

CUSTOMER INFORMATION SHEET

| S No. | TITLE | DESCRIPTION (Please refer to applicable Policy Clause Number in next column) | REFER TO POLICY CLAUSE NUMBER |
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| 1 | Name of the Product/Policy | Health Protector Assure UIN: | |
| 2 | Policy Number | | |
| 3 | Type of Insurance Product/Policy | Indemnity | |
| 4 | Sum Insured(Basis) | Rs. XXXXXX (Individual or Floater) | |
| 5 | Policy Coverage(What Policy Covers?) (Policy Clause Number/s) | <p>Expenses in respect of the following :</p> <p>a) Admission in hospital beyond 24 hours</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) (i) Ambulance charges in connection with any admissible claim subject to a limit Rs. 3000 or actual, whichever is less . (ii) Air Ambulance Charges: As per actual or 1% of the Sum Insured per claim; whichever is less(Only for Enhanced Plan)</p> <p>e) Specified/Listed procedures requiring less than 24 hours of hospitalisation (day care).List is available in Policy Wording(Annexure-“List of Day Care Procedures”)</p> <p>f) Daily Cash Benefit For Essential Plan Daily cash benefit of 0.10% of S.I,upto a maximum of Rs.5000 per day,for the duration of Hospitalization</p> <p>For Enhanced Plan Daily cash benefit of 0.10% of S.I,upto a maximum of Rs.7500 per day for the duration of Hospitalization</p> | <p>D(I)18</p> <p>D(I)Notes(b)</p> <p>D(I)Notes(b)</p> <p>D(I)CLAUSE 5</p> <p>D(V)CLAUSE 2</p> <p>D(I) CLAUSE 6</p> |

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| | | <p>g) Emergency Assistance Services</p> <ul style="list-style-type: none"> ✓ Medical consultation, evaluation and referral ✓ Emergency medical evacuation ✓ Medical repatriation ✓ Transportation to join patient ✓ Care and/or transportation of minor children ✓ Emergency message transmission ✓ Return of mortal remains ✓ Emergency cash coordination | D(V)CLAUSE 3 |
| 6 | Exclusions (what policy does not cover) | <p>(I)Standard Exclusions -</p> <ul style="list-style-type: none"> a) Cosmetic or plastic Surgery b) Rest Cure, rehabilitation and respite care c) Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. d) Breach of law e) Investigation & Evaluation f) Maternity Expenses g) Sterility and Infertility h) Unproven Treatments i) Hazardous or Adventure sports j) Obesity/ Weight Control k) Change-of-Gender treatments l) Excluded Providers m) Refractive Error n) 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. | E(I) |

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| | | <p>o) 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>(II) Specific Exclusions –</p> <p>a. 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</p> <p>b. 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</p> <p>c. Cost of spectacles and contact lens or hearing aids.</p> <p>d. Dental treatment or surgery of any kind, unless requiring Hospitalization</p> <p>e. Treatment of, external congenital Disease or defects or anomalies, venereal Disease or intentional self-Injury</p> <p>f. 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.</p> <p>g. 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.</p> <p>h. Any expense on procedure and treatment including acupressure, acupuncture and magnetic.</p> | <p>E(II)</p> |
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| | | <ul style="list-style-type: none"> i. 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 j. 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. k. All non-medical expenses including personal comfort and convenience items or services and similar incidental expenses or servicing including ayah/ barber, cosmetics and napkins l. Pre-natal and post-natal expenses. m. Any consequential or indirect loss or expenses arising out of or related to the Hospitalization. n. 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. o. Any expense under Domiciliary Hospitalization for Treatment of following Diseases: <ul style="list-style-type: none"> (i) Asthma (ii) Bronchitis (iii) Chronic Nephritis and Nephritic Syndrome (iv) Diarrhea and all type of Dysenteries including Gastro-enteritis (v) Diabetes Mellitus (vi) Epilepsy (vii) Hypertension (viii) Influenza, Cough and Cold (ix) Pyrexia of unknown origin for less than 15 days (x) Tonsillitis and Upper Respiratory Tract infection | |
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| | | <p>including Laryngitis and Pharyngitis (xi) Arthritis, Gout and Rheumatism (xii) Dental Treatment or Surgery (xiii) Critical illness</p> <p>p. Any other type of Laser treatments / surgeries for EYE which can be performed on OPD basis</p> <p>q. Cytotron Therapy, Rotational Field Quantum Magnetic Resonance (RFQMR), EECF (Enhanced External Counter Pulsation) Therapy, Chelation Therapy, Hyperberic Oxygen Therapy</p> <p>r. Intra-articular injections</p> <p>s. 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.</p> <p>t. Ambulance charges, pre and post hospitalization expenses and daily allowance for the donor in case of major organ transplant.</p> | |
| <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>a) Initial 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> <p>i. 12 months for certain diseases</p> <p>ii. 24 months for certain diseases</p> <p>c) Pre-existing diseases: Covered after 48 months</p> <p>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</p> | <p>E(I)2</p> <p>E(I)3</p> <p>E(I)1</p> <p>E(II)2</p> |

