

HDFC ERGO General Insurance Company Limited



2825202270422206000

Dear MR NISHIT TULI

12-2 HIRABAG SOC NR SARDAR
PATEL SCHOOL BHAIKAVNATH
RD VALLABHWADI
AHMEDABAD, GUJARAT, 380008
Contact No. 98XXXXXXX5

Date :25/05/2024

Thank you for choosing HDFC ERGO as your preferred insurance partner. We welcome you to be a part of our family !
Your Health insurance policy reference no 2825202270422206000 is confirmed on the basis of the information and declaration given by you. The details of coverage are mentioned in the enclosed policy schedule of insurance.

As a measure of our customer convenience we have implemented a Lifetime Validity Health Card. For you, this simply means that your Health Card is valid for all subsequent renewals and as long as your policy is active with us. Hence, you need not replace your health card every year.

We value your relationship with us and assure you our best services at all times and we look forward to serve you.

Now you can view your policy details and health card at your fingertips. Download our Mobile App now and experience convenience today!!"

Proposer details have been updated basis the information present in the KYC documents. If you find any detail which needs to be corrected, request you to create/ modify the eKYC ID and place a request for endorsement.

Soft copy of the policy is valid for all purposes including claims.

For HDFC ERGO General Insurance Company Ltd.

Arun Sharma
Head - Customer Experience Management

HDFC ERGO General Insurance Company Limited

TAX CERTIFICATE



Dear Nishit Tuli,

Subject : Certificate for the purpose of deduction under section 80 D of Income Tax (Amendment) Act, 1986

This is to certify that we have received an amount of ₹ 21,680.00 towards premium for Policy No. 2825202270422206000 issued to NISHIT TULI for the period 25/05/2024 to 24/05/2025.

Note : This is subject to the provisions of Section 80D of income tax (Amendment) Act, 1986 as amended from time to time.

Deduction under Section 80D can be claimed only on payment of the premium. In case where all the installment are not paid, the deduction to be claimed under section 80D will be restricted to the proportion of the premium actually paid. In case of free look cancellation or otherwise, the benefit under this section would be nullified or prorated, as applicable.

For HDFC ERGO General Insurance Company Ltd.

Date : 20/05/2024

Policy Issuing Office: Mumbai

Duly Constituted Attorney

HDFC ERGO General Insurance Company Limited
Policy Schedule



my:health Suraksha Policy
(Silver)



2825202270422206000

MR NISHIT TULI 12-2 HIRABAG SOC NR SARDAR PATEL SCHOOL BHAIKAVNATH RD VALLABHWADI AHMEDABAD, GUJARAT- 380008 Contact No : 98XXXXXXX5	Policy No. : 2825 2022 7042 2206 000	Issuance Date : 20/05/2024
	Period of Insurance : From 25/05/2024 00:01 hrs To 24/05/2025 Midnight	
	Invoice No. : 202270422206000	Premium Frequency : Single
	Proposer Name : Mr Nishit Tuli	Policy Type : Family
	HSN Code : 997133	
	Customer Id : 100495736730	
EIA No. : Not provided		
Payment Details : 902000187618961 , Bank Name : BizDirect		
Email ID : paxxxxxxxxxxas@gxxxx.com		

my:health Suraksha - Insured Person's Details & Sum Insured

Insured's Name	Relation with policy holder	Gender	DOB	Nominee Name	Nominee Relationship	1st Policy Inception	Basic Sum Insured	Tier	CB Amount (₹)	Unlimited Restore Add on (Y/N)	Pre Existing Disease	ABHA ID
Nishit Tuli	Self	Male	08/01/1986	Nisha Tuli	SPOUSE	25/05/2011	300000	Tier 1	300000		No	
Nisha Tuli	Wife	Female	10/04/1985	Nishit Tuli	SPOUSE	25/05/2011				No	No	
Krishav Tuli	Dependent Son	Male	03/03/2012	Nishit Tuli	FATHER	25/05/2013				No	No	

Note : In case any insured person's wish to generate his/her ABHA ID kindly visit link given below :

