUCCESSIVE PERIODS OF HOSPITAL CONFINEMENT

If, following a period of Hospital confinement for which indemnity is paid or payable under this Supplementary Contract, the Insured shall be readmitted and confined as an inpatient, due to the same or related causes, the Company's liability for the entire period shall be subject to the limitations applicable of this Supplementary Contract under which the original period of confinement was indemnified.

EXCEPTIONS

In addition to the General Exceptions listed in Part III of the Policy, this Supplementary Contract shall not cover Hospital confinement resulting from or related to:

- (1) hospital confinement except as may be solely as a result of injury;
- (2) Direct consequence of pregnancy, childbirth, abortion or miscarriage;
- (3) general check-ups; or
- (4) stay in sanatoriums for whatever reason and whatever treatment;
- (5) treatment in an Ayurvedic Center or Hospital for whatever reason and whatever treatment;
- (6) Pre-Existing conditions;
- (7) Accident caused by Acquired Immune Deficiency Syndrome (AIDS)

EXPIRATION OF COVERAGE

The coverage under this Supplementary Contract will expire when the Insured, attains sixty-five (65) years of age and unearned premium will be refunded on pro - rata basis.

Expiration of the coverage under this provision shall be with out prejudice to any claim arising before expiration date.

unabhängig vom Alter, Geschlecht und Beruf

एक सप्ताह की छुट्टी

[illegible]

परिष्कारक

“साउथीस्ट” वह एक कलात्मक जहाँसूखे इमेज भारतीय से एक कला तालु खींचे जायजगत्ता वैमिश्रित जगत्ती पीटरस्टक शायीकी आहार मण्डप, ताई अन्य सवि कलाय मीकी मुलकगत्ता मण्डप, सांख्यिकी र सुविष्टगत्ताय कलाय मण मय शायीकी, मीकी शयय खींचे प्रमय शायीकी शायीकी साउथीस्टताई खायजे छ ।

[illegible]

“अमर व कालकवी” यह पुस्तक कलाम जहाँगीर प्रयोग मूलान विमलको प्रभावशाली आलोचक उपचार, उपचार सामग्री वा उपचार सेवाको लागि भुक्तानी गतिको कुरा खर्च तथ्य जुन खर्च गरीएको छान्ने तथ्य उपचार, उपचार सामग्री वा उपचार सेवाको प्रभावशाली सामग्री होईन। र यी नभएको प्रभावशाली गतिको खर्चको खर्च सामग्री गतिको होन, जहाँ जहाँ छ।

[illegible]

‘जीवशीवषात खण्डितः’ यसं पुनः जगताम् जहातुं द्वयेन मर्त्येन दुष्टेभ्यो मनुं
 दिष्टेन लोकैः। तत्र द्विष मृतं मनुष्यं चिन्तयन्, शत्रुं चिन्तयन्, सखिं, अप्रियतमं
 च। चिन्तयन्, शत्रुवर्षिणः, दुष्ट-प्रेमं यो जहाति तन्मनुष्यं सखिं, अप्रियतमं, सर्वत्र उपचरन्
 शत्रुं, चिन्तयन्। तस्य शत्रुवर्षिणः तन्मनुष्यं शत्रुः मनुष्यो सखिः मनुष्यो अप्रियतमो जहातुः
 इ। तां चिन्तितं प्रत्य विचारयन्तं पुनं वा जहति। सर्वं शीघ्रमर्त्यं पातुते। अप्रियतमः
 जगत्प्रेमं शान्तये अमुकप्रेमं पीडयति। शत्रुः प्रत्य विचारयन्तं मनुष्यां तुते। स्वयं
 जहातुः सखिः मनुष्यो सर्वं स्वयं जहातुः शत्रुः चिन्तयन्। स्वयं इ।

“विश्वविद्यालय” यस पुस्तक अनुसार जहाँसुकै उल्लेख भएको विषयमा वा निम्नको परिभाषाको कारण बाहेक औपचारिक रूपमा वा कसैले गर्ने कसैलाई रूपमा प्राप्त गर्न OPHTHALMOLOGY वा OTOLARYNGOLOGY मा विशेषज्ञता प्राप्त व्यक्तिहरूको समूहलाई।

*"अस्यत्वात्" यस्य दूतक कालमा ज्ञातुमुक्तं उल्लेख भवति तत विद्वत्सा यत् सार्थक एव सति विद्यायासाई कथ्यते।

(१) राज्य या संसदसदस्या द्वारा जल आवश्यक गरिएकी अवस्थामा जलप्राप्तकी द्वारा जल प्राप्त.

(૨) આકારમત સપ્તમા વિરામી, રંગી બા જાડપોટ તારોનો વ્યવસ્થાઈ બસો થી સિમેન્ટ ૪ ડીપરીંગવાનો તારો મરખાલન થાયનો.

(५) तिलको पीपिवी त्रष्ट पंजीकृत वा क्वालक सर्वोत्तरा लीमिटेड सेवा पञ्चाङ्गे.

(४) एक वा एकजना यही शिक्षक कर्मचारी बीबिबी लप्टा उपस्थित रहने व्यवस्था लागू.

(4) आश्रयभूत स्वयं विधिक, लक्षित, विधायन गृह वा स्वायत्त गृह वा त्यक्त प्रकृतिको लक्ष्य वा आजीवनिकस्वयं वास्तविक स्वयंको उपचार केषु गण्यो, र

(क) आवश्यक उपकरण व सामग्री तथा कक्षाओं का निर्माण व्यवस्था में।

FIGURE 1

सुप्रीम कोर्टाच्या निर्णयाने सर्वोच्च न्यायालय

ये पुरक कलर लार्ग होके अवस्थामा बीजितलाई लागेको साउथकोटी परिवारम स्वभाव हुने आत्म र चेतनबन्धी अनुहारको औपशेयचार खर्च गर्ने अनुसूची प्रस्ताव को कही रहम (कही मा) भन्ना यही हुन आउने रहम कम्पनीले गीतधर्मा गिता । तर त्यसो होउधर्मा रहम अनुसूचीमा उल्लेखित हुने एउटा दुर्लभाको परिवारम स्वभाव हो खर्चको होउधर्मा यो भन्ना यही हुने छैन ।

APPENDIX

मूल योजना/सूचको भाग-३ सामान्य अणुका प्रावधानको लागि यस पुस्तक अन्तर्गत विभिन्न श्रेणी तथाकार्यको लागि छुट र विभिन्न अवस्थामा भएको कृषि सम्बन्धी लागि कृषि योजनाको परिचालन।

(१) पूर्ण या अंशिक रूपसे निम्न कुलबी छापत्र वा अछापत्र अगर वा सीसी परिष्कार स्वरूप होवे अनि।

(क) विटामिन (Vitamin) संश्लेषण (Synthesis) (विटामिन संश्लेषण) (Vitamin Synthesis)

होने। Pyrope (प्यूपीक) का अर्थ है लाल।

(ख) पूर्व स्वयं आउटपीटकी लागि मात्र आवश्यक हुने यात्रिका उपचार वा सम्पत्तिको।

(२) आउटपीटबाट विद्युतीय शक्ति प्राप्त गर्न सकिने बसाउने माध्यमको रूप विकसित वा लागू गरियो, र

(३) मातृ संपत्ति गर्भावस्था, पुरुष, गर्भशय वा गर्भाधानलक्षी अस्वस्थ मातृ होने लगे।

(४) आधारीक, अधारीक र लक्षणीक उपचार.

(iv) एचआईवी (AIDS-Acquired Immune Deficiency Syndrome) को कारणों में से एक है।

उत्पादकता

यस पुस्तक बजार अन्तर्गतको बीमा बीमियत बलती (२००) रूप्ये उमेर पुगेमा अलग हुनेछ र आउने लगानीको बीमाभाजक तथ्य सम्मानयनिक रूपमा विवरण गरिएको छ ।

यस प्रकाशन अनुसार योजनाको अन्त्य हुदाँ अन्त्य हुने भिति अगावै भएको लागि प्रतिपक्षी गठित हुनेछ ।

ACCIDENT MEDICAL EXPENSE REIMBURSEMENT

SUPPLEMENTARY CONTRACT - FORM 81-A

ISSUED BY
AMERICAN LIFE INSURANCE COMPANY

This Supplementary Contract is an integral part of the Policy to which it is attached and is valid only if the Supplementary Contract Form number, benefit, and appropriate premium is indicated on the Application for said Policy or is endorsed thereon.

DEFINITIONS

"Injury" whenever used in this Supplementary Contract means accidental bodily injury occurring to the insured while this Supplementary Contract is in force, effected only by external, violent and accidental means of which there is evidence of visible confusion or wound and resulting, directly and independently of all other causes in loss covered by this Supplementary Contract.

"Pre-existing Condition" whenever used in this Supplementary Contract means any physical condition that was treated, or for which a physician was consulted at any time prior to the Supplementary Contract Effective Date; whether declared or undeclared in application or health statement.

"Reasonable and Customary" whenever used in this Supplementary Contract means any medical charge which is charged for treatment, supplies or medical services medically necessary to treat the insured's condition and does not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expenses are incurred; and does not include charges that would not have been made if no insurance existed.

Deductible: whenever used in this Supplementary Contract means the amount of expense or loss as stated in the Schedule of Benefits to be paid by the Insured before the benefits become payable. Such amount will be Rs. 500 or as stated in the schedule, whichever is less.

"Medical Expenses" whenever used in this Supplementary Contract means expenses incurred as a result of Injury, within thirty (30) days from the date of accident, and paid by the Insured to a physician, surgeon, nurse, hospital and / or ambulance service for medical, surgical, X-ray, hospital or nursing treatment, including the cost of medical supplies and ambulance hire. Provided that in the event of the insured becoming entitled to a refund of all or part of such expenses from any other source, the Company will only be liable for the excess of the amount recoverable from such other source and within the limits provided in the Schedule.

"Physician" whenever used in this Supplementary Contract means a person legally licensed to practice medicine and/or surgery, specializing in Ophthalmology or Otolaryngology other than the Insured or a member of the Insured's immediate family.

"Hospital" whenever used in this Supplementary Contract means an establishment which meets all of the following requirements:

- (1) holds a license as a hospital, if licensing is required in the country or governmental jurisdiction;
- (2) operates primarily for the reception, care and treatment of sick, ailing or injured persons as inpatients;
- (3) provides 24-hour a day nursing service by registered or graduate nurses;
- (4) has a staff of one or more physicians available at all times;
- (5) provides organized facilities for diagnosis and major surgical procedures;
- (6) is not primarily a clinic, nursing, rest or convalescent home or similar establishment and is not, other than incidentally, a place for alcoholics or drug addicts; and
- (7) maintains necessary equipment and operating room facilities.

BENEFITS**ACCIDENT MEDICAL EXPENSE REIMBURSEMENT**

When as the result of Injury occurring to the Insured while this Supplementary Contract is in force, the Insured shall incur Medical Expenses the Company will reimburse the necessary, Reasonable and Customary Medical Expenses, which are in excess of the Deductible (if any) stated in the Schedule, but not to exceed the Amount payable stated in the Schedule as the result of any one accident.

EXCEPTIONS

In addition to the Exceptions listed in Part III of the Policy, this Supplementary Contract shall not cover and no payment shall be made for expenses incurred in connection with:

- (1) Loss caused directly or indirectly, wholly or partly by:
 - (a) bacterial 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) Dental care or surgery except to sound natural teeth as occasioned by injury;
- (3) Direct consequence of Pregnancy, childbirth, abortion or miscarriage;
- (4) Ayurvedic, herbal and acupuncture treatment;
- (5) Accident caused by Acquired Immune Deficiency Syndrome (AIDS).

