

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY – HEALTH

This document provides key information about your policy. You are also advised to go through your policy documents.

Sl No	Title	Description	Policy/ Clause Number
1.	Policy Name	Group Mediclaim	
2.	Product Number	XX	Policy Schedule
3.	Type of Insurance Product/ Policy	Indemnity	Policy Schedule
4.	Sum Insured (Basis) (Along with amount)	Policy Type: Floater/Non Floater Sum insured :	Policy Schedule
5.	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	Coverages: <ul style="list-style-type: none"> InPatient Treatment Pre-Hospitalisation Expenses upto 30 days Post Hospitalisation Expenses upto 60 days Day Care Treatment Domiciliary Hospitalisation Ayush Treatment Modern Treatment up to 50% of Base Sum Insured Maternity Expenses Benefit 	3
6.	Exclusions (what the policy does not cover)	Exclusions: <ol style="list-style-type: none"> Investigation & Evaluation (Code:Excl04) Rest Cure, rehabilitation and respite care (Code:Excl05) Obesity/ Weight Control (Code:Excl06) Change-of-Gender treatments (Code:Excl07) Cosmetic or Plastic Surgery (Code: Excl08) Hazardous or Adventure sports (Code:Excl09) Breach of law (Code: Excl10) Excluded Providers (Code:Excl11) Substance Abuse and Alcohol (Code: Excl12) Wellness and Rejuvenation (Code:Excl13) Dietary Supplements & Substances (Code: Excl14) Refractive Error (Code: Excl15) Unproven Treatments-Code (Code: Excl16) Sterility and Infertility (Code: Excl17) Maternity: Code Excl18 Circumcision unless necessary for treatment of a disease not excluded here inabove or as may be necessitated due to an accident. Cost of spectacles, contact lenses and hearing aids. Dental treatment or surgery of any kind unless requiring hospitalisation Convalescence, general debility, 'run-down' condition venereal disease All expenses arising out of any condition, directly or indirectly, caused to or associatedwith human T-Cell Lymphotropic Virus type III (HTLV III) or LymphadinopathyAssociated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndromeor any Syndrome or condition of a similar kind. Disease or injury directly or indirectly caused by or contributed to by nuclearweapons/materials. Non-medical expenses: Any non-medical expenses mentioned in Annexure A War (whether declared or not) and war like occurrence or invasion, acts of foreignenemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds. 	5

Note: For detailed description of Exclusions, kindly refer policy wordings



<p>7.</p>	<p>Waiting period Time period during which specified diseases/treatments are not covered It is counted from the beginning of the policy coverage.</p>	<p>30-day waiting period</p> <ol style="list-style-type: none"> 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. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently. <p>Specified disease/procedure waiting period- Code- Excl02</p> <ol style="list-style-type: none"> Expenses related to the treatment of the listed Conditions; surgeries/treatments shall be excluded until the expiry of 12 months of continuous coverage after the date of inception of the first Policy with us. This exclusion shall not be applicable for claims arising due to an Accident. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase. List of specific diseases/procedures in respect of which 12 months waiting period is imposed is mentioned below: <ol style="list-style-type: none"> Cataract, Benign prostatic hypertrophy Hysterectomy or menorrhagia or fibromyoma Hernia, Hydrocele Internal congenital diseases/anomalies Fistula in anus Piles Sinusitis <p>Pre-Existing Diseases: Pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 24/36 months (as specified in Policy Schedule) of continuous coverage after the date of inception of the first Policy with Insurer.</p> <p>Note: For detailed information on waiting period, kindly refer policy schedule / policy copy mentioned below under coverage section and policy wordings</p>	<p>4</p>
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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: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity Number: U66603MH2000PLC128300.