<https://healthid.ndhm.gov.in/register>

Unlimited Restore UIN No: HDFHLIA22188V012122

Schedule of Coverage

Section	Covers	Details/ Applicability of Sum Insured	Limit
Base Covers			
A	Hospitalization Cover	up to Basic Sum Insured including cumulative Bonus	Basic Sum Insured and CB
	Medical Expenses		Basic Sum Insured and CB
1B	Mental Healthcare		Basic Sum Insured and CB
2	Home Healthcare		Basic Sum Insured and CB
3	Domiciliary Hospitalization		Basic Sum Insured and CB
4	Pre-Hospitalization		60 Days
5	Post-Hospitalization		180 Days
6	Day Care Procedures		Basic Sum Insured and CB
7	Road Ambulance cover	Sub limited within the Basic Sum Insured including Cumulative Bonus	SI 1 to 5 L -2,000 SI 6 to 50 L -3,500 SI Above 50 L -15,000
8	Organ Donor Expenses	upto Basic Sum Insured including cumulative Bonus	Basic Sum Insured and CB
9	Alternative Treatment	upto Basic Sum Insured including cumulative Bonus	Basic Sum Insured and CB

Optional Covers

C5	Recovery Benefit	over and above the Basic Sum Insured	3000
C6	Sum Insured Rebound	over and above the Basic Sum Insured	Upto 100% of Basic Sum Insured
C12	Extended Cumulative Bonus	Extended Cumulative Bonus per claim free year, as per	<10% of sum insured, Max 100%>

Renewal Benefits

1	Prevent Health Check-up	1% of Sum insured for every 4 claim free years (max upto 5000)
2	Cumulative Bonus	Applicable (5% of sum insured , max upto 50%)
3	my:health Active	Applicable

Waiting Periods

Section A	Hospitalization Cover	Sec E 1 i - General waiting period - 30 days from Policy inception date Sec E 1 ii - Listed illness & procedures - 24 Months Sec E 1 iii - Preexisting conditions - 48 Months
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Premium Details (₹)

Basic Premium	18372.64
Medical U/W Loading +	0
Total Premium (Insured) excluding Tax	18373.00
GST 18% : Central Tax 9% (₹1653.5) + State Tax 9% (₹1653.5)	3307.00
Total Premium (Including Taxes)	21680.00

Special Conditions : For Rs 200000 Sum Insured - Sec 9.A.I, 9.A.II and 9.A.III. Insured to be considered as per the policy inception date as 25/05/2011.

For declared and accepted pre-existing medical conditions, waiting period (s) shall apply per policy terms and conditions from 1st policy inception date of the policy, fresh waiting period (s) shall apply on enhanced sum insured.

For Claim/Policy related queries call us at +91- 22 6234 6234/+91- 120 6234 6234 or Visit Help Section on www.hdfcergo.com for policy copy/tax certificate/make changes/register & track claim.

The policy is valid subject to payment received by us. If the premium is not realised the policy shall be void from inception. Consolidated stamp duty for this Insurance Policy is paid by Demand Draft, vide Receipt/Challan no NO.LOA/ENF-1/CSD/34/2023/6045 dated 27/12/2023 as prescribed in Government of Maharashtra Order No. Mudrank-2017/CR.97/M-1, dated the 09th January 2018. GST Registration No: 24AABCL5045N1ZE .GST for this invoice is not payable under reverse charge basis. I/ We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule

Branch : a shridhar athens, office no 1201 to 1206, 12th floor matheran villa satellite jodhpur near rani laxmibai statue nehrunagar ahmedabad

HDFC ERGO General Insurance Company Limited

Policy Schedule



Broker Name : JAINUINE INSURANCE BROKER PVT LTD
Broker Code : 21038464

For HDFC ERGO General Insurance Company Ltd.

Duly Constituted Attorney

Explore any of our advanced digital options below and get quick assistance for your policy servicing queries.



Click on <https://selfhelp.hdfcergo.com>
to visit our "Help" section



Live Chat with DIA on www.hdfcergo.com




Send us 'Hi' on our WhatsApp Number 8169 500 500



Download the **here** app by HDFC ERGO

"For detailed policy terms and conditions please visit our website <https://www.hdfcergo.com/download/policy-wordings>"





Policy No.:2825202270422206000
Valid From: 25/05/2024 Renewal Date: 24 May

Insured Name	Member ID	Date Of Birth	Gender
NISHIT TULI	202005212801334	08/01/1986	Male
NISHA TULI	202005212801335	10/04/1985	Female
KRISHAV TULI	202005212801336	03/03/2012	Male

HDFC ERGO General Insurance Company Limited

This card is for identification purpose only.

Card has to be presented to the Network Service Provider at the time of admission/ availing cashless hospitalization or any other services. Insurance claim will be processed in accordance with the policy term & conditions. Card does not guarantee cashless hospitalization or any other service. For more details and updated list of Network Service Provider please refer our website or call our call centre. This card is valid till the time policy is active.