EXPIRATION OF COVERAGE

The coverage under this Supplementary Contract will expire when the Insured, attains seventy (70) years of age and unearned premium will be refunded on pro - rata basis.

Expiration of the coverage under this provision shall be with out prejudice to any claim arising before expiration date.

30. सामान्य कक्षाई मूलानी हुन: यीमितको मृत्यु बापत पाणि लाम बीमा अवेतरमा वा तालम्यात कम्पनी द्वारा खर्च गरिएको कुनै अनुमोदमा, यीमितले इच्छाको प्यात्रिले पाउने छ । अन्यथा बीमा ऐन २०४९ को दफा २८ अनुसार यीमितको ज्ञातली प्रकाशनाई प्रकाशनी यीमितले ।

PART I - DEFINITIONS

"Insured" whenever used in this policy means the proposed insured as stated in the Application and who is more than eighteen (18) years and not more than fifty nine (59) years of age at the time of applying this policy.

"Schedule" and **"Application"** whenever used in this Policy means the Application and the Schedule of Benefits or Policy Specification Schedule which are attached hereto and which form a Section of this Policy.

"Principal Sum" whenever used in this Policy means the amount stated in the Schedule of Benefits.

PART II - BENEFIT

LOSS OF LIFE : If the Insured named in this Policy dies after the Policy commencement date and within the term of this policy, the face amount will be paid as per the provision and condition of this Policy.

PART III - GENERAL EXCEPTIONS

This policy does not cover or no payment shall be made in respect to:

1) Any loss caused by or resulting from:

- a) Intentionally self-inflicted injury, suicide or any attempt thereof while sane or insane;
- b) If involved in war, invasion, act of foreign enemy, hostilities or warlike operations (whether war be declared or not), mutiny, riot, civil commotion, strike, civil war, rebellion, revolution, insurrection; Assault or murder; terrorism act, shelling, sniping, ambushes, and all acts of similar nature; or any period the Insured is serving in the Armed Forces of any country, whether in peace or war;
- c) Congenital anomalies and conditions arising out of or resulting therefrom;

d) Pre-existing Conditions;

e) Any loss occurring while:

- a) The Insured is flying in any aircraft or device for aerial navigation except as specifically provided in Part IV-Flying Coverage;
- b) The Insured is participating in any organized sporting activity including professional or semi-professional sports; or in competitions, races, contests, matches in land, air or sea; mountain climbing or pot holing, paragliding, bungee jumping, parachuting or scuba diving.

The Insured shall, if so required, and as condition precedent to any liability of the Company, prove that the loss did not in any way arise under or through any of the excepted circumstances or causes under this Policy.

PART IV - FLYING COVERAGE

Coverage as respects flying is limited to loss occurring while the Insured is riding solely as a passenger, not as an operator or crew member, in, boarding, or alighting from:

- 1 - certified passenger aircraft provided by a commercial airline on any regular, scheduled or non-scheduled, special or chartered flight, and operated by a properly certified pilot flying between duly established and maintained airports, or
- 2 - any transport type aircraft operated by the Military Airlift Command (MAC) of the United States of America or by the similar air transport service of duly constituted governmental authority of the recognized government of any nation anywhere in the world.

PART V - UNIFORM PROVISIONS

1 - ENTIRE CONTRACT - CHANGES: This Policy, together with the Application, a copy of which is attached hereto and made a part hereof, as well as any forms, riders and endorsements hereto, constitutes the entire contract of insurance.

No change in this Policy shall be valid until approved by an officer of the Company and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this Policy or to waive any of the provisions of this Policy.

2 - CONSIDERATION: This Policy is issued on basis of the declarations made in the Application for insurance, and in consideration of the payment in advance of the premium specified in the Application.

Concealment of facts or false statements in the declarations made by the Insured which affect the acceptance of the risk by the Company shall invalidate the Policy from its inception.

3 - EFFECTIVE DATE: This Policy takes effect on the Effective Date stated on the Schedule of Benefits. After taking effect this Policy shall continue in effect until the Renewal Date and may continue in effect thereafter subject to the "Grace Period" and "Renewal Conditions" set forth herein. All periods of insurance shall begin and end at 12:01 A.M. at the residence of the Insured.

4 - RENEWAL CONDITIONS: This Policy may be renewed with the consent of the Company from term to term by the payment in advance of the total premium specified by the Company, which premium shall be at the Company's premium rate in force at the time of renewal, subject to the "Grace Period" and all other terms and conditions of this Policy. Unless renewed as herein provided, this Policy shall terminate at the expiration of the period for which premium has been paid, subject to the "Grace Period".

5 - GRACE PERIOD: A grace period of thirty one days (31) days on annual, semi-annual and quarterly policies will be granted for the payment of each premium falling due after the first premium, during which time the Policy shall be continued in force, unless the Policy has been cancelled in accordance with "Cancellation". However, if loss occurs within the Grace Period, any premium then due and unpaid will be deducted in settlement.

6 - NOTICE OF CLAIM: Written notice of claim must be given to the Company within ten (10) days after the occurrence or commencement of any loss covered by the Policy, or as soon thereafter as is reasonably possible. In the event Accidental Death is covered by this Policy, immediate notice thereof must be given to the Company. Written notice of claim given by or on behalf of the Insured to the Head Office of the Company, or to any authorized official of the Company with information sufficient to identify the Insured shall be deemed as notice to the Company.

7 - CLAIM FORMS: The Company, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually required by the Company for filing proofs of loss.

8 - TIME FOR FILING CLAIM FORMS: Completed claim forms and written proof of loss must be furnished to the Company within thirty (30) days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not possible to give proof within such time. However, generally no proof will be accepted if furnished later than three (3) year from the time the loss occurred.

9 - TIME OF PAYMENT OF CLAIM: Benefits payable under this Policy for any loss other than loss for which this Policy provides any periodic payment will be paid upon receipt of due written proof of such loss satisfactory to the Company. Subject to due written proof of loss all accrued benefits for loss for which this Policy provides periodic payment will be paid monthly and any balance remaining unpaid upon the termination of liability will be paid upon receipt of due written proof satisfactory to the Company.

10 - TO WHOM INDEMNITIES ARE PAYABLE: Indemnity, if any, for loss of life of the Insured is payable to the Beneficiary for such Insured named in the Application or in any subsequent Endorsement issued by the Company, otherwise to the legal heir of the Insured as per Section 38 of the Insurance Act 2019.

Any payment made by the Company in good faith pursuant to this provision shall fully discharge the Company to the extent of the payment.

11 - CONSENT OF BENEFICIARY: Consent of the Beneficiary, if any, shall not be requisite to assignment of this Policy, or to change of beneficiary or to any other changes in this Policy.

12 - CHANGE OF BENEFICIARY: No change of beneficiary under this Policy shall bind the Company, unless consent thereto is formally endorsed thereon by an officer of the Company.

13 - LEGAL ACTIONS: Legal action will comply Subject to Insurance Act 2049 of Nepal.

14 - MISSTATEMENT OF AGE: If the age of any Insured has been misstated, all amounts payable under this Policy shall be such as the premium paid by the Insured would have purchased at the correct age. In the event the age of the Insured has been misstated, and if according to the correct age of the Insured, the coverage provided by the Policy would not have become effective, or would have ceased prior to the acceptance of such premium or premiums, then the liability of the Company during the period the Insured is not eligible for coverage shall be limited to the refund, upon written request, of all premiums paid for the period not covered by the Policy.

15 - ASSIGNMENT: No assignment of interest under this Policy shall be binding upon the Company unless and until the written original or a duplicate thereof is filed with the Company. The Company does not assume any responsibility for the validity of an assignment.

16 - CHANGE OF OCCUPATION: If the Insured sustains a loss after having changed occupation to one classified by the Company as more hazardous than that stated in the Application or while doing, for compensation, anything pertaining to an occupation so classified, the Company will pay only such portion of the indemnities provided in this Policy as the premium paid would have purchased at the rates and within the limits fixed by the Company for such more hazardous occupation.

If the Insured changes occupation to one classified by the Company as less hazardous than that stated in the Application, the Company, upon receipt of proof of such change of occupation, will reduce the premium rate accordingly, and will return the excess pro-rata unearned premium from the date of change of occupation or from the Policy anniversary date immediately preceding receipt of such proof, whichever is the more recent.

In applying this provision, the classification of occupation and the premium rates shall be such as have been last promulgated by the Company prior to the occurrence of the loss for which the Company is liable, or prior to the date of proof of change in occupation.

17 - COMPLIANCE WITH POLICY PROVISIONS: If the Insured intentionally fails to comply with any of the provisions contained in this Policy shall invalidate all claims hereunder.

18 - TERMINATION OF POLICY:

18.1 This Policy will terminate on the earliest of the following dates: (a) the last day for which premium has been paid except as provided by "Grace Period", and (b) the latest date of expiration of coverage of the Insured when applicable.

18.2 The Insurer can terminate this insurance contract in the event that the client is not providing the appropriate proofs related to US or non-US status when required for the purpose under the prevailing laws of Nepal or any other country applicable to American Life Insurance Company Nepal Branch. In particular, in the event that prevailing laws of Nepal prohibits withholding of payments to the account or prohibits to forward the details of the account, and not in the position to obtain the waiver of such local laws the insurer will pay the Paid-Up Value of the policy within 15 days from the date of cancelling the contract and closes the account.

19 - REINSTATEMENT OF POLICY: When this Policy terminates by reason of non-payment of premium, any subsequent acceptance of a premium and reinstatement of the Policy by the Company and at the Company's option, shall only cover loss resulting from injury sustained or sickness commencing after the date of such reinstatement. The Policy may be reinstated within 180 days from the date of its termination date.

20 - CONFORMITY WITH STATUTES: Any provision of this Policy which, on the Policy effective date, is in conflict with the statutes of the jurisdiction in which this Policy is delivered is hereby amended to conform to the minimum requirements of such statutes.

SPECIAL PROVISIONS

(SUPPLEMENTARY CONTRACTS WHEREVER APPLICABLE)

1. POSTPONEMENT OF EFFECTIVE DATE: No insurance provided by any Supplementary Contract shall become effective if the Insured is hospital confined, disabled, or receiving payment for a claim when such insurance would otherwise take effect. The coverage on such person shall take effect thirty-one (31) days after such hospital confinement or disability terminates, or payment of claim ceases, whichever is the later.

2. TO WHOM INDEMNITIES ARE PAYABLE: Indemnity, if any, for loss of life of the Insured is payable to the Beneficiary(ies) for such Insured named in the Application or in any subsequent Endorsement issued by the Company, otherwise to the legal heir of the Insured as per Section 38 of the Insurance Act 2049. All other indemnities of the Supplementary Contract are payable to the Insured, if living.

Any payment made by the Company in good faith pursuant to this provision shall fully discharge the Company to the extent of the payment.

3. MEDICAL EXAMINATION: The Company, at its own expense, shall have the right and opportunity to examine the Insured when and as often as the Company may reasonably require during the pendency of a claim hereunder, and also the right and opportunity to make an autopsy in case of death where it is not forbidden by law.