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<p>8.</p>	<p>Financial limits of coverage</p> <p>i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>ii. Co-payment (It is a specified amount/ percentage of the admissible claim amount to be paid by policyholder/ insured).</p> <p>iii. Deductible (It is a specified amount:</p> <ul style="list-style-type: none"> Up to which an insurance company will not pay any claim, and Which will be deducted from total claim amount (if claim amount is more than the specified amount) <p>iv. Any other limit (as applicable)</p>	<p>Modern Treatment</p> <p>Up to 50% of Base Sum Insured for the Medical Expenses incurred during the Policy period on Inpatient Treatment or Day Care Treatment or Domiciliary Treatment of below mentioned Modern Treatment Methods</p> <ul style="list-style-type: none"> Uterine Artery Embolization and HIFU Balloon Sinuplasty Immunotherapy-Monoclonal Antibody to be given as injection Oral Chemotherapy Deep Brain Stimulation Intra Vitreal injections Robot surgeries Stereotactic radio surgeries Bronchial Thermoplasty Vaporization of the prostate (Green laser treatment or holmium laser treatment) IONM- (Intra Operative Neuro Monitoring) Stem Cell therapy: Including Hematopoietic stem cells for bone marrow transplant for hematological conditions to be covered <p>Please refer the policy schedule / policy copy mentioned below under coverage section for all financial limits.</p>	<p>Policy Schedule 3.7</p>
<p>9.</p>	<p>Claims/Claims Procedure</p>	<p>Cashless Procedure</p> <p>Cashless facility is available only at a Network Hospital. The Insured Person can avail Cashless facility at the time of admission into any Network Hospital, by presenting the health card as provided by the TPA/Company with this Policy, along with a valid photo identification proof (Voter ID card / Driving License / Passport / PAN Card / any other identity proof as approved by the Company).</p> <p>To avail Cashless facility, the following procedure must be followed by the Policyholder/ Insured Person:</p> <p>a. Pre-authorization: Prior to Hospitalization, the Policyholder/ Insured Person must call the call centre of the TPA/Company and request authorization by way of submission of a completed Pre-authorization form at least 48 hours before a planned Hospitalization and in case of an Emergency situation, within 24 hours of Hospitalization.</p> <p>b. The TPA/Company will process the Policyholder's/ Insured Person's request for authorization after having obtained accurate and complete information for the Illness/ Injury for which Cashless facility for Hospitalization is sought by the Policyholder/ Insured Person and the TPA/Company will confirm such Cashless authorization / rejection in writing or by other means.</p> <p>c. If the procedure above is followed and the Policyholder's/ Insured Person's request for Cashless facility is authorized, the Policyholder/ Insured Person will not be required to pay for the Hospitalization Expenses which are covered under this Policy and fall within the Company's liability (within the authorized limit). Original bills and evidence of treatment in respect of the same shall be left with the Network Hospital.</p>	<p>6</p>



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- d. The Company/TPA (On behalf of Company) reserves the right to review each Claim for Hospitalization Expenses and coverage will be determined according to the terms and conditions of this Policy. The Policyholder/ Insured Person shall, in any event, be required to settle all other expenses, co-payment and / or deductibles (if applicable), directly with the Hospital.
- e. Cashless facility for Hospitalization Expenses shall be limited exclusively to Medical Expenses incurred for treatment undertaken in a Network Hospital for Illness or Injury which are covered under the Policy.
- f. There can be instances where the TPA/Company may deny Cashless facility for Hospitalization due to insufficient Sum Insured or insufficient information to determine admissibility in which case the Policyholder/ Insured Person may be required to pay for the treatment and submit the Claim for reimbursement to the TPA/Company which will be considered subject to the Policy Terms & Conditions.
- g. The Policyholder/ Insured Person shall be required to submit the documents as mentioned in Clause 4.4 with the Network Hospital. Note: Under Cashless facility, the TPA/Company may authorize upon the Policyholder's / Insured Person's request for direct settlement of admissible Claim as per agreed charges & terms and conditions between Network Hospital and the TPA/ Company. In such cases, the TPA/Company will directly settle all eligible amounts as per the Policy Terms & Conditions with the Network Hospital to the extent the Claim is covered under the Policy. The Company, at its sole discretion, reserves the right to modify, add or restrict any Network Hospital for Cashless services available under the Policy. Before availing the Cashless service, the Policyholder / Insured Person is required to check the applicable list of Network Hospital on the Company's website.

