



IFFCO-TOKIO GENERAL INSURANCE CO. LTD

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

IFFCO-TOKIO HOSPITAL DAILY CASH POLICY (MICRO INSURANCE)

UIN: IFFHMIP23043V012223

PROSPECTUS/ SALES LITERATURE

IFFCO-Tokio Hospital Daily Cash Policy (Micro Insurance) has been drafted to cover the 'Out of pocket' expenses of the Insured person, associated with sickness/ injury related hospitalisation such as –

- Consumables and other incidentals which are not covered under Health Insurance
- Special diets
- Expenses incurred by family members to stay with the patient
- Conveyance to the hospital and back

This is not a substitute for Health Insurance.

COVERAGE

WHAT IS COVERED

We will pay the amount as specified in the schedule as Hospital Daily Cash, for each continuous and completed period of 24 hours, upto the benefit period per year, that the Insured Person is Hospitalised during the policy period due to an illness or accidental bodily injury.

In case of each continuous and completed period of 24 hours of hospitalization within the Intensive Care Unit (ICU), We will pay twice the benefit amount as specified in the schedule as Hospital Daily Cash.

Other Benefits -

1. Day Care Surgeries – We will pay the One day Daily Cash benefit as mentioned in the schedule, for the Day care surgeries as listed in Annexure A – “List of Day Care Procedures” of the policy document.



2. Modern Treatment Methods and Advancement in Technologies -

We will pay the Daily cash benefit for each day of hospitalization or One day Daily Cash benefit (depending upon the nature of procedure), upto the benefit period specified in the policy schedule, during the policy period for the following procedures (wherever medically indicated):

- a) Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
- b) Balloon Sinuplasty
- c) Deep Brain stimulation
- d) Oral chemotherapy
- e) Immunotherapy- Monoclonal Antibody to be given as injection
- f) Intra vitreal injections
- g) Robotic surgeries
- h) Stereotactic radio surgeries
- i) Bronchical Thermoplasty
- j) Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- k) IONM - (Intra Operative Neuro Monitoring)
- l) Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

Note: The benefit period as specified in the policy schedule is cumulative of all hospitalizations, whether single or multiple, occurring in each policy year.

WHAT IS NOT COVERED

We will not pay for any claim caused by, based on, arising out of or attributable to any of the following:

1. Pre-existing Diseases -

- i. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36months of continuous coverage after the date of inception of the first policy with us.
- ii. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.



iii. If the Insured Person is continuously covered without any break as defined under the portability norms of the Policy, then waiting period for the same would be reduced to the extent of prior coverage.

iv. Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

2. 30-day waiting period -

- a) Any claim for hospitalization relating to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident.
- b) This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
- c) The within referred waiting period is made applicable to the enhanced Daily Cash Limit /benefit period in the event of granting higher Daily Cash Limit /benefit period in subsequent renewals.

3. Specified disease/procedure waiting period –

- a) Any claim for hospitalisation relating to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24/36 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
- b) In case of enhancement of Daily Cash Limit/ benefit period in subsequent renewals, the exclusion shall apply afresh to the extent of Daily Cash Limit/ benefit period increase.
- c) If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
- d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- f) List of specific diseases/ procedures excluded under the first 24 months of policy with us:
 - i. Benign ENT disorders
 - ii. Tonsillectomy
 - iii. Adenoidectomy
 - iv. Mastoidectomy
 - v. Tympanoplasty
 - vi. Hysterectomy



- vii. All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps
 - viii. Benign prostate hypertrophy
 - ix. Cataract and age related eye ailments
 - x. Gastric/ Duodenal Ulcer
 - xi. Gout and Rheumatism
 - xii. Hernia of all types
 - xiii. Hydrocele
 - xiv. Non Infective Arthritis
 - xv. Piles, Fissures and Fistula in anus
 - xvi. Pilonidal sinus, Sinusitis and related disorders
 - xvii. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident
 - xviii. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy.
 - xix. Varicose Veins and Varicose Ulcers
 - xx. Internal Congenital Anomalies
- g) List of specific diseases/ procedures excluded under the first 36 months of policy with us:
- i. Treatment for joint replacement unless arising from accident
 - ii. Age-related Osteoarthritis & Osteoporosis
4. Refractive Error: Any claim if the hospitalization relates to treatment for correction of eyesight due to refractive error less than 7.5 dioptries.
5. Any claim of hospitalization for Dental treatment or other dental examination and/or tests not incidental to the treatment or diagnosis of an injury, sickness or disease.
6. Sterility and Infertility – Any claim for hospitalization relating to sterility and infertility. This includes:
- (i) Any type of contraception, sterilization
 - (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - (iii) Gestational Surrogacy
 - (iv) Reversal of sterilization
7. Maternity -Any claim for hospitalisation relating to -



