

**CUSTOMER INFORMATION SHEET**

<b>S No.</b>	<b>TITLE</b>	<b>DESCRIPTION (Please refer to applicable Policy Clause Number in next column)</b>	<b>REFER TO POLICY CLAUSE NUMBER</b>
1	<b>Name of the Product/Policy</b>	<b>Swasthya Raksha Bima UIN: IFFHLIP21326V022021</b>	
2	<b>Policy Number</b>		
3	<b>Type of Insurance Product/Policy</b>	<b>Indemnity</b>	
4	<b>Sum Insured(Basis)</b>	<b>Rs. XXXXXXX (Floater)</b>	
5	<b>Policy Coverage(What Policy Covers?) (Policy Clause Number/s)</b>	Expenses in respect of: <ul style="list-style-type: none"> <li>i. Admission in hospital beyond 24 hours</li> <li>ii. Pre-hospitalisation (treatment prior to admission in hospital) of 30 days</li> <li>iii. Post-hospitalisation (treatment after discharge from hospital) within 30 days from date of discharge</li> <li>iv. Ambulance charges in connection with any admissible claim limited to Rs.750/- or actual whichever is less for each claim.</li> <li>v. Daily Allowance-Rs.150 per day</li> <li>vi. Specified/Listed procedures requiring less than 24 hours of hospitalisation (day care).</li> <li>vii. AYUSH Coverage- Expenses incurred on hospitalization under AYUSH Treatment.</li> <li>viii. Emergency Assistance Services</li> </ul>	<b>DEFINITION OF WORDS- 21, COVERAGE – WHAT IS COVERED”</b> <b>COVERAGE- “WHAT IS COVERED”(NOTE-1,3)</b>  <b>COVERAGE- “WHAT IS COVERED” (NOTE-1,3)</b>  <b>COVERAGE-“WHAT IS COVERED”-CLAUSE 6</b>  <b>COVERAGE-“WHAT IS COVERED”-CLAUSE 5</b> <b>COVERAGE- ADDITIONAL BENEFITS- CLAUSE</b>  <b>COVERAGE-“WHAT IS COVERED”-CLAUSE 8</b>  <b>COVERAGE- ADDITIONAL BENEFITS- CLAUSE 3</b>
6	<b>Exclusions (what policy does not cover)</b>	<ul style="list-style-type: none"> <li>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.</li> </ul>	<b>COVERAGE-“WHAT IS NOT COVERED”</b>

		<ul style="list-style-type: none"> <li>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</li> <li>iii. Cosmetic or plastic Surgery</li> <li>iv. Cost of spectacles and contact lens or hearing aids.</li> <li>v. Dental treatment or surgery of any kind, unless requiring hospitalization</li> <li>vi. Rest Cure, rehabilitation and respite care</li> <li>vii. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.</li> <li>viii. Breach of Law</li> <li>ix. Treatment of, external congenital Disease or defects or anomalies, venereal Disease or intentional self-injury.</li> <li>x. Investigation &amp; Evaluation</li> <li>xi. Maternity Expenses</li> <li>xii. Sterility and Infertility</li> <li>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</li> <li>xiv. Any expense on treatment of Insured Person as outpatient in a Hospital</li> <li>xv. Unproven Treatments</li> </ul>	
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		<p>medical Council.</p> <p>xxvii. Any expense under Domiciliary Hospitalization for Treatment of following diseases:</p> <ul style="list-style-type: none"> <li>a. Asthma</li> <li>b. Bronchitis</li> <li>c. Chronic Nephritis and Nephritic Syndrome</li> <li>d. Diarrhoea and all type of Dysenteries including Gastro-enteritis</li> <li>e. Diabetes Mellitus</li> <li>f. Epilepsy</li> <li>g. Hypertension</li> <li>h. Influenza, Cough and Cold</li> <li>i. Pyrexia of unknown origin for less than 15 days</li> <li>j. Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis</li> <li>k. Arthritis, Gout and Rheumatism</li> <li>l. Dental Treatment or Surgery.</li> <li>m. Critical Illness</li> </ul> <p>xxviii. Excluded Providers</p> <p>xxix. Refractive Error</p> <p>xxx. Any other type of Laser treatment or surgeries for EYE which can be performed on OPD basis.</p> <p>xxxi. Cytotron Therapy, Rotational Field Quantum Magnetic Resonance (RFQMR), EECF (Enhanced External Counter Pulsation) Therapy, Chelation Therapy, Hyperbaric Oxygen Therapy.</p> <p>xxxii. Intra-articular injections.</p> <p>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</p>	
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		<p>admission is arranged wholly or partly for domestic reasons</p> <p>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.</p>	
7	<p><b>Waiting period</b></p> <ul style="list-style-type: none"> <li>• Time period during which specified diseases/treatments are not covered</li> <li>• It is counted from the beginning of the policy coverage</li> </ul>	<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> <ul style="list-style-type: none"> <li>i. 12 months for certain diseases</li> <li>ii. 24 months for certain diseases</li> </ul> <p>c) Pre-existing diseases: Covered after 36 months of continuous coverage.</p>	<p><b>COVERAGE-“WHAT IS NOT COVERED?”- CLAUSE 2</b></p> <p><b>COVERAGE-“WHAT IS NOT COVERED?”- CLAUSE 3</b></p> <p><b>COVERAGE-“WHAT IS NOT COVERED?”- CLAUSE 1</b></p>
8	<p><b>Financial Limits of Coverage</b></p> <p>i. <b>Sub-limit(It is a pre-defined limit and the insurance company will not pay any amount excess of this limit)</b></p>	<p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <ul style="list-style-type: none"> <li>a) The following procedures will be covered (wherever medically indicated) either as in patient or as part of day care treatment in a hospital upto 50% of Sum Insured, specified in the policy schedule, during the policy period: <ul style="list-style-type: none"> <li>A. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)</li> <li>B. Balloon Sinuplasty</li> <li>C. Deep Brain stimulation</li> <li>D. Oral chemotherapy</li> <li>E. Immunotherapy- Monoclonal Antibody to be given as injection</li> <li>F. Intra vitreal injections</li> <li>G. Robotic surgeries</li> </ul> </li> </ul>	<p><b>COVERAGE- ADDITIONAL BENEFITS- CLAUSE 1</b></p>