Reimbursement procedure

- a. The Policyholder / Insured Person must take reasonable steps or measure to avoid or minimize the quantum of any Claim that may be made under this Policy.
- b. Forthwith intimate / file / submit a Claim in accordance with Clause 4 of this Policy.
- c. If so requested by the TPA/Company, the Insured Person will have to submit himself for a medical examination by the TPA/Company's nominated Medical Practitioner as often as it considers reasonable and necessary. The cost of such examination will be borne by the Company.
- d. The Policyholder/ Insured Person is required to check the applicable list of Network Hospitalization the TPA/ Company's website or call center before availing the Cashless services.
- e. On occurrence of an event which will lead to a Claim under this Policy, the Policyholder/ Insured Person shall:
 - Allow the Medical Practitioner or any of the Company's representatives to inspect the medical and Hospitalization records, investigate the facts and examine the Insured Person.
 - Assist and not hinder or prevent the Company's representatives in pursuance of their duties for ascertaining the admissibility of the Claim under the Policy.

If the Policyholder / Insured Person does not comply with the provisions of these conditions all benefits under this Policy shall be forfeited at the Company's option.

10. Policy Servicing

Policy Servicing Any issues related with respect to policy, kindly E-mail us at services@indusindinsurance.com and for correspondence contact us IndusInd General Insurance Company Limited, Winway Building 2nd and 3rd Floor, 11/12, Block No. 4, Old No. 67, South Tukogani, Indore (M.P) - 452001. Contact No. 022-41112600



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11.	Grievances/ Complaints	<p>While the company takes utmost care to ensure all our touchpoints are trained to ensure qualitative delivery, in case of any lapse from our members, we request you to report it to our front-end unit:</p> <ul style="list-style-type: none"> • Call us on phone number: +91 22 4890 3009 or writing email at: services@indusindinsurance.com • Visiting any of our nearest branches • Writing to us at : IndusInd General Insurance, Correspondence Unit, 2nd & 3rd Floor, Winway Building, 11/12, Block No. 4, Old No. 67, South Tukoganj, Near Madhumilan Square, Indore, Madhya Pradesh, India – 452001 <p>In case you are not pleased with the response received from one of the above mentioned touch points or there is a delay, you may contact Grievance officer at grievances@indusindinsurance.com</p> <p>Details of our Grievance Redressal Officers is available at - https://www.indusindinsurance.com/downloads/GRO_details_of_active_branches_Final.pdf</p> <p>Even after this, If you are not satisfied with the response received from our Grievance Officer, you may write to Our Head of Grievance at headgrievances@indusindinsurance.com</p> <p>Still, if you are not happy with the response received from the company, You may contact Insurance Ombudsman for redressal of grievance as per Insurance Ombudsman rules 2017. List of Ombudsman offices is mentioned in annexure attached to the policy schedule or you may visit its website@ https://cioins.co.in/ombudsman</p> <p>Grievances can also be registered at IRDAI's Bima Bharosa Portal (https://bimabharosa.irdai.gov.in/) or by calling Toll Free Number 155255 (or) 18004254 732 or by sending an e-mail at complaints@irdai.gov.in or by writing to General Manager, 7(27) Insurance Regulatory and Development Authority of India (IRDAI), Consumer Affairs Department - Grievance Redressal Cell, Sy.No.115/1, Financial District, Nanakramguda, Gachibowli, Hyderabad - 500032.</p>	7(27)
12.	Things to remember	<p>Free Look cancellation:</p> <p>The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the Policy.</p> <p>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.</p> <p>If the Insured has not made any claim during the Free Look Period, the Insured shall be entitled to</p> <ol style="list-style-type: none"> a. 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 b. 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 c. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period; FreeLook shall not apply at Master Policy level. <p>Policy renewal:</p> <p>Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn</p> <p>Migration and Portability:</p> <p>When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer. Insurer to specify the process for migration and portability</p> <p>Change in Sum Insured:</p> <p>Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured</p>	7(16) 7(14/15) 7(22)



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		<p>Moratorium Period:</p> <p>After completion of Five continuous years under the policy no look back to be applied. This period of Five years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of Five continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits.</p> <p>After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.</p>	7(18)
13.	Your Obligations	The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the Policyholder. Disclosure of other material information during the policy period.) Insurer to specify the material information.	7.1

Declaration by the Policyholder;

I have read the above and confirm having noted the details.

