



THE NEW INDIA ASSURANCE CO. LTD.

REGISTERED & HEAD OFFICE: 87, MAHATMA GANDHI ROAD, MUMBAI - 400 001.

NEW INDIA CRITI PROTECT POLICY

PROSPECTUS

We welcome You as Our Customer. This document explains how the New India Criti Protect Policy could provide value to You. In the document the word 'You', 'Your' means the all the members covered under the Policy. 'We', 'Our', 'Us' means The New India Assurance Co. Ltd.

NEW INDIA CRITI PROTECT Policy is a Critical Illness Policy providing Lump Sum Benefit on diagnosis of a covered Critical illness.

1. WHO CAN TAKE THIS POLICY?

This insurance is available to persons between the age of 18 years and 65 years. One can propose to cover their dependents without covering themselves.

Dependents who can be covered under the policy are Spouse, Children and Parents.

The cover is available for Indian citizens and Indian residents only. Persons of Indian origin but resident of other countries or non-resident Indians (NRI) or OCI are not eligible to take this Policy.

2. WHAT DOES THE POLICY COVER?

Lump Sum amount equivalent to 100% of the Sum Insured as specified in the policy schedule shall be paid, provided the covered Critical Illness is diagnosed during the policy period as first incidence subject to the completion of waiting period of 90 days.

The coverage shall terminate in the event of claim of a covered Critical Illness becoming accepted and paid by Us.

3. WHAT IS ABHA NUMBER?

ABHA stands for AYUSHMAN BHARAT HEALTH ACCOUNT (ABHA), a number is a hassle-free method of accessing and sharing health records digitally. It enables interaction with participating healthcare providers, and allows to receive digital lab reports, prescription and diagnosis seamlessly from a verified healthcare professionals and health service providers.

4. HOW LONG DOES AN INDIVIDUAL NEED TO SURVIVE IN ORDER TO CLAIM THE BENEFIT UNDER THE POLICY?

A survival period of 'zero' days will be in effect from the date of diagnosis. Furthermore, In order to claim the benefit under the policy, the individual must be diagnosed with a Critical Illness that is covered under the policy as per the terms and condition specified above and in the policy clause.

Please note that claim payment will only be made with confirmatory diagnosis of the conditions covered while the Insured Person is alive (i.e. a claim would not be admitted if the diagnosis is made post-mortem).

5. HOW MANY CRITICAL ILLNESS PLANS ARE AVAILABLE UNDER THE POLICY?

Four Plans are available under the Policy. Insured may choose any one of the Plans at the time of taking the policy for the first time or at the time of renewal.

Sr. No	Critical Illnesses	9CI	18CI	25CI	41CI
1	Cancer of Specified Severity	Yes	Yes	Yes	Yes
2	Kidney Failure Requiring Regular Dialysis	Yes	Yes	Yes	Yes
3	End Stage Liver Failure	Yes	Yes	Yes	Yes
4	Major Organ Transplant/Bone Marrow Transplant	Yes	Yes	Yes	Yes
5	Open Heart Replacement or Repair of Heart Valves	Yes	Yes	Yes	Yes
6	Open Chest CABG	Yes	Yes	Yes	Yes
7	Stroke resulting in Permanent Symptoms	Yes	Yes	Yes	Yes
8	Permanent Paralysis of Limbs	Yes	Yes	Yes	Yes
9	Myocardial Infarction (First Heart Attack of Specified Severity)	Yes	Yes	Yes	Yes
10	Multiple Sclerosis with Persisting Symptoms	No	Yes	Yes	Yes
11	Coma of Specified Severity	No	Yes	Yes	Yes
12	Parkinson's Disease	No	Yes	Yes	Yes
13	Benign Brain Tumour	No	Yes	Yes	Yes
14	Alzheimer's Disease	No	Yes	Yes	Yes
15	Aorta Graft Surgery	No	Yes	Yes	Yes
16	Deafness	No	Yes	Yes	Yes
17	Loss of speech	No	Yes	Yes	Yes
18	Third Degree Burns	No	Yes	Yes	Yes
19	Motor Neurone Disease with Permanent	No	No	Yes	Yes
20	Primary(Idiopathic)Pulmonary Hypertension	No	No	Yes	Yes
21	Loss of Limb	No	No	Yes	Yes
22	Muscular Dystrophy	No	No	Yes	Yes
23	Blindness	No	No	Yes	Yes
24	Major Head Trauma	No	No	Yes	Yes
25	End Stage Lung Failure	No	No	Yes	Yes
26	Systemic Lupus Erythematosus with Lupus	No	No	No	Yes
27	Pneumonectomy	No	No	No	Yes
28	Medullary Cystic Disease	No	No	No	Yes
29	Cardiomyopathy	No	No	No	Yes
30	Encephalitis	No	No	No	Yes
31	Progressive Supranuclear Palsy	No	No	No	Yes
32	Multiple System Atrophy	No	No	No	Yes
33	Pulmonary Artery Graft Surgery	No	No	No	Yes
34	Other Serious Coronary Artery Disease	No	No	No	Yes
35	Apallic Syndrome	No	No	No	Yes
36	Fulminant Hepatitis	No	No	No	Yes
37	Creutzfeldt-Jakob Disease	No	No	No	Yes
38	Aplastic Anaemia	No	No	No	Yes
39	Severe Ulcerative Colitis	No	No	No	Yes
40	Progressive Scleroderma	No	No	No	Yes
41	Bacterial Meningitis	No	No	No	Yes

