

**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	Name of the Product/Policy	<b>HEALTH PROTECTOR FOR PERSONS WITH SPECIAL NEEDS, IFFCO-TOKIO GENERAL INSURANCE CO. LTD.</b>  UIN: IFFHLIP23205V012223	
2	Policy Number		
3	Type of Insurance Product/Policy	Indemnity	
4	Sum Insured(Basis)	Rs. XXXXXXX (Individual)	
5	Policy Coverage(What Policy Covers?) (Policy Clause Number/s)	Expenses in respect of: a) Admission in hospital beyond 24 hours b) Pre-hospitalisation (treatment prior to admission in hospital) of 30 days c) Post-hospitalisation (treatment after discharge from hospital) within 60 days from date of discharge d) Expenses incurred on road Ambulance subject to a maximum of Rs.2000/- per hospitalisation. e) Specified/Listed procedures requiring less than 24 hours of hospitalisation (day care).List is available in Policy Wording(Annexure-B) f) Dental treatment necessitated due to disease or injury (for inpatient care only). g) Plastic surgery necessitated due to disease or injury.	<b>SECTION D-CLAUSE 1- Note a</b> <b>SECTION D-CLAUSE 3</b>  <b>SECTION D-CLAUSE 4</b>  <b>SECTION D-CLAUSE 5</b>  <b>SECTION D-CLAUSE 1- Other Expenses iv</b>  <b>SECTION D-CLAUSE 1- Other Expenses ii</b>  <b>SECTION D-CLAUSE 1- Other Expenses iii</b>
6	Exclusions (what policy does not cover)	<b>(I)Standard Exclusions -</b> a) Investigation & Evaluation b) Rest Cure, rehabilitation and respite care c) Obesity/ Weight Control d) Change-of-Gender treatments e) Cosmetic or plastic Surgery f) Hazardous or Adventure sports g) Breach of law h) Excluded Providers i) Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. j) Treatments received in health hydros, nature cure clinics, spas or similar establishments or private	<b>E(I)</b>

		<p>beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons.</p> <p>k) 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> <p>l) Refractive Error</p> <p>m) Unproven Treatments</p> <p>n) Sterility and Infertility</p> <p>o) Maternity</p> <p><b>(II) Specific Exclusions -</b></p> <p>a) Any medical treatment taken outside India.</p> <p>b) Hospitalization for donation of any body organs by an Insured including complications arising from the donation of organs.</p> <p>c) Nuclear damage caused by, contributed to, by or arising from ionising radiation or contamination by radioactivity from:</p> <ol style="list-style-type: none"> <li>i. any nuclear fuel or from any nuclear waste</li> <li>ii. from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission);</li> <li>iii. nuclear weapons material.</li> <li>iv. nuclear equipment or any part of that equipment.</li> </ol> <p>d) War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority.</p> <p>e) Injury or Disease caused by or contributed to by nuclear</p>	<p><b>E(II)</b></p>
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		<p>weapons/materials</p> <p>f) Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder, or as may be necessitated due to an accident.</p> <p>g) Treatment with alternative medicines or Treatment, experimental or any other treatment such as acupuncture, acupressure, magnetic, osteopath, chiropractic, reflexology and aromatherapy.</p> <p>h) Suicide, Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) and any violation of law or participation in an event/activity that is against law with a criminal intent.</p> <p>i) Vaccination or inoculation except as post bite treatment for animal bite.</p> <p>j) Convalescence, general debility, "Run-down" condition, rest cure, Congenital external illness/disease/defect.</p> <p>k) Outpatient diagnostic, medical and surgical procedures or treatments, non-prescribed drugs and medical supplies, hormone replacement therapy and expenses related to Domiciliary hospitalization shall not be covered.</p> <p>l) Dental treatment or Surgery of any kind unless requiring Hospitalisation as a result of accidental Bodily Injury.</p> <p>m) Venereal/ Sexually Transmitted disease</p> <p>n) Stem cell storage.</p> <p>o) Any kind of service charge, surcharge levied by the hospital.</p> <p>p) Personal comfort and convenience items or services such as television, telephone, barber or guest service and similar incidental services and supplies.</p> <p>q) Non-Payable items: The expenses that are not covered in this Policy are placed under List-I of Annexure-</p>	
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		<p>A</p> <p>r) Any medical procedure or treatment, which is not medically necessary or not performed by a Medical Practitioner</p>	
<p>7</p>	<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) Any treatment for the pre-existing disability covered, will have a waiting period of 24 months from the first policy inception date.</p> <p>b) Pre-Existing Diseases- Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 24 months for pre-existing disability/ 48 months for all pre-existing conditions other than HIV/AIDS and Disability</p> <p>c) Initial waiting period: 30 days for all illnesses (not applicable on continuous coverage for last 12 months or for accidents)</p> <p>d) Specific waiting periods (Not applicable for claims arising due to an accident) :</p> <p>i. 24 months for certain diseases</p>	<p><b>D- SPECIFIC CONDITION APPLICABLE FOR PERSONS WITH DISABILITY(i)</b></p> <p><b>E(I)1(1)(a)</b></p> <p><b>E(I)2</b></p> <p><b>E(I)3</b></p>
<p>8</p>	<p><b>Financial Limits of Coverage</b></p> <p><b>i. 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>a) Cataract Treatment- Medical expenses incurred for treatment of Cataract, subject to a limit of Rs. 40,000/-, per each eye in one policy year.</p> <p>b) Modern Treatment Methods and Advancement in Technologies-50% of Sum Insured</p> <p>c) In case of a claim, the policy requires you share the following costs: Expenses exceeding the following <b>Sub-limits</b>:</p> <p>✓ Room Rent beyond 1% of Sum</p>	<p><b>D 1-CLAUSE 6</b></p> <p><b>D 1-CLAUSE 7</b></p> <p><b>D 1(i)</b></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>ii. Deductible(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. Any other limit(as applicable)</p>	<p>Insured per day                  ✓ ICU/ Intensive Cardiac Care Unit (ICCU) expenses beyond 2% of Sum Insured per day.</p> <p>Co-pay of 20% is applicable to claim amount admissible</p> <p>No deductible applicable</p>	<p><b>D 1(ii)</b></p> <p>F(II)-IId(d5)</p>
<p>9</p>	<p><b>Claims/Claims Procedure</b></p>	<p><b>Procedure for Cashless claims:</b></p> <ol style="list-style-type: none"> <li>i. Treatment may be taken in a network provider and is subject to preauthorization by the Company or its authorized TPA,</li> <li>ii. Cashless request form available with the network provider and TPA shall be completed and sent to the Company/TPA for authorization.</li> <li>iii. The Company/ TPA upon getting cashless request form and related medical information from the insured person/ network provider will issue pre-authorization letter to the hospital after verification.</li> <li>iv. At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.</li> </ol>	<p><b>F(II)-IId(d1)</b></p>

