

**AROGYA SANJEEVANI POLICY, INDUSIND GENERAL - (PROSPECTUS)**

**1. ELIGIBILITY CRITERIA**

- a) Policy can be availed by persons between the age of 18 years and 65 years, as Proposer. Policy can be availed for self and the following family members
  - Legally wedded spouse.
  - Parents and Parents-in-law.
  - Dependent Children (i.e. natural or legally adopted) between the age of 3 months to 25 years. If the child above 18 years of age is financially independent, the child will be ported to an Individual Policy having a separate Sum Insured and treated as an Adult
- b) Age means "Age as on last birthday" as on the date of first Policy issuance or at renewal. If any age changes during proposal stage, then "age" at submission of proposal from would be considered for premium calculation.
- c) This policy can be issued to an individual and/or a family.
- d) There is no maximum cover ceasing age on continuous renewals.
- e) Individual Policy: A maximum of 10 member can be covered in a single individual policy on individual sum insured basis. The family includes, Self, Spouse, Son, Daughter, Father, Mother, Father in law, Mother in law (Note-maximum 4 number of children can be covered)
- f) Floater Policy: In case of Family Floater, one family will share a single sum Insured as opted. A maximum of 6 members can be covered in a single-family floater policy with a maximum of 2 Adults.

The following combinations are allowed under:

- Self and/or Spouse with up to 4 Children
- 2 Parents,
- 2 Parents-in-Law

**2. POLICY PERIOD:**

This Policy will be issued for a period of 1 year

**3. COVERAGE:**

The covers listed below are in-built Policy benefits and shall be available to all Insured Persons in accordance with the procedures set out in this Policy

**3.1 HOSPITALIZATION:**

The Company shall indemnify medical expenses incurred for Hospitalization of the Insured Person during the Policy year, up to the Sum Insured and Cumulative Bonus specified in the policy schedule, for,

- i. Room Rent, Boarding, Nursing Expenses as provided by the Hospital /Nursing Home up to 2% of the sum insured subject to maximum of Rs.5000/-, per day.
- ii. Intensive Care Unit (ICU) I Intensive Cardiac Care Unit

(ICCU) expenses up to 5% of sum insured subject to maximum of Rs. 10,000/- per day.

- iii. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor I surgeon or to the hospital
- iv. Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities and such similar other expenses.

**3.1.1. OTHER EXPENSES:**

- Expenses incurred on treatment of cataract subject to the sub limits
- Dental treatment, necessitated due to disease or injury
- Plastic surgery necessitated due to disease or injury
- All the day care treatments
- Expenses incurred on road Ambulance subject to a maximum of Rs.2000/- per hospitalisation

**NOTE:**

1. Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible. However, the time limit shall not apply in respect of Day Care Treatment
2. In case of admission to a room/ICU/ICCU at rates exceeding the aforesaid limits, the reimbursement/ payment of all other expenses incurred at the Hospital, with the exception of cost of medicines, shall be effected in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent/ ICU/ICCU charges.

**3.2 AYUSH TREATMENT:**

The Company shall indemnify medical expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during each Policy Year up to the limit of sum insured as specified in the policy schedule in any AYUSH Hospital.

**3.3 CATARACT TREATMENT:**

The Company shall indemnify medical expenses incurred for treatment of Cataract, subject to a limit of 25% of Sum Insured or Rs.40,000/-, whichever is lower, per each eye in one policy year.

**3.4 PRE HOSPITALIZATION:**

The company shall indemnify pre-hospitalization medical expenses incurred, related to an admissible hospitalization requiring inpatient care, for a fixed period of 30 days prior to the date of admissible hospitalization covered under the policy.

**3.5 POST HOSPITALIZATION:**

The company shall indemnify post hospitalization medical expenses incurred, related to an admissible hospitalization requiring inpatient care, for a fixed period of 60 days from the date of discharge from the hospital, following an admissible hospitalization covered under the policy.

