# CUSTOMER INFORMATION SHEET

| | TITLE | DESCRIPTION<br>(Please refer to applicable Policy Clause Number in next column) | REFER TO POLICY CLAUSE NUMBER |
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| | **Name of the Product/Policy** | **GROUP MEDISHIELD INSURANCE POLICY (GHI)**<br>**UIN: IFFHLGP21327V022021** | |
| | **Policy Number** | **XXX** | |
| | **Type of Insurance Product/Policy** | **Indemnity** | |
| | **Sum Insured(Basis)** | **XXX** | **Sum Insured Opted** |
| | **Policy Coverage (What Policy Covers?)**<br>**(Policy Clause Number/s)** | | **1. Policy Conditions/Extensions**<br>**2. General Conditions and additional General Conditions** |
| | **Exclusions (what policy does not cover)** | WE will not pay for<br>1. Pre-Existing Diseases(Code- Excl01)<br>a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with us.<br>b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.<br>c. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior<br>coverage. | **What is not covered.** |

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| | | d. Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.<br>2. First Thirty Days Waiting Period(Code- Excl03)<br>a. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.<br>b. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.<br>c. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.<br>3. The exclusion no. 2, mentioned in 'What is not covered' shall not however apply if in the opinion of Panel of Medical Practitioners constituted by Us, the Insured Person could not have known of the existence of the Disease or any symptoms or complaints thereof at the time of making the proposal for Insurance to Us.<br>4. Specific Waiting Period: (Code- Excl02)<br>a. Expenses related to the treatment of the following listed conditions, surgeries/treatments shall be excluded until the expiry of 12 months of continuous coverage, as may be the case after the date of inception of the first policy with Us. This exclusion shall not be applicable for claims arising due to an accident.<br>b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.<br>c. If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.<br>d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.<br>e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.<br>f. List of specific diseases/procedures<br>i. 12 Months waiting period<br>a. Cataract, Benign Prostatic Hyperthropy, Hysterectomy for Meaorrahagia or Fibromyoma<br>b. Hernia, Hydrocele, Congenital Internal Disease.<br>c. Fistula in anus, Piles, Sinusitis and related disorders.<br>5. If the above-mentioned diseases (The exclusion no. 4,mentioned in 'What is not covered') are pre-existing at the time of proposal, they will not be covered even during subsequent period of renewal too.<br>6. War (whether declared or not) and war like | |

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| | | 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.<br>7. Circumcision except for disease not excluded here or Injury,Vaccination or Inoculation or change of life.<br>8. Cosmetic or plastic Surgery: Code- Excl08<br>Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.<br>9. Cost of Spectacles and contact lens, hearing aids.<br>10. Dental treatment or Surgery of any Kind unless requiring hospitalisation.<br>11. Rest Cure, rehabilitation and respite care- Code- Excl05<br>Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:<br>a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.<br>b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.<br>12. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12.<br>13. Treatment of external congenital Disease or defects or anomalies, venereal Disease or intentional self-Injury<br>14. Investigation & Evaluation(Code- Excl04)<br>a. Expenses related to any admission primarily for diagnostics and evaluation purposes.<br>b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment.<br>15. Maternity Expenses (Code - Excl 18):<br>a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;<br>b. expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.<br>*(This exclusion will stand deleted where policy is extended to cover Maternity Benefits)*<br>16. Sterility and Infertility: (Code- Excl17) Expenses related to sterility and infertility. This includes:<br><br>a. Any type of contraception, sterilization<br>b. Assisted Reproduction services including artificial | |