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| | | pre-existing condition at the time of first proposal then these will be falling under Excl-Pre-existing Disease and will be covered after 48 months of continuous coverages with Us. | |
| 8 | <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 excess of this limit)</p> <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>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <p>a) Domiciliary Hospitalisation Expenses: For Essential Plan-20% of the Sum Insured For Enhanced Plan-50% of the Sum Insured</p> <p>b) Modern Treatment Methods and Advancement in Technologies-50% of Sum Insured</p> <p>Xxxxx</p> <p>Xxxxx</p> <p>Not Applicable</p> | <p>D(I) CLAUSE 7</p> <p>D(V)1</p> <p>D(IV)</p> |
| 9 | Claims/Claims Procedure | a) Notification of Claim: 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 | F(II)3 |

the date of Hospitalization. Such notification of claim is mandatory, even for claims falling within the deductible.

A written statement of the claim will be required and the claim must be filed as under 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.

i. Hospitalization and Pre Hospitalization claim should be filed within 30 days from the date of discharge from the Hospital

ii. Post Hospitalization claim should be filed within 90 days from the date of discharge from the hospital.

Hospitalization and Post Hospitalization claims may be submitted together within 90(ninety) days from the date of discharge at the option of the insured.

b. If IFFCO-TOKIO seeks any further clarification or documents in support of the claim, the same should provided along with all supporting documents within 15 days from the date of such requirement from IFFCO-TOKIO.

c. In case of covered Hospitalization, the costs of which were not initially estimated to exceed the Deductible but were subsequently found likely to exceed the Deductible, the intimation should be submitted along with details of intimation made to the other insurer/reimbursement provider immediately on knowing that the Deductible is likely to be exceeded

d. For cashless Hospitalization, the insured must contact the Third Party Administrator/Company at least 48 hours before a planned Hospitalization. In an emergency situation the Third Party Administrator/Company should be contacted within 24 hours of

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| | | <p>Hospitalization.</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 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 | <p>Call Centre Number of the Insurer 1800-103-5499</p> <p>Details of Company Official</p> | |
| 11. | Grievances/Complaints | <p>Details of:</p> <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 | F(I)13 |

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| | | <p>Mail ID- chiefgrievanceofficer@iffcotokio.co.in</p> <ul style="list-style-type: none"> Insurance Company Grievance Portal https://www.iffcotokio.co.in/contact-us/customer-services/grievance-redressal Mail ID- support@iffcotokio.co.in Toll free Number-1800-103-5499 Ombudsman https://www.cioins.co.in/Ombudsman | |
| 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, 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 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. | <p>F(I)11</p> <p>F(II)5</p> <p>F(I)7&F(I)8</p> |

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| | | <p>For Detailed Guidelines on migration, kindly refer the link</p> <p>https://irdai.gov.in/document-detail?documentId=393128</p> <p>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. For Detailed Guidelines on portability, kindly refer the link https://irdai.gov.in/document-detail?documentId=393128</p> <ul style="list-style-type: none"> ● Change of Sum Insured 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. ● 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 | <p>F(II)5(vii)</p> <p>F(I)9</p> |
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| | | continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. 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 | 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 | F(I)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.