

Hospicash Loan Insurance

PROSPECTUS

Hospicash Loan Insurance product provides you with fixed benefit for each day of hospitalization irrespective of the actual medical cost. The product is designed to reduce financial burden of borrowers in case of any unfortunate events.

Scope of Cover

We hereby agree subject to the terms, conditions and exclusions contained or expressed herein, to compensate the Insured Person as per the covers and limits specified in the Policy Schedule/ Certificate of Insurance.

A. Base Cover

Accident and Sickness Hospital Cash Benefit

Pays the Daily Allowance for each calendar day of Hospitalization due to Accidental Bodily Injury or illness.

A franchise/ deductible of 1 day as stated in the Policy Schedule/Certificate of Insurance will be applicable. Our maximum liability shall be restricted to the daily allowance till opted length of stay and Waiting Period mentioned in the Policy Schedule/Certificate of Insurance.

Note: During the hospitalization period if the insured member is transferred from Normal room to ICU or vice versa the benefit would be payable only under one heading as specified above, as per the hospital bill for the respective day.

B. Optional Cover

B.1 Accident Hospital Cash Benefit

Twice the Hospital Daily Cash benefit for each continuous and completed period of 24 hours of Hospitalisation necessitated solely by reason of the said Accidental Bodily Injury.

We will not pay for Daily Cash benefit under Base cover above for the period when the Insured Person is hospitalized for Accidental Injury.

A franchise/ deductible of 1 day as stated in the Policy Schedule/Certificate of Insurance will be applicable only once, either in base cover, Accident and Sickness Hospital Cash Benefit or under this section.

B.2 ICU Cash Benefit

Twice the Hospital Daily Cash benefit for each continuous and completed period of 24 hours of Hospitalisation within the Intensive Care Unit

We will not pay for Daily Cash benefit above for the period when the Insured Person is in Intensive Care Unit, if this cover is opted.

A franchise/deductible of 1 day as stated in the Policy Schedule/Certificate of Insurance will be applicable only once, either in base cover, Accident and Sickness Hospital Cash Benefit or under this section.

B.3 Convalescence Benefit

Five times Hospital Daily Cash benefit is payable upon completion of 10 consecutive days of hospitalization in a single admission for convalescence.

This benefit is available only once per Insured person during Policy Period.

This benefit shall be payable if claim under Accident and Sickness Hospital Cash Benefit or Accident Hospital Cash Benefit or ICU Cash Benefit section is admissible under the policy.

B.4 Compassionate Benefit

Ten times Hospital Daily Cash Allowance towards expenses as a Compassionate Benefit to the Nominee in case of Accidental Death of the Insured Person whilst in Hospital.

This benefit is available only once per Policy Period.

This benefit shall be payable if claim under Accident and Sickness hospital cash Benefit section is admissible under the Policy.

B.5 Day Care Treatment Benefit

Five times Hospital Daily Cash Allowance subject to maximum of Rs 10,000 per claim towards Day Care Treatment.

No Deductible/ Franchise shall be applicable under the claim admissible in this section

The Benefit under this Section shall be available for a maximum of 2 Day Care Treatments per Insured Person per Policy Period and No deductible will be applicable.

B.6 Maternity Hospital Cash Benefit

Daily fixed benefit amount, in case an Insured Person is hospitalized for delivery of a child / Medically Necessary Treatment during pregnancy/ lawful medical termination of pregnancy restricted to pay for first 2 deliveries only.

This benefit is subject to maternity waiting period of 3 Years and deductibles as specified in the Policy Schedule/ Certificate of Insurance.

We will not cover ectopic pregnancy under this benefit (although it shall be covered under Accident and Sickness Hospital Cash Benefit)

A franchise/deductible of 1 day as stated in the Policy Schedule/Certificate of Insurance will be applicable only once, either in base cover, Accident and Sickness Hospital Cash Benefit or under this section.

We will not pay for Daily Cash benefit under Base cover above, if the claim is admissible under this Section.

Options available to reduce the waiting period of maternity.

Option1- 9 months waiting period

We will reduce waiting period for Maternity Hospital Cash benefit from 3 years to 9 months. We are not liable to make any payment in respect of Maternity Expenses within 9 months from the date of Inception of the first Policy

Option2- 1 year waiting period

We will reduce waiting period for Maternity Hospital Cash Benefit from 3 years to 1 year. We are not liable to make any payment in respect of Maternity Hospital Cash Benefit within 1 year from the date of Inception of the first Policy

Option3- 2 year waiting period

We will reduce waiting period for Maternity Hospital Cash Benefit from 3 years to 2 years. We are not liable to make any payment in respect of Maternity Hospital Cash Benefit within 2 years from the date of Inception of the first Policy.