- a) Childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
 - b) Miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
8. Sleep disorder, Parkinson and Alzheimer's disease, general debility or exhaustion ("run-down condition"); or growth hormone therapy.
9. Venereal disease, sexually transmitted disease or illness except for HIV/AIDS.
10. Change of Gender – Any claim relating to hospitalization of treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
11. Circumcisions unless required as a part of treatment of an illness or injury.
12. Cosmetic or Plastic Surgery: Any claim if hospitalization necessitated due to 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 or immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the Attending Medical Practitioner
13. Rest Cure, Rehabilitation and respite care – Any claim if hospital admission is primarily for enforced bed rest and not for receiving treatment. This also includes:
- a) 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.
 - b) Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
14. Obesity/ Weight Control – Any claim if hospitalisation is related to the surgical treatment of obesity that does not fulfill all the below conditions:
- 1) Surgery to be conducted is upon the advice of the Doctor
 - 2) The surgery/procedure conducted is supported by clinical protocols
 - 3) The member is 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



15. Intentional self-injury, suicide or attempted suicide.
16. 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.
17. Nuclear, chemical or biological 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.
18. Breach of Law – Any claim for hospitalisation if treatment arises from or is consequent upon You/ any insured person committing or attempting to commit a breach of law with criminal intent.
19. Treatment of alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
20. Hazardous or Adventure Sports : Any claim if the hospitalisation is 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.
21. Participation in a naval, military, airforce or law enforcement operation.
22. Any sporting risk in so far as they involve, the training or participation in competitions of professional or semi professional sportsmen or women or riding or driving in any form of race or competition.
23. Participation by the Insured Person in any flying activity, except as a bona fide, farepaying passenger, pilot or crew of a recognized airline on regular routes and on a scheduled timetable.
24. Unproven Treatments – Any claim for hospitalisation relating 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.
25. Investigation, Prevention & Evaluation - Any claim if admission in hospital is primarily for diagnostics, preventive and evaluation purposes which are not related or not incidental to the current diagnosis and treatment.
26. Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner.
27. Excluded Providers - Any claim towards treatment in any hospital specifically excluded by Us and disclosed in Our website www.iffcotokio.co.in/ notified to You/ Insured person. However, in case of life threatening situations or following an accident, Daily cash benefit up to the stage of stabilization shall be payable but not for the complete hospitalisation.
28. Any external congenital anomaly or external birth defects.
29. 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.



30. Hospitalisation for treatment with, Accupuncture, Accupressure, Osteopath, , Chiropractic, Reflexology and Aroma Therapy or any other non-allopathic or non-AYUSH treatment.
31. Hospitalisations which are not followed by active treatment/ management during the hospitalization period and which could have been treated on outpatient basis.

GENERAL CONDITIONS

1. COVERAGE OPTION AVAILABLE–

- i) Individual option – In addition to himself, the Insured also has the option to cover members of his/her family in the policy for individual Daily Cash Limit and individual benefit period.
- ii) Family Floater option - In case of Family floater policy, the benefit period (maximum number of days of Hospitalisation as mentioned in the Schedule) would float over all members of the Family. In the event of more than one Family member being hospitalised at the same time, the cumulative days of hospitalization of the hospitalised family members can not exceed the benefit period as mentioned in the Schedule/ certificate of insurance (benefit period would float over the Family) under the Policy.

(Note: Kindly refer policy schedule for the coverage option applicable in your policy.)

2. **POLICY PERIOD** – The policy period shall be upto a maximum of 3 years (1 year/ 2 years/ 3 years) as specified in your policy schedule.

3. PREMIUM PAYMENT IN INSTALLMENTS –

If the insured person has opted for Payment of Premium on an installment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in the policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy):

- i. The grace period of fifteen days (where premium is paid on a monthly instalments) and thirty days (where premium is paid in quarterly/half yearly/annual instalments) is available on the premium due date, to pay the premium.
- ii. During such grace period, Coverage will be available from the installment premium payment due date till the date of receipt of premium by Us.
- iii. You/ insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.



- iv. No interest will be charged If the instalment premium is not paid on due date
- v. In case of installment premium due not received within the grace Period, the Policy will get cancelled.
- vi. In the event of a claim, all subsequent premium instalments for the year shall immediately become due and payable.
- vii. We have the right to recover and deduct all the pending instalments for the year from the claim amount due under the policy.

4. **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.

*Material facts for the purpose of this policy shall mean all relevant information sought by Us in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk.

5. **CONDITION PRECEDENT TO ADMISSION OF LIABILITY** - The terms and conditions of the policy must be fulfilled by You /the insured person for Us to make any payment for claim(s) arising under the policy.

6. **RECORDS TO BE MAINTAINED**- The Insured Person shall keep an accurate record containing all relevant medical records and shall allow Us or our representatives to inspect such records. The Policyholder or Insured Person shall furnish such information as We may require for settlement of any claim under the Policy, within reasonable time limit and within the time limit specified in the Policy.

