

CUSTOMER INFORMATION SHEET

HP/CIS/V.02.22

S No.	TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
1	Product Name	Health Protector UIN:	
2	What am I covered for:	<ul style="list-style-type: none"> •Hospital admission longer than 24 hrs •Related medical expenses incurred 60 days prior to hospitalisation •Related medical expenses incurred within 90 days from date of discharge •Specified / Listed procedures requiring less than 24 hours hospitalisation (day care) •Hospital daily cash benefit of 0.20% of S.I. per day •Vaccination Expenses:10% of the total premium paid for last 2 years •Emergency or Travel Medical Assistance etc •Wellness Services 	D. BENEFITS COVERED UNDER THE POLICY
3	What are the major exclusions in the policy:	<ul style="list-style-type: none"> •Any hospital admission primarily for investigation / diagnostic purpose. •Pregnancy, infertility, congenital conditions, •Cosmetic or plastic Surgery •Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by Us •Substance abuse, self-inflicted injuries, STDs and HIV / AIDS •Hazardous sports, war, terrorism, civil war or breach of law •(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing) 	E. EXCLUSIONS
4	Waiting period	<ul style="list-style-type: none"> •Initial waiting period: 30 days for all illnesses (not applicable on renewal or for accidents) •Specific waiting periods : <ul style="list-style-type: none"> o 12 months for certain diseases o 24 months for certain diseases o 36 months for certain diseases • Pre-existing diseases: Covered after 36 months 	E. EXCLUSIONS
5	Payout Basis	Indemnity for covered expenses on per event basis subject to maximum of Sum Insured	D. BENEFITS COVERED UNDER THE POLICY
6	Loss Sharing	<ul style="list-style-type: none"> •In case of a claim, this policy requires you to share the following costs: <ul style="list-style-type: none"> o Expenses exceeding the following Sub-limits <ul style="list-style-type: none"> ■ Room / ICU charges beyond 	D. BENEFITS COVERED UNDER THE POLICY
7	Renewal Conditions	<ul style="list-style-type: none"> •Policy is ordinarily renewable, subject to application for renewal and the renewal premium in full has been received by the due dates and realization of premium. •Grace period of 30 days for renewing the policy is provided. Any claim incurred during grace period will not be payable under this policy. 	F. GENERAL TERMS AND CLAUSES
8	Renewal Benefits:	<ul style="list-style-type: none"> •The Cumulative Bonus shall be accrued at 25% (twenty-five percent) of the basic sum insured for the first claim-free renewal and by 10% (ten percent) at each subsequent renewal in respect of each claim free year of insurance for each insured person, subject to a maximum of 100% (one hundred percent) of basic sum insured of the expiring policy. •Insured person(s) shall be entitled to undergo a periodic medical checkup upon renewal of the policy as mentioned under "Cost of Health check-up" according to provisions in annexure B. 	D. BENEFITS COVERED UNDER THE POLICY
9	Cancellation	<ul style="list-style-type: none"> •You/the Policy holder may cancel this Policy by giving 15 days' written notice, and in such an event, We shall refund premium on short term rates for the unexpired Policy Period as per the rates defined in the policy. •no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by any Insured person under the Policy. •We may cancel the Policy at any time on grounds of mis-representation, non-disclosure of material facts, fraud by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representation, non-disclosure of material facts or fraud. 	F. GENERAL TERMS AND CLAUSES

10	Claims	<ul style="list-style-type: none"> • For Cashless Service: Please visit our website www.iffcotokio.co.in for updated list of network hospitals • Intimation of claim: An event which might become a claim under the policy must be reported to us as soon as possible or within “a maximum of 24 (twenty-four) hours of hospitalization, but in any case 12(twelve) hours prior to insured person(s)'s discharge from hospital/nursing home”. • A written statement of the claim will be required and a claim form will have to be completed. The claim must be filed along with all supporting documents within 30(thirty) days from the date of discharge from the hospital or completion of treatment whichever is later, except in extreme cases of hardship where it is proved to our satisfaction that under the circumstances in which you / insured person or your/his or her personal representative were placed, it was not possible for any one of you to give notice or file claim within the prescribed time limit. 	F. GENERAL TERMS AND CLAUSES
11	Policy Servicing/ Grievances/Complaints	<ul style="list-style-type: none"> • You may register a grievance or complaint by visiting our Website www.iffcotokio.co.in. • You may also contact the branch as specified on the policy schedule or Grievance Officer who can be reached at our Corporate Office. 	F. GENERAL TERMS AND CLAUSES
12	Insured's Rights	<ul style="list-style-type: none"> • Portability You/the Insured Person will have the option to port the Policy to 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 from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance plan with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability. • 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 the policy. You/the insured shall be allowed a period of fifteen 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. • 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 as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by Us, the Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration. 	F. GENERAL TERMS AND CLAUSES
13	Insured's Obligations	<ul style="list-style-type: none"> • Disclosure of Information The Policy shall be void and all premium paid thereon shall be forfeited to us, in the event of misrepresentation, mis-description or non-disclosure of any material fact* by you/policyholder • Notice & Communication: <ol style="list-style-type: none"> i. Any notice, direction, instruction or any other communication related to the Policy should be made in 	F. GENERAL TERMS AND CLAUSES

		<p>writing.</p> <p>ii. Such communication shall be sent to Our address or through any other electronic modes specified in the Policy Schedule.</p> <p>iii. We shall communicate to the Insured at the address or through any other electronic mode mentioned in the schedule.</p>	
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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.