The following procedures will be covered (wherever medically indicated) either as in patient or as part of day care treatment in a hospital up to 50% of Sum Insured, specified in the Policy Schedule, during the Policy Period:

- A. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
- B. Balloon Sinuplasty
- C. Deep Brain stimulation
- D. Oral chemotherapy
- E. Immunotherapy- Monoclonal Antibody to be given as injection
- F. Intra vitreal injections
- G. Robotic surgeries
- H. Stereotactic radio surgeries
- I. BronchicalThermoplasty
- J. Vaporisation of the prostate (Green laser treatment or holmium laser treatment) K.
- K. IONM - (Intra Operative Neuro Monitoring)
- L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

The expenses that are not covered in this policy are placed under List-I of Annexure-A attached to the Policy document. The list of expenses that are to be subsumed into room charges, or procedure charges or costs of treatment are placed under List-II, List-III and List-IV of Annexure-A respectively.

#### 4. CUMULATIVE BONUS:

Cumulative Bonus will be increased by 5% in respect of each claim free policy year (where no claims are reported), provided the policy is renewed with the company without a break subject to maximum of 50% of the sum insured under the current policy year. If a claim is made in any particular year, the cumulative bonus accrued shall be reduced at the same rate at which it has accrued. However, sum insured will be maintained and will not be reduced in the policy year.

#### NOTES:

- i. In case where the policy is on individual basis, the CB shall be added and available individually to the insured person if no claim has been reported. CB shall reduce only in case of claim from the same Insured Person.
- ii. In case where the policy is on floater basis, the CB shall be added and available to the family on floater basis, provided no claim has been reported from any member of the family. CB shall reduce in case of claim from any of the Insured Persons.
- iii. CB shall be available only if the Policy is renewed/ premium paid within the Grace Period.
- iv. If the Insured Persons in the expiring policy are covered on an individual basis as specified in the Policy Schedule and there is an accumulated CB for such Insured Person under the expiring policy, and such

expiring policy has been Renewed on a floater policy basis as specified in the Policy Schedule then the CB to be carried forward for credit in such Renewed Policy shall be the one that is applicable to the lowest among all the Insured Persons

- v. In case of floater policies where Insured Persons Renew their expiring policy by splitting the Sum Insured in to two or more floater policies/individual policies or in cases where the policy is split due to the child attaining the age of 25 years, the CB of the expiring policy shall be apportioned to such Renewed Policies in the proportion of the Sum Insured of each Renewed Policy
- vi. If the Sum Insured has been reduced at the time of Renewal, the applicable CB shall be reduced in the same proportion to the Sum Insured in current Policy.
- vii. If the Sum Insured under the Policy has been increased at the time of Renewal the CB shall be calculated on the Sum Insured of the last completed Policy Year.
- viii. If a claim is made in the expiring Policy Year, and is notified to Us after the acceptance of Renewal premium any awarded CB shall be withdrawn

#### 5. WAITING PERIOD:

The Company shall not be liable to make any payment under the policy in connection with or in respect of following expenses till the expiry of waiting period mentioned below:

##### 5.1. PRE-EXISTING DISEASES (CODE- EXCL 01):

- a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with us.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.
- d) Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

##### 5.2 FIRST THIRTY DAYS WAITING PERIOD (CODE- EXCL 03):

- i. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- ii. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
- iii. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently

##### 5.3 SPECIFIC WAITING PERIOD (CODE- EXCL 02)

- a) Expenses related to the treatment of the following listed conditions, surgeries/treatments shall be excluded until



[indusindinsurance.com](https://www.indusindinsurance.com)



022 4890 3009 (Paid)



74004 22200 (WhatsApp)

IRDAI Registration No. 103. IndusInd General Insurance Company Limited.

An ISO 9001:2015 Certified Company

For complete details on the benefits, coverage, terms & conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully before concluding sale. Registered & Corporate Office: 6<sup>th</sup> Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity Number: U66603MH2000PLC128300.