7. **COMPLETE DISCHARGE** - Any payment to You/ the policyholder/ insured person or your/his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by Us to the extent of that amount for the particular claim.

8. **NOTICE & COMMUNICATION** -

- i. Any notice, direction, instruction or any other communication related to the Policy should be made in writing.
- ii. Such communication shall be sent to Our address or through any other electronic modes specified in the Policy Schedule.
- iii. We shall communicate to the Insured at the address or through any other electronic mode mentioned in the schedule.

9. **TERRITORIAL LIMIT** - All medical treatment for the purpose of this insurance will have to be taken in India only.



10. **FRAUD** – If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to Us.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by You/the insured person or by your/his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive Us or to induce Us to issue an insurance policy:

- a. the suggestion, as a fact of that which is not true and which You/the insured person do/does not believe to be true;
- b. the active concealment of a fact by the insured person having knowledge or belief of the fact;
- c. any other act fitted to deceive; and
- d. any such act or omission as the law specially declares to be fraudulent

We shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

11. **CANCELLATION** –

The policyholder may cancel his/her policy at any time during the term, by giving 7 days notice in writing. The Insurer shall

- a) refund proportionate premium for unexpired policy period, if the term of policy upto one year and there is no claim (s) made during the policy period.
- b) refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.



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.

12. AUTOMATIC CHANGE IN COVERAGE UNDER THE POLICY -The coverage for the Insured Person(s) shall automatically terminate:

a) In the case of Insured Person's demise.

However the cover shall continue for the remaining Insured Persons till the end of Policy Period. The other insured persons may also apply to renew the policy. In case, the other insured person is minor, the policy shall be renewed only through any one of his/her natural guardian or guardian appointed by court. All relevant particulars in respect of such person (including his/her relationship with the insured person) must be submitted to the company along with the application. Provided no claim has been made, and termination takes place on account of death of the insured person, pro-rata refund of premium of the deceased insured person for the balance period of the policy will be effective.

b) Upon exhaustion of the benefit period, for the policy year.

However, the policy is subject to renewal on the due date as per the applicable terms and conditions.

13. 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.

14. 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.

15. **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.. If You/insured Persons is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by Us , You will get all the accrued continuity benefits as per below:

- i. The waiting periods specified in Section- what is not covered,Point No-1,2 and 3 shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.
- 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 apply to any other additional increased Sum Insured.

16. **PORTABILITY** –

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:

- i. The waiting periods specified in Section- what is not covered,Point No-1,2 and 3 shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.
- 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.

17. **RENEWAL**- The policy shall be renewable, except in case of established fraud or non-disclosure or misrepresentation by You/ the Insured person, provided the product is not withdrawn and also subject to the following conditions:

- i. The Company shall send renewal notices to the Policyholder, at least 30 days in advance from Policy due date.
- ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years



- iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period
- 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.
- 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.

18. WITHDRAWAL & ALTERATION OF POLICY CONDITIONS -

- a) In the likelihood of this product being withdrawn in future, We will intimate You/the insured person about the same 90 days prior to expiry of the policy.
- b) You/ Insured Person will have the option to migrate to similar health insurance product available with Us at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

19. ALTERATION OF POLICY CONDITIONS - The policy terms and conditions may undergo alteration as per the IRDA Regulation. However the same shall be duly notified to You at least three months prior to the date when such alteration or revision comes into effect by registered post at Your last declared correspondence address. The timeliness for revision in terms and rates shall be as per the IRDA Regulation.

20. POSSIBILITY OF REVISION OF TERMS OF THE POLICY INCLUDING THE PREMIUM RATES - We, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. You shall be notified three months before the changes are affected.

21. FREE LOOKUP 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. 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.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

- 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 coverage during such period.

22. ENDORSEMENTS (CHANGE IN POLICY) –

- a) This policy constitutes the complete contract of insurance. This Policy cannot be modified by anyone (including an insurance agent or broker) except Us, Any change made by Us shall be evidenced by a written endorsement signed and stamped.
- b) The policyholder may be changed only at the time of renewal. The new policyholder must be the legal heir/immediate family member. Such change would be subject to acceptance by the company and payment of premium (if any). The renewed Policy shall be treated as having been renewed without break.

The policyholder may be changed during the Policy Period only in case of his/her demise or him/her moving out of India.

23. CHANGE OF CASH BENEFIT AMOUNT/ BENEFIT PERIOD - Midterm revision of Daily Cash benefit amount/ benefit period shall not be available in the policy.

24. Mid-term inclusion of dependent family member shall be available only on grounds of:

- i. a child attaining age of 91 days
- ii. spouse in the event of marriage of the insured member during the policy period.

The mid-term of inclusion of such family members shall take place on prorata premium basis.

25. TERMS AND CONDITIONS OF THE POLICY - The terms and conditions contained herein and in the Policy Schedule shall be deemed to form part of the Policy and shall be read together as one document.

