

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	Swasthya Raksha Bima UIN: IFFHLIP21326V022021	
2	Policy Number		
3	Type of Insurance Product/Policy	Indemnity	
4	Sum Insured(Basis)	Rs. XXXXXXX (Floater)	
5	Policy Coverage(What Policy Covers?) (Policy Clause Number/s)	Expenses in respect of: <ul style="list-style-type: none"> i. Admission in hospital beyond 24 hours ii. Pre-hospitalisation (treatment prior to admission in hospital) of 30 days iii. Post-hospitalisation (treatment after discharge from hospital) within 30 days from date of discharge iv. Ambulance charges in connection with any admissible claim limited to Rs.750/- or actual whichever is less for each claim. v. Daily Allowance-Rs.150 per day vi. Specified/Listed procedures requiring less than 24 hours of hospitalisation (day care). vii. AYUSH Coverage- Expenses incurred on hospitalization under AYUSH Treatment. viii. Emergency Assistance Services 	DEFINITION OF WORDS-21, COVERAGE – WHAT IS COVERED” COVERAGE- “WHAT IS COVERED”(NOTE-1,3) COVERAGE- “WHAT IS COVERED” (NOTE-1,3) COVERAGE-“WHAT IS COVERED”-CLAUSE 6 COVERAGE-“WHAT IS COVERED”-CLAUSE 5 COVERAGE-ADDITIONAL BENEFITS-CLAUSE COVERAGE-“WHAT IS COVERED”-CLAUSE 8 COVERAGE-ADDITIONAL BENEFITS-CLAUSE 3
6	Exclusions (what policy does not cover)	<ul style="list-style-type: none"> i. 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. 	COVERAGE-“WHAT IS NOT COVERED”

		<ul style="list-style-type: none"> ii. 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, inoculation iii. Cosmetic or plastic Surgery iv. Cost of spectacles and contact lens or hearing aids. v. Dental treatment or surgery of any kind, unless requiring hospitalization vi. Rest Cure, rehabilitation and respite care vii. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. viii. Breach of Law ix. Treatment of, external congenital Disease or defects or anomalies, venereal Disease or intentional self-injury. x. Investigation & Evaluation xi. Maternity Expenses xii. Sterility and Infertility xiii. 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 xiv. Any expense on treatment of Insured Person as outpatient in a Hospital xv. Unproven Treatments 	
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		<p>xvi. Any expense on procedure and treatment including acupressure, acupuncture and magnetic therapies.</p> <p>xvii. Hazardous or Adventure Sports</p> <p>xviii. 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.</p> <p>xix. 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.</p> <p>xx. All non-medical expenses, including personal comfort and convenience items or services and similar incidental expenses or servicing including ayah/barber, cosmetics and napkins.</p> <p>xxi. Obesity/ Weight Control</p> <p>xxii. Change of Gender Treatments</p> <p>xxiii. Travel or Transportation expenses, other than Ambulance Service Charges</p> <p>xxiv. Pre-natal and post-natal expenses.</p> <p>xxv. Any consequential or indirect loss or expenses arising out of or related to the Hospitalization.</p> <p>xxvi. Any treatment charges or fees charged by any Medical Practitioner acting outside the scope of license</p>	
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		<p>or registration granted to him by any medical Council.</p> <p>xxvii. Any expense under Domiciliary Hospitalization for Treatment of following diseases:</p> <ol style="list-style-type: none"> a. Asthma b. Bronchitis c. Chronic Nephritis and Nephritic Syndrome d. Diarrhoea and all type of Dysenteries including Gastro-enteritis e. Diabetes Mellitus f. Epilepsy g. Hypertension h. Influenza, Cough and Cold i. Pyrexia of unknown origin for less than 15 days j. Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis k. Arthritis, Gout and Rheumatism l. Dental Treatment or Surgery. m. Critical Illness <p>xxviii. Excluded Providers</p> <p>xxix. Refractive Error</p> <p>xxx. Any other type of Laser treatment or surgeries for EYE which can be performed on OPD basis.</p> <p>xxxi. Cytotron Therapy, Rotational Field Quantum Magnetic Resonance (RFQMR), EECF (Enhanced External Counter Pulsation) Therapy, Chelation Therapy, Hyperbaric Oxygen Therapy.</p> <p>xxxii. Intra-articular injections.</p> <p>xxxiii. Treatments received in health hydros, nature cure clinics, spas or similar establishments or</p>	
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		<p>private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons</p> <p>xxxiv. 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>7</p>	<p>Waiting period</p> <ul style="list-style-type: none"> • Time period during which specified diseases/treatments are not covered • It is counted from the beginning of the policy coverage 	<p>a) First Thirty days waiting period: 30 days for all illnesses (not applicable on renewal or for accidents)</p> <p>b) Specific waiting periods (Not applicable for claims arising due to an accident) :</p> <ul style="list-style-type: none"> i. 24 months for certain diseases ii. 48 months for certain diseases <p>c) Pre-existing diseases: Covered after 48 months of continuous coverage.</p>	<p>COVERAGE-"WHAT IS NOT COVERED?"-CLAUSE 2</p> <p>COVERAGE-"WHAT IS NOT COVERED?"-CLAUSE 3</p> <p>COVERAGE-"WHAT IS NOT COVERED?"-CLAUSE 1</p>
<p>8</p>	<p>Financial Limits of Coverage</p> <ul style="list-style-type: none"> i. Sub-limit(It is a pre-defined limit and the insurance company will not pay any amount excess of this limit) 	<p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> A. Uterine Artery Embolization and HIFU (High intensity focused ultrasound) B. Balloon Sinuplasty 	<p>COVERAGE-ADDITIONAL BENEFITS- CLAUSE 1</p>