IndusInd Sanjeevani Policy, IndusInd General. UIN No.: RELHLIP21001V012021. IGI/MCOM/CO/AROGYA\_SANJEEVANI\_PROSPECTUS/Ver. 1.0/290924.



An Initiative by  
BEST BRANDS CONCLAVE

l the expiry of 24/36 months of continuous coverage, as may be the case after the date of inception of the first policy with the insurer. This exclusion shall not be applicable for claims arising due to an accident.

- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.
- d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

**i. 24 months waiting period**

- 1. Benign ENT disorders
- 2. Tonsillectomy
- 3. Adenoidectomy
- 4. Mastoidectomy
- 5. Tympanoplasty
- 6. Hysterectomy
- 7. All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps
- 8. Benign prostate hypertrophy
- 9. Cataract and age-related eye ailments
- 10. Gastric/ Duodenal Ulcer
- 11. Gout and Rheumatism
- 12. Hernia of all types
- 13. Hydrocele
- 14. Non Infective Arthritis
- 15. Piles, Fissures and Fistula in anus
- 16. Pilonidal sinus, Sinusitis and related disorders
- 17. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident
- 18. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy.
- 19. Varicose Veins and Varicose Ulcers
- 20. Internal Congenital Anomalies

**ii. 36 Months waiting period:**

- 1. Treatment for joint replacement unless arising from accident
- 2. Age-related Osteoarthritis & Osteoporosis

**6. EXCLUSIONS (APPLICABLE TO ALL BENEFITS UNDER THE POLICY):**

The Company shall not be liable to make any payment under the policy, in respect of any expenses incurred in connection with or in respect of:

**6.1 INVESTIGATION & EVALUATION (CODE:EXCL04):**

- a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.

- b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

**6.2 REST CURE, REHABILITATION AND RESPITE CARE (CODE:EXCL05):**

Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

- i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
- ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

**6.3 OBESITY/ WEIGHT CONTROL (CODE:EXCL06):**

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

- 1. Surgery to be conducted is upon the advice of the Doctor
- 2. The surgery/Procedure conducted should be supported by clinical protocols
- 3. The member has to be 18 years of age or older and
- 4. Body Mass Index (BMI);
  - a) greater than or equal to 40 or
  - b) 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:
    - i. Obesity-related cardiomyopathy
    - ii. Coronary heart disease
    - iii. Severe Sleep Apnea
    - iv. Uncontrolled Type2 Diabetes

**6.4 CHANGE-OF-GENDER TREATMENTS (CODE: EXCL 07):**

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

**6.5 COSMETIC OR PLASTIC SURGERY (CODE: EXCL 08):**

Expenses for cosmetic or plastic surgery or any treatment to change 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

**6.6 HAZARDOUS OR ADVENTURE SPORTS (CODE: EXCL 09):**

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

**6.7 BREACH OF LAW (CODE: EXCL 10):**

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

**6.8 EXCLUDED PROVIDERS (CODE: EXCL 11):**

Expenses incurred towards treatment in any Hospital or by



[indusindinsurance.com](http://indusindinsurance.com)



022 4890 3009 (Paid)



74004 22200 (WhatsApp)

IRDAI Registration No. 103. IndusInd General Insurance Company Limited.

An ISO 9001:2015 Certified Company

For complete details on the benefits, coverage, terms & conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully before concluding sale. Registered & Corporate Office: 6<sup>th</sup> Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity Number: U66603MH2000PLC128300.

IndusInd Sanjeevani Policy, IndusInd General. UIN No.: RELHLIP21001V012021. IGI/MCOM/CO/AROGYA\_SANJEEVANI\_PROSPECTUS/Ver. 1.0/290924.