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| | | insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI<br>c. Gestational Surrogacy<br>d. Reversal of sterilization<br>17. 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. For the purpose of this exclusion:<br>a. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.<br>18. Any Expenses on treatment of Insured person as outpatient in the Hospital.<br>19. 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.<br>Code- Excl13<br>20. 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. Code- Excl14<br>21. Any Expenses under Domiciliary Hospitalisation for Treatment<br>of following diseases:<br>a. Asthma<br>b. Bronchitis<br>c. Chronic Nephritis and Nephritic Syndrome<br>d. Diarrhoea and all type of Dysenteries including Gastroenteritis<br>e. Diabetes Mellitus and Insipidus<br>f. Epilepsy<br>g. Hypertension<br>h. Influenza, Cough and Cold<br>i. Pyrexia of unknown Origin for less than 20 days<br>j. Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharingitis<br>k. Arthritis, Gout and Rheumatism<br>l. Dental Treatment or Surgery<br>22. Obesity/ Weight Control: Code- Excl06<br>Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:<br>1. Surgery to be conducted is upon the advice of the Doctor<br>2. The surgery/Procedure conducted should be supported by clinical protocols | |

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| | | 3. The member has to be 18 years of age or older and<br>4. Body Mass Index (BMI);<br>a. greater than or equal to 40 or<br>b. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:<br>i. Obesity-related cardiomyopathy<br>ii. Coronary heart disease<br>iii. Severe Sleep Apnea<br>iv. Uncontrolled Type2 Diabetes<br>23. Change-of-Gender treatments: Code- Excl07<br>Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.<br>24. Hazardous or Adventure sports: Code- Excl09<br>Expenses related to any treatment necessitated due to participation as a 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.<br>25. Breach of law: Code- Excl10<br>Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.<br>26. Excluded Providers: Code- Excl11<br>Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by Us and disclosed in Our website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.<br>(Note: The list of such excluded provider(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 of such excluded hospitals before admission.)<br>27. Refractive Error: Code- Excl15:<br>Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.<br>28. Unproven Treatments: Code- Excl16<br>Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness. | |
| **Waiting period**<br>• **Time period during which** | Pre-Existing Diseases(Code- Excl01) | **What Is Not Covered** | |

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| **specified diseases/treatments are not covered**<br>• **It is counted from the beginning of the policy coverage** | a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with us.<br>b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.<br>c. If the Insured Person is continuously covered without anybreak as defined under the portability norms of the extant<br>IRDAI (Health Insurance) Regulations, then waiting period<br>for the same would be reduced to the extent of prior coverage.<br>d. Coverage under the policy after the expiry of 48 months<br>for any pre-existing disease is subject to the same being<br>declared at the time of application and accepted by us.<br>2. First Thirty Days Waiting Period(Code- Excl03)<br>a. Expenses related to the treatment of any illness within 30<br>days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.<br>b. This exclusion shall not, however, apply if the Insured<br>Person has Continuous Coverage for more than twelve months.<br>c. The within referred waiting period is made applicable to<br>the enhanced sum insured in the event of granting higher<br>sum insured subsequently.<br>3. The exclusion no. 2, mentioned in 'What is not covered' shall<br>not however apply if in the opinion of Panel of Medical Practitioners constituted by Us, the Insured Person could not<br>have known of the existence of the Disease or any symptoms<br>or complaints thereof at the time of making the proposal for<br>Insurance to Us.<br>4. Specific Waiting Period: (Code- Excl02)<br>a. Expenses related to the treatment of the following listed<br>conditions, surgeries/treatments shall be excluded until the expiry of 12 months of continuous coverage, as may<br>be the case after the date of inception of the first policy with Us. This exclusion shall not be applicable for claims | |