		<p>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 prostate (Green laser treatment or holmium laser treatment) K. IONM - (Intra Operative Neuro Monitoring) L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.</p> <p>b) In case of a claim, the policy requires you share the following costs: Expenses exceeding the following Sub-limits:</p> <ul style="list-style-type: none"> ✓ Room Rent beyond 1% of Sum Insured ✓ ICU/Therapeutic Unit Expenses beyond 2% of Sum Insured ✓ Domiciliary Hospitalization Expenses beyond 20% of SI ✓ Cataract Treatment Expenses beyond 5% of S.I subject to maximum of Rs.15,000/- ✓ Piles, Fistula, Fissure, Tonsillitis, Sinitis Treatment expenses beyond 8% of the SI subject to a maximum of Rs.25,000/- ✓ Benign Prostatic Hypertrophy, Hernia Treatment expenses beyond 8% of the SI subject to a maximum of Rs.30,000/- 	<p>COVERAGE-"WHAT IS COVERED"-CLAUSE 1(a)</p> <p>COVERAGE-"WHAT IS COVERED"-CLAUSE 1(b)</p> <p>COVERAGE-"WHAT IS COVERED"-CLAUSE 4</p> <p>COVERAGE-"WHAT IS COVERED"-CLAUSE 7(A)</p> <p>COVERAGE-"WHAT IS COVERED"-CLAUSE 7(B)</p> <p>COVERAGE-"WHAT IS COVERED"-CLAUSE 7(C)</p> <p>COVERAGE-"WHAT IS COVERED"-CLAUSE 7(D)</p> <p>COVERAGE-"WHAT IS COVERED"-CLAUSE 7(E)</p>
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	<p>ii. Co-payment(It is the specified amount /percentage of the admissible claim amount to be paid by the policyholder/insured)</p> <p>iii. Deductible(It is the specified amount: <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 specified amount) </p> <p>iv. Any other limit(as applicable)</p>	<p>✓ Knee/Hip Joint replacement ,Cancer,renal failure Treatment expenses beyond 30% of the SI subject to a maximum of Rs.1,00,000/-</p> <p>✓ Appendicitis,Gall Bladder stones and Hysterectomy Treatment expenses beyond 10% of SI subject to a maximum of Rs.25,000/</p> <p>c) The Hospitalization expenses incurred for any one illness under package charges of the Hospital/Nursing Home will be restricted to 80% of the package in hospitals outside the Preferred Provider Hospital.</p> <p>d) Limits for Post Hospitalization Medical Benefit: Relevant medical expenses up to 7% of Hospitalization expenses (excluding Room Rent) incurred during period upto 30 days from Hospitalization on Disease/Illness/Injury sustained subject to maximum of R.7500/-,which will be part of Hospitalization expenses claim.</p> <p>Co-pay of 35% is applicable if treatment is taken in Zone A cities.</p> <p>No deductible applicable</p>	<p>COVERAGE-Note-1-CLAUSE 1</p> <p>DEFINITION OF WORDS-46</p> <p>COVERAGE-“What is Covered”Note-1-CLAUSE 6</p>
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		Not Applicable	
9	Claims/Claims Procedure	<p>CLAIM PROCEDURE An event which might become a claim under the Policy must be reported to Us as soon as possible, but not later than 7 days from the date of Hospitalization. A written statement of the claim will be required and a Claim Form will be completed and the claim must be filed within 30 days from the date of discharge from the Hospital or completion of treatment, except in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which You / Insured Person or his/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.</p> <p>Turn Around Time(TAT) for claims settlement:</p> <ol style="list-style-type: none"> 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 <p>Weblink/Details for the following:</p> <ol style="list-style-type: none"> 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 	CLAIM PROCEDURE AND REQUIREMENTS

		iv. Downloading/getting claim form https://www.iffcotokio.co.in/content/dam/iffcotokio/iffco-pdf/sites/default/files/download_forms/Health%20Claim%20Form.pdf	
10.	Policy Servicing	Call Centre Number of the Insurer 1800-103-5499 Details of Company Official	
11.	Grievances/Complaints	Details of: <ul style="list-style-type: none"> ● 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.ciains.co.in/Ombudsman 	GENERAL CONDITIONS-31
12	Things to remember	<ul style="list-style-type: none"> ● 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, 	GENERAL CONDITIONS-14 GENERAL CONDITIONS-10

		<p>misrepresentation by You/the insured person.</p> <ul style="list-style-type: none"> 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 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 policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration. 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. Process for Portability 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. 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. 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 	<p>GENERAL CONDITIONS-8 & GENERAL CONDITIONS-9</p> <p>GENERAL CONDITIONS-12</p>
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		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.	
13	Your Obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p>Disclosure of other material information during the policy period. Material Information includes:</p> <ul style="list-style-type: none"> i. Any change in health condition may/may not needing an active line of treatment. ii. Any change in Demographic Details 	GENERAL CONDITIONS-1

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.