



IFFCO-TOKIO GENERAL INSURANCE CO. LTD

Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

SURROGACY PROTECTOR POLICY

UIN: IFFHLIP25039V012425

SALES LITERATURE/ PROSPECTUS

How does the Health Product benefits you

The Policy offers a health protection cover for Surrogate mother during the Policy Period due to the following:

- i) Any complications arising from Pregnancy through surrogacy and/or
- ii) Post-partum complications arising from such a delivery, provided that,
 - The surrogacy procedures and treatments are carried out in accordance with the Surrogacy Regulations Act, 2021, Surrogacy Regulation Rules, 2022 and its amendments as may be applicable.
 - Purpose of Surrogacy must be in compliance with The Surrogacy Regulation Act 2021 and its amendments as may be applicable.

This Policy pays for contingencies like hospitalization, medical expenses, surgical expenses.

Claim is directly serviced by IFFCO TOKIO without any Third party administrator.

SALIENT FEATURES:

- ✓ **Term** – Three Years
- ✓ **Sum Insured Basis:** Individual
- ✓ **Sum Insured Option-5 Lakhs**
- ✓ **High coverage at low premium**
- ✓ **Cashless claim facility** available at over network hospitals across India.

WHO ARE ELIGIBLE TO TAKE THIS POLICY?

- ✓ **Eligibility for Proposer**
An intending couple or an intending woman in possession of eligibility certificate issued by appropriate authority on fulfillment of conditions as per the The Surrogacy(Regulation) Act,2021 and it's amendments as may be applicable.
- ✓ **Eligibility for Insured Person**
Surrogate mother in possession of eligibility certificate issued by appropriate authority on fulfillment of conditions as per the Surrogacy(Regulation) Act,2021 and it's amendments as may be applicable.
- ✓ **Entry Age of Insured Person under the policy:** 25 Years-35 Years on the day of implantation.

WHAT IS COVERED UNDER THE POLICY:

We shall pay Reasonable and Customary hospitalization expenses incurred for the Surrogate mother during the Policy Period due to the following:

- i) Any complications arising from Pregnancy through surrogacy and/or
- ii) Post-partum complications arising from such a delivery, provided that,

- The surrogacy procedures and treatments are carried out in accordance with the Surrogacy Regulations

Act, 2021, Surrogacy Regulation Rules, 2022 and its amendments as may be applicable.

- Purpose of Surrogacy must be in compliance with The Surrogacy Regulation Act 2021 and its amendments as may be applicable.

The following hospitalization expenses are payable:

1. Room Rent Expenses:
 - a. Room rent expenses subject to following limits:

For Normal Room Rent Expenses:
A limit of 2% of the sum insured on per day basis or charges of a Single Standard Air Conditioned Room, whichever is less

For Intensive Care Unit/Therapeutic Expenses:
A limit of 3% of the sum insured on per day basis or actual, whichever is less.
 - b. Service charges and Surcharge on actual basis subject to a maximum limit of 0.5% of Sum Insured for each hospitalization.
2. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees (including consultation through telemedicine as per prevailing Telemedicine Practice Guideline) whether paid directly to the treating doctor / surgeon or to the hospital.
3. Anesthesia, blood, oxygen, operation theatre, surgical appliances, medicines and drugs, diagnostic materials, diagnostic imaging modalities, dialysis, chemotherapy, radiotherapy, cost of pacemaker, artificial limbs, cost of organ transplant and similar expenses relating to the treatment of complications arising out of surrogate pregnancy and/or post-partum complications arising out of such a delivery.
4. AYUSH expenses including pre-hospitalization and post hospitalization expenses up to the limit of the Sum Insured of the insured person per policy period, relating to the treatment of complications arising out of surrogate pregnancy and/or post-partum complications arising out of such a delivery.

