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**	**Arogya Sanjeevani Policy, IFFCO-Tokio General Insurance Company Limited UIN: IFFHLIP20161V011920**	
2	**Policy Number**		
3	**Type of Insurance Product/Policy**	**Indemnity**	
4	**Sum Insured(Basis)**	**Rs. Xxxxxxx (Individual or Floater)**	
5	**Policy Coverage(What Policy Covers?) (Policy Clause Number/s)**	Expenses in respect of: a) Admission in hospital beyond 24 hours b) Pre-hospitalisation (treatment prior to admission in hospital) of 30 days c) Post-hospitalisation (treatment after discharge from hospital) within 60 days from date of discharge d) Ambulance charges in connection with any admissible claim subject to a maximum of Rs.2000 per hospitalization. e) Specified/Listed procedures requiring less than 24 hours of hospitalisation (day care). f) AYUSH Coverage- Expenses incurred on hospitalization under AYUSH Treatment. g) Expenses incurred on dental treatment and Plastic Surgery: Necessitated due to disease or injury.	**3.21** **4.4** **4.5** **4.1.1(v)** **4.1.1(iv)** **4.2** **4.1.1(ii)**
6	**Exclusions (what policy does not cover)**	a) Investigation & Evaluation b) Rest Cure, rehabilitation and respite care c) Obesity/ Weight Control d) Change-of-Gender treatments e) Cosmetic or Plastic Surgery f) Hazardous or Adventure Sports	**7. EXCLUSIONS**

		g) Breach of Law h) Excluded Providers i) Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. j) 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. k) 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. l) Refractive Error m) Unproven Treatments n) Sterility and Infertility o) Maternity Expenses p) 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. q) 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. r) Any expenses incurred on Domiciliary Hospitalization and OPD treatment s) Treatment taken outside the geographical limits of India t) 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	
7	**Waiting period** • **Time period during which specified diseases/treatments are not covered** • **It is counted from the beginning of the policy coverage**	a) First Thirty days 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. 24 months for certain diseases ii. 48 months for certain diseases c) Pre-existing diseases: Covered after 48 months of continuous coverage.	**6.2** **6.3** **6.1**
8	**Financial Limits of Coverage** i. **Sub-limit(It is a pre-defined limit and the insurance company will not pay any amount excess of this limit)**	The policy will pay only up to the limits specified hereunder for the following diseases/procedures: a) The following procedures will be covered (wherever medically indicated) either as in patient or as part of day care treatment in a hospital upto 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. Bronchical Thermoplasty J. Vaporisation of the prostrate (Green laser treatment or holmium laser treatment)	**4.6**

		K. IONM - (Intra Operative Neuro Monitoring) L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.	
		b) In case of a claim, the policy requires you share the following costs: Expenses exceeding the following **Sub-limits:**	4.1(i)
		✓ Room Rent beyond 2% of Sum Insured subject to a maximum of Rs.5000 per day	4.1(ii)
		✓ ICU/ICCU Expenses beyond 5% of Sum Insured subject to a maximum of Rs.10000 per day.	
		✓ Cataract Treatment Expenses beyond 25% of S.I or Rs.40,000 whichever is lower.	
	ii. **Co-payment(It is the specified amount /percentage of the admissible claim amount to be paid by the policyholder/insured)**	Co-pay of 5% on each and every admissible claim, is applicable	**9.3**
	iii. **Deductible(It is the specified amount:** ● **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 specified amount)**	No deductible applicable	
	iv. **Any other limit(as applicable)**	The Cumulative Bonus will be increased by 5% in respect of each claim free policy year (where no claims are reported),	**5**

		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.	
9	**Claims/Claims Procedure**	**Procedure for Cashless claims:** (i) 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.	**9.1.1**
		Procedure for reimbursement of claim: For reimbursement of claims the insured person may submit the necessary documents to TPA(if applicable)/Company within the prescribed time limit as specified hereunder. 1. Reimbursement of hospitalization, day care and pre hospitalization expenses-Within 30 days of date of discharge from hospital	**9.1.2**

		2.Reimbursement of Post Hospitalization Expenses- Within fifteen days from completion of post hospitalization treatment. **Notification of Claim** Notice with full particulars shall be sent to the Company/TPA (if applicable) as under: i. 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. **Turn Around Time(TAT) for claims settlement:** i. TAT for preauthorization of cashless facility: 4 hours from the receipt of final document ii. TAT for cashless final bill authorization: 4 hours from the receipt of final document **Weblink/Details for the following:** i. **Network Hospital Details** **https://www.iffcotokio.co.in/health-insurance/city** ii. **Helpline Number** 1800-103-5499 iii. **Hospitals which are blacklisted or from where no claims will be accepted by Insurer** **https://www.iffcotokio.co.in/content/dam/iffcotokio/iffco-pdf/sites/default/files/download_forms/ExcludedHospitals.pdf** iv. **Downloading/getting claim form** **https://www.iffcotokio.co.in/cont**	**9.1**

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10.	**Policy Servicing**	Call Centre Number of the Insurer 1800-103-5499 Details of Company Official	
11.	**Grievances/Complaints**	Details of: ● Grievance Redressal Officer Address-Chief Grievance Officer IFFCO-Tokio General Insurance Co Ltd IFFCO Tower, Plot no. 3 Sector -29, Gurgaon – 122001 Mail ID- chiefgrievanceofficer@iffcotokio.co.in ● Insurance Company Grievance Portal https://www.iffcotokio.co.in/contact-us/customer-services/grievance-redressal MailID- support@iffcotokio.co.in Toll free Number-1800-103-5499 ● Ombudsman https://www.cioins.co.in/Ombudsman	**11**
12	**Things to remember**	● **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. 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 ● **Renewal of Policy** The policy shall ordinarily be renewable except on grounds of fraud,	**10.19** **10.16**

		misrepresentation by You/the insured person. ● **Migration and Portability** When the policy is due for renewal ,you may migrate to another policy with us or port your policy to another insurer. **Process for Migration** The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company as per extant Guidelines related to Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, as per Guidelines on migration, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as per below: i. The waiting periods specified in Section 6 shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy. ii. Migration benefit will be offered to the extent of sum of previous sum insured and accrued bonus/multiplier benefit (as part of the base sum insured), migration benefit shall not apply to any other additional increased Sum Insured. **Process for Portability** The Insured Person will have the option to port the Policy to other insurers as per extant Guidelines related to portability. 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 as per Guidelines on portability, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as under:	 **10.14 & 10.15**

		i. The waiting periods specified in Section 6 shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy. ii. Portability benefit will be offered to the extent of sum of previous sum insured and accrued bonus (as part of the base sum insured), portability benefit shall not apply to any other additional increased Sum Insured. ● **Change of Sum Insured** Sum insured can be changed (increased/ decreased) only at the time of renewal or at any time, 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. ● **Moratorium Period** 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. After the expiry of Moratorium Period, no claim under this policy 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.	**10.21** **8**
13	**Your Obligations**	**Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.** **Disclosure of other material information during the policy period.**	**10.1**

		Material Information includes: i. Any change in health condition may/may not needing an active line of treatment. ii. Any change in Demographic Details	

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.