Customer Service No : 022 - 6234 6234 / 0120 - 6234 6234

Email : healthclaims@hdfcergo.com
Processing Centre : HDFC ERGO General Insurance Company Ltd. 5th floor,
Tower 1, Steller IT Park, C-25, Sector-62,Noida-201301.
Website : www.hdfcergo.com



CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

S.No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product/Policy	my:health Suraksha	NA
2	Policy number	2825202270422206000	NA
3	Type of Insurance Product/ Policy	Both Indemnity and Benefit	NA
4	Sum Insured	<ul style="list-style-type: none"> • Individual Sum Insured -Where each member has a separate sum insured under the policy), or • Floater Sum Insured-Where all members under the policy have a single sum insured limit which may be utilized by any or all members Sum Insured opted:300000 on Family Floater Sum Insured basis Note: For complete details of Sum Insured applicability, please refer to your Policy Schedule	NA
5	Policy Coverage (What the policy covers?)	Base Covers: Coverages in force for the Insured Persons shall be as per the plan opted Expenses in respect of: <ol style="list-style-type: none"> 1. Admission in Hospital for minimum 24 hours 2. Home Health Care (Medical Expenses incurred on availing treatment at Home) 3. Domiciliary Hospitalization (Treatment at home due to non-availability of room in a Hospital or patient could not be removed/admitted to a Hospital) 4. Pre-hospitalisation of 60 days (treatment prior to admission in hospital) 5. Post-hospitalisation (treatment after discharge from hospital) within 180 days from date of discharge 6. All Day Care procedures requiring less than 24 hours of hospitalization 7. Road Ambulance cover expenses incurred on Road Ambulance Services 8. Organ Donor Expenses (Cost of Organ donor's hospitalization for harvesting of the donated organ where an Insured Person is the recipient) 9. Alternative Treatment Hospitalization Expenses (Medical Expenses incurred for Inpatient Care under Ayurveda, Unani, Siddha, Homeopathy, Yoga & Naturopathy) 10. Preventive Health Check-up - Basic (Cost of a Preventive Health Check-up for the Insured Person will be paid) 11. Cumulative Bonus 	B-1.1 B-1.2 B-1.3 B-1.4 B-1.5 B-1.6 B-1.7 B-1.8 B-1.9 B-II.1 B-II.2



	<p>12. my: Health Active (Program encourages to maintain good health & Optional Covers: Optional coverages for the Insured Persons shall be in force only if the same is available under the plan and/or is opted.</p>	B-II.3
	1. Preventive Health Check-Up – Booster (Cost of Preventive Health Check-up for the Insured Person will be paid)	B-III.1
	2. Parent and Child care Cover – Basic (Cost of Maternity & Child Care expenses)	B-III.2
	3. Parent and Child care Cover – Booster (Cost of Maternity & Child Care expenses)	B-III.3
	4. Air Ambulance Cover (Cost of Air Ambulance transportation for Emergency Care)	B-III.4
	5. Recovery Benefit (Lumpsum payment to insured for Hospitalization exceeding 10 consecutive and continuous days)	B-III.5
	6. Sum Insured Rebound (Additional amount equivalent to the Claim amount)	B-III.6
	7. Outpatient Dental Treatment (Expenses incurred towards Dental Treatment)	B-III.7
	8. External Medical Aids (cost incurred towards listed medical aids)	B-III.8
	9. Major Illness Hospitalization Expenses (Additional Sum Insured on Hospitalization for listed Major illnesses)	B-III.9
	10. Non-Medical Expenses cover (Payment towards Non-Medical Expenses)	B-III.10
	11. Waiting period Modification Option (Modification of waiting period as specified in Section C of Policy Document)	B-III.11
	12. Extended Cumulative Bonus (Enhanced Cumulative Bonus percentage)	B-III.12
	13. Room Rent Modification Option (Modification of Room Rent limits specified under Section B of Policy Document)	B-III.13
	14. Co-Payment (Co-Payment as mentioned on the Schedule of Coverage will be applied)	B-III.14
	15. Major Illness – Benefit (Lump sum payment on diagnosis of listed illness)	B-III.15
	16. E-Opinion (Cost towards second Medical Opinion)	B-III.16
	17. Hospital Cash (Per day Sum Insured up to maximum Number of Days specified in Schedule of Coverage for each day of hospitalization)	B-III.17
	18. Global Health Cover (Cost of Medical Expenses incurred outside India)	B-III.18