26. In case of any inconsistency in the terms and conditions in the policy wordings vis-a-vis the information contained in the Policy Schedule, the information contained in the Policy schedule shall prevail.

27. PAYMENT OF PREMIUM - The premium payable shall be paid in advance before commencement of risk, unless installment facility has been availed. No receipt for premium shall be valid except on Our official form signed by Our duly authorized official. In similar way, no waiver



of any terms, provision, conditions and endorsements of this policy shall be valid unless made in writing and signed by Our authorized official.

28. **NOMINATION:** The policyholder is required at the inception and renewal of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. 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 policyholder, 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 policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.
29. **No Constructive Notice:** Any knowledge or information of any circumstance(s) or condition in connection with you / insured person(s), in possession of any of our official shall not be the notice to or be held to bind or prejudicially affect us notwithstanding subsequent acceptance of the premium.
30. **Electronic Transaction:** You and/or insured person(s) agree(s) to adhere to and comply with all such terms and conditions as we may prescribe from time to time and hereby agree(s) and confirm(s) that all transactions effected by or through facilities for conducting remote transactions including the internet, world wide web, electronic data interchange, call centers, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication established by or on behalf of us for and in respect of the policy or its terms or our other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with our terms and conditions for such facilities, as may be prescribed from time to time. However, the terms of the condition shall not override provisions of any law(s) or statutory regulations including provisions of IRDA regulations for protection of policy holder's interests.

31. PROVISION FOR SENIOR CITIZENS

Separate channel to address the related claims and grievances of senior citizen are mentioned below:

E-mail: seniorcitizengrievance@iffcotokio.co.in
Toll free: 1800-103-5498
Address: Chief Grievance Officer
IFFCO-Tokio General Insurance Co Ltd



IFFCO Tower, Plot no. 3
Sector -29, Gurgaon – 122001

32. REDRESSAL OF GRIEVANCE –

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

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

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

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/contactus?tab=branch>

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.

The contact details of the Insurance Ombudsman offices have been provided as below.



Grievance may also be lodged at IRDAI Integrated Grievance Management System

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

For Updated List of Ombudsman Address, Please visit:

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

POINTS TO REMEMBER –

1. Minimum Entry Age –
 - a. Child – 91 days
 - b. Adult – 18 years
2. Maximum Entry Age –
 - a. Child – 25 years
 - b. Adult - 65 years
3. Exit Age for child – 26 years (in case of a 1 year policy where the child entered at 25 years of age), 27 years (in case of a 2 year policy where the child entered at 25 years of age) and 28 year (in case of a 3 year policy where the child entered at 25 years of age). The dependent child, post the exit age shall have the option to migrate to an independent policy. We would allow suitable credits for all the previous policy years to his/her new policy, provided the policy where he/she was a dependent child had been be maintained without a break.
4. Maximum Renewable Age for adult – Lifelong
5. Daily Cash options (Rs.) – 250/ 500/ 750/ 1000/ 1500
6. Maximum Benefit period per year (in days) – 15/30
7. Details Of Insured Person: The policy can be issued on individual basis to Insured and his/her family. It means, the Family that consists of the proposer and any one or more of the family members as mentioned below:
 - i. legally wedded spouse.
 - ii. Parents and Parents-in-law.



iii. dependent Children (i.e. natural or legally adopted) between the age 3 months to 25 years. If the child above 18 years of age is financially independent, he or she shall be ineligible for coverage in the subsequent renewals

The Insured shall be required to furnish complete details of all insured person(s) in the format as indicated in the Proposal Form.

8. Pre-policy Health Checkup –No medical check-up upto 55 years, subject to proposal form having no adverse medical declaration. Wherever required, Insured person(s) has to undergo a Pre-policy check-up. If such a proposal is accepted and policy has been issued, We would reimburse 50% cost of the diagnostic test charges.

9. Grace Period – The grace period for payment of the premium shall be:

- a) fifteen days for monthly installment modes, (wherever applicable)
- b) thirty days for any other installment modes (wherever applicable)
- c) thirty days for renewal.

Provided,

- a) the coverage shall be available during the grace period, wherever the premium payment is paid in installments. (wherever applicable)
- b) Coverage is not available during the period for which no premium is received after the expiry of the Policy.

PROHIBITION OF REBATES

Section 41 of the Insurance Act 1938 provides as follows:

1. No person shall allow, or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.
2. Any person making default in Company with the provisions of the section shall be punishable with fine which may extend to ten lakh rupees.



Note: Sales literature contains salient features of the product. For exhaustive details on covers, exclusions and conditions, kindly refer Policy Wordings. For all Insurance contracts, Policy Schedule along with Policy Wordings will be considered as contract documents. For more and detailed information regarding policies/ claims, please contact the nearest IFFCO-Tokio Office/ Bima Kendra/ Authorized Company Agent.

