

CUSTOMER INFORMATION SHEET

S No.	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)	REFER TO POLICY CLAUSE NUMBER
1	Name of the Product/Policy	Health Protector UIN: IFFHLIP24012V052324	
2	Policy Number		
3	Type of Insurance Product/Policy	Indemnity	
4	Sum Insured(Basis)	Rs. XXXXXX (Individual)	
5	Policy Coverage(What Policy Covers?) (Policy Clause Number/s)	<p>Expenses in respect of:</p> <p>a) Admission in hospital beyond 24 hours (At our discretion, the hospitalisation more than 12 hours but less than 24 hours, except day care surgeries is payable, provided this treatment expense has been authorized by Us and the line of treatment has been consented to by our panel of doctor(s) in consultation with the medical practitioner (doctor) treating the insured person(s). In such case(s) the room rent shall be limited to 50% of the entitled room rent per day. Further in such case(s) of less than 24 hours of hospitalization, no pre-hospitalization expenses will be allowed and post-hospitalization will be limited to a duration of 15 days from date of discharge.</p> <p>b) Pre-hospitalisation (treatment prior to admission in hospital) of 60 days</p> <p>c) Post-hospitalisation (treatment after discharge from hospital) within 90 days from date of discharge</p> <p>d) Ambulance charges in connection with any admissible claim subject to a limit of 1% of the sum insured or Rs. 2500 whichever is less for each hospitalization.</p> <p>e) Specified/Listed procedures requiring less than 24 hours of</p>	<p><b>C(I)18 &amp; D(I)</b></p> <p><b>D(I) ADDITIONAL BENEFITS 7</b></p> <p><b>D(I) ADDITIONAL BENEFITS 3</b></p> <p><b>D(I) ADDITIONAL BENEFITS 3</b></p> <p><b>D(I) ADDITIONAL BENEFITS 2</b></p> <p><b>D(I) ADDITIONAL BENEFITS 6</b></p>

		<p>hospitalisation (day care).List is available in Policy Wording (Annexure-“List of Day Care Procedures”)</p> <p>f) Daily cash benefit of 0.20% of S.I. per day during admission in hospital.</p> <p>g) Vaccination Expenses:10% of the total premium paid for last 2 years</p> <p>h) Emergency Assistance Services</p> <ul style="list-style-type: none"> <li>✓ Medical consultation, evaluation and referral</li> <li>✓ Emergency medical evacuation</li> <li>✓ Medical repatriation</li> <li>✓ Transportation to join patient</li> <li>✓ Care and/or transportation of minor children</li> <li>✓ Emergency message transmission</li> <li>✓ Return of mortal remains</li> <li>✓ Emergency cash coordination</li> </ul> <p>i) Wellness Services</p> <p>i. Value Added Services</p> <ul style="list-style-type: none"> <li>✓ Cashless Telemedicine Consultation</li> <li>✓ Discount on Services</li> </ul> <p>ii. Reward Programme</p> <p>j) Higher Sum Insured for Critical Illness Coverage(If Opted)</p> <p>k) Cost of Health Check Up</p>	<p><b>D(I) ADDITIONAL BENEFITS 1</b></p> <p><b>D(I) ADDITIONAL BENEFITS 9</b></p> <p><b>D(I) ADDITIONAL BENEFITS 10</b></p> <p><b>D(I) ADDITIONAL BENEFITS 11</b></p> <p><b>D(I) EXTENSION 1</b></p> <p><b>D(I) ADDITIONAL BENEFITS 8</b></p>
<p>6</p>	<p><b>Exclusions (what policy does not cover)</b></p>	<p><b>(I)Standard Exclusions -</b></p> <ul style="list-style-type: none"> <li>a) Cosmetic or plastic Surgery</li> <li>b) Investigation &amp; Evaluation</li> <li>c) Rest Cure, rehabilitation and respite care</li> </ul>	<p><b>E(I)</b></p>

