

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	IFFCO-TOKIO GROUP HOSPITAL DAILY CASH POLICY UIN: IFFHLGP21045V012021	
2	Policy Number		
3	Type of Insurance Product/Policy	Benefit	
4	Sum Insured(Basis)	Rs. XXXXXXX (Floater)	
5	Policy Coverage(What Policy Covers?) (Policy Clause Number/s)	<p>We will pay the amount as specified in the schedule as Hospital Daily Cash, for each continuous and completed period of 24 hours, upto the benefit period per year, that the Insured Person is Hospitalised during the policy period due to an illness or accidental bodily injury.</p> <p>In case of each continuous and completed period of 24 hours of hospitalization within the Intensive Care Unit (ICU), We will pay twice the benefit amount as specified in the schedule as Hospital Daily Cash. Admission in hospital beyond 24 hours</p> <p>Other Benefits –</p> <p>a) Day Care Surgeries – We will pay the One day Daily Cash benefit as mentioned in the schedule, for the Day care surgeries as listed in Annexure A – “List of Day Care Procedures” of the policy document.</p> <p>b) Modern Treatment Methods and Advancement in Technologies</p> <p>We will pay the Daily cash benefit for each day of hospitalization or One day Daily Cash benefit (depending upon the nature of procedure), upto the benefit period specified in the policy schedule, during the policy period for the following procedures (wherever medically indicated):</p> <ul style="list-style-type: none"> ✓ Uterine Artery Embolization and HIFU (High intensity focused ultrasound) ✓ Balloon Sinuplasty ✓ Deep Brain stimulation ✓ Oral chemotherapy ✓ Immunotherapy-Monoclonal Antibody to be given as injection ✓ Intra vitreal injections ✓ Robotic surgeries ✓ Stereotactic radio surgeries ✓ Bronchial Thermoplasty ✓ Vaporisation of the prostate (Green laser treatment or holmium laser treatment) ✓ IONM - (Intra Operative Neuro Monitoring) ✓ Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered. <p style="text-align: right;">Note: The benefit period as specified in the policy</p>	COVERAGE-“WHAT IS COVERED?”

6	<p>Exclusions (what policy does not cover)</p>	<p>schedule is cumulative of all hospitalizations, whether single or multiple, occurring in each policy year.</p> <p>We will not pay for any claim caused by, based on, arising out of or attributable to any of the following:</p> <ul style="list-style-type: none"> i. Refractive Error ii. Any claim of hospitalization for Dental treatment or other dental examination and/or tests not incidental to the treatment or diagnosis of an injury, sickness or disease. iii. Sterility and Infertility iv. Maternity v. Sleep disorder, Parkinson and Alzheimer’s disease, general debility or exhaustion (“rundown condition”); or growth hormone therapy. vi. Venereal disease, sexually transmitted disease or illness except for HIV/AIDS. vii. Change of Gender viii. Circumcisions unless required as a part of treatment of an illness or injury. ix. Cosmetic or Plastic Surgery x. Rest Cure, Rehabilitation and respite care xi. Obesity/ Weight Control xii. Intentional self-injury, suicide or attempted suicide. xiii. 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. xiv. 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. xv. Breach of Law xvi. Treatment of alcoholism, drug or substance abuse or any addictive condition and consequences thereof. 	<p>COVERAGE-“WHAT IS NOT COVERED”-</p>
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<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> <p style="padding-left: 40px;">12 months for certain diseases</p> <p>c) Pre-existing diseases: Covered after 36 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>

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>Not Applicable</p> <p>Not Applicable</p> <p>Not Applicable</p> <p>Not applicable</p>	
9	<p>Claims/Claims Procedure</p>	<p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization. https://www.iffcotokio.co.in/claims/claim-procedure Turn Around Time(TAT) for claims settlement: i. TAT for preauthorization of cashless facility: 1 hour from the receipt of final document. ii. TAT for cashless final bill authorization: 3 hours from the receipt of final document</p> <p>Weblink/Details for the following:</p> <p>i. Network Hospital Details https://www.iffcotokio.co.in/health-insurance/city</p> <p>ii. Helpline Number</p>	<p>CLAIM PROCEDURE</p>

		<p>1800-103-5499</p> <p>i. Hospitals which are excluded 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</p> <p>ii. Downloading/getting claim form https://www.iffcotokio.co.in/content/dam/iffcotokio/iffco-pdf/sites/default/files/download_forms/Health%20Claim%20Form.pdf</p>	
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 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 	GENERAL CONDITIONS-32
12	Things to remember	<ul style="list-style-type: none"> Free Look period <p>1. The Free Look Period shall be applicable at the inception of the Policy and not on renewals or at the time of porting/ migrating the policy. You/the insured shall be allowed a 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. If the insured has not made any claim during the Free Look Period, the</p>	GENERAL CONDITIONS-20

		<p>insured shall be entitled to</p> <ol style="list-style-type: none"> i. A refund of the premium paid less any expenses incurred by Us on medical examination of the insured person and the stamp duty charges; or ii. 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 iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period. <ul style="list-style-type: none"> • Renewal of Policy The Policy may be renewed by mutual consent every year and in such event, the renewal premium shall be paid to US on or before the date of expiry of the Policy or of the subsequent renewal thereof. However, WE shall not be bound to give notice that such renewal premium is due. • Migration When the policy is due for renewal ,you may migrate to another policy with us. <p style="text-align: center;">Process for Migration</p> <p>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.. If You/insured Persons is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by Us , You will get all the accrued continuity benefits as per below:</p> <ol style="list-style-type: none"> i.The waiting periods specified in Section-what si not covered, Point No-1,2 and 3 (of the policy wording) 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 insured and accrued bonus(as part of the sum insured), migration benefit shall not apply to any other additional increased Sum Insured. 	<p>GENERAL CONDITIONS-17</p> <p>GENERAL CONDITIONS-16</p>
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		<ul style="list-style-type: none"> Change of Cash Benefit Amount/Benefit Period Midterm revision of Daily Cash benefit amount/ benefit period shall not be available in the policy except in case of promotion of an employee where the group has differential Daily cash limits for different grades/designations. 	GENERAL CONDITIONS-22
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-4

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/>

Please go through this Customer Information Sheet. In case of any query or doubt, you may contact our call center at 1800-103-5499.
In case we do not receive any communication from you within the 7 days from the date of the issuance of the policy copy, we presume that you have read the terms and conditions and are in understanding of the coverage.

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.