

# 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(Micro Insurance) UIN: IFFHMIP23041V012223	
2	Policy Number		
3	Type of Insurance Product/Policy	Benefit	
4	Sum Insured(Basis)	Rs. XXXXXXX (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"> <li>Cancer of specified severity</li> <li>Kidney failure requiring regular dialysis</li> <li>Multiple Sclerosis with persisting symptoms</li> <li>Benign Brain Tumor</li> <li>Motor Neuron Disease with Permanent Symptoms</li> <li>End Stage Lung Failure</li> <li>End Stage Liver Failure</li> <li>Primary (Idiopathic) Pulmonary Hypertension</li> <li>Parkinson's Disease Before The Age Of 50 Years</li> <li>Alzheimer's Disease Before The Age Of 50 Years</li> </ol> <p>B. The following surgical procedures:</p> <ol style="list-style-type: none"> <li>Major Organ (Heart/ Lung/ Liver/ Kidney /Pancreas) or Human Bone Marrow Transplant;</li> <li>Open heart replacement or repair of heart valves</li> <li>Open chest CABG</li> <li>Surgery Of Aorta</li> </ol> <p>C. The following medical events:</p> <ol style="list-style-type: none"> <li>Stroke resulting in permanent symptoms</li> <li>Permanent Paralysis of Limbs</li> <li>Myocardial Infarction (First</li> </ol>	<p><b>COVERAGE-"WHAT IS COVERED"CLAUSE 2 –A</b></p> <p><b>COVERAGE-"WHAT IS COVERED"CLAUSE 2 –B</b></p> <p><b>COVERAGE-"WHAT IS COVERED"CLAUSE 2 -C</b></p>

		<p>Heart Attack of specified severity)</p> <p>iv. Third Degree Burns</p> <p>v. Loss of Speech</p> <p>vi. Blindness</p> <p>vii. Loss of Limbs</p> <p>viii. Deafness</p> <p>ix. Coma of Specified Severity</p> <p>x. Major Head Trauma</p> <p>xi. Muscular Dystrophy</p>	
6	Exclusions (what policy does not cover)	<p>We will not pay for:</p> <p>i. Any claim if treatment is taken from a family member or a treatment taken is not scientifically recognized or self medication.</p> <p>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.</p> <p>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 of such excluded hospitals before admission.</p> <p>iv. Any external congenital anomaly or birth defects.</p>	<b>COVERAGE-"WHAT IS NOT COVERED"</b>

		<p>v. Any critical illness which arises or is caused by any one of the following:</p> <p>a) The ingestion of drugs other than those prescribed by Registered Medical practitioner.</p> <p>b) Elective, Cosmetic or plastic surgery</p> <p>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><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: 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 36 (Thirty-Six) months</p>	<p><b>COVERAGE-"WHAT IS COVERED?"-CLAUSE 1</b></p> <p><b>COVERAGE-"WHAT IS COVERED?"-CLAUSE 2</b></p> <p><b>COVERAGE-"WHAT IS NOT COVERED?"-CLAUSE 1</b></p>
8	<p><b>Financial Limits of Coverage</b></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 amount to be paid by the policyholder/insured)</p>	<p>Not applicable</p> <p>Not Applicable</p>	



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10.	<b>Policy Servicing</b>	Call Centre Number of the Insurer 1800-103-5499  Details of Company Official	
11.	<b>Grievances/Complaints</b>	Details of: <ul style="list-style-type: none"> <li>Grievance Redressal Officer  Address-Chief Grievance Officer  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></li> <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>	<b>GENERAL CONDITIONS-29</b>
12	<b>Things to remember</b>		

CIS – Iffco-Tokio Critical Illness Benefit Policy(Micro Insurance), IFFCO-Tokio General Insurance Company Limited  
UIN: IFFHMIP23041V012223  
IFFCO TOKIO General Insurance Company Limited. CIN: U74899DL2000PLC107621, IRDA Reg. No. 106

		<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>Portability</b> When the policy is due for renewal, you may port your policy to another insurer. <b>Process for Portability</b></p> <p>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 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 coverage of table "what is not covered" point 1 (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</p>	<p><b>GENERAL CONDITIONS-14</b></p>
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		increased Sum Insured.	
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></p> <p>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-4</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.