		<p>v. The Company/ TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details, vi. In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim documents to the Company I TPA for reimbursement.</p> <p><b>Procedure for reimbursement of claims:</b> For reimbursement of claims the insured person may submit the necessary documents to Company within the prescribed time limit as specified hereunder.</p> <ul style="list-style-type: none"> <li>a) Reimbursement of hospitalization, day care and pre hospitalization expenses Within thirty days of date of discharge from hospital</li> <li>b) Reimbursement of post hospitalization expenses Within fifteen days from completion of post hospitalization treatment</li> </ul> <p>Notification of Claim Notice with full particulars shall be sent to the Company/TPA (if applicable) as under:</p> <ul style="list-style-type: none"> <li>i. Within 24 hours from the date of emergency hospitalization required or before the Insured Person's discharge from Hospital, whichever is earlier.</li> <li>ii. At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.</li> </ul> <p><b>Turn Around Time(TAT) for claims settlement:</b></p> <ul style="list-style-type: none"> <li>i. TAT for preauthorization of cashless facility: 4 hours from the receipt of final document</li> <li>ii. TAT for cashless final bill authorization: 4 hours from the receipt of final document</li> </ul>	<p><b>F(II)-IId(d2)</b></p> <p><b>F(II)-IId(d3)</b></p>
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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 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> </ul>	<b>F(I)-I.14</b>

		<ul style="list-style-type: none"> <li>• Ombudsman <a href="https://www.ciains.co.in/Ombudsman">https://www.ciains.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 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</li> <li>• <b>Renewal of Policy</b> The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by You/the insured person.</li> <li>• <b>Migration and Portability</b> When the policy is due for renewal ,you may migrate to another policy with us or port your policy to another insurer. <b>Process for Migration</b> The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company as per extant Guidelines related to Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, as per Guidelines on migration, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as per below: <ul style="list-style-type: none"> <li>i. The waiting periods specified in Section 5 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.</li> <li>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</li> </ul> </li> </ul>	<p><b>F(I)-I.13</b></p> <p><b>F(I)-I.10</b></p> <p><b>F(I)-I.8&amp; F(I)-I.9</b></p>



		<p>apply to any other additional increased Sum Insured.</p> <p>iii. Migration under this product shall be allowed only due to withdrawal of the product subject to IRDAI Regulations.</p> <p><b>Process for Portability</b>                  The Insured Person will have the option to port the Policy to same product of other insurers as per extant Guidelines related to portability, If such person is presently covered and has been continuously covered without any lapses under this health insurance plan with an Indian General/Health insurer as per Guidelines on portability, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as under:</p> <p>i. The waiting periods specified in Section 5 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> <ul style="list-style-type: none"> <li>• <b>Change of Sum Insured</b>                      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.</li> <li>• <b>Moratorium Period</b>                      After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and</li> </ul>	<p><b>F(II)-I b</b></p> <p><b>F(I)-I.11</b></p>
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		subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period, no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract	
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>F(I)l.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/>

**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.