4. CANCELLATION: The Company may cancel this Supplementary Contract at any time by written notice delivered to the Owner, or mailed to the last address as shown by the records of the Company, stating when, not less than fifteen (15) days thereafter, such cancellation shall be effective. In the event of cancellation the company will return promptly the pro-rata unearned premium portion of any premium actually paid by the Insured. Cancellation of this Supplementary Contract by the company shall be without prejudice to any claims originating thereto.

In the event this Supplementary Contract is cancelled at any time by the Insured, the earned premium shall be computed in accordance to the short rate table used by the Company at the time of cancellation.

अमेरिकन लाईफ इन्स्योरेन्स कम्पनी (ALICO)

द्वारा जारी गरिएको

यो पूरक करार फारम जुन बीमालेख संग संलग्न गरिएको हुन्छ त्यसको अभिन्न अंग हुनेछ र यसको पूरक करार फारम नम्बर, बीमालाभहरू र आवश्यक बीमाशुल्क बीमालेख "अनुसूची" मा उल्लेख गरेपछि वा उपयुक्त सम्पुष्टि संलग्न गरेपछि मात्र वैध हुनेछ ।

परिभाषाहरू

"मासिक लाभ" यस पूरक करारमा जहाँसुकै प्रयोग भएपनि अनुसूचीमा उल्लेखित मासिक लाभ रकमलाई जनाउनेछ ।

"घाउचोट" यस पूरक करारमा जहाँसुकै प्रयोग भएपनि यो पूरक करार लागू रहेको अवस्थामा बीमित जसको चोटपटक दावीको आधार बन्दछ, लाई अन्य सबै कारण बाहेक मूलरूपमा बाह्य, सांघातिक र दुर्घटनात्मक कारणले मात्र लागेको, बाहिरी रूपमा देखिने प्रमाण भएको शारीरिक घाउचोटलाई जनाउने छ ।

"स्थायी" यस पूरक करारमा जहाँसुकै प्रयोग भएपनि पूर्ण रूपमा उपचार नहुने किसिमको क्षति जुन निरन्तर कम्तिमा बाह्र (१२) महिनासम्म कायम रहन्छ र जसको यस अवधिको समाप्ती पश्चात पनि सुधार हुने कुनै सम्भावना रहदैन, लाई जनाउनेछ ।

"क्षति" यस पूरक करारमा जहाँसुकै प्रयोग भए पनि - हात र खुट्टाको सम्बन्धमा: नाडि वा गोलिगाँठाको जोर्नी वा सो भन्दा माथि, बढी औला र चोर औलाको सम्बन्धमा: हत्केला र औलाको जोर्नी वा सोभन्दा माथि, दृष्टि, श्रव्य र वाक् सम्बन्धमा: दृष्टि, वाक् वा श्रव्यको चिकित्सक द्वारा प्रमाणित सम्पूर्ण र अपुरणीय प्रक्रियात्मक उपयोगको पूर्ण हास वा पूर्ण र स्थायी क्षतिलाई बुझाउनेछ ।

"पूर्ण र स्थायी असक्त" यस पूरक करारमा जहाँसुकै प्रयोग भए पनि बीमित आय वा मुनाफा आर्जन गर्ने कुनै पनि व्यवसाय वा पेशा गर्न असमर्थ हुनलाई जनाउनेछ ।

"पूर्व विद्यमान अवस्था" यस पूरक करारमा जहाँसुकै प्रयोग भएपनि यो पूरक करार लागू मिति अगाडि जुनसुकै समयमा पत्तालागेको, औषधोपचार गरिएको वा चिकित्सकीय सल्लाह लिईएको, आवेदनमा उल्लेख भएको वा नभएको जुनसुकै शारीरिक अवस्थालाई जनाउने छ ।

"चिकित्सक" यस पूरक करारमा जहाँसुकै उल्लेख भएपनि बीमित वा निजको परिवारको सदस्य बाहेक औषधोपचार र/वा सर्जरी गर्न कानूनी रूपमा इजाजत प्राप्त OPHTHALMOLOGY वा OTOLARYNGOLOGY मा विशेषज्ञता प्राप्त व्यक्तिलाई बुझाउनेछ ।

"अस्पताल" यस पूरक करारमा जहाँसुकै उल्लेख भएपनि तल दिइएका सबै शर्तहरू पुरा गर्ने निकायलाई बुझाउनेछ

- (१) राज्य वा सरकारद्वारा इजाजत आवश्यक गरिएको अवस्थामा अस्पतालको इजाजत प्राप्त,
- (२) आधारभुत रूपमा विरामी, रोगी वा घाउचोट लागेको व्यक्तिलाई भर्ना गरी रेखदेख र औषधोपचारको लागि सञ्चालन भएको,
- (३) दिनको चौविसै घण्टा पंजीकृत वा स्नातक नर्सहरूद्वारा नर्सिङ सेवा पुर्‍याउने,
- (४) एक वा एकभन्दा बढी चिकित्सक कर्मचारी चौविसै घण्टा उपस्थित रहने व्यवस्था भएको,
- (५) रोग पहिचान र प्रमुख सर्जिकल प्रक्रियाहरूको लागि व्यवस्थित सुविधा भएको,
- (६) आधारभुत रूपमा क्लिनिक, नर्सिङ, विश्राम गृह वा स्वास्थ्य लाभ गृह वा त्यस्तै प्रकृतिको निकाय र आकस्मिकरूपमा बाहेक दुर्व्यसनी उपचार केन्द्र नभएको, र
- (७) आवश्यक उपकरण र शल्यक्रिया कक्षको समुचित व्यवस्था भएको ।

लाभहरू

खण्ड १:- दुर्घटनाको कारण मृत्यु भएमा पाउने लाभ : घाउचोटको परिणाम स्वरूप, दुर्घटना भएको तीन सय पैसङ्गी (३६५) दिन भित्र बीमितको मृत्यु भएमा कम्पनीले यसै पूरक करारको खण्ड २ र ३ अन्तर्गत भुक्तानी गरेको वा गरीने रकम घटाई यसै पूरक करारको लाभको अवधी खण्डमा उल्लेख भएबमोजिम मासिक लाभ भुक्तानी दिइनेछ ।

खण्ड २:- अंगभंग, दृष्टि, श्रवण वा वाक् शक्ति गुमेमा : घाउचोटको परिणाम स्वरूप, दुर्घटना घटेको तीन सय पैसङ्गी (३६५) दिन भित्र बीमितलाई तल उल्लेखित क्षति भएको अवस्थामा कम्पनीले यसै पूरक करारको लाभको अवधी खण्डमा उल्लेख भए बमोजिम निम्नानुसार भुक्तानी दिनेछ ।

दुवै हात वा दुवै खुट्टा वा दुवै आँखा को ज्योती गुमेमा मासिक लाभ
एउटा हात र एउटा खुट्टा गुमेमा मासिक लाभ

एउटा हात वा एउटा खुट्टा र एउटा आँखा गुमेमा मासिक लाभ
दुवै कानको श्रवण शक्ति गुमेमा मासिक लाभ
वाक् शक्ति गुमेमा मासिक लाभ
कुनै एउटा हात वा खुट्टा गुमेमा मासिक लाभको आधा
एक आँखाको ज्योती गुमेमा मासिक लाभको आधा
हातको बुढी औला र चोर औला गुमेमा मासिक लाभको एकचौथाई

खण्ड ३:- पूर्ण स्थायी असक्तता लाभ : घाउचोटको परिणाम स्वरूप र दुर्घटना घटेको मिति देखि तीन सय पैसङ्गी (३६५) दिन भित्र बीमित पूर्ण र स्थायी रूपले असक्त भएको अवस्थामा र यस्तो असक्तता लगातार बाह्र (१२) महिनाको अवधिसम्म कायम रहेमा र यस अवधिको अन्त सम्म पूर्ण र स्थायी अशक्तता जारी रहेमा कम्पनीले यसै पूरक करारको खण्ड २ अन्तर्गत भुक्तानी गरिएको वा गरीने रकम घटाई मासिक लाभको रकम भुक्तानी दिइनेछ ।

सीमाहरू

खण्ड १ "दुर्घटनाको कारण मृत्यु भएमा पाउने लाभ" खण्ड २ "अंगभंग, दृष्टि, श्रवण वा वाक् शक्ति गुमेमा" वा खण्ड ३ "पूर्ण स्थायी असक्तता लाभ" का प्रावधानहरू अन्तर्गत अधिकतम लाभको व्यवस्था भएको एक भन्दा बढि क्षतिको लागि कुनै पनि अवस्थामा लाभको भुक्तानी गरिनेछैन ।

लाभको अवधि

यस पूरक करारको 'लाभहरू'को खण्ड २ र ३ अन्तर्गतका लाभ प्राप्त गर्न बीमित स्वयं जीवित भएमा निज जीवित रहेसम्म वा कम्तीमा दुइ सय चालिस (२४०) मासिक लाभ भुक्तानी गरिने छ । यदी बीमित २४० मासिक लाभ प्राप्त गर्न जीवित नरहेमा २४० मासिक लाभबाट बीमितले भुक्तानी लिइसकेको मासिक लाभ घटाई बाँकी मासिक लाभ निजको उत्तराधिकारीलाई भुक्तानी दिने छ ।

यस पूरक करारको 'लाभहरू' को खण्ड १ अन्तर्गतको दावी हुने घटना घटेको मितिमा इच्छाइएका व्यक्तिको उमेर १८ वर्ष पुगेको भएमा इच्छाइएको व्यक्ति जीवित रहेसम्म वा कम्तीमा दुईसय चालिस (२४०) मासिक लाभ भुक्तानी गरिनेछ । यदी इच्छाइएको व्यक्ति दुईसय चालिस (२४०) मासिक लाभ प्राप्त गर्न जीवित नरहेमा दुईसय चालिस (२४०) मासिक लाभ मध्य बाँकी रहेको मासिक लाभ निजको उत्तराधिकारीलाई भुक्तानी दिइनेछ ।

इच्छाइएको व्यक्ति, क्षति भएको मितिमा अठार (१८) वर्ष उमेर नपुगेको भए कम्पनीले दुईसय चालिस (२४०) महिनाको मासिक लाभ कानूनी संरक्षक मार्फत उ अठार वर्ष नपुगेसम्म भुक्तानी दिनेछ । इच्छाइएको व्यक्ति अठार (१८) वर्ष पुगि सकेपछि दुईसय चालिस (२४०) महिना मध्ये बाँकी रहेको मासिक लाभको भुक्तानी सिधै इच्छाइएको व्यक्तिलाई गरिनेछ । यदि इच्छाइएको व्यक्ति दुईसय चालिस (२४०) मासिक लाभ भुक्तानी प्राप्त गर्न जीवित नरहेमा बाँकी मासिक लाभहरू निजको उत्तराधिकारीलाई भुक्तानी गरिनेछ ।

अपवादहरू

मूल बीमालेखको भाग-३ सामान्य अपवाद प्रावधानको साथै यस पूरक करार अन्तर्गत निम्न क्षति रक्षावरण गरिने छैन र निम्न अवस्थाको लागि कुनै भुक्तानी दिइनेछैन :

- (१) फिटानु (Bacterial) संक्रमण (दुर्घटनात्मक घाउचोटको माध्यमबाट हुने Pyogenic (प्युगेप्टिक) संक्रमण बाहेक) वा अन्य कुनै रोगको कारण वा परिणाम स्वरूप भएको क्षति
- (२) एड्स (AIDS-Acquired Immune Deficiency Syndrome) को कारणले भएको दुर्घटना,

बीमाको अन्त्य

पूरे मासिक लाभ भुक्तानी गर्नु पर्ने कुनै क्षति हुनासाथ यो पूरक करारको अन्त्य हुने छ । तर यस्तो समाप्ती जुन दुर्घटनाको कारण क्षति भएको हो त्यसबाट उत्पन्न हुने कुनै दावी प्रति पूर्वाग्रह रहित हुनेछ ।

यस पूरक करार अन्तर्गतको बीमा बीमित सन्तरी (७०) वर्ष उमेर पुग्नासाथ समाप्त हुनेछ, र आर्जन नगरिएको बीमाशुल्क रकम समानुपातिक रूपमा फिर्ता गरिनेछ ।

ACCIDENTAL DEATH, DISMEMBERMENT AND PTD ANNUITY (Life Time Income - LTI)

SUPPLEMENTARY CONTRACT - FORM 78

ISSUED BY
AMERICAN LIFE INSURANCE COMPANY

This Supplementary Contract is an integral part of the Policy to which it is attached and is valid only if the Supplementary Contract Form number, benefit, and appropriate premium are indicated on the Application for said Policy or are endorsed thereon.