Note :

1. The coverage is available only after the pregnancy is confirmed for the surrogate mother.
2. In case a Room with rent higher than the entitlement limit is opted, the associated medical expenses payable under item (2) and (3) (except costs of pharmacy & covered consumables, implants & medical devices and cost of diagnostics above provided by the Hospital) above supplied by Hospital above of 'what is covered' shall be restricted to
 - a) The charges applicable to the room within the eligibility as per hospital tariff;
 - or
 - b) The same proportion as the entitled room rent bears to availed room rent (if hospital tariff is not available or no room available within the eligible room rent). This proportionate payment will not be less than 50% (fifty percent) of the claim amount for item 2&3 of "What is Covered".
The proportionate deduction will not be applied in respect of hospitals which do not follow differential billing or for those expenses in respect of which differential billing is not adopted based on the room category.
The proportionate deduction shall also not apply for ICU charges.
3. In case the Insured person has to undergo organ transplant due to complications arising from Surrogate Pregnancy and/or Post-partum complications in such a delivery, then hospitalization expenses of person donating an organ during the course of organ transplant subject to the above sub-limits applicable to the insured person and within the extended sum insured (if applicable) of the insured person. However, for Room Rent, the amount payable in respect of Donor will be 50% (fifty percent) of Room Rent limit of insured person(patient) for whom the claim is lodged.
4. The expenses that are not covered in this policy are placed under List-I of Annexure-A. The list of expenses that are to be subsumed into room charges, or procedure charges or costs of treatment are placed under List-

II, List-III and List-IV of Annexure-A respectively.

ADDITIONAL BENEFITS

We will pay for the additional benefits as mentioned below in accordance with the main-coverage:

1. **Pre and Post Hospitalization Medical Expenses:**
 - a) **Pre-Hospitalization Medical Expenses** incurred up to 15 days prior to covered Hospitalization.
 - b) **Post Hospitalization Medical Expenses** incurred during period up to 30 days after covered Hospitalization.
2. **Modern Treatment Methods and Advancement in Technologies:**

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, during the Policy period, if it arises out of complications due to Surrogate Pregnancy and/or Post-partum complications arising from such a delivery

 - A. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
 - B. Robotic surgeries
3. **Day care treatment:** Day care medical treatments, for complications related to Surrogate Pregnancy and/or post-partum complications in such a delivery, listed in Annexure – B “List of Day Care Procedures” of the policy document, will be payable even if the duration of hospitalization is less than 24 hours.
(Note: The list of such treatments is dynamic and hence may change from time to time. Hence we suggest the Insured Person to please check our website/ contact our nearest office for updated list of such treatments.)

WHAT ARE THE EXCLUSIONS & WAITING PERIOD ON THE POLICY:

We will not pay for:

(I)STANDARD EXCLUSIONS

1. **Cosmetic or plastic Surgery: Code- Excl08**
Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
2. **Investigation & Evaluation(Code- Excl04)**
 - i. Expenses related to any admission primarily for diagnostics and evaluation purposes.
 - ii. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment.
3. **Rest Cure, rehabilitation and respite care- Code- Excl05**
Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - i) Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - ii) Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
4. **Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12.**
5. 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. **Code- Excl13**

6. 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. **Code- Excl14**

7. **Obesity/ Weight Control: Code- Excl06**
Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
 - 1) Surgery to be conducted is upon the advice of the Doctor
 - 2) The surgery/Procedure conducted should be supported by clinical protocols
 - 3) The member has to be 18 years of age or older and
 - 4) Body Mass Index (BMI);
 - a. greater than or equal to 40 or
 - b. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type2 Diabetes

8. **Hazardous or Adventure sports: Code- Excl09**
Expenses related to any treatment necessitated due to participation as a 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.

9. **Breach of law: Code- Excl10**
Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

10. **Excluded Providers: Code- Excl11**
Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by Us and disclosed in Our website / notified to the Insured Person are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.
(Note: The list of such excluded provider(s) is dynamic and hence may change from time to time. Hence we suggest the Insured Person to please check our website or contact our call centre/nearest office for updated list of such excluded hospitals before admission.)

11. **Refractive Error: Code- Excl15:**
Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

12. **Unproven Treatments: Code- Excl16**
Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

(II) SPECIFIC EXCLUSIONS

1. Any expenses related to deliveries/Child Birth.

2. Expenses related to the treatment of any illness arising out of Surrogate Pregnancy and/or Post-partum complications in such a delivery, within 30 days from the policy commencement date shall be excluded.