6. IS PRE-ACCEPTANCE MEDICAL CHECKUP REQUIRED?

- Yes, Medical examination reports are required as per the medical grid provided below.
- Company reserves the rights to prescribe further tests based on the Medical Reports of the Individuals.
- The medical reports are valid for a period of 90 days from the date of Pre-Policy check-up.
- Following are the medical tests that are to be conducted and the cost of this check-up will be borne by the proposer. However, if the proposal is accepted, 50% of the cost of this check-up will be reimbursed to the proposer.
- Based on the Medical Questionnaire and/or Medical Reports, we may Accept or Reject the Proposal. We may also load the premium up to 100% based on the medical reports. The extent of medical loading shall be informed to you before the acceptance of the Proposal.

Note: Medical Questionnaire is part of the Proposal Form

Age as on last birthday	Sum Insured up to 20,00,000	Sum Insured INR 20,00,001 to INR 30,00,000	Sum Insured INR 30,00,001 to INR 50,00,000
18 - 45 Years	Medical Questionnaire	Medical Questionnaire, FME, RUA, CBC with ESR, FBS, HbA1c, Lipid Profile, RFT, LFT, ECG, HIV, HBsAg	Medical Questionnaire + FME + CBC with ESR + FBS+ RUA + Chest X-ray + Lipid Profile + LFT + HbA1c + TMT + RFT + USG of Abdomen and Pelvis + PSA (male only), PAP Smear (female only) + CEA + HIV + HBsAg
46 - 65 Years	Medical Questionnaire, FME, RUA, CBC with ESR, FBS, HbA1c, Lipid Profile, RFT, LFT, ECG, HIV, HBsAg	Medical Questionnaire, FME, RUA, CBC with ESR, FBS, HbA1c, Lipid Profile, RFT, LFT, TMT, HIV, HBsAg	Medical Questionnaire + FME + CBC with ESR + FBS+ RUA + Chest X-ray + Lipid Profile + LFT + HbA1c + TMT + RFT + USG of Abdomen and Pelvis + PSA (male only), PAP Smear (female only) + CEA + HIV + HBsAg

7. DOES IT COVER ALL CASES OF HOSPITALISATION?

No Claim shall be payable for the following.

- Any Pre-existing Condition, ailment or disease, or its related conditions arising from it.
- We shall not be liable to make any payment in respect of any Critical Illness which is diagnosed within the first 90 days of the Inception Date of First Policy. These 90 days waiting period shall not be applicable on renewals to the extent of sum insured under the previous policy.
- Any Illness, sickness or disease other than those specified as Critical Illnesses under this Policy.
- Any Critical Illness directly caused due to intentional self-injury, suicide or attempted suicide.

- Any Critical Illness caused due to treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
- Any Critical Illness caused by any treatment necessitated due to participation as a professional in hazardous or adventure sport, including but not limited to, para jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep sea diving
- Any Critical Illness caused by any unproven/ experimental treatment, service and supplies for or in connection with any treatment. Unproven/ experimental treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
- Any Critical Illness caused due to treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reason.
- Any Critical Illness caused by treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent
- Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner,
- Participation by the Insured Person in any flying activity, except as a bona fide, fare paying passenger of a recognized airline on regular routes and on a scheduled timetable.
- Congenital External Anomalies, or any complications or conditions arising therefrom including any developmental conditions of the Insured.
- Any Critical Illness caused by Medical treatment traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. Any Critical Illness caused due to miscarriages (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
- Any Critical Illness based on certification/diagnosis/treatment from persons not registered as Medical Practitioners, or from a Medical Practitioner who is practicing outside the discipline that he/ she is licensed for.
- Any Critical Illness caused due to any treatment, including surgical management, to change characteristics of the body to those of opposite sex.
- Any Critical Illness caused due to cosmetic or plastic surgery or any treatment to change the appearance unless for reconstruction following an Accident, Burn(s), or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
- Any critical illness caused due to surgical treatment of obesity that does not fulfil all the below conditions
 - a. Surgery to be conducted is upon advice of doctor
 - b. The surgery / procedure conducted should be supported by clinical protocols
 - c. The member has to be 18 years of age or older
 - d. Body Mass Index (BMI)
 - i. Greater than equal to 40 or