DEFINITIONS

"Monthly Benefit" wherever used in this Supplementary Contract means the monthly benefit amount stated in the Schedule of Benefits.

"Injury" wherever used in this Supplementary Contract means accidental bodily injury occurring to the Insured while this Supplementary Contract is in force, effected only by external, violent and accidental means of which there is evidence of visible contusion or wound and resulting, directly and independently of all other causes in loss covered by this Supplementary Contract.

"Permanent" wherever used in this Supplementary Contract means total irremediable loss which has continued uninterruptedly for a period of at least twelve (12) calendar months and at the expiry of this period is beyond hope of improvement

"Loss" wherever used herein means the Permanent total loss of functional use or complete and permanent severance:

- With reference to hand or foot: at or above the wrist or ankle joint.
- With reference to Thumb and Index: at or above the metacarpal phalangeal joints.
- With reference to the sight, hearing or speech: the entire and irrecoverable loss of sight, hearing or speech as certified by a licensed physician specializing in Ophthalmology or Otolaryngology.

"Totally and Permanently Disabled" wherever used in this Supplementary Contract means the Insured is unable to engage in any occupation or employment for compensation or profit.

"Pre-existing Condition" wherever used in this Supplementary Contract shall mean any physical condition that was diagnosed, treated, or for which a physician was consulted, at any time prior to the Effective Date of this Supplementary Contract; whether declared or not declared on application or health statement.

"Physician" wherever used in this Supplementary Contract means a person legally licensed to practice medicine and/or surgery, specializing in Ophthalmology or Otolaryngology other than the Insured or a member of the Insured's immediate family.

"Hospital" wherever used in this Supplementary Contract means an establishment which meets all of the following requirements:

- (1) holds a license as a hospital, if licensing is required in the country or governmental jurisdiction;
- (2) operates primarily for the reception, care and treatment of sick, ailing or injured persons as inpatients;
- (3) provides 24-hour a day nursing service by registered or graduate nurses;
- (4) has a staff of one or more physicians available at all times;
- (5) provides organized facilities for diagnosis and major surgical procedures;
- (6) is not primarily a clinic, nursing, rest or convalescent home or similar establishment and is not, other than incidentally, a place for alcoholics or drug addicts; and
- (7) maintains necessary equipment and operating room facilities.

BENEFITS

Section 1. LOSS OF LIFE ACCIDENT INDEMNITY: When Injury results in loss of life of the Insured within three hundred sixty five (365) days from the date of the accident, the Company will pay the Monthly Benefit less any amount paid or payable under Sections 2 and 3 of this Supplementary Contract in accordance with Benefit Period Provision given hereunder.

Section 2. DISMEMBERMENT, LOSS OF SIGHT, HEARING, SPEECH INDEMNITY: When Injury results to the Insured in any of the following Losses within three hundred sixty five (365) days from the date of the accident, the Company will pay for the following losses in accordance with Benefit Period Provision given hereunder:

Both Hands or Both Feet or Sight of Both Eye.....The Monthly Benefit
One Hand and One Foot.....The Monthly Benefit
Either Hand or Foot and Sight of One Eye.....The Monthly Benefit

Hearing of Both Ears.....The Monthly Benefit
Speech.....The Monthly Benefit
Either Hand or Foot.....One Half the Monthly Benefit
Sight of One Eye.....One Half the Monthly Benefit
Thumb and Index Finger.....One Quarter the Monthly Benefit

Section 3. PERMANENT TOTAL DISABILITY: When, as the result of Injury and commencing within three hundred sixty five (365) days from the date of the accident, the Insured is Totally and Permanently Disabled, and such disability has continued for a period of twelve (12) consecutive months and is total, continuous and permanent at the end of this period, the Company will pay the Monthly Benefit less any other amount paid or payable under Sections 2 of this Supplementary Contract as a result of the same accident.

LIMITATIONS

No indemnity will be paid under any circumstances for more than one of the losses, the greatest for which provision is made in Section 1 "Loss of Life Accident Indemnity" or Section 2 "Dismemberment, Loss of Sight, Hearing, Speech Indemnity", or Section 3 "Permanent Total Disability". The monthly benefit shall not exceed the monthly benefit amount stated in the schedule of benefits.

BENEFIT PERIOD

The Monthly Benefits under Section 2 "Dismemberment, Loss of sight, Hearing, Speech indemnity" or Section 3 Permanent Total Disability of this Supplementary Contract shall be paid to the Insured as long as he lives, or atleast Two Hundred Forty (240) monthly benefits.

If the Insured does not survive to receive Two Hundred Forty (240) monthly benefits, the remaining Two Hundred Forty (240) monthly benefits will be paid to his legal heir.

If the beneficiary has attained eighteen (18) years of age on the date of loss occurred, the monthly benefit under Section 1 "Loss of Life Accident Indemnity of this Supplementary Contract shall be paid as long as the beneficiary lives or atleast Two Hundred Forty (240) monthly benefits as long as he lives.

If the beneficiary does not survive to receive Two Hundred Forty (240) monthly benefits, the monthly benefit will be paid to the estate of the beneficiary for the remainder of the Two Hundred Forty (240) months.

When the beneficiary is a child, under eighteen (18) years of age at the date of loss, the Company will pay the monthly benefits for the period of Two Hundred Forty (240) months to the child beneficiary through the child's legal guardian until the child attains eighteen (18) years of age. When the child beneficiary attains eighteen (18) years of age the Company will pay the monthly benefits for the remainder of the two hundred forty (240) months directly to the beneficiary.

If the child beneficiary does not survive to receive Two Hundred Forty (240) monthly benefits, the monthly benefits will be paid to the estate of the child beneficiary for the remainder of the Two Hundred Forty (240) months.

EXCEPTIONS

In addition to the Exceptions listed in Part III of the Policy, this Supplementary Contract shall not cover and no payment shall be made with respect to:

- (1) loss caused by or resulting from bacterial infections (except pyogenic infections which shall occur through an accidental cut or wound) or any other kind of disease;
- (2) Acquired Immune Deficiency Syndrome (AIDS)

EXPIRATION OF COVERAGE

The occurrence of any specific loss for which the full Monthly Benefit is payable under this Supplementary Contract shall at once terminate all insurance under this Supplementary Contract, but such termination shall be without prejudice to any claim originating out of the accident causing such loss.

Coverage under this Supplementary Contract will expire when the Insured attains seventy (70) years of age and unearned premium will be refunded on pro - rata basis.

SICKNESS IN-HOSPITAL INCOME

This Supplementary Contract is an integral part of the Policy to which it is attached and is valid only if the Supplementary Contract Form number, benefit, and appropriate premium are indicated on the Application for said Policy or are endorsed thereon.

DEFINITIONS

"In-Patient" wherever used in this Supplementary Contract means a person who is confined in a Hospital as a registered bed patient for at least twenty-four (24) hours.

"Sickness" wherever used in this Supplementary Contract means sickness or disease first manifested and contracted and commencing after the Coverage Commencement Date of this Supplementary Contract as to the Insured whose sickness is the basis of claim.

"Pre-existing Condition" wherever used in this Supplementary Contract means any physical condition that was diagnosed, treated, or for which a physician was consulted, or the existence of symptoms of any illness or disease at any time prior to this Supplementary Contract Effective Date or the last Coverage Commencement Date, whichever is later; whether declared or undeclared on application or health statement.

"Coverage Commencement Date" wherever used in this Supplementary Contract means the thirty one (31) day after: (a) the Policy Effective date; (b) the date stated in the relevant endorsement when subsequent changes are made to the coverage; or (c) the date of reinstatement of the Policy in case of any reinstatement, whichever is later.

"Medical Necessity" wherever used in this Supplementary Contract means that the medical condition of the insured requires confinement according to a treating physician report confirming that a safe and effective treatment cannot be provided to the insured as an Outpatient.

"Elimination Period" wherever used in this Supplementary Contract means the first one (1) day (24 hours) the insured is confined in Hospital, for which no benefits are payable.

"Physician" wherever used in this Supplementary Contract means a person legally licensed to practice medicine and/or surgery, specializing in Ophthalmology or Otolaryngology other than the insured or a member of the insured's immediate family.

"Hospital" wherever used in this Supplementary Contract means an establishment which meets all of the following requirements: (1) holds a license as a hospital, if licensing is required in the country or governmental jurisdiction; (2) operates primarily for the reception, care and treatment of sick, ailing or injured persons as inpatients; (3) provides 24-hour a day nursing service by registered or graduate nurses; (4) has a staff of one or more physicians available at all times; (5) provides organized facilities for diagnosis and major surgical procedures; (6) is not primarily a clinic, nursing, rest or convalescent home or similar establishment and is not, other than incidentally, a place for alcoholics or drug addicts; and (7) maintains necessary equipment and operating room facilities,

BENEFITS

When, as the result of Sickness, and while this Supplementary Contract is in force, the insured shall be for medical necessity confined within a Hospital as an in-patient under the continuous attendance of a physician, the Company will pay the Weekly Benefit stated in the Schedule, for each week that the insured shall be confined therein, up to fifty-two (52) weeks, commencing immediately following the Elimination Period (if any) stated in the Schedule.

If the Insured is confined for a portion of a week, one seventh (1/7) of the Weekly Benefit shall be payable for each day of confinement subject to the Elimination Period.

SUCCESSIVE PERIODS OF HOSPITAL CONFINEMENT

If, following a period of Hospital confinement for which indemnity is paid or payable under this Supplementary Contract, the insured shall be readmitted and confined as an inpatient, due to the same or related causes, the Company's liability for the entire period shall be subject to the limitations applicable of this Supplementary contract under which the original period of confinement was indemnified.

EXCEPTIONS

In addition to the General Exceptions listed in Part III of the Policy, this Supplementary Contract shall not cover Hospital confinement resulting from or related to:

- (1) Direct consequence of pregnancy, miscarriage, abortion, childbirth, or any Sexually Transmitted Disease (STD);
- (2) general check-ups; or
- (3) cosmetic or plastic surgery;
- (4) any mental or nervous disorder resulting from or related to psychiatric or psychological condition;
- (5) stay in sanatoriums for whatever reason and whatever treatment;
- (6) Pre-Existing conditions;
- (7) Tonsils, adenoids, hernia, or disk diseases until the person undergoing such Hospital confinement has been continuously covered under this Supplementary Contract for a period of one hundred twenty (120) days immediately preceding such Hospital confinement and the symptoms of said ailments manifested itself after a period of one hundred twenty (120) days from the Policy Effective Date or date of reinstatement of the Policy in case of any reinstatement, which ever is later; or
- (8) Dental care or surgery;
- (9) Treatment in an Ayurvedic Center or hospital for whatever reason and whatever treatment.
- (10) Sickness caused by Acquired Immune Deficiency Syndrome (AIDS)

EXPIRATION OF COVERAGE

The coverage under this Supplementary Contract will expire when the insured attains sixty-five (65) years of age and unearned premium will be refunded on pro-rata basis.

