

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	Health Protector Plus UIN: IFFHLIP21328V022021	
2	Policy Number		
3	Type of Insurance Product/Policy	Indemnity	
4	Sum Insured(Basis)	Rs. XXXXXXX (Individual or Floater)	
5	Policy Coverage(What Policy Covers?) (Policy Clause Number/s)	Expenses in respect of the following : a) Admission in hospital beyond 24 hours b) Room Rent c) Pre-hospitalisation (treatment prior to admission in hospital) of 60 days d) Post-hospitalisation (treatment after discharge from hospital) within 90 days from date of discharge e) Ambulance charges in connection with any admissible claim subject to a limit Rs. 3000 or actual, whichever is less . f) Specified/Listed procedures requiring less than 24 hours of hospitalisation (day care).List is available in Policy Wording(Annexure-"List of Day Care Procedures") g) Daily cash benefit of 0.10% of S.I for the duration of Hospitalization h) Emergency Assistance Services ✓ Medical consultation, evaluation and referral ✓ Emergency medical evacuation	SECTION I-20 & SECTION II-COVERAGE-"WHAT IS COVERED" SECTION II-COVERAGE-"WHAT IS COVERED"CLAUSE 1 SECTION II-COVERAGE-"WHAT IS COVERED"Note(b) SECTION II-COVERAGE-"WHAT IS COVERED"Note(b) SECTION II-COVERAGE-"WHAT IS COVERED"CLAUSE 5 SECTION IV-CLAUSE 2 SECTION II-COVERAGE-"WHAT IS COVERED"CLAUSE 6 SECTION IV-CLAUSE 3

		✓ Medical repatriation ✓ Transportation to join patient ✓ Care and/or transportation of minor children ✓ Emergency message transmission ✓ Return of mortal remains ✓ Emergency cash coordination	
6	Exclusions (what policy does not cover)	i. 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. ii. 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 iii. Cosmetic or plastic Surgery iv. Cost of spectacles and contact lens or hearing aids. v. Dental treatment or surgery of any kind, unless requiring hospitalization vi. Rest Cure, rehabilitation and respite care vii. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. viii. Breach of Law ix. Treatment of, external congenital Disease or defects or anomalies, venereal Disease or intentional self-injury.	SECTION II- COVERAGE-"WHAT IS NOT COVERED"-

		x. Investigation & Evaluation xi. Maternity Expenses xii. Sterility and Infertility xiii. 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. xiv. Any expense on treatment of Insured Person as outpatient in a Hospital xv. Unproven Treatments xvi. Any expense on procedure and treatment including accupressure, acupuncture and magnetic therapies. xvii. Hazardous or Adventure Sports xviii. 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. xix. 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. xx. All non-medical expenses, including personal comfort and	
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		convenience items or services and similar incidental expenses or servicing including ayah/barber, cosmetics and napkins. xxi. Obesity/ Weight Control xxii. Change of Gender Treatments xxiii. Pre-natal and post-natal expenses. xxiv. Any consequential or indirect loss or expenses arising out of or related to the Hospitalization. xxv. 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. xxvi. Any kind of Service charges, Surcharges, levied by the hospital. xxvii. Any expense under Domiciliary Hospitalization for Treatment of following Diseases: • Asthma • Bronchitis • Chronic Nephritis and Nephritic Syndrome • Diarrhea and all type of Dysenteries including Gastro-enteritis • Diabetes Mellitus • Epilepsy • Hypertension • Influenza, Cough and Cold • Pyrexia of unknown origin for less than 15 days • Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis • Arthritis, Gout and Rheumatism • Dental Treatment or Surgery • Critical Illness	
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		xxviii. Excluded Providers xxix. Refractive Error xxx. Any other type of Laser treatments / surgeries for EYE which can be performed on OPD basis xxxi. Cytotron Therapy, Rotational Field Quantum Magnetic Resonance (RFQMR), EECF (Enhanced External Counter Pulsation) Therapy, Chelation Therapy, Hyperberic Oxygen Therapy xxxii. Interferon injections / Infliximab and like injections / Intra-articular injections. Intravenous Chemotherapy where no monitoring under Doctor Supervision is required in Hospital Setting. For example: Intravenous Cyclophosphamide, Intravenous Methotrexamate , etc. xxxiii. 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. xxxiv. 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	
7	Waiting period • Time period during which specified diseases/treatments	a) Initial waiting period: 30 days for all illnesses (not applicable on renewal or for accidents)	SECTION II- COVERAGE-“WHAT IS NOT COVERED”- CLAUSE 3

	are not covered It is counted from the beginning of the policy coverage	b) Specific waiting periods (Not applicable for claims arising due to an accident) : i. 24 months for certain diseases c) Pre-existing diseases: Covered after 36 months	SECTION II-COVERAGE-“WHAT IS NOT COVERED”-CLAUSE 4 SECTION II-COVERAGE-“WHAT IS NOT COVERED”-CLAUSE 2
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) ii. Co-payment(It is the specified amount /percentage of the admissible claim amount to be paid by the policyholder/ insured) 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) v. Any other limit(as applicable)	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 Not-Applicable As mentioned in the Policy Schedule Not Applicable	SECTION II-COVERAGE-“WHAT IS COVERED”CLAUSE 7 SECTION IV-CLAUSE 1
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-	CLAIM PROCEDURE AND REQUIREMENTS

		<u>procedure</u> Turn Around Time(TAT) for claims settlement: - TAT for preauthorization of cashless facility: 1 hour from the receipt of final document. - TAT for cashless final bill authorization: 3 hours from the receipt of final document Weblink/Details for the following: Network Hospital Details https://www.iffcotokio.co.in/health-insurance/city Helpline Number 1800-103-5499 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 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	GENERAL CONDITIONS-32

		IFFCO Tower, Plot no. 3 Sector -29, Gurgaon – 122001 Mail chiefgrievanceofficer@iffcotokio.co.in ID- - 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 misrepresentation by You/ the Insured person, provided the product is not withdrawn and also subject to the following conditions: i. The Company shall send renewal notices to the Policyholder, at least 30 days in advance from Policy	GENERAL CONDITIONS-14 GENERAL CONDITIONS-10

		due date. ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period iv. 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. v. 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. • 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- Exclusion and waiting period, Point No-2,3 and 4 (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	GENERAL CONDITIONS 8&9
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		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 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- Exclusion and waiting period, Point No-2,3 and 4 (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.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. • 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,	GENERAL CONDITIONS-10(CLAUSE vii) GENERAL CONDITIONS-12
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		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 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	GENERAL CONDITIONS-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/>

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.