- ii. Greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss
 - 1. Obesity related cardiomyopathy
 - 2. Coronary heart disease
 - 3. Severe sleep apnoea
 - 4. Uncontrolled Type 2 Diabetes
- Any Critical Illness caused by sterility and infertility. This includes:
 - i. Any type of contraception, sterilization
 - ii. Assisted Reproductive services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - iii. Gestational Surrogacy
 - iv. Reversal of sterilization
- Any Critical Illness resulting from a physical condition which existed prior to first risk inception date which was not disclosed.
- Any Critical Illness, caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defense, rebellion, revolution, insurrection, military or usurped power.

Any Critical Illness caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.

8. WHAT IS A PRE EXISTING DISEASE?

The term Pre-existing condition/disease is defined in the Policy. It means any condition, ailment, Injury or disease

- a. That is/are diagnosed by a physician within 36 months prior to the effective date of the Policy issued by Us and its reinstatement or
- b. For which medical advice or treatment was recommended by, or received from, a physician within 36 months prior to the effective date of the Policy or its reinstatement.

9. IS HOSPITALISATION ALWAYS NECESSARY TO GET A CLAIM?

No, Hospitalisation is not necessary for claiming under the Policy. Lump Sum Amount shall be paid in case any covered Critical Illness is diagnosed during the policy period as first incidence subject to the completion of waiting period of 90 days.

10. WHAT ARE THE TERRITORIAL LIMITS?

The geographical scope of this policy will be worldwide; however the claims shall be settled in India in Indian Rupees only.

11. WHAT SUM INSURED SHOULD I CHOOSE?

You are free to choose any Sum Insured of between Rs. 5 L and to Rs. 50 L in multiples of Rs. 5 L subject to the below conditions.

- In case you are not under Gainful employment, then your Sum Insured shall be restricted to Rs. 15,00,000.

- Gainful Employment refers to an employment situation where the employee receives steady work, payment from the employer. This means that income from property rent, shares, investment, interest income etc... shall not be taken into account under Gainful Employment.
- For any sum assured in excess of INR 25,00,000 Income proof is required. The maximum total cover allowed is 12 times of average annual income. Sum Insured to be rounded off to the nearest 5 L band

Documents to be submitted for Income Proof:

- ITRS with computation of income for the Latest 2 financial years or,
- Form 16 of latest financial year or,
- Last three months' pay slips along with bank statement showing salary credits or,
- Audited P&L account and Balance sheet for the latest two financial year with the shareholding of the applicant

12. WHAT ARE PREMIUM AFFECTING PARAMETERS?

The premium payable is determined on the respective Age Band of the member for the respective Sum Insured, the number of Critical Illnesses (9 CI / 18 CI / 25 CI / 41 CI) and tenure of the Policy.

Premium may also depend on the medical test reports. In case of any Medical Loading, we shall inform the Insured prior to the issuance of policy.

13. HOW LONG IS THE POLICY VALID?

The Policy is valid during the Period of Insurance stated in the Schedule attached to the Policy. Policy can be taken for a tenure of up to 3 years.

14. CAN THE POLICY BE RENEWED WHEN THE PRESENT POLICY EXPIRES?

Yes. You should renew the Policy before the expiry of the present policy. For instance, if Your Policy commences from 2nd October, 2023 date of expiry is usually on 1st October, 2024. You should renew Your Policy by paying the Renewal Premium on or before 1st October 2024.

15. IS THERE ANY GRACE PERIOD FOR RENEWAL OF THE POLICY?

Your policy can be renewed within thirty days of the expiry of the previous Policy which is the Grace Period. But even if You renew Your Policy within thirty days of expiry of previous Policy, any Critical Illness contracted during the break in insurance is not covered. Therefore, it is in your own interest to see that you renew the Policy before it expires.