RATING CHART

Premium Table

Please note:

- The premium for the policy based on '**Individual Sum Insured**' adhere to premiums given below for each member.
- The premium for the policy based on '**Floater Sum Insured**' adhere to premium tables given below for Highest aged member and 25% discount for each member other than highest aged members in the family.

Premium rates given below are in INR and are exclusive of GST

Total Premium to be charged via Single Payment when policyholder opting for 1 year policy											
PREMIUM TABLE - 15 DAYS						PREMIUM TABLE - 30 DAYS					
Age Band	Daily Cash Benefit in Rs					Age Band	Daily Cash Benefit in Rs				
	250	500	750	1000	1500		250	500	750	1000	1500
0-25	134	267	401	534	801	0-25	150	299	449	598	897
26-35	142	283	425	566	849	26-35	158	317	475	634	951
36-40	160	320	480	641	961	36-40	179	359	538	717	1,076
41-45	168	335	503	670	1,005	41-45	188	375	563	750	1,126
46-50	203	406	608	811	1,217	46-50	227	454	681	909	1,363



51-55	228	455	683	910	1,365
56-60	298	595	893	1,190	1,786
61-65	479	959	1,438	1,918	2,876
66 AND ABOVE	609	1,218	1,827	2,435	3,653

51-55	255	510	764	1,019	1,529
56-60	333	667	1,000	1,333	2,000
61-65	537	1,074	1,611	2,147	3,221
66 AND ABOVE	682	1,364	2,045	2,727	4,091

Total Premium to be charged via Single payment when policyholder opting for 2 year policy

PREMIUM TABLE - 15 DAYS					
Age Band	Daily Cash Benefit in Rs				
	250	500	750	1000	1500
0-25	258	516	774	1,031	1,547
26-35	273	546	820	1,093	1,639
36-40	309	618	927	1,236	1,855
41-45	323	647	970	1,293	1,940
46-50	392	783	1,175	1,566	2,349
51-55	439	878	1,317	1,757	2,635
56-60	574	1,149	1,723	2,298	3,447
61-65	925	1,851	2,776	3,701	5,552
66 AND ABOVE	1,175	2,350	3,526	4,701	7,051

PREMIUM TABLE - 30 DAYS					
Age Band	Daily Cash Benefit in Rs				
	250	500	750	1000	1500
0-25	289	577	866	1,155	1,732
26-35	306	612	918	1,224	1,835
36-40	346	692	1,038	1,385	2,077
41-45	362	724	1,086	1,448	2,173
46-50	438	877	1,315	1,754	2,631
51-55	492	984	1,475	1,967	2,951
56-60	643	1,287	1,930	2,573	3,860
61-65	1,036	2,072	3,109	4,145	6,217
66 AND ABOVE	1,316	2,632	3,948	5,264	7,896

Total Premium to be charged via Single payment when policyholder opting for 3 year policy

PREMIUM TABLE - 15 DAYS					
Age Band	Daily Cash Benefit in Rs				
	250	500	750	1000	1500
0-25	373	747	1,120	1,494	2,241
26-35	396	791	1,187	1,583	2,374

PREMIUM TABLE - 30 DAYS					
Age Band	Daily Cash Benefit in Rs				
	250	500	750	1000	1500
0-25	418	836	1,254	1,673	2,509
26-35	443	886	1,329	1,772	2,658



36-40	448	895	1,343	1,791	2,686
41-45	468	937	1,405	1,873	2,810
46-50	567	1,134	1,701	2,268	3,402
51-55	636	1,272	1,908	2,544	3,816
56-60	832	1,664	2,496	3,328	4,992
61-65	1,340	2,680	4,021	5,361	8,041
66 AND ABOVE	1,702	3,404	5,106	6,808	10,212

36-40	501	1,003	1,504	2,005	3,008
41-45	524	1,049	1,573	2,098	3,147
46-50	635	1,270	1,905	2,540	3,810
51-55	712	1,424	2,137	2,849	4,273
56-60	932	1,863	2,795	3,727	5,590
61-65	1,501	3,002	4,502	6,003	9,005
66 AND ABOVE	1,906	3,812	5,718	7,624	11,436

Yearly Installment when policyholder opting for 2 year policy

PREMIUM TABLE - 15 DAYS

Age Band	Daily Cash Benefit in Rs				
	250	500	750	1000	1500
0-25	134	267	401	534	801
26-35	142	283	425	566	849
36-40	160	320	480	641	961
41-45	168	335	503	670	1,005
46-50	203	406	608	811	1,217
51-55	228	455	683	910	1,365
56-60	298	595	893	1,190	1,786
61-65	479	959	1,438	1,918	2,876
66 AND ABOVE	609	1,218	1,827	2,435	3,653

PREMIUM TABLE - 30 DAYS

Age Band	Daily Cash Benefit in Rs				
	250	500	750	1000	1500
0-25	150	299	449	598	897
26-35	158	317	475	634	951
36-40	179	359	538	717	1,076
41-45	188	375	563	750	1,126
46-50	227	454	681	909	1,363
51-55	255	510	764	1,019	1,529
56-60	333	667	1,000	1,333	2,000
61-65	537	1,074	1,611	2,147	3,221
66 AND ABOVE	682	1,364	2,045	2,727	4,091