An Initiative by BEST BRANDS CONCLAVE

any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations following an accident, expenses up to the stage of stabilization are payable but not the complete claim. (For updated and detailed list of Excluded Providers refer website- [www.indusindinsurance.com](http://www.indusindinsurance.com))

**6.9** Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof **(CODE: EXCL 12):**

**6.10** Treatments received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. **(CODE: EXCL 13)**

**6.11** Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure **(CODE: EXCL 14):**

**6.12 REFRACTIVE ERROR (CODE: EXCL 15):** Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres

**6.13 UNPROVEN TREATMENTS-CODE (CODE: EXCL 16):** Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

**6.14 STERILITY AND INFERTILITY (CODE: EXCL 17):**

Expenses related to sterility and infertility. This includes:

- i. Any type of contraception, sterilization
- ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- iii. Gestational Surrogacy
- iv. Reversal of sterilization

**6.15 MATERNITY EXPENSES (CODE - EXEL 18)**

- i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
- ii. expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

**6.16** War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.

**6.17** Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:

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

b) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.

c) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.

**6.18** Any expenses incurred on Domiciliary Hospitalization and OPD treatment.

**6.19** Treatment taken outside geographical limits of India.

**6.20** In respect of the existing diseases, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), policyholder is not entitled to get the coverage for specified ICD codes.

## 7. MORATORIUM PERIOD:

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

## 8. SUM INSURED OPTIONS:

Sum Insured options are as below,

Type of Policy	Individual Policy	Floater Policy
Sum Insured (In INR)	100000, 150000, 200000, 250000, 300000, 350000, 400000, 450000, 500000	100000, 150000, 200000, 250000, 300000, 350000, 400000, 450000, 500000

## 9. PRE POLICY MEDICAL CHECK UP (PPMC):

- a. All persons between the age group 51 years to 65 years will undergo Pre-Policy Medical Checkup.
- b. Where the Proposal is accepted by the Company and the Policy is issued, 100% of the PPMC Cost will borne by the Company
- c. Where the Proposal is rejected, or the Proposer denies the accepted proposal, 100% of the PPMC Cost will borne by the Customer

Age in Years	In all cases
51 - 60	Category 1
61 - 65	Category 2
#	Description
Category 1	MER, CBC, FBS, RUA, S. Creatinine
Category 2	MER, CBC, FBS, HbA1c, Lipid profile, SGOT, SGPT, GGT, RUA, ECG, HBsAg, S. Creatinine



[indusindinsurance.com](http://indusindinsurance.com)



022 4890 3009 (Paid)



74004 22200 (WhatsApp)

IRDAI Registration No. 103. IndusInd General Insurance Company Limited.

An ISO 9001:2015 Certified Company

For complete details on the benefits, coverage, terms & conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully before concluding sale. Registered & Corporate Office: 6<sup>th</sup> Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity Number: U66603MH2000PLC128300.

IndusInd Sanjeevani Policy, IndusInd General. UIN No.: RELHLIP21001V012021. IGI/MCOM/CO/AROGYA\_SANJEEVANI\_PROSPECTUS/Ver. 1.0/290924.



An Initiative by  
BEST BRANDS CONCLAVE

Test Abbreviation	Description
MER	Medical Examination Report
CBC	Complete Blood Count
HbA1c	Glycosylated Haemoglobin
Lipid Profile	HDL, LDL, Serum Total Cholesterol, Serum Triglycerides, Sr. Total Cholesterol / HDL ratio
SGOT	Serum Glutamic Oxaloacetic Transaminase (also called AST - Aspartate Aminotransferase)
SGPT	Serum Glutamic Pyruvic Transaminase (also called ALT - Alanine Aminotransferase)
GGT	Gamma Glutamyl Transferase
RUA	Routine Urine Analysis
TMT	Exercise Electro cardiogram (Tread Mill Test)
ECG	Resting Electro Cardiogram
2D Echo	2D Echocardiogram with Color Doppler
HbsAg	Australia Antigen
HIV	HIV (I&II)
S Creatinine	Serum Creatinine
USG (Abdo & Pelvis)	Ultrasound Sonography of Abdomen and Pelvis
PSA	Prostate Specific Antigen (for Males only)
PAP	Papanicolaou test (PAP Smear Test) - For females only