16. IN CASE OF REVISION/WITHDRAWAL WILL THERE BE ANY COMMUNICATION TO POLICYHOLDER?

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. In case of revision or modification or withdrawal of the Policy a notice will be provided to Policyholder, 90 days before the expiry of the policy for such revision or modification or withdrawal.

17. IS THERE AN OPTION FOR PORTABILITY or MIGRATION?

Yes. You may choose to Port to New India Citi Protect Policy, subject to Regulations of IRDAI (Protection of Policyholders' Interests, Operations and Allied Matters of Insurers) Regulations, 2024 and the Guidelines of IRDAI on Portability of Health Insurance Policies, as amended from time to time.

You may choose to migrate to any of our existing Policy, subject to the Guidelines of IRDAI on

Migration of Health Insurance Policies, as amended from time to time and our underwriting guidelines.

18. WHAT IS FREE LOOK PERIOD?

The Free Look Period shall be applicable on new individual health insurance policies, except for those policies of less than a year, renewals or at the time of porting/migrating the policy.

The insured person shall be allowed free look period of thirty days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

A period of 30 days (from the date of receipt of the policy document) is available to the policyholder to review the terms and conditions of the policy. If he/she is not satisfied with any of the terms and conditions, he/she has the option to cancel his/her policy. This option is available in case of policies with a term of one year or more.

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

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

19. CAN I MAKE A CLAIM IMMEDIATELY AFTER TAKING A POLICY?

For Critical Illness Conditions, we shall not be liable to make any payment in respect of any Critical Illness which is diagnosed within the first 90 days from the Inception Date of First Policy.

90 days waiting period shall not be applicable on renewals to the extent of sum insured under the previous policy, when the policy is renewed before expiry or within the grace period of 30 days of the expiry of the previous policy.

20. CAN THE SUM INSURED BE INCREASED AT THE TIME OF RENEWAL?

Yes. You may seek enhancement of Sum Insured in writing before payment of premium for renewal, which may be granted as per our Underwriting guidelines.

21. IS THERE AN AGE LIMIT UPTO WHICH THE POLICY WOULD BE RENEWED?

No. Your Policy can be renewed for a tenure of up to 3 years, as long as you pay the Renewal Premium before the date of expiry of the Policy. There is an age limit for taking a fresh Policy which is 65 Years, but there is no age limit for renewal.

However, for the Insured persons aged 81 & above, renewals can be done for a period of 1-year tenure only instead of up to 3-year tenure i.e. they have to renew each year.

22. CAN THE INSURANCE COMPANY REFUSE TO RENEW THE POLICY?

We may refuse to renew the Policy only on rare occasions such as fraud, misrepresentation or non-disclosure of material facts or non-cooperation being committed by You or any one acting on Your behalf in obtaining insurance or subsequently in relation thereto. If we discontinue selling this Policy, it might not be possible to renew this Policy on the same terms and conditions. In such a case you shall, however, have the option for renewal under any similar Policy being issued by the Company, provided the benefits payable shall be subject to the terms contained in such other

Policy.

23. HOW TO MAKE A CLAIM UNDER THE POLICY?

In the event of any claim, intimation to be sent to Us/TPA within 15 days of first diagnosis of the Critical Illness, date of surgical procedure or date of occurrence of the medical event as the case may be, in order for us to provide prompt and effective assistance.

The following information should be provided while intimating the claim

- Contact numbers & Name of caller intimating the claim,
- Policy Number,
- Name of Insured /Patient ,
- Name of the Hospital and address
- Nature of Critical Illness:
- Plan of Treatment

Checklist of claim documents

- Original claim form duly signed and filled in.
- NEFT details of Insured / nominee as the case may be.
- Photo ID Proof of Insured/ nominee.
- Address Proof of Insured / nominee
- Original detailed Discharge Summary / Day care summary. Indoor case papers from the hospital if applicable. Death Summary from the hospital if applicable
- First Consultation letter and subsequent Prescriptions. Reports of investigation supported by the note from Attending Medical Practitioner / Surgeon demanding such test
- Medical certificate confirming the diagnosis of Critical Illness
- Hospital Registration Number details
- Doctors registration Number and Qualification of the doctor
- Specific documents listed under the respective critical illness
- In the cases where Critical Illness arises due to an accident, FIR copy or medico legal certificate will also be required wherever conducted. We may call for any additional necessary documents/information as required based on the circumstances of the claim
- Name, date of occurrence and medical details confirming the event giving rise to the Claim.
- Written confirmation from the treating Medical Practitioner that the event giving rise to the Claim does not relate to any Pre- Existing Disease or any Illness or Injury which was diagnosed within the first 90 days of commencement of first Policy Period with Us.
- Any other documents as may be required by us.