Option4- No waiting period.

On availing this option, Waiting Period for Maternity Hospital Cash Benefit shall not be applicable.

If Maternity Hospital Cash Benefit cover is opted, then under the Exclusion Excl-18 -Maternity Expenses stands deleted.

B.7 Other waiting periods

Hospital Daily Cash Policy is extended to reduce waiting period mentioned in Pre-Existing Diseases (Code- Excl01), Specified disease/procedure waiting period- Code- Excl 02 &30-day waiting period- Code- Excl 03 i.e. Disease Specific and Pre-Existing Waiting Period up to the option opted by Insured Beneficiary and as specified in the Policy Schedule.

Option 1.30 days waiver

Subsequent to this endorsement, 30-day waiting period- CodeExcl03 cover stands deleted for all the Insured Persons in the Policy. All other policy terms and conditions remain unaltered.

Option 2: 2 years Specific illness waiting period

Subsequent to this endorsement, specified disease/procedure waiting period- Code- Excl02 cover stands modified for all the Insured Persons in the policy with reference to waiting period being increased to 24 months. All other policy terms and conditions remain unaltered.

Option 3: Specific illness Waiting Period Waiver

Subsequent to this endorsement, specified disease/procedure waiting period- Code- Excl02 cover stands waived for all the Insured Persons in the policy All other policy terms and conditions remain unaltered.

Option 4: 1 year waiting period for Pre-Existing Diseases

Subsequent to this endorsement, General Exclusions (CodeExcl01) cover stands modified for all the Insured Persons in the Policy with reference to waiting period being reduced to 1 year All other policy terms and conditions remain unaltered.

Option 5: 2 years waiting period for Pre-Existing Diseases

Subsequent to this endorsement, General Exclusions (CodeExcl01) cover stands modified for all the Insured Persons in the Policy with reference to waiting period being reduced to 2 years. All other policy terms and conditions remain unaltered.

Option 6: 3 years waiting period for Pre-Existing Diseases

Subsequent to this endorsement, General Exclusions (CodeExcl01) cover stands modified for all the Insured Persons in the Policy with reference to waiting period being reduced to 3 years. All other policy terms and conditions remain unaltered.

Option 7: No waiting period for Pre-Existing Diseases

Subsequent to this endorsement, General Exclusions (CodeExcl01) stands deleted for all the Insured Persons in the policy.

All other Policy terms and conditions remain unaltered.

B.8 Increased deductible/ franchise

On opting the cover of increased deductible/franchise we will provide discount mentioned and time bound deductible/franchise of day(s)

All other policy terms and conditions remain unaltered

Age Criteria

Entry Age – Adult	18 years – 65 years
Entry Age – Child	91 days – 25 years
Max Renewal Age	Lifelong

Who Can Buy This Policy

Hospicash Loan Insurance can be bought by any group of individuals between the age of 18 Years to 65 Years on Individual and Family floater basis.

Family 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 91 days to 25 years)
- iv. Maximum family size will be 7

Period of Insurance

1-Year, 2-Year, 3-Year, 4-Year & 5-Year

Waiting Period

We are not liable to make any payment under the policy in connection with or in respect of following expenses till the expiry of waiting period mentioned below:

1. Pre-Existing Diseases (Code- Excl01)

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

2. Specified disease/procedure waiting period- Code- Excl02

- a. Expenses related to the treatment of the listed conditions; surgeries/treatments shall be excluded until the expiry of 1 Year 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 sum insured the exclusion shall apply afresh to the extent of sum insured 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. List of specific diseases/procedures
 - Cataract
 - Benign Prostatic Hypertrophy
 - Hysterectomy/myomectomy for menorrhagia or fibro- myoma or prolapse of uterus
 - Non infective Arthritis, Treatment of Spondylosis / Spondylitis, Gout & Rheumatism
 - Surgery of Genitourinary tract
 - Calculus Diseases of any etiology
 - Sinusitis and related disorders
 - Surgery for prolapsed intervertebral disc unless arising from accident
 - Surgery of varicose veins and varicose ulcers
 - Chronic Renal failure including dialysis

3. 30-day waiting period- Code- Excl03

- a. Expenses related 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, provided the same are covered.
- 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 sum insured in the event of granting higher sum insured subsequently.

4. Maternity Waiting period (applicable only if optional cover "Maternity Hospital Cash Benefit" is opted)

36 months waiting period applicable in case an Insured Person is hospitalized for delivery of a child / Medically Necessary Treatment during pregnancy/ lawful medical termination of pregnancy.