Yearly Installment when policyholder opting for 3 year policy

PREMIUM TABLE - 15 DAYS

PREMIUM TABLE - 30 DAYS



Age Band	Daily Cash Benefit in Rs				
	250	500	750	1000	1500
0-25	134	267	401	534	801
26-35	142	283	425	566	849
36-40	160	320	480	641	961
41-45	168	335	503	670	1,005
46-50	203	406	608	811	1,217
51-55	228	455	683	910	1,365
56-60	298	595	893	1,190	1,786
61-65	479	959	1,438	1,918	2,876
66 AND ABOVE	609	1,218	1,827	2,435	3,653

Age Band	Daily Cash Benefit in Rs				
	250	500	750	1000	1500
0-25	150	299	449	598	897
26-35	158	317	475	634	951
36-40	179	359	538	717	1,076
41-45	188	375	563	750	1,126
46-50	227	454	681	909	1,363
51-55	255	510	764	1,019	1,529
56-60	333	667	1,000	1,333	2,000
61-65	537	1,074	1,611	2,147	3,221
66 AND ABOVE	682	1,364	2,045	2,727	4,091

Half Yearly Instalment Premium - when policyholder opting for 1 year policy

PREMIUM TABLE - 15 DAYS

Age Band	Daily Cash Benefit in Rs				
	250	500	750	1000	1500
0-25	68	136	204	272	408
26-35	72	144	216	288	432
36-40	82	163	245	326	489
41-45	85	171	256	341	512
46-50	103	206	310	413	619
51-55	116	232	347	463	695
56-60	151	303	454	606	909
61-65	244	488	732	976	1,464
66 AND ABOVE	310	620	930	1,240	1,860

PREMIUM TABLE - 30 DAYS

Age Band	Daily Cash Benefit in Rs				
	250	500	750	1000	1500
0-25	76	152	228	305	457
26-35	81	161	242	323	484
36-40	91	183	274	365	548
41-45	95	191	286	382	573
46-50	116	231	347	462	694
51-55	130	259	389	519	778
56-60	170	339	509	679	1,018
61-65	273	547	820	1,093	1,640
66 AND ABOVE	347	694	1,041	1,388	2,082



Half Yearly Instalment Premium - when policyholder opting for 2 year policy

PREMIUM TABLE - 15 DAYS					
Age Band	Daily Cash Benefit in Rs				
	250	500	750	1000	1500
0-25	68	136	204	272	408
26-35	72	144	216	288	432
36-40	82	163	245	326	489
41-45	85	171	256	341	512
46-50	103	206	310	413	619
51-55	116	232	347	463	695
56-60	151	303	454	606	909
61-65	244	488	732	976	1,464
66 AND ABOVE	310	620	930	1,240	1,860

PREMIUM TABLE - 30 DAYS					
Age Band	Daily Cash Benefit in Rs				
	250	500	750	1000	1500
0-25	76	152	228	305	457
26-35	81	161	242	323	484
36-40	91	183	274	365	548
41-45	95	191	286	382	573
46-50	116	231	347	462	694
51-55	130	259	389	519	778
56-60	170	339	509	679	1,018
61-65	273	547	820	1,093	1,640
66 AND ABOVE	347	694	1,041	1,388	2,082

Half Yearly instalment Premium - when policyholder opting for 3 year policy

PREMIUM TABLE - 15 DAYS					
Age Band	Daily Cash Benefit in Rs				
	250	500	750	1000	1500
0-25	68	136	204	272	408
26-35	72	144	216	288	432
36-40	82	163	245	326	489
41-45	85	171	256	341	512
46-50	103	206	310	413	619

PREMIUM TABLE - 30 DAYS					
Age Band	Daily Cash Benefit in Rs				
	250	500	750	1000	1500
0-25	76	152	228	305	457
26-35	81	161	242	323	484
36-40	91	183	274	365	548
41-45	95	191	286	382	573
46-50	116	231	347	462	694



51-55	116	232	347	463	695
56-60	151	303	454	606	909
61-65	244	488	732	976	1,464
66 AND ABOVE	310	620	930	1,240	1,860

51-55	130	259	389	519	778
56-60	170	339	509	679	1,018
61-65	273	547	820	1,093	1,640
66 AND ABOVE	347	694	1,041	1,388	2,082

Quarterly Instalment Premium - when policyholder opting for 1 year policy

PREMIUM TABLE - 15 DAYS					
Age Band	Daily Cash Benefit in Rs				
	250	500	750	1000	1500
0-25	34	69	103	137	206
26-35	36	73	109	145	218
36-40	41	82	123	164	247
41-45	43	86	129	172	258
46-50	52	104	156	208	313
51-55	58	117	175	234	351
56-60	76	153	229	306	459
61-65	123	246	369	492	739
66 AND ABOVE	156	313	469	625	938