The lists of medical tests covered above are indicative and Company may modify or amend this list on approval from the Head of Health Underwriting/Chief Underwriting Officer. The Company may ask additional tests depending on health condition of insured. *Cost of PPMC is borne by IndusInd General Insurance if proposal is accepted by IndusInd. If proposal got rejected or proposer denies the accepted proposal then cost of PPMC will be recovered from customer.*

## 10. CLAIMS PROCEDURE:

### 1.1 PROCEDURE FOR CASHLESS CLAIMS:

- Treatment may be taken in a network provider and is subject to pre authorization by the Company or its authorized TPA. (ii) Cashless request form available with the network provider and TPA shall be completed and sent to the Company/TPA for authorization. (iii) The Company/ TPA upon getting cashless request form and related medical information from the insured person/ network provider will issue pre-authorization letter to the hospital after verification. (iv) At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses. (v) The Company/ TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details. (vi) In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim documents to the Company /TPA for reimbursement.

### 1.2 PROCEDURE FOR REIMBURSEMENT OF CLAIMS:

For Reimbursement of claims the insured person may submit the documents to TPA (If applicable) company within the prescribed time limit as specified hereunder,

Sr. No.	Type of claim	Prescribed Time Limit
1.	Reimbursement of hospitalization, day care and pre hospitalization expenses	Within thirty days of date of discharge from hospital
2.	Reimbursement of post hospitalization expenses	Within fifteen days from completion of post hospitalization treatment

### 9.1 NOTIFICATION OF CLAIM::

Notice with full particulars shall be sent to the Company/TPA (if applicable) as under:

- Within 24 hours from the date of emergency hospitalization required or before the Insured Person's discharge from Hospital, whichever is earlier.ii. At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.

### 9.2 DOCUMENTS TO BE SUBMITTED:

The reimbursement claim is to be supported with the following documents and submitted within the prescribed time limit.

- Duly Completed claim form
- Photo Identity proof of the patient
- Medical practitioner's prescription advising admission
- Original bills with itemized break-up
- Payment receipts
- Discharge summary including complete medical history of the patient along with other details.
- Investigation/ Diagnostic test reports etc. supported by the prescription from attending medical practitioner
- OT notes or Surgeon's certificate giving details of the operation performed (for surgical cases).
- Sticker/Invoice of the Implants, wherever applicable.
- MLR(Medico Legal Report copy if carried out and FIR (First information report) if registered, where ever applicable.
- NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque
- KYC (Identity proof with Address) of the proposer, where claim liability is above Rs 1 Lakh as per AML Guidelines
- Legal heir/succession certificate , wherever applicable
- Any other relevant document required by Company/ TPA for assessment of the claim.

### NOTE:

- The company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted
- In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to satisfaction of the Company
- Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person



[indusindinsurance.com](http://indusindinsurance.com)



022 4890 3009 (Paid)



74004 22200 (WhatsApp)

IRDAI Registration No. 103. IndusInd General Insurance Company Limited.

An ISO 9001:2015 Certified Company

For complete details on the benefits, coverage, terms & conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully before concluding sale. Registered & Corporate Office: 6<sup>th</sup> Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity Number: U66603MH2000PLC128300.

IndusInd Sanjeevani Policy, IndusInd General. UIN No.: RELHLIP21001V012021. IGI/MCOM/CO/AROGYA\_SANJEEVANI\_PROSPECTUS/Ver. 1.0/290924.



An Initiative by BEST BRANDS CONCLAVE

### 9.3 CO-PAYMENT:

Each and every claim under the Policy shall be subject to a Co-payment of 5% applicable to claim amount admissible and payable as per the terms and conditions of the Policy. The amount payable shall be after deduction of the co-payment.