24. CAN ANY CLAIM BE REJECTED OR REFUSED?

Yes. A claim, which is not covered under the Policy conditions, can be rejected. Claims may also be rejected in the event of misrepresentation, misdescription or nondisclosure of any material fact/particular. In case You are not satisfied by the reasons for rejection, You can represent to Us within 15 days of such denial. If You do not receive a response to Your representation or if You are not satisfied with the response, You may write to our Grievance Cell, the details of which are

provided at our website at <https://www.newindia.co.in/portal/readMore/Grievances>

You may also call our Call Centre at the Toll free number 1800-209-1415, which is available 24x7. You also have the right to represent Your case to the Insurance Ombudsman.

25. CAN I CANCEL THE POLICY?

Yes. You may cancel this policy by giving 7 days written notice and in such an event, the Company shall refund premium for the unexpired policy period at pro rata basis;

The insurer shall refund-

- a. refund proportionate premium for unexpired policy period, if the term of policy up to one year and there is no claim (s) made during the policy period.
- b. refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

The Company may cancel the policy at any time on grounds of misrepresentation non- disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non- disclosure of material facts or fraud

26. WHAT IS FREE LOOK PERIOD?

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals of the Policy. The insured person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

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

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

27. IS THERE ANY BENEFIT UNDER THE INCOME TAX ACT FOR THE PREMIUM PAID FOR THIS INSURANCE?

Yes. Payments made for health insurance in any mode other than cash are eligible for deduction from taxable income as per Section 80 D of the Income Tax Act, 1961. For details, please refer to the relevant Section of the Income Tax Act.

Premium Chart (Excluding GST) – Per '000 rate

09 CI Plan				18 CI Plan			
Age Band / Tenure	1 Yr	2 Yr	3 Yr	Age Band / Tenure	1 Yr	2 Yr	3 Yr
18 – 25	0.79	1.82	2.85	18 – 25	0.95	2.16	3.33
26 – 30	1.37	2.99	4.67	26 – 30	1.48	3.19	5.01
31 – 35	1.96	4.11	6.22	31 – 35	2.13	4.47	6.79
36 – 40	2.56	5.57	8.63	36 – 40	2.86	6.22	9.69
41 – 45	4.13	9.44	15.24	41 – 45	4.81	10.9	17.62
46 – 50	7.95	17.23	27.06	46 – 50	9.21	20.04	31.44
51 – 55	12.81	27.71	41.86	51 – 55	15.23	32.95	49.82
56 – 60	21.62	46.68	70.32	56 – 60	25.82	55.69	83.98
61 – 65	32.04	69.19	104.25	61 – 65	38.38	82.9	124.99
66 – 70	51.59	110.04	163.66	66 – 70	65.48	139.55	207.46
71 - 75	102.77	216.88	319.14	71 - 75	130.43	275.06	404.59
76 - 80	186.52	390.27	569.42	76 - 80	236.72	494.95	721.91
81 & above*	327.99	NA	NA	81 & above*	416.23	NA	NA
25 CI Plan				41 CI Plan			
Age Band / Tenure	1 Yr	2 Yr	3 Yr	Age Band / Tenure	1 Yr	2 Yr	3 Yr
18 – 25	1.05	2.25	3.51	18 – 25	1.23	2.67	4.13
26 – 30	1.55	3.3	5.21	26 – 30	1.75	3.86	6.04
31 – 35	2.2	4.63	7.08	31 – 35	2.5	5.33	8.29
36 – 40	3.05	6.52	10.16	36 – 40	3.64	7.78	12.05
41 – 45	5.01	11.39	18.4	41 – 45	5.93	13.33	21.51
46 – 50	9.57	20.81	32.63	46 – 50	11.08	23.95	37.6
51 – 55	15.77	34.13	51.6	51 – 55	18	38.85	58.63
56 – 60	26.7	57.59	86.74	56 – 60	29.93	64.43	96.92
61 – 65	39.64	85.64	129.1	61 – 65	43.91	94.67	142.63
66 – 70	67.62	144.18	214.38	66 – 70	74.27	158.18	235.1
71 - 75	135.23	285.35	419.91	71 - 75	148.52	313.06	460.49
76 - 80	246.79	516.47	753.69	76 - 80	271.06	566.63	826.52
81 & above*	438.13	NA	NA	81 & above*	465.23	NA	NA

*Renewal for age group 81 & above will be allowed only on annual basis.