		19. Surrogacy & Oocyte Donor Complications (Medical Expenses arising out of Surrogacy complications & Oocyte donor complications)	B-III.19
6	Exclusions (what the policy does not cover)	<p>1. Investigation & Evaluation: Code Excl04</p> <p>i. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.</p> <p>ii. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.</p> <p>2. 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:</p> <p>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.</p> <p>ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.</p> <p>3. Obesity/Weight control: Code – Excl06: Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions:</p> <p>i. Surgery to be conducted is upon the advice of the Doctor</p> <p>ii. The surgery/Procedure conducted should be supported by clinical protocols</p> <p>iii. The member has to be 18 years of age or older and</p> <p>iv. Body Mass Index (BMI)</p> <p style="padding-left: 40px;">A. greater than or equal to 40 or</p> <p style="padding-left: 40px;">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:</p> <p>1) Obesity-related cardiomyopathy</p> <p>2) Coronary heart disease</p> <p>3) Severe sleep apnea</p> <p>4) Uncontrolled type2 diabetes</p> <p>4. Change-of-Gender treatments: Code – Excl07: Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex</p> <p>5. 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</p>	<p>C.1.II.i</p> <p>C.1.II.ii</p> <p>C.1.II.iii</p> <p>C.1.II.iv</p> <p>C.1.II.v</p>



	<p>medical necessity, it must be certified by the attending Medical Practitioner</p> <p>6. 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.</p> <p>7. 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.</p> <p>8. Excluded Providers: Code – Excl11: Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website/notified to the Policyholders 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.</p> <p>9. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code – Excl12.</p> <p>10. 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.</p> <p>11. 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.</p> <p>12. Refractive Error: Code – Excl15: Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres</p> <p>13. 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.</p> <p>14. Sterility and Infertility: Code – Excl17: Expenses related to sterility and infertility. This includes: i. Any type of contraception, sterilization Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI</p>	<p>C.1.II.vi</p> <p>C.1.II.vii</p> <p>C.1.II.viii</p> <p>C.1.II.ix</p> <p>C.1.II.x</p> <p>C.1.II.xi</p> <p>C.1.II.xii</p> <p>C.1.II.xiii</p> <p>C.1.II.xiv</p>
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	<p>iii. Gestational Surrogacy iv. Reversal of sterilization 15. Maternity: Code – Excl18 i. Medical treatment expenses traceable to childbirth(including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy; ii. Expenses towards miscarriage (unless due to an accident)and lawful medical termination of pregnancy during the Policy Period. Specific Exclusions: In addition to the foregoing general exclusions, the Company shall not be liable to make any payment under this Policy caused by or arising out of or attributable to any of the following:</p>	C.1.II.xv
	<p>a) War or any act of war, invasion, act of foreign enemy, (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, Nuclear, Chemical or Biological attack or weapons, radiation of any kind.</p>	C.2.II.i
	<p>b) Any Insured Person committing or attempting to commit intentional self-injury or attempted suicide or suicide while mentally sound or unsound.</p>	C.2.II.ii
	<p>c) Any Insured Person’s participation or involvement in naval, military or air force operation.</p>	C.2.II.iii
	<p>d) Investigative treatment for Sleep-apnoea,general debility or exhaustion (“run-down condition”).</p>	C.2.II.iv
	<p>e) Congenital external diseases, defects or anomalies,</p>	C.2.II.v
	<p>f) Stem cell harvesting.</p>	C.2.II.vi
	<p>g) Investigative treatment for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure or for muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities).</p>	C.2.II.vii
	<p>h) Circumcisions (unless necessitated by Illness or Injury and forming part of treatment).</p>	C.2.II.viii
	<p>i) Any Convalescence, sanatorium treatment, private duty nursing or long-term nursing care.</p>	C.2.II.ix
	<p>j) Preventive care, and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.</p>	C.2.II.x
	<p>k) Vaccination including inoculation and immunisations (Except post bite treatment),</p>	C.2.II.xi