Exclusions

1. Investigation & Evaluation (Code- Excl04)

- a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
- b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

2. Rest Cure, rehabilitation and respite care (Code- Excl05)

- a. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

3. Obesity/ Weight Control (Code- Excl06)

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

- 1. Surgery to be conducted is upon the advice of the Doctor
- 2. The surgery/Procedure conducted should be supported by clinical protocols
- 3. The member has to be 18 years of age or older and
- 4. Body Mass Index (BMI);
 - a) greater than or equal to 40 or
 - b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease.

4. Change of Gender Treatments (Code- Excl 07)

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex. However, such exclusion shall not be applicable to respective Insured Person to comply with Transgender Persons (Protection of Rights) Act, 2019.

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 medical necessity, it must be certified by the attending Medical Practitioner.

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.

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.

8. Excluded Providers: (Code-Excl 11)

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 lifethreatening situations following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

9. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof (Code- Excl 12)
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)
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)
12. Refractive Error:(Code- Excl15)

Expenses related to the treatment for correction of eyesight due to refractive error less than 7.5 dioptres.

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.

14. Maternity (Code-Excl 18)

- i. Medical treatment expenses traceable to child-birth (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.

15. Any medical treatment outside India.
16. Hospitalization for donation of any body organs by an Insured including complications arising from the donation of organs.
17. Nuclear damage caused by, contributed to, by or arising from ionising radiation or contamination by radioactivity from:

- a. any nuclear fuel or from any nuclear waste; or
- b. from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission);

- c. nuclear weapons material.
- d. nuclear equipment or any part of that equipment.
- 18. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority.
- 19. Injury or Disease caused by or contributed to by nuclear weapons/materials.
- 20. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder, or, as may be necessitated due to an accident.
- 21. Prostheses, corrective devices, medical appliances, external medical equipment of any kind used at home as post hospitalisation care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.
- 22. Treatments in health hydro, spas, nature care clinics and the like.
- 23. Treatment with alternative medicines and other treatment methods including but not limited to acupuncture, acupressure, osteopath, chiropractic, reflexology and aromatherapy.
- 24. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) and any violation of law or participation in an event/activity that is against law with a criminal intent.
- 25. Vaccination or inoculation except as post bite treatment for animal bite.
- 26. Convalescence (unless opted under Section B.3), general debility, "Run-down" condition, rest cure, Congenital external illness/disease/defect.
- 27. Any fertility, sub fertility or assisted conception operation or sterilization procedure and related treatment.
- 28. Outpatient diagnostic, medical and surgical procedures or treatments, non-prescribed drugs and medical supplies, hormone replacement therapy.

Moratorium Period

After completion of sixty continuous months of coverage (including portability and migration) in health insurance Policy, no Policy and claim shall be contestable by the Insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the Sums Insured of the first Policy. Wherever, the Sum Insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of Sums Insured only on the enhanced limits.

Renewal Conditions

- i. The Policy shall ordinarily be renewable provided the product is not withdrawn, except on grounds of established fraud or non-disclosure or misrepresentation by the Insured Person.
- ii. The Company shall endeavor to give notice for Renewal. However, the Company is not under obligation to give any notice for Renewal.
- iii. Renewal shall not be denied on the ground that the Insured Person had made a Claim or Claims in the preceding Policy years.
- iv. Request for Renewal along with the requisite premium shall be received by the Company before the end of the Policy Period
- v. 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.
- vi. No loading shall apply on Renewals based on individual Claims experience.

Alterations in the Policy

The Proposal Form, Certificate, and Policy Schedule constitute the complete contract of insurance. This Policy constitutes the complete contract of insurance between the Policyholder and Us. No change or alteration will be effective or valid unless approved in writing which will be evidenced by a written endorsement, signed, and stamped by Us. All endorsement requests will be made by the Policy Holder and/or the Insured Person only. This Policy cannot be changed by anyone (including an insurance agent or broker) except Us.

Cancellation

a. Cancellation by you:

- I. You may cancel this policy at any time by giving Us written notice in 15-days by recorded delivery. In the event of such cancellation, We shall refund premium for the unexpired Policy Period as detailed below.