Expiration of the coverage under this provision shall be without prejudice to any claim arising before expiration date.

वृत्त-४ (ख) अस्वस्थताको कारण अस्पताल भर्ना लाभ

यो पूरक करार फारम जुन बीमालेख संग संलग्न गरिएको हुन्छ त्यसको अभिन्न अंग हुनेछ र यसको पूरक करार फारम नम्बर, बीमालाभहरू र आवश्यक बीमाशुल्क बीमालेख “अभिलेख” मा उल्लेख गरे पछि वा उपयुक्त सम्पुष्टि संलग्न गरेपछि मात्र वैध हुनेछ ।

परिभाषाहरू

“अन्तरंग विरामी” यस पूरक करारमा जहाँ सुकै प्रयोग भएपनि कम्तीमा चौबिस (२४) घण्टाको लागि पंजीकृत विरामीको रूपमा अस्पतालमा बसेको व्यक्तिलाई बुझाउनेछ ।

“अस्वस्थता” यस पूरक करारमा जहाँ सुकै प्रयोग भएपनि बीमित जसको अस्वस्थता दाबीको आधार बन्दछ, लाई रक्षावरण लागु मिति पश्चात पहिलो पटक विरामी भएको वा रोग लागेको अवस्थालाई जनाउनेछ ।

“पूर्व विद्यमान अवस्था” यस पूरक करारमा जहाँसुकै प्रयोग भएपनि पूरक करार लागू मिति अगावै औषधोपचार गरिएको वा चिकित्सकीय सल्लाह लिईएको वा लक्षण देखिएको रोग वा विरामी अवस्था आवेदनमा उल्लेख भएको वा नभएको जुनसुकै शारिरीक अवस्थालाई जनाउने छ ।

“रक्षावरण लागु मिति” यस पूरक करारमा जहाँसुकै प्रयोग भएपनि (क) पूरक करार लागू हुने मिति, (ख) रक्षावरणमा गरिएको कुनै परिवर्तन सम्बन्धी अनुमोदनमा उल्लेखित मिति वा (ग) पुनर्जागरण गरिएको भए बीमालेख पुनर्जागरण मिति, मध्ये सबभन्दा पछि आउने मिति पछिको एकतीसऔं (३१ औं) दिनलाई जनाउने छ ।

“चिकित्सकीय आवश्यकता” यस पूरक करारमा जहाँसुकै प्रयोग भए पनि बीमितलाई उपचारमा संलग्न चिकित्सकको अनुसार अस्पताल भर्ना हुनै पर्ने त्यो विरामी अवस्थालाई जनाउनेछ । जसको उपचार वाह्य विरामी को रूपमा सुरक्षित र असर कारक नहुने भनी संलग्न चिकित्सकले निव्यौल गरेको हुन्छ ।

“लुप्त अवधि” यस पूरक करारमा जहाँसुकै प्रयोग भएपनि अनुसूचीमा उल्लेख भए अनुसार बीमित अस्पताल भर्ना भएको पहिलो एक (१) दिन (२४ घण्टा) जसको लागि कुनै लाभ दिइने छैन, लाई जनाउने छ ।

“चिकित्सक” यस पूरक करारमा जहाँ सुकै उल्लेख भएपनि बीमित वा निजको परि वारको सदस्य वाहेक औषधोपचार र/वा सर्जरी गर्न कानूनी रूपमा इजाजत प्राप्त OPHTHALMOLOGY वा OTOLARYNGOLOGY मा विशेषज्ञता प्राप्त व्यक्तिलाई बुझाउनेछ ।

“अस्पताल” यस पूरक करारमा जहाँ सुकै उल्लेख भएपनि तल दिइएका सबै शर्तहरू पुरा गर्ने निकायलाई बुझाउनेछ

- (१) राज्य वा सरकारद्वारा इजाजत आवश्यक गरिएको अवस्थामा अस्पतालको इजाजत प्राप्त,
- (२) आधारभूत रूपमा विरामी, रोगी वा घाउचोट लागेको व्यक्तिलाई भर्ना गरी रेखदेख र औषधोपचारको लागि सञ्चालन भएको,
- (३) दिनको चौविसै घण्टा पंजीकृत वा स्नातक नर्सहरूद्वारा नर्सिङ सेवा पुर्‍याउने,
- (४) एक वा एकभन्दा बढी चिकित्सक कर्मचारी चौविसै घण्टा उपस्थित रहने व्यवस्था भएको,
- (५) रोग पहिचान र प्रमुख सर्जिकल प्रक्रियाहरूको लागि व्यवस्थित सुविधा भएको,
- (६) आधारभूत रूपमा क्लिनिक, नर्सिङ, विश्राम गृह वा स्वास्थ्य लाभ गृह वा त्यस्तै प्रकृतिको निकाय र आकस्मिकरूपमा वाहेक दुर्व्यसनी उपचार केन्द्र नभएको, र
- (७) आवश्यक उपकरण र शल्यक्रिया कक्षको समुचित व्यवस्था भएको ।

लाभहरू

यो पूरक करार लागू रहेको अवस्थामा कुनै बीमित अस्वस्थताको कारण चिकित्सकीय आवश्यकता अनुरूप चिकित्सकको निरन्तर निगरानीमा कुनै अस्पतालमा भर्ना भई बस्नु परेमा, कम्पनीले अनुसूचीमा उल्लेख भए अनुसारको साप्ताहिक लाभ बीमित भर्ना रहेको प्रत्येक हप्ताको लागि, अनुसूचीमा उल्लेख भए अनुसारको लुप्त अवधि (कुनैभए) को लगत्तै शुरूभई ५२ (वाउन्) हप्ता सम्म भुक्तानी गर्नेछ । यदि बीमित एक हप्ताभन्दा कम अवधिको लागि भर्ना रहेमा, लुप्त अवधि पश्चात प्रत्येक दिनको लागि साप्ताहिक लाभको १/७ भाग भुक्तानी गरिनेछ ।

श्रेणीबद्ध अस्पताल भर्ना अवधि

यदि, अस्पताल भर्नाको एउटा अवधि जसको लागि पूरक करार अन्तर्गत लाभ भुक्तानी भै सकेको वा हुनुपर्ने भएमा, बीमित सोहि कारणले वा त्यसैसंग सम्बन्धित कुनै कारण पुनः भर्ना भई अन्तरंग विरामीको रूपमा अस्पताल बस्नुपर्ने भएमा कम्पनीको दायित्व पुरै अवधिको लागि यस पूरक करारका लागि भुक्तानी हुन वन्देजहरू जस अन्तर्गत प्रथम भर्नाको लागि भुक्तानी भएको हुन्छ अनुसार हुनेछ ।

अपवादहरू:

मूल बीमालेखको भाग-३ मा उल्लेखित सामान अपवादहरूको साथै यस पूरक करारले निम्न कारण वा तीसंग सम्बन्धित कारणले अस्पताल भर्तीलाई रक्षावरण गर्ने छैन:

१. मूल रूपले गर्भावस्था, गर्भपात, गर्भक्षय, प्रसव वा अन्य कुनै यौन क्रियाकलापबाट सन् रोगको कारण बाट हुने क्षति,
२. सामान्य जाँच वा
३. कस्मेटिक वा प्लाष्टिक सर्जरी,
४. मनोरोग वा मनोवैज्ञानिक कारणले हुने कुनै मानसिक वा स्नायु (Nervous) सम्बन्धि गडबडी,
५. कुनै पनि कारणले र कुनै उपचारको लागि आरोग्यशाला (SANATORIUMS) को बसाई,
६. पूर्व विद्यमान अवस्था,
७. टन्सिल (Tonsil), एडेनोईड (Adenoide), हर्निया (Hernia) वा डिस्क रोग (Disc Disease) को उपचार वा शल्यक्रियाको लागि अस्पताल भर्ना:- त्यस्तो अस्पताल भर्ना रही उपचार वा शल्यक्रिया त्यस्तो भर्ना हुनु अगाडि यस पूरक करार अन्तर्गत निरन्तर रूपमा एकसय बीस (१२०) दिन बीमित रहिसकेको र त्यस्तो विमारीको लक्षणनै बीमालेख लागू मिति वा कुनै पुनर्जागरण गरिएको भए पुनर्जागरण मिति मध्ये पछिल्लो मिति देखि एकसय बीस (१२०) दिन पछि मात्र देखा परेको अवस्थामा वाहेक रक्षावरण गरिनेछैन,
८. दन्त चिकित्सा वा शल्यक्रिया,
९. आयुर्वेदिक केन्द्र वा अस्पतालमा जुनसुकै कारणले गराईएको उपचार,
१०. एड्स (AIDS-Acquired Immune Deficiency Syndrome) को कारणले भएको अस्वस्थता

रक्षावरणको अन्त्य

यस पूरक करार अन्तर्गतको बीमा बीमित पैसट्टी (६५) वर्ष उमेर पुगेमा अन्त्य हुनेछ र आर्जन नगरिएको बीमाशुल्क रकम सामानुपातिक रूपमा फिर्ता गरिने छ ।

यस प्रावधान अनुसार बीमाको अन्त्य हुँदा अन्त्य हुने मिति अगावै भएको दावि प्रति पूर्वाग्रह रहित हुनेछ ।

ACCIDENT DISABILITY INCOME 52 WEEKS

SUPPLEMENTARY CONTRACT - FORM 62

ISSUED BY
AMERICAN LIFE INSURANCE COMPANY

This Supplementary Contract is an integral part of the Policy to which it is attached and is valid only if the Supplementary Contract Form number, benefit, and appropriate premium is indicated on the Application for said Policy or is endorsed thereon.

DEFINITIONS

"Injury" wherever used in this Supplementary Contract means accidental bodily injury occurring to the Insured while this Supplementary Contract is in force, effected only by external, violent and accidental means of which there is evidence of visible contusion or wound and resulting, directly and independently of all other causes in loss covered by this Supplementary Contract.

"Pre-existing Condition" wherever used in this Supplementary Contract means any physical condition that was treated, or for which a physician was consulted at any time prior to the Supplementary Contract Effective Date; whether declared or undeclared in application or health statement.

"Elimination Period" wherever used in this Supplementary Contract means the number of Seven (7) consecutive days as stated in the Schedule, commencing with the first day the Insured is confined in Hospital, for which no benefits are payable.

"Totally Disabled" wherever used in this Supplementary Contract means the Insured is unable, due to Injury, to engage in any and every business or occupation for compensation or profit.

"Physician" wherever used in this Supplementary Contract means a person legally licensed to practice medicine and/or surgery, specializing in Ophthalmology or Otolaryngology other than the Insured or a member of the Insured's immediate family.