		<p>l) Non-Medical expenses such as Food charges (other than patient's diet provided by hospital), laundry charges, attendant charges, ambulance collar, ambulance equipment, baby food, baby utility charges etc. Full list of Non-Medical expenses is attached and also available at www.hdfcergo.com.</p> <p>m) Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed; treatments rendered by a Medical Practitioner who is a member of an Insured Person's family, or stays with him,</p> <p>n) Treatment taken on Outpatient basis</p> <p>o) The provision or fitting of hearing aids, spectacles or contact lenses.</p> <p>p) Any treatment and associated expenses for alopecia, baldness including corticosteroids and topical immunotherapy wigs, toupees, hair pieces, any nonsurgical hair replacement method. Optometric therapy</p> <p>q) Any treatment or part of a treatment that is not of a Reasonable and Customary charge, not Medically Necessary; treatments or drugs not supported by a prescription</p> <p>r) Expenses for Artificial limbs and/or device used for diagnosis or treatment (except when used intraoperatively).prosthesis, corrective devices external durable medical equipment of any kind, wheelchairs crutches and oxygen concentrator for bronchial asthma/ COPD conditions, cost of cochlear implant(s) unless necessitated by an Accident. Exhaustive list of Non-Medical Expenses is attached and also available on www.hdfcergo.com.</p> <p>s) Any Claim arising due to Non-disclosure of Pre-existing Illness or Material fact as sought to be declared on the Proposal form.</p> <p>t) Any type of Non-Allopathic treatment except mentioned under Section B-I-9 Alternative Treatments of Policy Document</p>	<p>C.2.II.xii</p> <p>C.2.II.xiii</p> <p>C.2.II.xiv</p> <p>C.2.II.xv</p> <p>C.2.II.xvi</p> <p>C.2.II.xvi i</p> <p>C.2.II.xvi ii</p> <p>C.2.II.xix</p> <p>C.2.II.xx</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>Initial waiting Period: 30 days for all illnesses (not applicable in case of continuous renewal or accidents)</p> <p>Specific Waiting periods (Not applicable for claims arising due to an accident):</p> <ul style="list-style-type: none"> • 24 months for listed diseases/procedure <p>Pre-existing diseases: Covered after 24/36/48 months</p>	<p>C.1.iii</p> <p>C.1.ii</p> <p>C.1.i</p>



		<p>Parent and Child Care Cover - Basic/Parent and Child Cover – Booster : Covered after 24/36/48 months Major illness – Benefit (Optional Cover) - 90 days Surrogacy complications : 36 months Oocyte donor complications : 12 months Note: Waiting Periods in force for Insured Persons shall be as per the plan opted or option selected</p>	<p>B.III.2 B.III.9 B.III.19 B.III.19</p>
8	<p>Financial limits coverage of i. Sub-limit (It is a pre- defined limit and the insurance company will not pay any amount in excess of this limit)</p>	<p>The policy will pay only up to the limits specified here under for the following diseases/ procedures:</p> <p>Base Cover:</p> <p>a. Road Ambulance (limits basis plan/ sum insured chosen): Up to 2/3.5/15K</p> <p>Optional Covers(limits basis plan / sum insured chosen) :</p> <p>b. Parent and Child Care Cover – Basic:</p> <ul style="list-style-type: none"> • Normal : Up to 15/25/50/80K • C-Sec : Up to 25/40/100/200K • Termination : Up to 15/25/50/80K • OPD Expenses – Up to 1.5/2.5/5/7K • Child Care – Upto 2/3.5/6/10K <p>c. Parent and Child Care Cover – Booster –</p> <ul style="list-style-type: none"> • Normal : Up to 15/25/35/50/75/80/100K • C-Sec : Upto 25/40/50/75/100/150/200K • Termination : Upto 15/20/25/35/50/75/80 /100K • Vaccination Charges - upto 5/15/25K • Infertility Treatment - Upto 50% of Normal Delivery Sum Insured • Child Care - Up to limit of Sum Insured under Parent and Child care Cover. • OPD Treatment : Up to limit of Sum Insured under Parent and Child care Cover <p>d. Air Ambulance : Up to 2/5/10L</p> <p>e. Recovery Benefit :Upto 1/2/3/4/5/7.5/10/15/25/40K</p> <p>f. Outpatient dental treatment : Upto 1% of SI; max 5/20K</p> <p>g. External Medical Aids : Upto 5/20K</p> <p>h. Room rent modification Option:</p> <ul style="list-style-type: none"> • Room Rent/ Boarding & Nursing 1% of Sum Insured per day subject to a maximum of Rs.5,000/- per day • ICU Rent/Boarding & Nursing max up to 2% of Sum Insured per day subject to a maximum of Rs.10,000/- per day 	<p>B.I.7 B.III.2 B.III.3 B.III.4 B.III.5 B.III.7 B.III.8 B.III.13</p>



