IFFCO-TOKIO GENERAL INSURANCE CO. LTD

Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

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**	**Family Health Protector (FHP)** **UIN: IFFHLIP26042V062526**	
2	**Policy Number**		
3	**Type of Insurance Product/Policy**	**Indemnity**	
4	**Sum Insured(Basis)**	**Rs. Xxxxxx (Floater)**	
5	**Policy Coverage (What Policy Covers?) (Policy Clause Number/s)**	Expenses in respect of: a) Admission in hospital beyond 24 hours (At our discretion, the hospitalisation more than 12 hours but less than 24 hours, except day care surgeries is payable, provided this treatment expense has been authorized by Us and the line of treatment has been consented to by our panel of doctor(s) in consultation with the medical practitioner (doctor) treating the insured person(s). In such case(s) the room rent shall be limited to 50% of the entitled room rent per day. Further in such case(s) of less than 24 hours of hospitalization, no pre-hospitalization expenses will be allowed and post-hospitalization will be limited to a duration of 15 days from date of discharge. b) Pre-hospitalisation (treatment prior to admission in hospital) of 60 days c) Post-hospitalisation (treatment after discharge from hospital) within 90	**C(I)18 & D(I)** **ADDITIONAL BENEFITS 7** **D(I)ADDITIONAL BENEFITS 3** **D(I)ADDITIONAL BENEFITS 3**

		days from date of discharge	
		d) Ambulance charges in connection with any admissible claim subject to a limit of 1% of the sum insured or Rs. 2500 whichever is less for each hospitalization.	**D(I)ADDITIONAL BENEFITS 2**
		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")	**D(I)ADDITIONAL BENEFITS 6**
		f) Daily cash benefit of 0.15% of S.I. up to a maximum of Rs.1000 per day during admission in hospital.	**D(I)ADDITIONAL BENEFITS 1**
		g) Vaccination Expenses:7.5% of the total premium paid for last 2 policies in respect of single insured person and a maximum of 15% for all the insured persons.	**D(I)ADDITIONAL BENEFITS 9**
		h) Emergency Assistance Services ✓ 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(I)ADDITIONAL BENEFITS 10**
		i) Wellness Services i. Value Added Services ✓ Cashless Telemedicine Consultation ✓ Discount on Services ii. Reward Programme	**D(I)ADDITIONAL BENEFITS 11**
		j) Higher Sum Insured for Critical Illness Coverage(If Opted)	**D(I) EXTENSION 1**
		k) Cost of Health Check Up	**D(I)ADDITIONAL**

			BENEFITS 8
6	**Exclusions (what policy does not cover)**	**(I)Standard Exclusions -** a) Cosmetic or plastic Surgery b) Investigation & Evaluation c) Rest Cure, rehabilitation and respite care d) Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. e) Maternity Expenses f) Sterility and Infertility g) 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. h) 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. i) Obesity/ Weight Control j) Change of Gender Treatments k) Hazardous or Adventure sports l) Breach of law m) Excluded Providers n) Refractive Error o) Unproven Treatments **(II)Specific Exclusions -** a) All non-medical expenses including personal comfort and convenience items or services and similar incidental expenses or services including, maid, barber, cosmetics & napkins. b) Ambulance charges, pre and post hospitalization expenses and daily allowance for the donor in case of major organ transplant.	**E(I)** **E(II)**

		c) Any expense on procedure and treatment including acupressure, acupuncture and magnetic therapies. d) Any expense under Domiciliary Hospitalization for Treatment of following diseases: i. Asthma ii. Bronchitis iii. Chronic Nephritis and Nephritic Syndrome iv. Diarrhoea 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 including Laryngitis and Pharyngitis xi. Arthritis, Gout and Rheumatism xii. Dental Treatment or Surgery. xiii. Critical Illness e) Any external congenital diseases or disorders f) Any other type of Laser treatments / surgeries for EYE which can be performed on OPD basis. g) 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 and as covered in the Additional Benefit, inoculation. h) Cost of spectacles and contact lens or hearing aids. i) Cytotron Therapy, Rotational Field Quantum Magnetic Resonance (RFQMR), EECP (Enhanced External Counter Pulsation) Therapy, Chelation Therapy, Hyperbaric Oxygen Therapy.	

		j) Dental treatment or surgery of any kind, unless requiring hospitalization. k) 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. l) 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. m) 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. n) Intra-articular injections. o) 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) 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. q) Travel or transportation expenses, other than ambulance service charges. r) Treatment of, external congenital Disease or defects or anomalies, venereal Disease except HIV or intentional self-Injury. s) 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.	
7	**Waiting period** • **Time period during which specified diseases/treatments are not covered** • **It is counted from the beginning of the policy coverage**	**E. EXCLUSIONS** a) Initial waiting period: 30 days for all illnesses (not applicable on renewal or for accidents) b) Specific waiting periods (Not applicable for claims arising due to an accident) : i. 12 Months waiting period a. Surgical treatment for Tonsillitis/ Adenoids b. Tympanoplasty / Septoplasty c. Fistula in anus, Anal Sinus, Piles d. Any type of Carcinoma / Sarcoma/ Blood Cancer e. Varicose Veins / Varicose Ulcers f. All types of Ligament Meniscus Tears ii. 24 Months waiting period a. Cataract, Benign Prostatic Hypertrophy, DUB b. Uterine Fibroids, PV Bleeding, Hysterectomy, Myomectomy c. Hernia, Hydrocele d. Sinusitis e. Gall Bladder, Biliary, Renal and Urinary Stones f. Inter-vertebral Disc disorder like Spondylitis, Spondylosis and prolapse. (other than caused by an accident) g. Knee replacement/Joint Replacement/Hip replacement (other than caused by an accident) h. Chronic Renal failure i. Any type of benign growth/Cyst/Nodules/Polyps/Tumor/L	**E(I)2** **E(I)3(i)** **E(I)3(ii)**