PREMIUM TABLE - 30 DAYS					
Age Band	Daily Cash Benefit in Rs				
	250	500	750	1000	1500
0-25	38	77	115	154	230
26-35	41	81	122	163	244
36-40	46	92	138	184	276
41-45	48	96	145	193	289
46-50	58	117	175	233	350
51-55	65	131	196	262	393
56-60	86	171	257	342	514
61-65	138	276	414	551	827
66 AND ABOVE	175	350	525	700	1,051

Quarterly instalment Premium - when policyholder opting for 2 year policy

PREMIUM TABLE - 15 DAYS					
Age Band	Daily Cash Benefit in Rs				
	250	500	750	1000	1500
0-25	34	69	103	137	206
26-35	36	73	109	145	218

PREMIUM TABLE - 30 DAYS					
Age Band	Daily Cash Benefit in Rs				
	250	500	750	1000	1500
0-25	38	77	115	154	230
26-35	41	81	122	163	244



36-40	41	82	123	164	247
41-45	43	86	129	172	258
46-50	52	104	156	208	313
51-55	58	117	175	234	351
56-60	76	153	229	306	459
61-65	123	246	369	492	739
66 AND ABOVE	156	313	469	625	938

36-40	46	92	138	184	276
41-45	48	96	145	193	289
46-50	58	117	175	233	350
51-55	65	131	196	262	393
56-60	86	171	257	342	514
61-65	138	276	414	551	827
66 AND ABOVE	175	350	525	700	1,051

Quarterly instalment Premium - when policyholder opting for 3 year policy

PREMIUM TABLE - 15 DAYS					
Age Band	Daily Cash Benefit in Rs				
	250	500	750	1000	1500
0-25	34	69	103	137	206
26-35	36	73	109	145	218
36-40	41	82	123	164	247
41-45	43	86	129	172	258
46-50	52	104	156	208	313
51-55	58	117	175	234	351
56-60	76	153	229	306	459
61-65	123	246	369	492	739
66 AND ABOVE	156	313	469	625	938

PREMIUM TABLE - 30 DAYS					
Age Band	Daily Cash Benefit in Rs				
	250	500	750	1000	1500
0-25	38	77	115	154	230
26-35	41	81	122	163	244
36-40	46	92	138	184	276
41-45	48	96	145	193	289
46-50	58	117	175	233	350
51-55	65	131	196	262	393
56-60	86	171	257	342	514
61-65	138	276	414	551	827
66 AND ABOVE	175	350	525	700	1,051

Monthly instalment Premium - when policyholder opting for 1 year policy

PREMIUM TABLE - 15 DAYS	
Age Band	Daily Cash Benefit in Rs

PREMIUM TABLE - 30 DAYS	
Age Band	Daily Cash Benefit in Rs



	250	500	750	1000	1500
0-25	12	23	35	46	69
26-35	12	24	37	49	73
36-40	14	28	41	55	83
41-45	14	29	43	58	87
46-50	17	35	52	70	105
51-55	20	39	59	78	118
56-60	26	51	77	103	154
61-65	41	83	124	165	248
66 AND ABOVE	52	105	157	210	315

	250	500	750	1000	1500
0-25	13	26	39	52	77
26-35	14	27	41	55	82
36-40	15	31	46	62	93
41-45	16	32	48	65	97
46-50	20	39	59	78	117
51-55	22	44	66	88	132
56-60	29	57	86	115	172
61-65	46	92	139	185	277
66 AND ABOVE	59	117	176	235	352

Monthly instalment Premium - when policyholder opting for 2 year policy

PREMIUM TABLE - 15 DAYS					
Age Band	Daily Cash Benefit in Rs				
	250	500	750	1000	1500
0-25	12	23	35	46	69
26-35	12	24	37	49	73
36-40	14	28	41	55	83
41-45	14	29	43	58	87
46-50	17	35	52	70	105
51-55	20	39	59	78	118
56-60	26	51	77	103	154
61-65	41	83	124	165	248
66 AND ABOVE	52	105	157	210	315

PREMIUM TABLE - 30 DAYS					
Age Band	Daily Cash Benefit in Rs				
	250	500	750	1000	1500
0-25	13	26	39	52	77
26-35	14	27	41	55	82
36-40	15	31	46	62	93
41-45	16	32	48	65	97
46-50	20	39	59	78	117
51-55	22	44	66	88	132
56-60	29	57	86	115	172
61-65	46	92	139	185	277
66 AND ABOVE	59	117	176	235	352