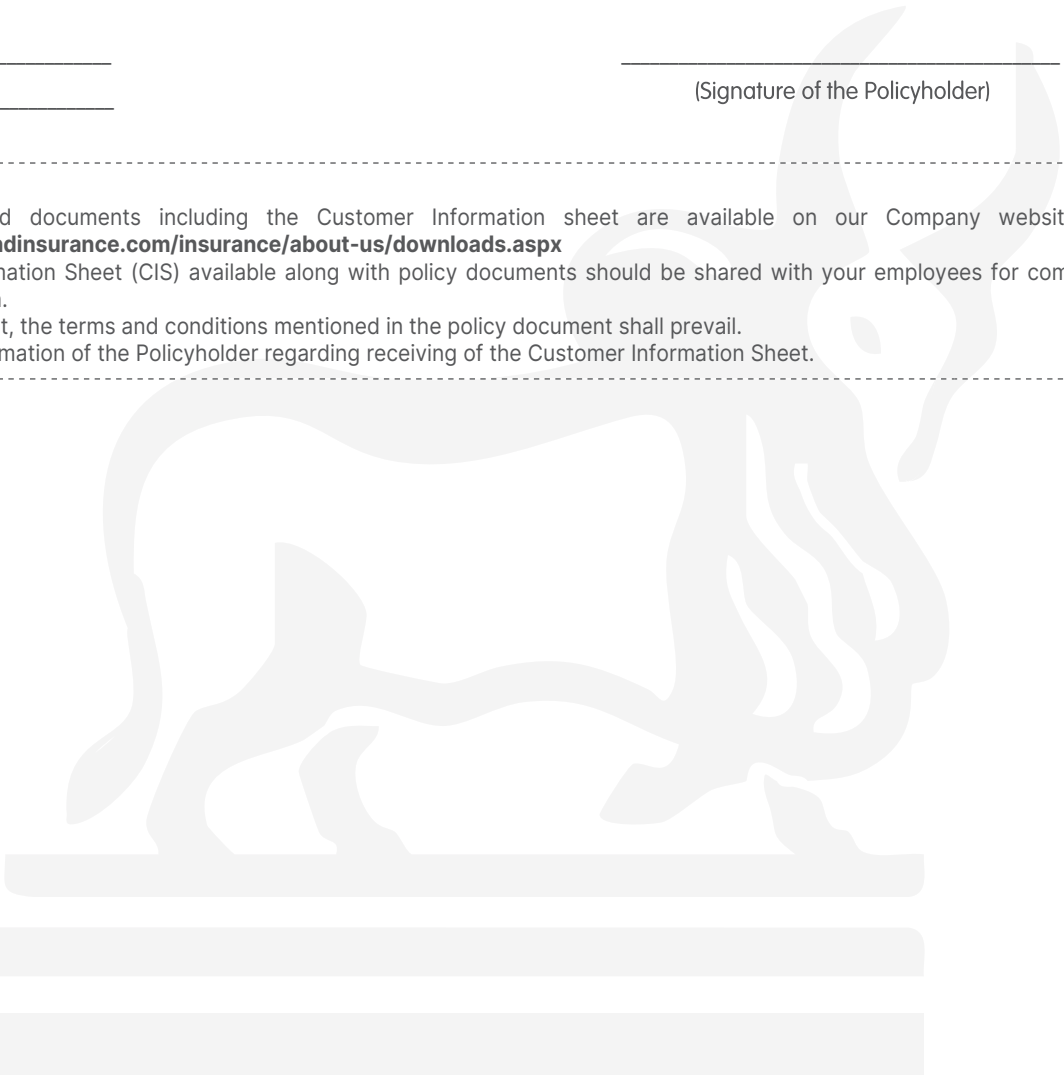
Place: _____

Date: _____

(Signature of the Policyholder)

Note:

- I. The product related documents including the Customer Information sheet are available on our Company website at: <https://www.indusindinsurance.com/insurance/about-us/downloads.aspx>
- II. The Customer Information Sheet (CIS) available along with policy documents should be shared with your employees for complete coverage information.
- III. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.
- IV. Insurer to take confirmation of the Policyholder regarding receiving of the Customer Information Sheet.



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