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| | | arising due to an accident.<br>b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.<br><br>c. If any of the specified disease/procedure falls under the<br>waiting period specified for pre-existing diseases, then the<br>longer of the two waiting periods shall apply.<br>d. The waiting period for listed conditions shall apply even if<br>contracted after the policy or declared and accepted without a specific exclusion.<br>e. If the Insured Person is continuously covered without any<br>break as defined under the applicable norms on portability<br>stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.<br>f. List of specific diseases/procedures<br>i. 12 Months waiting period<br>a. Cataract, Benign Prostatic Hyperthropy, Hysterectomy for Meaorrahagia or Fibromyoma<br>b. Hernia, Hydrocele, Congenital Internal Disease.<br>c. Fistula in anus, Piles, Sinusitis and related disorders. | |
| | **Financial Limits of Coverage**<br><br>**i. Sub-limit(It is a pre-defined limit and the insurance company will not pay any amount excess of this limit)**<br><br>**ii. Co-payment(It is the specified amount /percentage of the admissible claim amount to be paid by the policyholder/ insured)**<br><br>**iii. Deductible(It is the specified amount:**<br>• **Up to which an insurance company will not pay any claim,and**<br>• **Which will be deducted from total claim** | Copay clause under Coverage Details.<br><br>Refer policy Schedule. | **Coverage Details** |

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| | **amount (if claim amount is more than specified amount)**<br><br>**iv. Any other limit(as applicable)** | | |
| | **Claims/Claims Procedure** | Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.<br>https://www.iffcotokio.co.in/claims/claim-procedure<br><br>**Turn Around Time(TAT) for claims settlement:**<br>i. TAT for preauthorization of cashless facility: 1 hours from the receipt of request<br><br>ii. TAT for cashless final bill authorization: 3 hours from the receipt of discharge authorization request from the hospital<br><br>**Weblink/Details for the following:**<br><br>**i. Network Hospital Details**<br>https://www.iffcotokio.co.in/contact-us?tab=hospital<br><br>**ii. Helpline Number**<br>1800-103-5499<br><br>**iii. Hospitals which are excluded or from where no claims will be accepted by Insurer**<br>https://www.iffcotokio.co.in/contact-us?tab=hospital<br><br>**iv. Downloading/getting claim form**<br>https://www.iffcotokio.co.in/content/dam/iffcotokio/iffco-pdf/sites/default/files/download_forms/Health%20Claim%20Form.pdf | **Claim Procedure And Requirements** |
| | **Policy Servicing** | Call Centre Number of the Insurer<br>1800-103-5499<br><br>Details of Company Official | |
| | **Grievances/Complaints** | Details of:<br>• Grievance Redressal Officer<br>Address-Chief Grievance Officer<br>IFFCO-Tokio General Insurance Co Ltd<br>IFFCO Tower, Plot no. 3 Sector -29, | **General Conditions** |

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| | | Gurgaon – 122001<br>Mail ID- chiefgrievanceofficer@iffcotokio.co.in<br><br>• Insurance Company Grievance Portal<br>https://www.iffcotokio.co.in/contact-us/customer-services/grievance-redressal<br>MailID- support@iffcotokio.co.in<br>Toll free Number-1800-103-5499<br><br>• Ombudsman<br>https://www.cioins.co.in/Ombudsman | |
| | **Things to remember** | • **Addition of Newly Acquired Dependant**<br>Mid-tem inclusion of Existing Employee's newly acquired dependent (Newly Married Spouse/ New born baby/ newly adopted child), to be declared within 15 days of succeeding month subject to maintenance of sufficient CD Balance.<br>• **Deletions:** Deletion of employee / Member from Group in PEGA ( In case of deletion of member from the Group the cover will be suspended from the date of separation from the group. Refund of premium on account of deletion will be allowed from the date of separation provided the declaration of the same is submitted to us latest within 15 days of succeeding month / 30 days of separation from the group; failing which refund will be calculated from the date of submission of declaration to ITGI.)<br><br>• **Migration and Portability**<br>There will be an 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. | **General Conditions** |
| | **Your Obligations** | i. CIS is to be made available to each and every member of the policy as this is a regulatory requirement. | |

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.

As per the latest Master Circular on Health Insurance Business, 2024, IRDAI has mandated that Customer Information Sheet i.e. CIS( a statement which provides important information and basic features of the policy ) shall be shared with each member of the Group Policy . Therefore, we request you to kindly share the CIS attached with all the members enrolled under the policy.

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.