### 9.4 PAYMENT OF CLAIM:

All claims under the policy shall be payable in Indian currency only

### 11. CANCELLATION:

a. The Company may cancel this Policy on by giving 7 days' written notice in and in such an event, the Company shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

#### • In case of no claim in the policy

In the event of cancellation by the insured the refund amount shall be on pro-rata basis and shall be calculated as per the terms laid out below:

#### Calculation of Pro-Rata refund:

Return Premium = Total Policy Premium \* (1 - ((Number of Policy days expired) / (Total Policy Days)))

**For e.g.** If Policy Premium for 1 year (365 days) policy is Rs. 10000, and if cancellation is effected on expiry of 243 days from policy inception, then The Return Premium = 10000 \* (1 - (243 / 365)) = Rs. 3342.47.

#### • In case of claim in the policy

Where any claim has been admitted or has been lodged by the person under the Policy, there shall be no refund of premium for the Policy Year in which the claim occurs.

**For e.g.** If Policy Premium for 1 year (365 days) policy is Rs. 10000. Considering the claim year is 1st Year (200 days), then no refund shall be made for the Policy Year.

b. The Company may cancel the Policy at any time on grounds of mis-representation, non-disclosure of material facts, fraud by the Insured Person, by giving 7 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representation, non-disclosure of material facts or fraud

### 12. AUTOMATIC CHANGE IN COVERAGE UNDER THE POLICY:

The coverage for the insured Person(s) shall automatically terminate:

In the case of his/ her (Insured Person) demise,

1. However the cover shall continue for the remaining Insured Persons till the end of Policy Period. The other insured persons may also apply to renew the policy. In case, the other insured person is minor, the policy shall be renewed only through any one of his/her natural guardian or guardian appointed by court. All relevant particulars in respect of such person (including his/her relationship with the insured person) must be submitted to the company along with the application. Provided no claim has been made, and termination takes place on account of death of the insured person, pro-rata refund of premium of the deceased insured person for the balance period of the policy will be effective
2. Upon exhaustion of sum insured and cumulative bonus, for the policy year. However, the policy is subject to renewal on the due date as per the applicable terms and conditions.

### 13. RENEWAL OF POLICY:

The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person. The Company is not bound to give notice that it is due for renewal.

- i. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years
- ii. Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period.
- iii. At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period to maintain continuity of benefits without Break in Policy.
- iv. Coverage is not available during the grace period, except in case where the premium is paid in instalment
- v. No loading shall apply on renewals based on individual claims experience

### 14. PREMIUM PAYMENT IN INSTALMENTS:

If the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in Your Policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy)

- i. The grace period of fifteen days (where premium is paid on a monthly instalments) and thirty days (where premium is paid in quarterly/half-yearly/annual instalments) is available on the premium due date, to pay the premium.
- ii. If the policy is renewed during grace period, all the credits (sum insured, No Claim Bonus, Specific Waiting periods, waiting periods for pre-existing diseases, Moratorium period etc.) accrued under the policy shall be protected.
- iii. The Benefits provided under - "Waiting Periods", "Specific Waiting Periods" Sections shall continue in the event of payment of premium within the stipulated grace Period.
- iv. No interest will be charged If the instalment premium is not paid on due date.
- v. In case of instalment premium due not received within the grace Period, the Policy will get cancelled.

### 15. POSSIBILITY OF REVISION OF TERMS OF THE POLICY INCLUDING THE PREMIUM RATES:

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are affected.

### 16. FREE LOOK PERIOD:

The Free Look Period shall be applicable at the inception of the Policy and not on renewals or at the time of porting the policy.

The insured shall be allowed a period of thirty days from date of receipt of the Policy 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, a deduction towards the proportionate risk premium for period of cover or



[indusindinsurance.com](https://www.indusindinsurance.com)



022 4890 3009 (Paid)



74004 22200 (WhatsApp)

iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

Write to us at: IndusInd General Insurance, Winway Building 2nd and 3rd Floor, 11/12 Block No - 4, Old No - 67, South Tukoganj, Indore (M.P) - 452001.