3. Any expenses related to treatment of any disease/illness/injury other than complications arising from Surrogate Pregnancy and/or Post-partum complications in such a delivery.
4. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded. However, any complications related to Surrogate Pregnancy and/or Post-partum complications in such a delivery directly attributable to pre-existing diseases shall be covered.
5. Any expenses related to New Born baby through Surrogacy to the Surrogate Mother.
6. Any expenses related to Surrogacy Treatment Procedure cost including but not limited to Injection, tests, Ultra Sound, Embryo transfer, Ovum pickup.
7. Costs associated with cryopreservation and storage of sperm, eggs and embryos.
8. Expenses related to the following:
 - i) Any type of contraception, sterilization.
 - ii) Reversal of sterilization.
9. Any expenses related to voluntary termination of pregnancy, not arising out of a medical complication.
10. All non-medical expenses including personal comfort and convenience items or services and similar incidental expenses or services including, maid, barber, cosmetics & napkins.
11. Any expenses incurred on treatment other than Allopathy or AYUSH.
12. Ambulance charges, pre and post hospitalization expenses for the donor in case of major organ transplant.
13. Cost of spectacles and contact lens or hearing aids.
14. Cytotron Therapy, Rotational Field Quantum Magnetic Resonance (RFQMR), EECP (Enhanced External Counter Pulsation) Therapy, Chelation Therapy, Hyperbaric Oxygen Therapy.
15. 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.
16. Expenses related to physiotherapy in a hospital/ nursing home unless arising out of hospitalization for which the claim is admitted and it is advised by treating Medical Practitioner.
17. 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.
18. Intra-articular injections.
19. 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. For the purpose of this exclusion: Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any illness, incapacitating disablement or death.

20. Procedures/treatments mainly done in outpatient department (OPD) even if these are converted to day care surgery or as in patient in hospital to make it hospitalization claim.
21. Travel or transportation expenses.
22. Any Domiciliary Hospitalization expenses
23. Treatment of, external congenital Disease or defects or anomalies, venereal Disease or intentional self-Injury.
24. 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.
25. Any consequential or indirect loss or expenses arising out of or related to the Hospitalization.
26. 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.

PRE-POLICY UNDERWRITING:

1. The Intending Couple and Surrogate Mother(Proposed Insured) shall furnish all documents related to the Surrogacy Procedure to verify compliance with the Surrogacy Regulations Act, 2021, Surrogacy Regulation Rules, 2022 and its amendments as may be applicable.
2. Pre-Policy Medical Check Up
The person proposed to be Insured would have to attend a Tele MER Call.

GENERAL TERMS AND CLAUSES

1. Free Look Period

The Free Look Period shall be applicable at the inception of the Policy.

The Policyholder 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 Policyholder submits an alternate policy with Surrogacy Cover covering the Insured Person and has not made any claim in this Policy during the Free Look Period, the policyholder shall be entitled to

- a) 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
- b) Where the risk has already commenced and the option of return of the Policy is exercised by the policyholder, a deduction towards the proportionate risk premium for period of cover or
- c) Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

2. Renewal

The Policy is non-renewable

3. Nomination

The Policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the Insured Person. Any change of nomination shall be communicated to Us in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the Insured Person, We will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Insured Person whose discharge shall be treated as full and final discharge of its liability under the policy.

4. Multiple Policies:

a) For Indemnity Coverages-In case of multiple policies taken for the Insured Person during a period from one or more insurers to indemnify treatment costs, the Insured Person shall have the right to require a settlement of her claim in terms of any of her policies. In case, the available coverage under the said policy is less than the admissible claim amount, the insurer chosen by the insured person shall seek the details of other available policies of the Insured Person and shall coordinate with other Insurers to ensure settlement of the balance amount as per the respective policy conditions.

b) For Benefit Coverage-On occurrence of the Insured event, the Insured Person can claim from all Insurers under the Policy.

5. Payment Of Premium

The premium payable shall be paid in advance before commencement of risk.