Monthly instalment Premium - when policyholder opting for 3 year policy



PREMIUM TABLE - 15 DAYS					
Age Band	Daily Cash Benefit in Rs				
	250	500	750	1000	1500
0-25	12	23	35	46	69
26-35	12	24	37	49	73
36-40	14	28	41	55	83
41-45	14	29	43	58	87
46-50	17	35	52	70	105
51-55	20	39	59	78	118
56-60	26	51	77	103	154
61-65	41	83	124	165	248
66 AND ABOVE	52	105	157	210	315

PREMIUM TABLE - 30 DAYS					
Age Band	Daily Cash Benefit in Rs				
	250	500	750	1000	1500
0-25	13	26	39	52	77
26-35	14	27	41	55	82
36-40	15	31	46	62	93
41-45	16	32	48	65	97
46-50	20	39	59	78	117
51-55	22	44	66	88	132
56-60	29	57	86	115	172
61-65	46	92	139	185	277
66 AND ABOVE	59	117	176	235	352

Premium Illustration –

Scenario - Single Payment option when policyholder opting for 1 year policy.

Illustration 1 –

Age of the Members Insured	Coverage opted on individual basis covering each member of the family separately (at a single point in time)			Coverage opted on individual basis covering multiple members of the family under a single policy (Benefit Period is available for each member of the family)					Coverage opted on family floater basis with overall Benefit Period (Only one Benefit Period is available for the entire family)				
	Premium (Rs.)	Benefit period	Daily Cash (Rs.)	Premium (Rs.)	Discount for 2 members	Premium after	Benefit period	Daily Cash (Rs.)	Premium (Rs.)	Floater discount, if any	Premium after	Benefit period	Daily Cash (Rs.)



		opted (days)			discount (Rs.)	opted (days)			discount (Rs.)	opted (days)			
25 or less	598	30	1000										
26-35	634	30	1000										
36-40	717	30	1000										
41-45	750	30	1000										
46-50	909	30	1000	909	5%	864	30	1000	909	25%	682	30	1000
51-55	1,019	30	1000	1019	5%	968	30	1000	1019	0%	1019		1000
56-60	1,333	30	1000										
61-65	2,147	30	1000										
66 AND ABOVE	2,727	30	1000										
				Total Family Premium		1832					Total Family Premium		1701

Illustration 2 -

Age of the Members Insured	Coverage opted on individual basis covering each member of the family separately (at a single point in time)	Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured is available for each member of the family)	Coverage opted on family floater basis with overall Benefit Period (Only one Benefit Period is available for the entire family)



	Premium (Rs.)	Benefit period opted (days)	Daily Cash (Rs.)	Premium (Rs.)	Discount for 2 members	Premium after discount (Rs.)	Benefit period opted (days)	Daily Cash (Rs.)	Premium (Rs.)	Floater discount, if any	Premium after discount (Rs.)	Benefit period opted (days)	Daily Cash (Rs.)
25 or less	801	15	1500										
26-35	849	15	1500										
36-40	961	15	1500	961	5%	913	15	1500	961	25%	720.75	15	1500
41-45	1,005	15	1500	1,005	5%	955	15	1500	1,005	0%	1005		1500
46-50	1,217	15	1500										
51-55	1,365	15	1500										
56-60	1,786	15	1500										
61-65	2,876	15	1500										
66 AND ABOVE	3,653	15	1500										
				Total Family Premium		1868			Total Family Premium		1725.75		

Illustration –

Below is an illustration to provide clarity on how the instalment shall work in a long term policy where a claim gets triggered within 1st year of policy.

Illustration –

A 43 years old person purchases a policy with a benefit period of 30 days and Daily cash of Rs 1000 per day for 3 years with a monthly instalment facility.



Policy Details	
Age of the Member insured (in yrs)	43
Benefit period opted (days)	30
Daily Cash opted (Rs.)	1000
Policy Tenure	3 years
Policy Start date	01-Apr-21
Premium frequency	Monthly
Monthly installment date	1st
Total installments	$(12 * 3) = 36$
Monthly installment amount (Rs)	65

After 8 months, he meets with an accident and gets hospitalised for 4 days. In such a scenario, the following claim calculation method shall be followed:

Claim Scenario	
Date of claim	25-Feb-22
No. of days of admission	4
Claim Amount (Rs)	$(4 * 1000) = 4000$
Total installments paid before claim	8
Total Installments remaining for the year	$(12-8) = 4$
Remaining Premium due for the year (Rs)	$(4*65) = 260$
<u>Effective policy conditions:</u>	
i. In the event of a claim, all subsequent premium instalments for the year shall immediately become due and payable.	
ii. We have the right to recover and deduct all the pending instalments for the year from the claim amount due under the policy.	
Subsequent Premium Installments immediately payable by Insured for the year (Rs)	260
Claim payable by Us (Rs)	4000

Once the remaining instalments for the first year are paid and claim is settled, the policy shall work as per the following table:



Policy Year	No. of installments due after payment of remaining installments and claim payment	Benefit Period available per year after claim
Year 1	0	(30-4) = 26 days
Year 2	12	30 days
Year 3	12	30 days