		<p>d) Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.</p> <p>e) Maternity Expenses</p> <p>f) Sterility and Infertility</p> <p>g) 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 reasons.</p> <p>h) 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.</p> <p>i) Obesity/ Weight Control</p> <p>j) Change-of-Gender treatments</p> <p>k) Hazardous or Adventure sports</p> <p>l) Breach of law</p> <p>m) Excluded Providers</p> <p>n) Refractive Error</p> <p>o) Unproven Treatments</p> <p><b>(II) Specific Exclusions -</b></p> <p>a) All non-medical expenses including personal comfort and convenience items or services and similar incidental expenses or services including, maid, barber, cosmetics &amp; napkins.</p> <p>b) Ambulance charges, pre and post hospitalization expenses and daily allowance for the donor in case of major organ transplant.</p> <p>c) Any expense on procedure and treatment including acupressure, acupuncture and magnetic therapies.</p> <p>d) Any expense under Domiciliary Hospitalization for Treatment of following diseases:</p> <p>i. Asthma</p> <p>ii. Bronchitis</p>	<p><b>E(II)</b></p>
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		<ul style="list-style-type: none"> <li>iii. Chronic Nephritis and Nephritic Syndrome</li> <li>iv. Diarrhoea and all type of Dysenteries including Gastro-enteritis</li> <li>v. Diabetes Mellitus</li> <li>vi. Epilepsy</li> <li>vii. Hypertension</li> <li>viii. Influenza, Cough and Cold</li> <li>ix. Pyrexia of unknown origin for less than 15 days</li> <li>x. Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis</li> <li>xi. Arthritis, Gout and Rheumatism</li> <li>xii. Dental Treatment or Surgery.</li> <li>xiii. Critical Illness</li> <li>e) Any other type of Laser treatments / surgeries for EYE which can be performed on OPD basis.</li> <li>f) Circumcision, unless necessary for the treatment of a disease not otherwise excluded or required as a result of accidental bodily Injury, vaccination unless forming part of post-bite treatment and as covered in the Additional Benefit, inoculation.</li> <li>g) Cost of spectacles and contact lens or hearing aids.</li> <li>h) Cytotron Therapy, Rotational Field Quantum Magnetic Resonance (RFQMR), EECF (Enhanced External Counter Pulsation) Therapy, Chelation Therapy, Hyperbaric Oxygen Therapy.</li> <li>i) Dental treatment or surgery of any kind, unless requiring hospitalization.</li> <li>j) Expenses related to any treatment necessitated due to participation as a non-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.</li> </ul>	
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		<ul style="list-style-type: none"> <li>k) Expenses related to physiotherapy in a hospital/ nursing home unless arising out of hospitalization for which the claim is admitted and it is advised by treating Medical Practitioner.</li> <li>l) External/Durable medical/non-medical equipment of any kind which can be used at home subsequently except the medicines or the solutions required for the treatment.</li> <li>m) Intra-articular injections.</li> <li>n) Nuclear 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.</li> <li>o) Procedures/treatments mainly done in outpatient department (OPD) even if these are converted to day care surgery or as in patient in hospital to make it hospitalization claim.</li> <li>p) Travel or transportation expenses, other than ambulance service charges.</li> <li>q) Treatment of, external congenital Disease or defects or anomalies, venereal Disease or intentional self-Injury.</li> <li>r) 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.</li> <li>s) Pre-natal and post-natal expenses.</li> <li>t) Any consequential or indirect loss or expenses arising out of or related to the Hospitalization.</li> <li>u) Any treatment charges or fees charged by any Medical Practitioner acting outside the scope of license or registration granted to him by any medical Council.</li> </ul>	
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<p>7</p>	<p><b>Waiting period</b>                  ● Time period during which specified diseases/treatments are not covered                  ● It is counted from the beginning of the policy coverage</p>	<p>a) Initial waiting period: 30 days for all illnesses (not applicable on renewal or for accidents)                  b) Specific waiting periods (Not applicable for claims arising due to an accident) :                      i. 12 months for certain diseases                      ii. 24 months for certain diseases                      iii. 36 months for certain diseases                  c) Pre-existing diseases: Covered after 36 months                  d) Any disease aggravated by Diabetes and/or Hypertension for a waiting period of 90 days. However, if these diabetes and/or Hypertension is/are under pre-existing condition at the time of first proposal then these will be falling under Excl01 above and will be covered after 36 (thirty-six) months of continuous coverages with Us.</p>	<p><b>E(I)2</b>   <b>E(I)3</b>   <b>E(I)1</b>   <b>E(II)3</b></p>
<p>8</p>	<p><b>Financial Limits of Coverage</b>                   i. <b>Sub-limit</b>(It is a pre-defined limit and the insurance company will not pay any amount excess of this limit)</p>	<p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:                  a) Domiciliary Hospitalisation-20% of Sum Insured                  b) Modern Treatment Methods and Advancement in Technologies-50% of Sum Insured                  c) In case of a claim, the policy requires you share the following costs: Expenses exceeding the following <b>Sub-limits</b>:                   ✓ Room Rent beyond 1.75% of Sum Insured per day for Class A cities and 1.5% of Sum Insured per day for other cities(No sublimit if Room Rent waiver is opted or Basic Sum Insured is more than or equal to 5 Lakhs)                   ✓ ICU/Therapeutic Expenses beyond 3% of Sum Insured per day for Class A cities and 2.5% of Sum Insured per day for other cities(No sublimit if Room Rent waiver is opted or Basic Sum Insured is more than or equal to 5 Lakhs)</p>	<p><b>D(I)5</b>   <b>D(I)ADDITIONAL BENEFITS 4</b>    <b>D(I)1</b>    <b>D(I)1</b>    <b>D(I)Note.1(2)</b></p>

