

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 Critical Illness Benefit Policy UIN: IFFHLIP19036V011920	
2	Policy Number		
3	Type of Insurance Product/Policy	Benefit	
4	Sum Insured(Basis)	Rs. xxxxxx (Individual)	
5	Policy Coverage(What Policy Covers?) (Policy Clause Number/s)	<p>We will pay the Sum Insured as mentioned in the schedule, in the event of You/Insured person being first diagnosed with the following critical illnesses, medical events or undergoing surgical procedures as specifically defined below,during the policy period</p> <p>A. The below mentioned Illnesses:</p> <ol style="list-style-type: none"> i. Cancer of specified severity ii. Kidney failure requiring regular dialysis iii. Multiple Sclerosis with persisting symptoms iv. Benign Brain Tumor v. Motor Neuron Disease with Permanent Symptoms vi. End Stage Lung Failure vii. End Stage Liver Failure viii. Primary (Idiopathic) Pulmonary Hypertension ix. Parkinson's Disease Before The Age Of 50 Years x. Alzheimer's Disease Before The Age Of 50 Years <p>B. The following surgical procedures:</p> <ol style="list-style-type: none"> i. Major Organ (Heart/ Lung/ Liver/ Kidney /Pancreas) or Human Bone Marrow Transplant; ii. Open heart replacement or repair of heart valves iii. Open chest CABG iv. Surgery Of Aorta <p>C. The following medical events:</p>	<p>COVERAGE-"WHAT IS COVERED"CLAUSE 2 -A</p> <p>COVERAGE-"WHAT IS COVERED"CLAUSE 2 -B</p> <p>COVERAGE-"WHAT IS</p>

		<ul style="list-style-type: none"> i. Stroke resulting in permanent symptoms ii. Permanent Paralysis of Limbs iii. Myocardial Infarction (First Heart Attack of specified severity) iv. Third Degree Burns v. Loss of Speech vi. Blindness vii. Loss of Limbs viii. Deafness ix. Coma of Specified Severity x. Major Head Trauma xi. Muscular Dystrophy 	<p>COVERED"CLAUSE 2 -C</p>
<p>6</p>	<p>Exclusions (what policy does not cover)</p>	<p>We will not pay for:</p> <ul style="list-style-type: none"> i. Any claim if treatment is taken from a family member or a treatment taken is not scientifically recognized or self medication. ii. Any claim if You/ Insured person does not submit a medical certificate from a Specialist Medical Practitioner evidencing diagnosis of illness or injury or occurrence of medical event or the undergoing of the medical surgical procedure. iii. Any claim if the diagnosis, treatment or procedure is carried out in any of the hospital(s) specified in the list attached as Annexure "List of Excluded Hospitals" to this Policy, except in case of unforeseen emergency measures to save the insured person's life or measures solely designed to relieve the acute pain. The list of such excluded hospital(s) is dynamic and hence may change from time to time. Hence we suggest you to please check our website or contact our call centre/nearest office for updated list 	<p>COVERAGE-"WHAT IS NOT COVERED"</p>

		<p>of such excluded hospitals before admission.</p> <p>iv. Any external congenital anomaly or birth defects.</p> <p>v. Any critical illness which arises or is caused by any one of the following: a) The ingestion of drugs other than those prescribed by Registered Medical practitioner. b) Elective, Cosmetic or plastic surgery c) Pregnancy, childbirth and their consequences), any infertility or sub fertility or assisted conception treatment d) Birth control procedures and /or Hormone replacement therapy</p>	
7	<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: the critical illness, medical event and surgical procedure first commenced 30 days from the commencement of the policy period (or first policy period in case of renewal without break)</p> <p>b) You/Insured person survives for a minimum of 28 days from the date of diagnosis</p> <p>c) Pre-existing or related conditions shall be covered after a waiting period of 48 (Forty eight) months</p>	<p>COVERAGE-“WHAT IS COVERED?”-CLAUSE 1</p> <p>COVERAGE-“WHAT IS COVERED?”-CLAUSE 2</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</p>	<p>Not applicable</p> <p>Not Applicable</p>	

	<p>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>No deductible applicable</p> <p>No</p>	
<p>9</p>	<p>Claims/Claims Procedure</p>	<p>CLAIM PROCEDURE</p> <p>In the event of a claim arising out of an Insured Event covered under this policy, the same shall be intimated to Us within 30 (Thirty) days from date of first diagnosis of the Illness and date of surgical procedure or date of occurrence of the medical event as the case may be, except under circumstances beyond your control in our opinion. The Insured shall arrange for submission of the necessary documents to Us within 45 days of first diagnosis of the Illness and date of surgical procedure or date of occurrence of the medical event as the case may be. Submission of these documents to Our satisfaction is condition precedent to admission of any liability under the policy.</p> <p>Weblink/Details for the following:</p> <ul style="list-style-type: none"> i. Helpline Number 1800-103-5499 ii. Hospitals which are blacklisted or from where no claims will be accepted by Insurer 	<p>CLAIM SETTLEMENT PROCESS</p>

		<p>https://www.iffcotokio.co.in/content/dam/iffcotokio/iffco-pdf/sites/default/files/download_for_ms/ExcludedHospitals.pdf</p> <p>iii. Downloading/getting claim form https://www.iffcotokio.co.in/content/dam/iffcotokio/iffco-pdf/sites/default/files/download_for_ms/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-29
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 	GENERAL CONDITIONS-14

		<p>receipt of the Policy document to review the terms and conditions of the Policy, and to return the same if not acceptable</p> <p>● Renewal of Policy The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by You/the insured person.</p> <p>● Portability When the policy is due for renewal ,you may port your policy to another insurer.</p> <p>Process for Portability The Portability of health insurance policies shall be governed by the Health Insurance Regulation, 2016 dated 12th July, 2016.</p> <p>The salient features mentioning the rights and obligations of the insurer and insured are as follows:</p> <ol style="list-style-type: none"> a) A policyholder desirous of porting his policy to another insurance company shall apply to such insurance company, to port the entire policy along with all the members of the family, if any, at least 45 days before the premium renewal date of his/her existing policy. b) Insurer may not be liable to offer portability if policyholder fails to approach the new insurer at least 45 days before the premium renewal date. c) Portability shall be opted by the policyholder only as stated in (a) above and not during the currency of the policy. d) In case insurer is willing to consider the proposal for portability even if the policyholder fails to approach insurer at least 45 days before 	<p>GENERAL CONDITIONS-6</p> <p>GENERAL CONDITIONS-14</p>
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		<p>the renewal date, it may be free to do so.</p> <p>e) Where the outcome of acceptance of portability is still waiting from the new insurer on the date of renewal:</p> <ul style="list-style-type: none"> ● The existing policy shall be allowed to extend, if requested by the policyholder, for the short period by accepting a pro- rate premium for such short period, which shall be of at least one month and ● Shall not cancel existing policy until such time a confirmed policy from new insurer is received or at the specific written request of the insured. ● The new insurer, in all such cases, shall reckon the date of the commencement of risk to match with date of expiry of the short period, wherever relevant. ● If for any reason the insured intends to continue the policy further with the existing insurer, it shall be allowed to continue by charging a regular premium and without imposing any new condition. 	
13	<p>Your Obligations</p>	<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 	<p>GENERAL CONDITIONS-4</p>

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.