"Hospital" wherever used in this Supplementary Contract means an establishment which meets all of the following requirements: (1) holds a license as a hospital, if licensing is required in the country or governmental jurisdiction; (2) operates primarily for the reception, care and treatment of sick, ailing or injured persons as inpatients; (3) provides 24-hour a day nursing service by registered or graduate nurses; (4) has a staff of one or more physicians available at all times; (5) provides organized facilities for diagnosis and major surgical procedures; (6) is not primarily a clinic, nursing, rest or convalescent home or similar establishment and is not, other than incidentally, a place for alcoholics or drug addicts; and (7) maintains necessary equipment and operating room facilities.

BENEFIT

When, as the result of Injury and commencing within thirty (30) days from the date of the accident, the Insured is Totally Disabled as defined herein, the Company will pay periodically the Weekly Benefit stated in the Schedule, for a maximum period of fifty-two (52) weeks, or until the Insured attains seventy (70) years of age, whichever occurs first and during which time the Insured shall continue to be Totally Disabled, commencing immediately following the Elimination Period (if any).

If the Insured is Totally Disabled for a portion of a week, one seventh (1/7) of the Weekly Benefit shall be payable for each day the Insured is Totally Disabled, subject to the Elimination Period.

LIMITATION

Notwithstanding anything to the contrary in this policy, the following limitations apply to this Supplementary Contract:

This benefit shall automatically cease and the Company shall not be liable to pay any Weekly Benefit, upon the occurrence of any of the specified loss / losses under Section 1 "Loss of life Accident Indemnity", or Section 2 "Dismemberment, Loss of Sight, Hearing, Speech Indemnity", or Section 3 "Permanent Total Disability" of Supplementary Contract form number 60 - F, in respect of the Insured for which the Principal Sum, becomes payable.

If at the time of claim, the Weekly Benefit stated in the Schedule of Benefit exceeds seventy five percent (75%) of the Insured's actual weekly income, the Company will reduce the Weekly Benefit to an amount equal to seventy five percent (75%) of the Insured's actual weekly income as at the time of claim, and will return or adjust the premium paid for the excess Weekly Benefit from the premium due date immediately preceding the date of the accident which is the basis of the claim.

The Insured shall, if so required, as condition precedent to payment of this Accident Disability Income Benefit, prove that the Weekly Benefit amount does not exceed 75% of his /her weekly income at the time of claim.

RECURRENT DISABILITY

If, following a period of Total Disability for which indemnity is paid or payable under this Section, the Insured shall resume a regular occupation, or any occupation for which the Insured is reasonably fit, and shall perform the duties thereof for a continuous period any subsequent disability resulting from or contributed to by the same cause or causes shall be deemed a continuation of the same disability and the Company's liability for the entire period shall be subject to the limitations applicable in this Supplementary Contract, indemnified.

EXCEPTIONS

In addition to the Exceptions listed in Part III of the Policy, this Supplementary Contract shall not cover and no payment shall be made with respect to:

- (1) loss caused by or resulted from bacterial infections (except pyogenic infections which shall occur through an accidental cut or wound) or any other kind of disease;
- (2) Direct consequence of pregnancy and resulting childbirth, abortion or miscarriage.
- (3) Accident caused by Acquired Immune Deficiency Syndrome (AIDS).

EXPIRATION OF COVERAGE

The coverage under this Supplementary Contract will expire when the Insured, attains seventy (70) years of age and unearned premium will be refunded on pro - rata basis.

Expiration of the coverage under this provision shall be with out prejudice to any claim arising before expiration date.

५२ हप्ते दुर्घटना अशक्तता आय

अमेरिकन लाईफ इन्स्योरेन्स कम्पनी (ALICO)

द्वारा जारी गरिएको

यो पूरक करार फारम जुन बीमालेख संग संलग्न गरिएको हुन्छ त्यसको अभिन्न अंग हुनेछ र यसको पूरक करार फारम नम्बर, बीमालाभहरू र आवश्यक बीमाशुल्क बीमालेख “अनुसूची”मा उल्लेख गरेपछि वा उपयुक्त सम्पुष्टि संलग्न गरेपछि मात्र वैध हुनेछ ।

परिभाषाहरू

“घाउचोट” यस पूरक करारमा जहाँसुकै प्रयोग भएपनि यो पूरक करार लागू रहेको अवस्थामा बीमित जसको चोटपटक दावीको आधार बन्दछ, लाई अन्य सबै कारण बाहेक मूलरूपमा बाह्य, सांघातिक र दुर्घटनात्मक कारणले मात्र लागेको, बाहिरी रूपमा देखिने प्रमाण भएको शारीरिक घाउचोटलाई जनाउने छ ।

“पूर्व विद्यमान अवस्था” यस पूरक करारमा जहाँसुकै प्रयोग भएपनि बीमालेख लागू मिति अगावै औषधोपचार गरिएको वा चिकित्सकीय सल्लाह लिईएको, आवेदनमा उल्लेख भएको वा नभएको जुनसुकै शारीरिक अवस्थालाई जनाउने छ ।

“लुप्त अवधि” यस पूरक करारमा जहाँसुकै प्रयोग भएपनि अनुसूचीमा उल्लेख भए अनुसार बीमित अस्पताल भर्ना भएको पहिलो दिन देखि शुरूभई लगातार सात (७) दिनको संख्या जसको लागि कुनै लाभ दिइने छैन, लाई जनाउने छ ।

“पूर्ण अशक्त” यस पूरक करारमा जहाँसुकै प्रयोग भएपनि बीमित घाउचोटको कारणले आर्जन वा नाफाको लागि कुनै पनि किसिमको व्यवसाय वा पेशामा संलग्न हुन नसक्ने अवस्थालाई जनाउने छ ।

“चिकित्सक” यस पूरक करारमा जहाँसुकै उल्लेख भएपनि बीमित वा निजको परिवारको सदस्य बाहेक औषधोपचार र/वा सर्जरी गर्न कानूनी रूपमा इजाजत प्राप्त OPHTHALMOLOGY वा OTOLARYNGOLOGY मा विशेषज्ञता प्राप्त व्यक्तिलाई बुझाउनेछ ।

“अस्पताल” यस पूरक करारमा जहाँसुकै उल्लेख भएपनि तल दिइएका सबै शर्तहरू पुरा गर्ने निकायलाई बुझाउनेछ

- (१) राज्य वा सरकारद्वारा इजाजत आवश्यक गरिएको अवस्थामा अस्पतालको इजाजत प्राप्त,
- (२) आधारभूत रूपमा विरामी, रोगी वा घाउचोट लागेको व्यक्तिलाई भर्ना गरी रेखदेख र औषधोपचारको लागि सञ्चालन भएको,
- (३) दिनको चौविसै घण्टा पंजीकृत वा स्नातक नर्सहरूद्वारा नर्सिङ्ग सेवा पुर्‍याउने,
- (४) एक वा एकभन्दा बढी चिकित्सक कर्मचारी चौविसै घण्टा उपस्थित रहने व्यवस्था भएको,
- (५) रोग पहिचान र प्रमुख सर्जिकल प्रक्रियाहरूको लागि व्यवस्थित सुविधा भएको,
- (६) आधारभूत रूपमा क्लिनिक, नर्सिङ्ग, विश्राम गृह वा स्वास्थ्य लाभ गृह वा त्यस्तै प्रकृतिको निकाय र आकस्मिकरूपमा बाहेक दुर्व्यसनी उपचार केन्द्र नभएको, र
- (७) आवश्यक उपकरण र शल्यक्रिया कक्षको समुचित व्यवस्था भएको ।

लाभहरू

घाउचोटको परिणाम स्वरूप र दुर्घटना भएको मिति देखि तीस (३०) दिन भित्र बीमित यसमा उल्लेख भए अनुसार पूर्ण अशक्त भएमा कम्पनीले अनुसूचीमा उल्लेख भए अनुसार साप्ताहिक लाभ बढीमा बाउन्त (५२) हप्ता वा बीमित ७० वर्ष उमेर पुग्ने दिन मध्ये पहिला आउने दिनसम्म भुक्तानी दिनेछ । तर उक्त अवधिभर बीमित लुप्त अवधिको तत्काल पश्चात शुरु भई पूर्ण अशक्त भईरहेकै हुनुपर्दछ ।

यदि बीमित हप्ताको कुनै अंशको अवधिसम्म मात्र पूर्ण अशक्त रहेमा लुप्त अवधिको अधिनमा रहि साप्ताहिक लाभ को १/७ भाग बीमित पूर्ण अशक्त रहेको प्रत्येक दिनको लागि भुक्तानी दिइने छ ।

बन्देज

यस बीमालेखमा अन्यथा जेसुकै उल्लेख भएपनि यस पूरक करारको लागि निम्न बन्देजहरू लागू हुनेछन्:

बीमित रक्षावरण गरिएको, पूर्ण बीमांक भुक्तानी पाईने, पूरक करार नं. ६०-च को खण्ड-१ अन्तर्गतको “दुर्घटना मृत्यु लाभ” वा खण्ड-२ अन्तर्गतको “अंगभंग, दृष्टि, श्रवण, वाक् शक्ति गुमेको लाभ” वा खण्ड-३ अन्तर्गत “पूर्ण स्थायी अशक्तता” मध्ये कुनै क्षति(हरु) भएमा यस अन्तर्गतको लाभ स्वतः रोकिने छ र कम्पनीले कुनै साप्ताहिक लाभ भुक्तानी गर्नुपर्ने छैन ।

यदि दावीको समयमा अनुसूचीमा उल्लेख भएको साप्ताहिक लाभ बीमितको वास्तविक साप्ताहिक आयको ७५ प्रतिशत भन्दा बढी हुन गएमा कम्पनीले साप्ताहिक लाभलाई बीमितको दावीको समयको वास्तविक साप्ताहिक आयको ७५ प्रतिशत हुने गरि घटाउने छ र बढी साप्ताहिक लाभको लागि भुक्तानी गरिएको बीमाशुल्क दावीको आधार हुने दुर्घटना मिति पछि लगत्तै आउने बीमाशुल्क भुक्तानी मिति देखि फिर्ता वा पछिल्ला बीमाशुल्कमा समायोजन गर्नेछ ।

दुर्घटना अशक्तता आय भुक्तानीको लागि परिस्थितीको माग अनुसार आवश्यक देखिएमा बीमितले साप्ताहिक लाभ रकम निजको दावीको समयमा साप्ताहिक आयको ७५ प्रतिशत भन्दा बढी छैन भन्ने कुरा प्रमाणित गर्नुपर्ने छ ।

दोहोरिने अशक्तता

यस अन्तर्गत लाभ भुक्तानी भइसकेको वा दिनुपर्ने भइसकेको अशक्तताको अवधि पछि बीमित एउटा नियमित पेशामा वा अन्य कुनै पेशा जसको लागि बीमित व्यवहारिक रूपमा सक्षम छ मा फर्केर आफ्नो दायित्व अनुसारको कार्य एउटा अटुट अवधिसम्म गरेपछि पुनः पहिलेकै कारण(हरु) वा सोको परिणाम स्वरूप अशक्त भएमा यस्तो अशक्ततालाई पहिलाकै निरन्तरता मानिने छ र कम्पनीको दायित्व पुर्न अवधिको लागि यस पूरक करारको लागि लागू हुने बन्देजहरूको अधिन निर्धारण हुनेछ ।

अपवादहरू

मूल बीमालेखको भाग-३ मा उल्लेखित अपवादहरूको साथै यस पूरक करार अन्तर्गत निम्न अवस्थामा रक्षावरण गरिने छैन र यसका लागि कुनै भुक्तानी दिइने छैन:

१. किटाणु (Bacterial) संक्रमण (दुर्घटनात्मक घाउचोटको माध्यमबाट हुने Pyogenic (पूयोत्पत्तिक) संक्रमण बाहेक) वा अन्य कुनै रोग,
२. मूल रूपले गर्भावस्था, प्रसव, गर्भक्षय वा गर्भपतनको कारण बाट हुने क्षति,
३. एड्स (AIDS-Acquired Immune Deficiency Syndrome) को कारणले भएको दुर्घटना

रक्षावरणको अन्त्य

यस पूरक करार अन्तर्गतको बीमा बीमित सत्तरी (७०) वर्ष उमेर पुगेमा अन्त्य हुनेछ र आर्जन नगरिएको बीमाशुल्क रकम समानुपातिक रूपमा फिर्ता गरिने छ ।

यस प्रावधान अनुसार बीमाको अन्त्य हुदाँ अन्त्य हुने मिति अगावै भएको दावि प्रति पूराग्रह रहित हुनेछ ।

वृत्त-४ ऐच्छिक

दुर्घटना र अस्वस्थताको कारण अस्पताल भर्ना शल्यक्रिया खर्च

यो पूरक करार फारम जुन बीमालेखसँग संलग्न गरिएको हुन्छ त्यसको अभिन्न अंग हुनेछ र यसको पूरक करार फारम नम्बर, बीमालेख र आवश्यक बीमाशुल्क बीमालेख “अनुसूची” मा उल्लेख गरे पछि वा उपयुक्त सम्पुष्टि संलग्न गरेपछि मात्र वैध हुनेछ ।

परिभाषाहरू

“अस्वस्थता” यस पूरक करारमा जहाँ सुकै प्रयोग भएपनि वीमित जसको अस्वस्थता दावीको आधार बन्दछ, लाई रक्षावरण लागु मिति पश्चात पहिलो पटक विरामी भएको वा रोग लागेको अवस्थालाई जनाउनेछ ।

“घाउचोट” यस पूरक करारमा जहाँसुकै प्रयोग भएपनि यो पूरक करार लागू रहेको अवस्थामा वीमित जसको चोटपटक दावीको आधार बन्दछ, लाई अन्य सबै कारण बाहेक मूलरूपमा वाह्य, सांघातिक र दुर्घटनात्मक कारणले मात्र लागेको, बाहिरी रूपमा देखिने प्रमाण भएको शारीरिक घाउ चोटलाई जनाउनेछ ।

“रक्षावरण लागु मिति” यस पूरक करारमा जहाँसुकै प्रयोग भएपनि (क) पूरक करार लागू हुने मिति, (ख) रक्षावरणमा गरिएको कुनै परिवर्तन सम्बन्धी अनुमोदनमा उल्लेखित मिति वा (ग) पुनर्जागरण गरिएको भए बीमालेख पुनर्जागरण मिति, मध्ये सबभन्दा पछि आउने मिति पछिको एकतीसौं (३१औं) दिनलाई जनाउनेछ ।

“पूर्व विद्यमान अवस्था” यस पूरक करारमा जहाँसुकै प्रयोग भएपनि यस पूरक करार लागू मिति वा अन्तिम रक्षावरण सुरु मिति मध्ये अन्तिम आउने मिति अगावै औषधोपचार गरिएको वा चिकित्सकीय सल्लाह लिईएको वा रोगा वा विरामीको लक्षण देखिएको आवेदनमा उल्लेख भएको वा नभएको जुनसुकै शारीरिक अवस्थालाई जनाउनेछ ।

“अन्तरंग विरामी” यस पूरक करारमा जहाँ सुकै प्रयोग भएपनि कम्तीमा चौविस (२४) घण्टाको लागि पंजीकृत विरामीको रूपमा अस्पतालमा बसेको व्यक्तिलाई बुझाउनेछ ।

“अधिकतम लाभ” यस पूरक करारमा जहाँसुकै प्रयोग भए पनि अनुसूचिमा उल्लेख भएको रकमलाई बुझाउनेछ ।

“बीमालेख वर्ष” यस पूरक करारमा जहाँसुकै प्रयोग भएपनि अनुसूचिमा उल्लेखित लागु मिति देखि शुरु भई प्रत्येक तीनसय पैसट्टी (३६५) दिनको अवधिलाई जनाउनेछ ।

“जायज र चलनचल्ती” यस पूरक करारमा जहाँसुकै प्रयोग भएपनि वीमितको अवस्थालाई आवश्यक उपचार, उपचार सामग्री वा उपचार सेवाको लागि भुक्तानी गरिएको कुनै खर्च रकम जुन खर्च गरिएको ठाउँमा त्यस्तै उपचार, उपचार सामग्री वा उपचार सेवाको प्रचलित दरभन्दा बढी हुनेछैन र बीमा नभएको अवस्थामा गरिने खर्चहरू बाहेकको खर्च समावेश गरिएको हुँदैनलाई जनाउनेछ ।

“चिकित्सक” यस पूरक करारमा जहाँसुकै उल्लेख भएपनि वीमित वा निजको परिवारको सदस्य बाहेक औषधोपचार र/वा सर्जरी गर्न कानूनी रूपमा इजाजत प्राप्त OPHTHALMOLOGY वा OTOLASARYNGOLOGY मा विशेषज्ञता प्राप्त व्यक्तिलाई बुझाउनेछ ।

“अस्पताल” यस पूरक करारमा जहाँसुकै उल्लेख भएपनि तल दिइएका सबै शर्तहरू पुरा गर्ने निकायलाई बुझाउनेछ ।

- (१) राज्य वा सरकारद्वारा इजाजत आवश्यक गरिएको अवस्थामा अस्पतालको इजाजत प्राप्त,
- (२) आधारभूत रूपमा विरामी, रोगी वा घाउचोट लागेको व्यक्तिलाई भर्ना गरी रेखदेख र औषधोपचारको लागि सञ्चालन भएको,
- (३) दिनको चौविसै घण्टा पंजीकृत वा स्नातक नर्सहरूद्वारा नर्सिङ्ग सेवा पुर्‍याउने,
- (४) एक वा एकभन्दा बढी चिकित्सक कर्मचारी चौविसै घण्टा उपस्थित रहने व्यवस्था भएको,
- (५) रोग पहिचान र प्रमुख सर्जिकल प्रक्रियाहरूको लागि व्यवस्थित सुविधा भएको,

- (६) आधारभूत रूपमा क्लिनिक, नर्सिङ्ग, विश्राम गृह वा स्वास्थ्य लाभ गृह वा त्यस्तै प्रकृतिको निकाय र आकस्मिकरूपमा बाहेक दुर्व्यसनी उपचार केन्द्र नभएको, र
- (७) आवश्यक उपकरण र शल्यक्रिया कक्षको समुचित व्यवस्था भएको ।

लाभहरू

वीमित घाउचोट वा अस्वस्थताका कारण अन्तरंग विरामीको रूपमा अस्पतालमा भर्ना भई बसेमा र चिकित्सकद्वारा गरिएको शल्यक्रियाको लागि शुल्क भुक्तानी गर्नु परेको अवस्थामा शल्यचिकित्सकको शुल्क, उनस्थेटिष्टको शुल्क, शल्यक्रिया कक्षको भाडा कम्पनीले शल्यक्रिया अनुसूचीमा उल्लेखित सम्बन्धित शल्यक्रियाको लागि तोकिएको अधिकतम लाभ प्रतिशतमा नबढ्ने गरी जायज र चलनचल्तीको शुल्क शोधभर्ना दिइनेछ ।

बन्देजहरू

- रक्षावरण गरिएको कुनै शल्यक्रियाको लागि सोही बीमालेख वर्षमा सोहि शल्यक्रिया जति पटक गरेपनि एकपटक मात्र लाभ भुक्तानी गरिनेछ ।
- कुनैपनि बीमालेख वर्षमा शल्यक्रिया लाभको दोब्बर भन्दा बढी लाभ कुनै पनि अवस्थामा भुक्तानी गरिने छैन ।
- एउटै शल्यक्रियाको वेला एक भन्दा बढी शल्यक्रियाहरू गरिएमा त्यस्तो प्रकृयाको लागि लागू हुने शल्यक्रिया लाभहरू मध्येको अधिकतम लाभ प्रतिशत रकम मात्र सबै प्रकृयाहरूको लागि भुक्तानी गरिनेछ ।

अपवादहरू:

मूल बीमालेखको भाग-३ मा उल्लेखित समान अपवादहरूको साथै यस पूरक करारले निम्न अवस्थालाई रक्षावरण गर्ने छैन र सोको लागि कुनै भुक्तानी दिइने छैन :

१. टन्सिल(Tonsil), एडेनोईड(Adenoide) र हर्निया (Hernia) को उचार वा शल्यक्रिया:- त्यस्तो उपचार वा शल्यक्रिया गराई रहेको व्यक्ति त्यस्तो उपचार वा शल्यक्रिया गराउनु अगाडि यस पूरक करार अन्तर्गत निरन्तर रूपमा एकसय बीस (१२) दिन वीमित रहिसकेको हुँदैन र त्यस्तो विरामीको लक्षणनै बीमालेख लागु मिति वा कुनै पुनर्जागरण गरिएको भए पुनर्जागरण मिति मध्य पछिल्लो मिति देखि एकसय बीस (१२०) दिन पछि मात्र देखा अवस्थामा बाहेक रक्षावरण गरिनेछैन ।
२. कुनैपनि घाउ चोट वा अस्वस्थता जसको लागि सरकारी कानून वा योजना अन्तर्गत शोधभर्ना प्राप्त हुनेछ वा जसको लागि कुनै उपचार अन्य बीमालेख अन्तर्गत लाभ प्राप्त नभएको बढी खर्च रकम कम्पनीले शोधभर्ना दिनेछ,
३. आयुर्वेदिक केन्द्र वा अस्पतालमा जुनसुकै कारणले गराईएको उपचार
४. क) मूल रूपमा गर्भावस्था, गर्भपात, गर्भक्षय, प्रसव वा अन्य कुनै यौन क्रियापलापवाट सर्ने रोगको कारणबाट हुने क्षति,
ख) फोक्सो सम्बन्धि क्षयरोग,
ग) घाउचोटको कारण बाहेक अन्य प्रकारको कस्मेटिक वा प्लाष्टिक सर्जरी,
घ) घाउचोटको परिणाम स्वरूप विग्रेकोमा प्राकृतिक स्वरूप दिन गरिने बाहेकको दन्त चिकित्सा वा शल्यक्रिया
ड) एड्स (AIDS-Acquired Immune Deficiency Syndrome) को कारणले भएको शल्यक्रिया

रक्षावरणको अन्त्य

यस पूरक करार अन्तर्गतको बीमा वीमित पैसट्टी (६५) वर्ष उमेर पुगेमा अन्त्य हुनेछ र आर्जन नगरिएको बीमाशुल्क रकम समानुपातिक रूपमा फिर्ता गरिनेछ ।

यस प्रावधान अनुसार बीमाको अन्त्य हुँदा अन्त्य हुने मिति अगावै भएको दावि प्रति पूर्वाग्रह रहित हुनेछ ।

ACCIDENT AND SICKNESS IN-HOSPITAL SURGICAL EXPENSE

This Supplementary Contract is an integral part of the Policy to which it is attached and is valid only if the Supplementary Contract Form number, benefit, and appropriate premium are indicated on the Application for said Policy or are endorsed thereon.