		<p>H. Stereotactic radio surgeries                      I. Bronchical Thermoplasty                      J. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)                      K. IONM - (Intra Operative Neuro Monitoring)                      L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.</p> <p>b) In case of a claim, the policy requires you share the following costs: Expenses exceeding the following <b>Sub-limits:</b></p> <ul style="list-style-type: none"> <li>✓ Room Rent beyond 1% of Sum Insured</li> <li>✓ ICU/Therapeutic Unit Expenses beyond 2% of Sum Insured</li> <li>✓ Domiciliary Hospitalization Expenses beyond 20% of SI</li> <li>✓ Cataract Treatment Expenses beyond 5% of S.I subject to maximum of Rs.15,000/-</li> <li>✓ Piles,Fistula,Fissure,Tonsillitis,Sinistis Treatment expenses beyond 8% of the SI subject to a maximum of Rs.25,000/-</li> <li>✓ Benign Prostatic Hypertrophy,Hernia Treatment expenses beyond 8% of the SI subject to a maximum of Rs.30,000/-</li> <li>✓ Knee/Hip Joint replacement ,Cancer,renal failure Treatment expenses beyond 30% of the SI subject to a maximum of Rs.1,00,000/-</li> <li>✓ Appendicitis,Gall Bladder stones and Hysterectomy Treatment expenses beyond 10% of SI subject to a maximum of Rs.25,000/</li> </ul> <p>c) The Hospitalization expenses incurred for any one illness under package charges of the</p>	<p><b>COVERAGE-“WHAT IS COVERED”-CLAUSE 1(a)</b></p> <p><b>COVERAGE-“WHAT IS COVERED”-CLAUSE 1(b)</b></p> <p><b>COVERAGE-“WHAT IS COVERED”-CLAUSE 4</b></p> <p><b>COVERAGE-“WHAT IS COVERED”-CLAUSE 7(A)</b></p> <p><b>COVERAGE-“WHAT IS COVERED”-CLAUSE 7(B)</b></p> <p><b>COVERAGE-“WHAT IS COVERED”-CLAUSE 7(C)</b></p> <p><b>COVERAGE-“WHAT IS COVERED”-CLAUSE 7(D)</b></p> <p><b>COVERAGE-“WHAT IS COVERED”-CLAUSE 7(E)</b></p> <p><b>COVERAGE-Note-1-CLAUSE 1</b></p>
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	<p>ii. <b>Co-payment</b>(It is the specified amount /percentage of the admissible claim amount to be paid by the policyholder/insured)</p> <p>ii. <b>Deductible</b>(It is the specified amount:</p> <ul style="list-style-type: none"> <li>• Up to which an insurance company will not pay any claim, and</li> <li>• Which will be deducted from total claim amount (if claim amount is more than specified amount)</li> </ul> <p>v. <b>Any other limit</b>(as applicable)</p>	<p>Hospital/Nursing Home will be restricted to 80% of the package in hospitals outside the Preferred Provider Hospital.</p> <p>d) Limits for Post Hospitalization Medical Benefit: Relevant medical expenses up to 7% of Hospitalization expenses (excluding Room Rent) incurred during period upto 30 days from Hospitalization on Disease/Illness/Injury sustained subject to maximum of R.7500/-, which will be part of Hospitalization expenses claim.</p> <p>Co-pay of 35% is applicable if treatment is taken in Zone A cities.</p> <p>No deductible applicable</p> <p>Not Applicable</p>	<p><b>DEFINITION OF WORDS-46</b></p> <p><b>COVERAGE-“What is Covered”Note-1-CLAUSE 6</b></p>
<p>9</p>	<p><b>Claims/Claims Procedure</b></p>	<p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <p><a href="https://www.iffcotokio.co.in/claims/claim-procedure">https://www.iffcotokio.co.in/claims/claim-procedure</a></p> <p><b>Turn Around Time(TAT) for claims settlement:</b></p> <p>i. TAT for preauthorization of</p>	<p><b>CLAIM PROCEDURE AND REQUIREMENTS</b></p>