		ump c) Pre-existing diseases: Covered after 36 months 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 pre-existing condition at the time of first proposal then these will be falling under Excl01 above and will be covered after 36 (thirty six) months of continuous coverages with Us.	**E(I)1** **E(II)3**
8	**Financial Limits of Coverage** **i. Sub-limit(It is a pre-defined limit and the insurance company will not pay any amount excess of this limit)**	The policy will pay only up to the limits specified hereunder for the following diseases/procedures: a) Domiciliary Hospitalisation-20% of Sum Insured b) Modern Treatment Methods and Advancement in Technologies-50% of Sum Insured c) In case of a claim, the policy requires you share the following costs: Expenses exceeding the following **Sub-limits:** ✓ Room Rent beyond 1.50% of Sum Insured per day for Class A cities and 1.25% of Sum Insured per day for other cities(No sublimit if Room Rent waiver is opted or Basic Sum Insured is more than or equal to 7 Lakhs) ✓ ICU/Therapeutic Expenses beyond 2.5% of Sum Insured per day for Class A cities and 2% of Sum Insured per day for other cities(No sublimit if Room Rent waiver is opted or Basic Sum Insured is more than or equal to 7 Lakhs) ✓ Room Rent of Donor will be 50% of Room Rent limit of insured person(patient) for whom the claim is lodged Co-pay of 10%,20% and 25% on each	**D(I)5** **D(I)ADDITIONAL BENEFITS 4** **D(I)1** **D(I)1** **D(I)Note.1(ii)** **D(I)EXTENSION 3**

	ii. Co-payment(It is the specified amount /percentage of the admissible claim amount to be paid by the policyholder/ insured)	and every admissible claim, is applicable, if opted	
	ii. Deductible(It is the specified amount: • **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)**	No deductible applicable	
	v. Any other limit(as applicable)	The Cumulative Bonus shall accrue at 25% of the basic sum insured for the first claim-free renewal and by 10% at each subsequent renewal in respect of each claim free year of insurance for each insured person, subject to a maximum of 100% of basic sum insured of the expiring policy. ii. **No Claim Discount** A discount of 5% on base premium would be allowed at the time of renewal, if no claim is made in the expiring policy. This discount of 5% shall be available on every renewal until a claim is made. This discount shall not be available for Extension/Add-On premiums. **Only one of the above benefits are applicable on renewal, You may express Your consent to opt for either of the benefit at the time of renewal.**	**D(I)ADDITIONAL BENEFITS 5**
9	**Claims/Claims Procedure**	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	**F(II)21**

		Turn Around Time(TAT) for claims settlement: TAT for preauthorization of cashless facility: 1 hours from the receipt of request TAT for cashless final bill authorization: 3 hours from the receipt of discharge authorization request from the hospital **Weblink/Details for the following:** **i. Network Hospital Details** **https://www.iffcotokio.co.in/contact-us?tab=hospital** **ii. Helpline Number** 1800-103-5499 **iii. Hospitals which are excluded or from where no claims will be accepted by Insurer** **https://www.iffcotokio.co.in/contact-us?tab=hospital** **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: • 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	**F(I)16**

		• 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	
12	**Things to remember**	• **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/ 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 insured shall be entitled to 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. • **Renewal of Policy** • The policy shall be renewable, except in case of established fraud or non-disclosure or	**F(I)12** **F(I)15**

		misrepresentation by You/ the Insured person, provided the product is not withdrawn and also subject to the following conditions: • The Company shall send renewal notices to the Policyholder, at least 30 days in advance from Policy due date. • Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years • Request for renewal along with requisite premium shall be received by the Company before the end of the policy period • At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period. • Sum Insured can be enhanced at the time of renewal for which fresh proposal form and medical reports will be required to be submitted. However, the waiting periods will apply afresh for the enhanced sum insured. In case increase in Sum Insured is requested by You, We may underwrite to the extent of increased Sum Insured • No loading shall apply on renewals based on individual claims experience. • **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.. 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: i.The waiting periods specified in Section E, Sub section 1-Standard Exclusions,Point No-1,2 and 3(of 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. iii.Moratorium Period We may underwrite your migration proposal, in case You are not continuously covered for 36 months. **Process for Portability** You/the Insured Person will have the option to port the Policy to same product of other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the due date of renewal. If You/ Insured person is	**F(I) 8** **F(I) 9**

		presently covered and has been continuously covered without any lapses under this health insurance plan with an Indian General/Health insurer, the proposed Insured Person will get all the accrued continuity benefits as under: i. The waiting periods specified in Section E, Sub section 1-Standard Exclusions,Point No-1,2 and 3(of 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. Portability benefit will be offered to the extent of sum of previous sum insured and accrued bonus (as part of the sum insured), portability benefit shall not apply to any other additional increased Sum Insured. iii. Moratorium Period	
		• **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.	**F(II)20**
		• **Moratorium Period** After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by Us on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable	**F(I)10**

		from the date of enhancement of sums insured only on the enhanced limits.	
13	**Your Obligations**	**Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.** **Disclosure of other material information during the policy period.** Material Information includes: i. Any change in health condition may/may not needing an active line of treatment. ii. Any change in Demographic Details	**F(I)6**

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.