6. Cancellation

A. Cancellation by the Policyholder

I. In case of successful Pregnancy through Surrogacy

The Policyholder may cancel this Policy by giving 7 days' written notice along with an alternate policy with Surrogacy Cover covering the Insured Person from an Insurance Company recognized by the Insurance Regulatory and Development Authority established under the Insurance Regulatory and Development Authority Act, 1999, and in such an event, We shall refund premium for the unexpired policy years where risk coverage for such policy years has not commenced.

II. In case of unsuccessful Pregnancy through Surrogacy

The policyholder may cancel this Policy by giving 7 days' written notice along with proof of unsuccessful pregnancy from the attending Medical Practitioner/Hospital and in such an event, We shall refund the full premium after deducting administrative charges.

B. Cancellation by Us

We may cancel the Policy at any time on grounds of established fraud or non-disclosure of material facts or mis-representation, by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on these grounds.

7. Automatic Change In Coverage Under The Policy

The coverage for the Insured Person shall automatically terminate in the case of Insured Person's demise.

8. Arbitration

- i. If any dispute or difference shall arise as to the quantum to be paid by the Policy, (liability being otherwise admitted) such difference shall independently of all other questions, be referred to the decision of a sole arbitrator to be appointed in writing by the parties here to or if they cannot agree upon a single arbitrator within thirty days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act 1996, as amended by Arbitration and Conciliation (Amendment) Act, 2015 (No. 3 of 2016).
- ii. It is clearly agreed and understood that no difference or dispute shall be preferable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of the policy.
- iii. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon the policy that award by such arbitrator/arbitrators of the amount of expenses shall be first obtained.

9. Territorial Jurisdiction

All disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the Policy shall be determined by the Indian court and according to Indian law.

10. Disclaimer Clause

If We shall disclaim Our liability for any claim and such claim shall not have been made subject matter of suit in a court of law within 12(twelve) months from date of disclaimer, then the claim shall for all purpose be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.

11. Claim Settlement(Provision for Penal Interest)

- i. We shall settle or reject a claim, as the case may be, within 15 days from the date of submission of claim.
- ii. In the case of delay in the payment of a claim, We shall pay interest to You from the date of receipt of intimation to the date of payment of claim at bank rate** plus 2%.Such interest shall be suo-moto paid by Us.
- iii. However, where the circumstances of a claim warrant an investigation during adjudication of the claim, We shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of submission of claim. In such cases, We shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days of investigation period, We shall be ,liable to pay interest to You at a rate bank rate** plus 2% from the date of receipt of intimation to the date of payment of claim. Such interest shall be suo-moto paid by Us.

***"Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) which is prevalent as on 1st day of the financial year in which the claim has fallen due.

Note : This Clause shall always correspond with the amendment(s), if any, to the relevant provisions of Protection of IRDAI (Protection of Policyholder's Interests, Operations and Allied Matters of Insurers), 2024.

18. Claim Procedure and Requirements:

- a. 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 hours of hospitalization, but in any case 12 hours prior to insured person(s)’s discharge from hospital/nursing home”.

b. 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. In such case(s), the claim should be duly filed with us within 90(ninety) days from the date of discharge from hospital.

c. Any clarification or queries raised by us on all claims submitted by you should be satisfactorily responded with supporting documents within 15 days from the date of query (ies). You must submit documents as listed below:

- i. Claim Form duly filled in and signed – As per prescribed format (Form B to be filled in and signed by the Hospital authorities under seal)
- ii. Copy of Photo ID / Proof
- iii. Discharge Summary (Photo Copy in case of claim for Pre/Post Hospitalization only)
- iv. Hospital Bill (Original Only)
- v. Hospital Receipt (Original Only)
- vi. Investigation Reports with supporting prescriptions
- vii. Investigation Bills (Original Only)
- viii. Pharmacy Bills (Original Only) with supporting prescriptions
- ix. Bills including the relevant stickers for Implants
- x. All previous treatment papers related to Ailment of last 4 years. (In some cases, we may ask for more than 4 years record if required)
- xi. Copy/Copies of previous insurance policies if required (in case not provided earlier)
- xii. Registration Certificate of the Hospital under Clinical Establishment Act or similar state act for medical establishments. Please note registration under Shops and Establishment Act, Registration with CMO etc. are not sufficient to meet the requirements of policy.
- xiii. KYC (know your customer) form, if claim is more than 1 lakh
- xiv. Any other document if insured wants to furnish in support of the claim

d. Our representative(s) shall be allowed to carry out examination and obtain information on any alleged injury or disease requiring hospitalization, if and when we may reasonably require.