	<p>ii. <b>Co-payment</b>(It is the specified amount /percentage of the admissible claim amount to be paid by the policyholder/ insured)</p> <p>iii. <b>Deductible</b>(It is the specified amount:  <ul style="list-style-type: none"> <li>• Up to which an insurance company will not pay any claim,and</li> <li>• Which will be deducted from total claim amount (if claim amount is more than specified amount)</li> </ul> </p> <p>iv. <b>Any other limit</b>(as applicable)</p>	<p>✓ Room Rent of Donor will be 50% of Room Rent limit of insured person(patient) for whom the claim is lodged</p> <p>Co-pay of 10%,20% and 25% on each and every admissible claim, is applicable, if opted</p> <p>No deductible applicable</p> <p>The Cumulative Bonus shall be accrued at 25% of the basic sum insured for the first claim-free renewal and by 10% at each subsequent renewal in respect of each claim free year of insurance for each insured person, subject to a maximum of 100% of basic sum insured of the expiring policy</p>	<p><b>D(I)EXTENSION 3</b></p> <p><b>D(I)ADDITIONAL BENEFITS 5</b></p>
<p>9</p>	<p><b>Claims/Claims Procedure</b></p>	<ul style="list-style-type: none"> <li>• Intimation of claim: An event which might become a claim under the policy must be reported to us as soon as possible or within “a maximum of 24 hours of hospitalization, but in any case 12 hours prior to insured person(s)’s discharge from hospital/nursing home”.</li> <li>• A written statement of the claim will be required and a claim form will have to be completed. The claim must be filed along with all supporting documents within 30 days from the date of discharge from the hospital or completion of treatment whichever is</li> </ul>	<p><b>F(II)21</b></p>