1 Year Policy Period:

Loan Period	1
Policy Period	1
Period of Cancellation	% Return Premium
1 – 3 months	75%
4 – 6 months	50%
6 – 9 months	25%
9 – 12 months	0%

Greater than 1 Year term:

Loan Period	2	3	4	5+
Policy Period	2	3	4	5
Return Premium Factors				
Year of Cancellations	% Return Premium			
1	50%	67%	75%	80%
2		33%	50%	60%
3			25%	40%
4				20%

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by You under this Policy.

b. Cancellation by us:

We reserve the right to cancel this Policy from inception immediately upon becoming aware of any misrepresentation, fraud, non-disclosure of material facts or non-cooperation by or on behalf of You. No refund of premium shall be allowed in such cases.

Free Look Period

- (1) Every Policyholder of new individual health insurance policies except those with tenure of less than a year, shall be provided a free look period of 30 days beginning from the date of receipt of policy document, whether received electronically or otherwise, to review the terms and conditions of such Policy.
- (2) In the event a Policyholder disagrees to any of the Policy terms or conditions, or otherwise and has not made any claim, he shall have the option to return the Policy to the insurer for cancellation, stating the reasons for the same.
- (3) Irrespective of the reasons mentioned, the Policyholder shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the insurer on medical examination of the proposer and stamp duty charges.
- (4) A request received by insurer for cancellation of the Policy during free look period shall be processed and premium shall be refunded within 7 days of receipt of such request, as stated at sub regulation (3) above.

Grievances Redressal Procedure

If You have a grievance about any matter relating to the Policy, or Our decision on any matter, or the claim, You can address Your grievance as follows:

Stage 1: Bima Bharosa

You can register your grievances with the regulator using the following link: <https://bimabharosa.irdai.gov.in/Home/Home>

Stage 2: Head – Customer Care

Alternatively, if you wish to register your grievances directly with us, you may write to the Head – Customer Care. We aim to respond to all Grievances within 7 days. In our initial acknowledgement of receipt letter, we will provide the name and title of the person that is handling your Grievance. This individual will have the authority necessary to investigate and resolve the Grievance.

Email: head.customercare@sbigeneral.in

Toll-Free Number: 1800 102 1111 (Available 24/7)

For Senior Citizens:

Senior citizens can reach us through the following dedicated channels:

Email: Seniorcitizengrievances@sbigeneral.in

Toll-Free Number: 1800 102 1111 (Available 24/7)

Stage 3: Grievance Redressal Officer (GRO)

In case, you are still not satisfied with the decision/resolution communicated by the above officer or have not received any response within 5 Business days, you may escalate the matter to the Grievance Redressal Officer (GRO) which will undergo a detailed case investigation, and we aim to resolve the issue within 7 days from the date of receipt of your Grievance at GRO Desk

Email: gro@sbigeneral.in

Phone: 022-45138021

Note: - The Company shall endeavour to maintain the regulatory TAT of 14 days in resolving your grievances.

Stage 4: Escalation to Insurance Ombudsman

If you feel that the response to your Grievance was unsatisfactory, or if you believe your concerns have not been adequately addressed by the company, you may escalate the matter to the Insurance Ombudsman.

Submit your Grievance online: <https://www.cioins.co.in/Ombudsman>

Claim Procedure

On the occurrence of that may give rise to a claim under this Policy, the claim procedures set out below shall be followed.

Procedures	Reimbursement Claims
Claim Intimation	<p>If you meet with any Accidental bodily Injury or suffer an Illness that may result in a claim, then as a Condition Precedent to Our liability, you must comply with the following claim procedures.</p> <ul style="list-style-type: none"> • Call Toll free customer care number 1800 210 3366 / 1800 210 6366 • e-mail to sbig.health@sbigeneral.in • SMS "HEALTHCLAIM" to 561612 • website (www.sbigeneral.in) -> Claim Intimation (Section)

Claim Intimation timelines	Within 48 hours of admission or before discharge from the Hospital, whichever is earlier
Particulars to be provided to us for Claim notification	<ol style="list-style-type: none"> 1. Policy Number 2. Name of the Insured Person(s) named in the Policy schedule /Certificate of Insurance availing treatment, 3. Nature of disease/illness/injury, 4. Name and address of the attending Medical Practitioner Hospital 5. Date and time of event if applicable 6. Date of admission
Turn Around Time (TAT) for claim settlement	<ol style="list-style-type: none"> 1. Acceptance of cashless claims by TPA /Company to Hospital and communicate to them – 1 hour 2. TPA's offer of settlement to the Company/ Hospital after 3 hours submission of document – 3 hours 3. Settlement of claims (other than cashless) – 15 days
List of Documents	As listed below

• List of necessary claim documents/information to be submitted for reimbursement are as following:

1. Duly filled and signed claim form
2. Certified copy of Hospital discharge Summary with first consultation paper (if any)
3. Certified copy of Diagnostic report confirming diagnosis.
4. Certified copy of final hospital bill with detailed break up
5. KYC documents of primary insured/beneficiary
6. Beneficiary (Primary Insured) bank account / NEFT details

Any additional documents may be called as required based on the circumstances of the claim.