For further details on Grievance redressal procedure please refer:

<https://indusindinsurance.com/Insurance/About-Us/Grievance-Redressal.aspx>

IRDAI Integrated Grievance Management System - <https://igms.irdai.gov.in/>

**Insurance Ombudsman** - The insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance. No loading shall apply on renewals based on individual claims experience.

**17. REDRESSAL OF GRIEVANCE:**

Grievance-In case of any grievance relating to servicing the Policy, the insured person may submit in writing to the Policy issuing office or regional office for redressal.

Website: <https://indusindinsurance.com>

E-mail: [services@indusindinsurance.com](mailto:services@indusindinsurance.com)

Telephone: 022 48903009 (Paid)

Post/Courier: Any branch office, the correspondence address, during normal business hours.

**CONTACT US**

For any product or service related information or assistance, here's how you can reach us.

**Contact details for Policy Servicing**

Name - IndusInd General Insurance Company Limited  
Correspondence Address -  
IndusInd General Insurance  
Winway Building, 2nd & 3rd Floor, 11/12 Block No. 4, Old No. 67,  
South Tukoganj, Indore (M.P) - 452001.  
Email ID- [services@indusindinsurance.com](mailto:services@indusindinsurance.com)  
Contact No.- 022-41112600  
Website- [www.indusindinsurance.com](http://www.indusindinsurance.com)

**Contact details for Claim Servicing**

Name- IndusInd General Insurance Company Limited  
Correspondence Address -  
HealthCare : Claims and care management  
IndusInd General Insurance Co. Limited, No. 1-89/3/B/40 to 42/  
ks/301, 3rd floor, Krishe Block, Krishe Sapphire Building, Madhapur,  
Hyderabad - 500081. Near Durgam Cheruvu Metro Station.  
Contact No - 022 - 41112600  
Website- [www.indusindinsurance.com](http://www.indusindinsurance.com)

**Premium Illustration**

**Individual and Floater Premium Illustration-AROGYA SANJEEVANI POLICY, INDUSIND GENERAL**

Age of the members insured	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum insured (Only one sum insured is available for the entire family)			
	Premium (₹)	Sum insured (₹)	Premium (₹)	Discount, if any	Premium after discount (₹)	Sum insured (₹)	Premium or consolidated premium for all members of family (₹)	Floater discount, if any	Premium after discount (₹)	Sum insured (₹)
51 years	10,089	3 Lakhs	10,089		9,080	3 Lakhs				
44 years	6,487	3 Lakhs	6,487	10%	5,838	3 Lakhs	17,098	0%	17,098	3 Lakhs
23 years	2,680	3 Lakhs	2,680		2,412	3 Lakhs				
18 years	2,146	3 Lakhs	2,146		1,931	3 Lakhs				
Total Premium for all members of the family is ₹21,402 when each member is covered separately.			Total Premium for all members of the family is ₹19,261.8 when they are covered under a single policy.				Total Premium when policy is opted on floater basis is ₹17,098.			
Sum insured available for each individual is ₹3 lakhs			Sum insured available for each family member is ₹3 lakhs				Sum insured of ₹3 lakhs is available for the entire family.			

**Note:** Premium rates specified in the above illustration are standard premium rates for Zone A without any loading. Also, the premium rates are exclusive of taxes applicable

[indusindinsurance.com](http://indusindinsurance.com) 022 4890 3009 (Paid) 74004 22200 (WhatsApp)

IRDAI Registration No. 103. IndusInd General Insurance Company Limited.

An ISO 9001:2015 Certified Company

For complete details on the benefits, coverage, terms & conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully before concluding sale. Registered & Corporate Office: 6<sup>th</sup> Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity Number: U66603MH2000PLC128300.

IndusInd Sanjeevani Policy, IndusInd General. UIN No.: RELHLIP21001V012021. IGI/MCOM/CO/AROGYA\_SANJEEVANI\_PROSPECTUS/Ver. 1.0/290924.



An Initiative by BEST BRANDS CONCLAVE