		<p>later, except in extreme cases of hardship where it is proved to our satisfaction that under the circumstances in which you / insured person or your/his or her personal representative were placed, it was not possible for any one of you to give notice or file claim within the prescribed time limit. In such case(s), the claim should be duly filed with us within 90(ninety) days from the date of discharge from hospital.</p> <p><b>Turn Around Time(TAT) for claims settlement:</b></p> <ul style="list-style-type: none"> <li>i. TAT for preauthorization of cashless facility: 4 hours from the receipt of final document</li> <li>ii. TAT for cashless final bill authorization: 4 hours from the receipt of final document</li> </ul> <p><b>Weblink/Details for the following:</b></p> <ul style="list-style-type: none"> <li>i. <b>Network Hospital Details</b> <a href="https://www.iffcotokio.co.in/health-insurance/city">https://www.iffcotokio.co.in/health-insurance/city</a></li> <li>ii. <b>Helpline Number</b> 1800-103-5499</li> <li>iii. <b>Hospitals which are blacklisted or from where no claims will be accepted by Insurer</b> <a href="https://www.iffcotokio.co.in/content/dam/iffcotokio/iffco-pdf/sites/default/files/download_forms/ExcludedHospitals.pdf">https://www.iffcotokio.co.in/content/dam/iffcotokio/iffco-pdf/sites/default/files/download_forms/ExcludedHospitals.pdf</a></li> <li>iv. <b>Downloading/getting claim form</b> <a href="https://www.iffcotokio.co.in/content/dam/iffcotokio/iffco-pdf/sites/default/files/download_forms/Health%20Claim%20Form.pdf">https://www.iffcotokio.co.in/content/dam/iffcotokio/iffco-pdf/sites/default/files/download_forms/Health%20Claim%20Form.pdf</a></li> </ul>	
10.	<b>Policy Servicing</b>	Call Centre Number of the Insurer 1800-103-5499	

		Details of Company Official	
11.	<b>Grievances/Complaints</b>	<p>Details of:</p> <ul style="list-style-type: none"> <li>Grievance Redressal Officer Address-Chief Grievance Officer IFFCO-Tokio General Insurance Co Ltd IFFCO Tower, Plot no. 3 Sector -29, Gurgaon – 122001 Mail ID- <a href="mailto:chiefgrievanceofficer@iffcotokio.co.in">chiefgrievanceofficer@iffcotokio.co.in</a></li> <li>Insurance Company Grievance Portal <a href="https://www.iffcotokio.co.in/contact-us/customer-services/grievance-redressal">https://www.iffcotokio.co.in/contact-us/customer-services/grievance-redressal</a> MailID- <a href="mailto:support@iffcotokio.co.in">support@iffcotokio.co.in</a> Toll free Number-1800-103-5499</li> <li>Ombudsman <a href="https://www.cioins.co.in/Ombudsman">https://www.cioins.co.in/Ombudsman</a></li> </ul>	<b>F(I)16</b>
12	<b>Things to remember</b>	<ul style="list-style-type: none"> <li><b>Free Look period</b> 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. You/the insured shall be allowed a 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</li> <li><b>Renewal of Policy</b> The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by You/the insured person.</li> <li><b>Migration and Portability</b> When the policy is due for renewal ,you may migrate to another policy with us or port your policy to another insurer. <b>Process for Migration</b> You/the Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by Us by applying for migration of the</li> </ul>	<p><b>F(I)12</b></p> <p><b>F(I)15</b></p> <p><b>F(I)8 &amp; F(I)9</b></p>

		<p>policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration.</p> <p>If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by Us, the Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.</p> <p><b>Process for Portability</b>                  You/the Insured Person will have the option to port the Policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability.</p> <p>If such person is presently covered and has been continuously covered without any lapses under any health insurance plan with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.</p> <p>● <b>Change of Sum Insured</b>                  Sum insured can be changed (increased/ decreased) only at the time of renewal, subject to underwriting by the Company. For any increase in SI, the waiting period shall start afresh only for the enhanced portion of the sum insured.</p> <p>● <b>Moratorium Period</b>                  After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits.</p>	<p>F(II)20</p> <p>F(I)10</p>
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		After the expiry of Moratorium Period, no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract	
13	<b>Your Obligations</b>	<p><b>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</b></p> <p><b>Disclosure of other material information during the policy period.</b> Material Information includes:</p> <ul style="list-style-type: none"> <li>i. Any change in health condition may/may not needing an active line of treatment.</li> <li>ii. Any change in Demographic Details</li> </ul>	<b>F(I)6</b>

Declaration by Policy Holder:

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

Place:

Date:

Signature of the Policy Holder

To access your CIS, please login to your account in our website:

<https://www.iffcotokio.co.in/>

**LEGAL DISCLAIMER NOTE:** The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document the terms and conditions mentioned in the policy document shall prevail.