

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 Group Critical Illness Policy (MICRO INSURANCE) UIN: IFFHMGP23042V012223	
2	Policy Number		
3	Type of Insurance Product/Policy	Benefit	
4	Sum Insured(Basis)	Rs. XXXXXXX (Individual or Family floater)	
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"> i. Cancer of specified severity ii. Kidney failure requiring regular dialysis iii. Multiple Sclerosis with persisting symptoms iv. Benign Brain Tumor v. Motor Neuron Disease with Permanent Symptoms vi. End Stage Lung Failure vii. End Stage Liver Failure viii. Primary (Idiopathic) Pulmonary Hypertension ix. Parkinson's Disease Before The Age Of 50 Years x. Alzheimer's Disease Before The Age Of 50 Years <p>B. The following surgical procedures:</p> <ol style="list-style-type: none"> i. Major Organ (Heart/ Lung/ Liver/ Kidney /Pancreas) or Human Bone Marrow Transplant; ii. Open heart replacement or repair of heart valves iii. Open chest CABG iv. Surgery Of Aorta <p>C. The following medical events:</p> <ol style="list-style-type: none"> i. Stroke resulting in permanent symptoms ii. Permanent Paralysis of Limbs iii. Myocardial Infarction (First 	<p>COVERAGE-"WHAT COVERED" CLAUSE A IS</p> <p>COVERAGE-"WHAT COVERED" CLAUSE B IS</p> <p>COVERAGE-"WHAT COVERED" CLAUSE C IS</p>

		<p>Heart Attack of specified severity)</p> <ul style="list-style-type: none"> iv. Third Degree Burns v. Loss of Speech vi. Blindness vii. Loss of Limbs viii. Deafness ix. Coma of Specified Severity x. Major Head Trauma xi. Muscular Dystrophy 	
<p>6</p>	<p>Exclusions (what policy does not cover)</p>	<p>We will not pay for:</p> <ol style="list-style-type: none"> 1. Any claim arising out of a pre-existing condition. 2. Any claim if treatment is taken from a family member or a treatment taken is not scientifically recognized or self medication. 3. Any claim if You/ Insured person does not submit a medical certificate from the Medical Practitioner evidencing diagnosis of illness or injury or occurrence of medical event or the undergoing of the medical surgical procedure. 4. Any external congenital anomaly or birth defects. 5. Any critical Illness which arises or is caused by any one of the following: <ol style="list-style-type: none"> a) The ingestion of drugs other than those prescribed by Registered Medical practitioner. b) Elective, Cosmetic or plastic surgery 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>COVERAGE-“WHAT IS NOT COVERED”</p>

7	<p>Waiting period</p> <ul style="list-style-type: none"> • Time period during which specified diseases/treatments are not covered • It is counted from the beginning of the policy coverage 	<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>COVERAGE-“WHAT IS COVERED?”-CLAUSE 1</p> <p>COVERAGE-“WHAT IS COVERED?”-CLAUSE 2</p> <p>COVERAGE-“WHAT IS NOT COVERED?”-CLAUSE 1</p>
8	<p>Financial Limits of Coverage</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>iii. Deductible(It is the specified amount:</p> <ul style="list-style-type: none"> • Up to which an insurance company will not pay any claim,and • Which will be deducted from total claim amount (if claim amount is more than specified amount) <p>iv. Any other limit(as applicable)</p>	<p>Not applicable</p> <p>Not Applicable</p> <p>No deductible applicable</p>	

		No	
9	Claims/Claims Procedure	<p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization. https://www.iffcotokio.co.in/claims/claim-procedure</p> <p>Turn Around Time(TAT) for claims settlement:</p> <ul style="list-style-type: none"> i. TAT for preauthorization of cashless facility: 1 hour from the receipt of final document. ii. TAT for cashless final bill authorization: 3 hours from the receipt of final document <p>Weblink/Details for the following:</p> <ul style="list-style-type: none"> i. Network Hospital Details https://www.iffcotokio.co.in/health-insurance/city ii. Helpline Number 1800-103-5499 iii. Hospitals which are excluded or from where no claims will be accepted by Insurer https://www.iffcotokio.co.in/content/dam/iffcotokio/iffco-pdf/sites/default/files/download_forms/ExcludedHospitals.pdf iv. Downloading/getting claim form https://www.iffcotokio.co.in/content/dam/iffcotokio/iffco-pdf/sites/default/files/download_forms/Health%20Claim%20Form.pdf 	CLAIM SETTLEMENT PROCESS
10.	Policy Servicing	<p>Call Centre Number of the Insurer 1800-103-5499</p> <p>Details of Company Official</p>	

<p>11.</p>	<p>Grievances/Complaints</p>	<p>Details of:</p> <ul style="list-style-type: none"> • Grievance Redressal Officer Address-Chief Grievance Officer IFFCO-Tokio General Insurance Co Ltd IFFCO Tower, Plot no. 3 Sector -29, Gurgaon – 122001 Mail ID- chiefgrievanceofficer@iffcotokio.co.in • Insurance Company Grievance Portal https://www.iffcotokio.co.in/contact-us/customer-services/grievance-redressal MailID- support@iffcotokio.co.in Toll free Number-1800-103-5499 • Ombudsman https://www.cioins.co.in/Ombudsman 	<p>GENERAL CONDITIONS-23</p>
<p>12</p>	<p>Things to remember</p>	<ul style="list-style-type: none"> • 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/ migrating the policy. <p>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.</p> <p>If the insured has not made any claim during the Free Look Period, the insured shall be entitled to</p> <ol style="list-style-type: none"> i. 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 ii. 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 iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance 	<p>GENERAL CONDITIONS-5</p>

		<p>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 what is not covered” point No-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 increased Sum Insured.</p>	
13	Your Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.	GENERAL CONDITIONS-3

		<p>Disclosure of other material information during the policy period. Material Information includes:</p> <ul style="list-style-type: none"> i. Any change in health condition may/may not needing an active line of treatment. ii. Any change in Demographic Details 	
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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.