e. In case you and/or insured person(s) do(es) not comply with the provisions of this clause or other obligations to be met by you and/or by insured person(s) under this policy or in any of the policy documents, all benefit(s) under the policy shall be forfeited, at our option.

f. Intimation about discharge from Hospital/Nursing Home: You and/or Insured person (s) should inform the hospital authorities and IFFCO-TOKIO about the date and time of discharge as soon as the same is confirmed [at least 4 (four) hours before the scheduled discharge time], so that the discharge formalities are completed smoothly.

g. Pre and Post Hospitalizations Claims

- i. Hospitalization and Pre-Hospitalization claim should be filed within 30 days from the date of discharge from the Hospital
- ii. Post Hospitalization claim should be filed within 30 days from the date of completion of post-hospitalization period.. Hospitalization and Post Hospitalization claims may be submitted together within 30 days from the date of completion of post-hospitalization period at the option of the Insured Person.

h. If IFFCO-TOKIO seeks any further clarification or documents in support of the claim, the same should be provided along with all supporting documents within 15 days from the date of such requirement from IFFCO-TOKIO.

i. For cashless Hospitalization, the Insured Person must contact the Third Party Administrator/Us at least 48 hours before a planned Hospitalization. In an emergency situation We/ Third Party Administrator should be contacted within 24 hours of Hospitalization.

19. Get In Touch With Us

In case of any query, You may contact Us through:

Company Website: www.iffcotokio.co.in

Toll free: 1800-103-5499

E-mail: support@iffcotokio.co.in

Address: IFFCO-Tokio General Insurance Co Ltd
IFFCO Tower, Plot no. 3
Sector -29, Gurgaon – 122001

20. Redressal Of Grievance

In case of any grievance, the Insured Person may contact Us through:

Website: <https://www.iffcotokio.co.in/customer-services/grievance-redressal>

Grievance Registration: Follow the above-mentioned link and fill the details to register the grievance

Toll Free: 1800-103-5499

Email: chiefgrievanceofficer@iffcotokio.co.in

Address: Chief Grievance Officer
IFFCO-Tokio General Insurance Co Ltd
IFFCO Tower, Plot no. 3
Sector -29, Gurgaon – 122001

Insured Person may also approach the grievance cell at any of the company's branches with the details of grievance. The list of branches with addresses are available at <https://www.iffcotokio.co.in/contact-us>

If Insured Person is not satisfied with the redressal of grievance through one of the above methods, Insured Person may contact the grievance officer at chiefgrievanceofficer@iffcotokio.co.in

For updated details of grievance officer, kindly refer the link

<https://www.iffcotokio.co.in/contact-us/customer-services/grievance-redressal>

If Insured Person is not satisfied with the redressal of grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.

We shall comply with the award of the Insurance Ombudsman within 30 days of its receipt by Us. We shall be liable for a penalty of Rs 5,000/- per day in case of non-compliance in addition to the penal interest liable to be paid by Us under The Insurance Ombudsman Rules, 2017.

Grievance may also be lodged at Grievance Portal of IRDAI- 'Bima Bharosa' and tracked through your mobile number.

- <https://bimabharosa.irdai.gov.in/Home/Home>

The contact details of the Insurance Ombudsman offices have been provided in the below link:

- <https://www.cioins.co.in/Ombudsman>

Please refer the Policy Wording for Detailed Cover details and conditions.

PREMIUM CHART

Premium-Rs.85,000/-(Without GST)

Premium Illustration –

Illustration for Individual Basis policy	Coverage opted on individual basis	
Age of the Insured	Premium (Rs.)	Sum Insured (Rs.)
25-35	85,000	500,000