		<p>cashless facility: 1 hour from the receipt of final document.</p> <p>ii. TAT for cashless final bill authorization: 3 hours from the receipt of final document</p> <p><b>Weblink/Details for the following:</b></p> <p>i. <b>Network Hospital Details</b> <a href="https://www.iffcotokio.co.in/health-insurance/city">https://www.iffcotokio.co.in/health-insurance/city</a></p> <p>ii. <b>Helpline Number</b> 1800-103-5499</p> <p>iii. <b>Hospitals which are excluded or from where no claims will be accepted by Insurer</b> <a href="https://www.iffcotokio.co.in/content/dam/iffcotokio/iffco-pdf/sites/default/files/download_forms/ExcludedHospitals.pdf">https://www.iffcotokio.co.in/content/dam/iffcotokio/iffco-pdf/sites/default/files/download_forms/ExcludedHospitals.pdf</a></p> <p>iv. <b>Downloading/getting claim form</b> <a href="https://www.iffcotokio.co.in/content/dam/iffcotokio/iffco-pdf/sites/default/files/download_forms/Health%20Claim%20Form.pdf">https://www.iffcotokio.co.in/content/dam/iffcotokio/iffco-pdf/sites/default/files/download_forms/Health%20Claim%20Form.pdf</a></p>	
10.	<b>Policy Servicing</b>	<p>Call Centre Number of the Insurer 1800-103-5499</p> <p>Details of Company Official</p>	
11.	<b>Grievances/Complaints</b>	<p>Details of:</p> <ul style="list-style-type: none"> <li>Grievance Redressal Officer</li> <li>Address-Chief Grievance Officer</li> </ul>	<b>GENERAL CONDITIONS-31 &amp; 32</b>



		<p>IFFCO-Tokio General Insurance Co Ltd                  IFFCO Tower, Plot no. 3 Sector -29,                  Gurgaon – 122001                  Mail ID- <a href="mailto:chiefgrievanceofficer@iffcotokio.co.in">chiefgrievanceofficer@iffcotokio.co.in</a></p> <ul style="list-style-type: none"> <li>Insurance Company Grievance Portal  <a href="https://www.iffcotokio.co.in/contact-us/customer-services/grievance-redressal">https://www.iffcotokio.co.in/contact-us/customer-services/grievance-redressal</a>                      MailID- <a href="mailto:support@iffcotokio.co.in">support@iffcotokio.co.in</a>                      Toll free Number-1800-103-5499</li> <li>Ombudsman  <a href="https://www.cioins.co.in/Ombudsman">https://www.cioins.co.in/Ombudsman</a></li> </ul>	
12	<b>Things to remember</b>	<ul style="list-style-type: none"> <li><b>Free Look period</b>                      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                     <ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during</li> </ol> </li> </ul>	<b>GENERAL CONDITIONS-14</b>

		<p>such period.</p> <p>• <b>Renewal of Policy</b> 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:</p> <p>i. The Company shall send renewal notices to the Policyholder, at least 30 days in advance from Policy due date.</p> <p>ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years</p> <p>iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period</p> <p>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.</p> <p>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.</p> <p>• <b>Migration and Portability</b> When the policy is due for renewal, you may migrate to another policy with us or</p>	<p><b>GENERAL CONDITIONS-10</b></p> <p><b>GENERAL CONDITIONS-8 &amp; GENERAL CONDITIONS-9</b></p>
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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 -what is 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.

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

		<p>any, at least 45 days before, but not earlier than 60 days. 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:</p> <p>i.The waiting periods specified in Section -what is 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.</p> <p>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.</p> <p>iv. Moratorium Period</p> <p>● <b>Moratorium Period</b> 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 from the date of</p>	<p><b>GENERAL CONDITIONS-12</b></p>
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		enhancement of sums insured only on the enhanced limits.	
13	<b>Your Obligations</b>	<p><b>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</b></p> <p><b>Disclosure of other material information during the policy period.</b> Material Information includes:</p> <ul style="list-style-type: none"> <li>i. Any change in health condition may/may not needing an active line of treatment.</li> <li>ii. Any change in Demographic Details</li> </ul>	<b>GENERAL CONDITIONS-1</b>

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.