	<p>ii.Co-payment (It is a specified amount/ percentage of the admissible claim amount to be paid by policyholder/ insured).</p> <p>iii.Deductible (It is a specified amount: - 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 the specified amount)</p>	<p>i. Major Illness – Benefit : 11 CI upto Basic SI of 50% or 100 % subject to max Rs 10 lacs only j. Hospital Cash - 500/1/1.5/2/2.5K max. of 30/60 days l. Extended Cumulative Bonus – 10/25/50% of Sum Insured upto 100/200% m. Outpatient dental treatment - 1% of Sum Insured subject to maximum of 5/20K</p> <p>In case of a claim, this policy requires you to share the following costs: Expenses exceeding the following Sub-limits:</p> <ul style="list-style-type: none"> • ‘Co-Payment’ Options : 10%/15%/20%/25% <p>Deductibles :</p> <ul style="list-style-type: none"> • Global Health Cover (Optional Cover) : 100 USD (Per Claim) 	<p>B.III.15 B.III.17 B.III.12 B.III.7 B.III.14 B.III.18</p>
9	<p>Claims/Claims Procedure</p>	<p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization. Turn Around Time (TAT) for claims settlement: For Cashless Process :</p> <p>i. TAT for preauthorization of cashless facility: 2 hours from the time the last necessary document is received. ii. TAT for cashless final bill authorization: 2 hours from the time the last necessary document is received. (Note: In case of internal verification, the final stand will be confirmed within 24 hours from the time the last necessary document is received by us) Provide the details /web link for following:</p> <p>i. Network Hospital details : https://www.hdfcergo.com/locators/cashless-hospitals-networks</p> <p>ii. Helpline number : https://www.hdfcergo.com/customercare/grievances</p>	<p>E</p>



		<p>Call (Within India) - : 022 6234 6234 / 0120 6234 6234 Outside India : Toll Free No: 800 08250825 Global Toll Free No: +800 08250825 (accessible from locations outside India only) iii. Hospitals which are excluded or from where no claims will be accepted by insurer https://www.hdfcergo.com/docs/default-source/documents/excluded-hospital1 iv. Downloading/getting claim form https://www.hdfcergo.com/download/claim-form Claim Intimation(Outside India): <ul style="list-style-type: none"> • Toll Free No: 800 08250825 • Global Toll Free No: +800 08250825 (accessible from locations outside India only) • Landline no (Chargeable) : 0120-4507250 • Email: travelclaims@hdfcergo.com </p>	
10	Policy Servicing	<p>Call center number : 022 6234 6234 / 0120 6234 6234 Or visit help section on www.hdfcergo.com Details of Company officials: Customer Happiness Center: D-301, 3rd Floor, Eastern Business District LBS Marg, Bhandup (West), Mumbai - 400 078.</p>	D.1.17
11	Grievances/Complaints	<p>In case of any grievance the insured person may contact the Company through: - Website: www.hdfcergo.com - Toll free: 022 6234 6234 / 0120 6234 6234 - E-mail: grievance@hdfcergo.com - Contact Details for Senior Citizen: 022 – 6242 – 6226 - Contact Details for Senior Citizen: 022 – 6242 – 6226 - E-mail specific for Senior citizens : seniorcitizen@hdfcergo.com Insured Person may contact the Grievance officer at cgo@hdfcergo.com For updated details of grievance officer, kindly refer the link: https://www.hdfcergo.com/customer-voice/grievances Ombudsman: https://bimabharosa.irdai.gov.in/</p>	D.1.17
12	Things remember to	<p>Free Look cancellation: You may cancel the insurance policy if you do not want it, within 15 days from the beginning of the policy. Process for free look cancellation: 1. The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.</p>	D.I.1



2. The insured person shall be allowed free look 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.

Policy renewal: Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.

Migration and Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.

Process for migration: The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the Company by applying for Migration of the policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration.

Process for portability:
The Insured Person will have the option to port the Policy to other insurers by applying to such Insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to Portability.

Change in Sum Insured:
Sum Insured can be changed (increased/ decreased) only at the time of renewal, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.

Moratorium Period:
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 applicable for the sums insured of the first policy and subsequently completion of eight 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 policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.

D.1.6

13	Your Obligations	Please disclose all pre-existing disease/s or condition/s and fill in the complete details in the proposal form before buying a policy. Non-disclosure may affect the claim settlement.	
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- Note:
1. Web-link of the product documents: <https://www.hdfcergo.com/download >>>
 2. In case of any conflict, the terms and conditions mention in the policy document shall prevail.

Declaration by the Policy Holder:

I have read the above and confirm having noted the details.

HDFC ERGO General Insurance Company Limited

Policy Schedule



Place:

Date:

(Signature of the Policyholder)