DEFINITIONS

"Sickness" wherever used in this Supplementary Contract means sickness or disease first manifested and contracted and commencing after the Coverage Commencement Date of this Supplementary Contract as to the Insured whose sickness is the basis of claim.

"Injury" wherever used in this Supplementary Contract means accidental bodily injury occurring to the Insured while this Supplementary Contract is in force, effected only by external, violent and accidental means of which there is evidence of visible contusion or wound and resulting, directly and independently of all other causes in loss covered by this Supplementary Contract.

"Coverage Commencement Date" wherever used in this Supplementary Contract means the thirty first (31) DAY After: (a) the Effective date of this Supplementary Contract; (b) the date stated in the relevant endorsement when subsequent changes are made to the coverage; or (c) the date of reinstatement of the Policy in case of any reinstatement, whichever is later.

"Pre-existing Condition" wherever used in this Supplementary Contract means any physical condition that was diagnosed, treated, or for which a physician was consulted, or the existence of symptoms of any illness or disease at any time prior to this Supplementary Contract Effective Date or the last Coverage Commencement Date, whichever is later; whether declared or undeclared on application or health statement.

"In-Patient" wherever used in this Supplementary Contract means a person who is confirmed in a Hospital as a registered bed patient for at least one (1) day.

"Maximum Benefit" wherever used in this Supplementary Contract means the amount stated in the Schedule of Benefits.

"Policy Year" wherever used in this Supplementary Contract shall mean periods of three hundred sixty-five (365) days each, commencing from the Effective date stated in the Policy Schedule of Benefits or endorsed thereto.

"Reasonable and Customary" wherever used in this Supplementary Contract means any medical charge which is charged for treatment, supplies or medical services medically necessary to treat the Insured's condition and does not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expenses are incurred; and does not include charges that would not have been made if no insurance existed.

"Physician" wherever used in this Supplementary Contract means a person legally licensed to practise medicine and/or surgery, specializing in Ophthalmology or Otolaryngology other than the Insured or a member of the Insured's immediate family.

"Hospital" wherever used in this Supplementary Contract means an establishment which meets all of the following requirements:

- (1) holds a license as a hospital, if licensing is required in the country or governmental jurisdiction;
- (2) Operates primarily for the reception, care and treatment of sick, ailing or injured persons as inpatients;

- (3) Provides 24-hour a day nursing service by registered or graduate nurses;
- (4) has a staff of one or more physicians available at all times;
- (5) Provides organized facilities for diagnosis and major surgical procedures;
- (6) is not primarily a clinic, nursing, rest or convalescent home or similar establishment and is not, other than incidentally, a place for alcoholics or drug addicts; and
- (7) maintains necessary equipment and operating room facilities.

BENEFITS

When, by the reason of Injury or Sickness, the Insured is confined in a Hospital as an In-patient and is charged for a surgical procedure performed by a Physician, the Company will reimburse the reasonable and customary charge made for the surgeon's fee, the anaesthetist's fee and the operating room rent, not exceed the Percentage of Maximum Benefit as set forth in the Surgical Schedule for the surgical procedure performed.

Limitations

- Benefit in respect of a Covered Surgery is payable only once during a Policy Year irrespective of the number of same Covered Surgery performed, if any, during the said Policy Year.
- No indemnity will be paid in any circumstances for more than double the Surgery Benefit during any one Policy Year.
- If more than one surgical procedure is performed during the same operative session, the highest Percentage of Surgery Benefit applicable to such procedure will be the only amount payable for the all procedure performed.

EXCEPTIONS

In addition to the General Exceptions listed in Part III of the Policy, this Supplementary Contract shall not cover and no payment shall be made with respect to:

- (1) treatment or surgery for tonsils, adenoids or hernia until the person undergoing such treatment or surgery has been continuously covered under this Supplementary Contract for a period of one hundred twenty (120) days immediately preceding such treatment or surgery and the symptoms of said ailments manifested itself after a period of one hundred twenty (120) days from the Policy Effective Date or date of reinstatement of the Policy in case of any reinstatement, which ever is late;
- (2) any Injury or Sickness for which compensation is payable under any government law or program, or for which benefits are payable under any other medical assistance insurance policy; except to the extent that such charges are not reimbursed by such laws, programs or other policies.
- (3) Treatment in an Ayurvedic Center or hospital for whatever reason and whatever treatment;
- (4) (a) Direct consequence of pregnancy, miscarriage, childbirth, or Sexually Transmitted Diseases (STD);
(b) pulmonary tuberculosis after diagnosis as such;
(c) cosmetic or plastic surgery, except as a result of injury;
(d) dental care or surgery except to sound natural teeth as occasioned by Injury.
(e) Surgery caused by Acquired Immune Deficiency Syndrome (AIDS).

EXCEPTION OF COVERAGE

The coverage under this Supplementary Contract will expire when the Insured, attains sixty-five (65) years of age and unearned premium will be refunded on pro - rata basis.

Expiration of the coverage under this provision shall be without prejudice to any claim arising before expiration date.

SURGICAL SCHEDULE
(Including Female Disorders)

Description of Surgical Operation	% of Maximum Benefit	Description of Surgical Operation	% of Maximum Benefit
ABDOMEN - Appendectomy	25.00	Repair of perineal or vaginal laceration not immediately post partum, including cystocele and rectocele	37.50
Resection of bowel	75.00	Removal of fibroid tumors, without abdominal approach	20.00
Resection of stomach	75.00	GOITER -Removal of Thyroid, including all stages of operative procedure	75.00
Gastro-enterostomy	62.50	HEART - Heart operations	
Removal of gall-bladder	75.00	Catheterization	30.00
Cutting into abdominal cavity for diagnosis treatment or removal of one or more organs therein except as otherwise herein provided	50.00	Angioplasty	20.00
Two or more surgical procedures performed through the same abdominal incision will be considered as one operation		Bypass Sugery	100.00
ABCESS - Incision of superficial abscess, boil or furuncle, one or more	2.50	Open Heart	100.00
Treatment of carbuncle or abscess requiring hospitalization, one or more	62.25	HERNIA - Injection treatment, complete course-	
AMPUTATION OF - Fingers or toes, each	7.50	Single hernia	18.75
Hand, forearm or foot at ankle	25.00	Double hernia	25.00
Leg, arm or thigh	37.50	Radical operation, including injection treatment for cure of -	
BREAST - Amputation of one or both, radical with resection into axilla	75.00	Single hernia	37.50
Amputation of one or both, simple	37.50	Double hernia	50.00
CHEST - Complete thoracoplasty	100.00	18.7525.0037.5050.00	
Removal of lung or portion of lung	75.00	JOINTS AND DISLOCATIONS	
Cutting into thoracic cavity for diagnosis, or treatment of organs therein, tapping excepted	25.00	Laminectomy	75.00
Removal of pus, tapping excepted	12.50	Incision into joint for disease and disorder, except as herein otherwise provided and except tapping	12.50
Artificial pneumothorax	12.50	Incision into shoulder, elbow, hip or knee joint, tapping excepted	37.50
Refills - each but not more than six	2.50	Excision, fixation by cutting operation, disarticulation or arthroplasty on - shoulder	37.50
BRONCHOSCOPY - Diagnostic	6.25	Hip or spine	75.00
Operative, excluding biopsy	12.50	Knee, elbow, writ, or ankle	20.00
COSMETIC OR PLASTIC SURGERY		Dislocation of - fingers or toes each	2.50
As a result of injury	15.00	Lower jaw	3.00
EAR - Cutting ear drum	5.00	NOSE - Antrum puncture	2.50
Mastoidectomy - radical-one side	50.00	Intranasal sinus operation	17.50
Mastoidectomy-radical-both sides	62.50	Extranasal sinus operation	37.50
Fenestration, one or both sides	100.00	Polypus, removal one or more	5.00
ESOPHAGUS - Operation for stricture	18.75	Submucous resection	12.50
Use of gastroscope	6.25	Turbineotomy	7.50
EYE - Removal of foreign body, from cornea	2.50	OBSTETRICAL	None
Detached retina-multiple fusions	100.00	PARACENTESIS - Tapping of-	
Cataract	50.00	Abdomen	6.25
Glaucoma	31.25	Chest or bladder, catheterization excepted	3.75
Removal of eyeball	31.25	Ear drum, hydrocele, joints or spine	5.00
Removal of Pterygium	15.00	RECTUM - Radical resection for malignancy, all stages, including colostomy	100.00
Incision of styte or chalazion	2.50	Hemorrhoids, external only, excision-complete procedure	7.50
FRACTURES , treatment of - Simple		Hemorrhoids, internal or internal and external including -	
Collar bone, shoulder blade, or forearm, one bone	7.50	prolapsed rectum, total for excision	20.00
Coccyx, tarsals, metatarsals or os calcis	5.00	complete injection treatment	10.00
Thigh	37.50	Fistula in ano	17.50
Upper arm or leg, one bone	12.50	Fissure in ano	5.00
Fingers or toes, each, or rib	2.50	Other cutting operations on rectum	17.50
Forearm - two bones, knee cap, or pelvis, not requiring traction	20.00	Skull-Cutting into cranial cavity. trephining and tapping excepted	100.00
Leg, two bones	30.00	Removal of bone, trephining or decompression	31.25
Jaw, lower	8.75	THROAT -Tonsillectomy or tonsillectomy. and adenoidectomy-Adults and children 15 years of age and older	17.50
Carpals, metacarpals, nose, ribs-two or more or sternum	3.75	Children under 15 years of age	12.50
Pelvis, requiring traction	31.25	Use of Laryngoscope for diagnosis	5.00
Vertebrae, transverse processes, each	6.25	TUMORS -surgical removal of	
Vertebrae, compression fracture, one or more	37.50	Malignant tumors except those of the mucous membrane, skin and subcutaneous tissue	50.00
Wrist	6.00	Malignant tumors of the mucous membrane, skin and subcutaneous tissue	12.50
Compound - open		Pilonidal sinus or cyst, cutting operation	12.50
For a compound fracture increase the above by one - half.		Benign tumors of the testicle or breast	25.00
For a fracture requiring an open operation including bone grafting or bone splicing, double the above percentage except that the maximum benefit shall not exceed	100.00	Ganglion	3.75
GENITO-URINARY TRACT -Removal of kidney	75.00	Warts or moles	2.50
Fixation of kidney	75.00	Benign tumors, one or more, except as otherwise herein provided -	
Removal of tumors or stones in kidney, ureter, or bladder-by cutting operation	62.50	requiring hospital residence	12.50
By cauterization or endoscopic means	20.00	Not requiring hospital residence	5.00
By lithotripsy mean	10.00	In the case of x-ray or radium treatment for any of the above listed tumors, the maximum benefit payable for the entire course of treatment including surgical removal shall be that provided for its surgical removal	
Stricture or urethra-open operation	30.00	VEINS , Varicose - Complete procedure on all veins	
Intra-urethral cutting operation	15.00	Cutting operation-one leg	20.00
Prostrate-entire removal of open operation-complete procedure	75.00	Cutting operation-Two leg	30.00
Partial removal-by endoscopic means	25.00	Injection treatment-one leg	10.00
By other cutting operation	50.00	Injection treatment-Two legs	15.00
Orchidectomy or epididymectomy	25.00		
Hydrocele or varicocele	12.50		
Hysterectomy, radical for cancer	75.00		
Hysterectomy with complete removal of tubes and ovaries with or without appendectomy	62.50		
Curettage or cauterization of cervix-non			
Puerperal	10.00		
Dilation and curstage, non-puerperal	12.50		