• Z. Claim Assessment

We will pay fixed amounts as specified in the applicable Sections in accordance with the terms of this Policy. We are not liable to make any payments that are not specified in the Policy.

• Condonation of delay

If the claim is not notified/ or submitted to Us within the specified time limits, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control.

Revision and Modification of the Policy Product

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are affected.

Withdrawal of the Product

In the likelihood of this product being withdrawn in future, the Company will intimate the Insured Person about the same 90 days prior to expiry of the policy.

Contact us

For any product or service related information or assistance, here's how you can reach Us.

Contact details for Policy Servicing	Contact details for Claim Servicing
SBI General Insurance Company Limited, Address: 9th Floor, Wing A & B, Fulcrum, Sahar Road, Andheri (East), Mumbai – 400 099. Email: customer.care@sbigeneral.in ; seniorcitizengrievances@sbigeneral.in (for Senior Citizens) Toll Free number: 1800 102 1111 (Available 24/7) For agents and intermediaries 1800 22 1111 (Available 24/7) Website: www.sbigeneral.in	Accident & Health claims team, SBI General Insurance Company Limited, Address: 9th Floor, Westport, Pan Card Club Road, Baner, Pune, Maharashtra – 411 045. Email: sbig.health@sbigeneral.in Toll Free number: 1800 210 3366, 1800 210 6366 Website: www.sbigeneral.in

Premium Rates

As per Rating Chart attached

Section 41 of the Insurance Act 1938 prohibition of Rebates

As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, 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, nor shall any person taking out or renewing (or continuing) a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer

2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to Ten Lakh rupees.

Disclaimer

For more details on risk factors, terms and conditions, please read the sales brochure before concluding the sale.

Coverage Summary

Sr. No	Coverage Name	Inbuilt / Optional	Description	Limits / Sublimits Applicable	Included in base or independent	Inbuilt /Over and above S.I	Admissibility under Base cover
1.	Accident and Sickness Hospital Cash Benefit	Inbuilt	Per day - SI from 500, 750, 1000, 1500, 2000, 2500, 3000, 3500, 4000, 4500, 5000. Maximum no. of days options - 10, 15, 20, 30, 60, 90, 100 Min Tenure - 1 Year Max Tenure - 5 Years	Franchise/ Deductible – 1 day	Independent	Base Cover	Yes
2.	Accident Hospital Cash Benefit	Optional	Twice the DHC limit per day is paid Maximum no. of days options - 10, 15, 20, 30, 60, 90, 100 Min Tenure - 1 Year Max Tenure - 5 Years	Franchise/ Deductible – 1 day	Independent	Inbuilt	Yes
3.	ICU Cash Benefit	Optional	Twice the DHC limit per day is paid Min Tenure - 1 Year Max Tenure - 5 Years	Franchise/ Deductible - 1 day Max paid for 15 days	Independent	Inbuilt	Yes
4.	Convalescence Benefit	Optional	Lumpsum 5x DHC if hospitalization is more than 10 days Min Tenure - 1 Year Max Tenure - 5 Years	NA	Independent	Over and Above	Yes
5.	Compassionate Benefit	Optional	Lumpsum 10x DHC if accidental death whilst in hospital. Min Tenure - 1 Year Max Tenure - 5 Years	Subject to admissible claim under DHC This Benefit is available only once per Insured Policy Period	Independent	Over and Above	Yes
6.	Day Care Treatment Benefit	Optional	5x DHC, subject to max of Rs. 10K per claim Min Tenure - 1 Year Max Tenure - 5 Years	The Benefit under this Section shall be available for a maximum of 2 Day Care Treatments per Insured Person per Policy Period No deductible applicable	Independent	Over and Above	Yes

Sr. No	Coverage Name	Inbuilt / Optional	Description	Limits / Sublimits Applicable	Included in base or independent	Inbuilt /Over and above S.I	Admissibility under Base cover
7.	Maternity Hospital Cash Benefit	Optional	Per day Hospital Daily Cash (HDC) limits (Rs.) - 500, 750, 1000, 1500, 2000, 2500, 3000, 3500, 4000, 4500, 5000 Max no of days - 5, 10 days Waiting period - 36 months Min Tenure - 1 Year Max Tenure - 5 Years	Franchise/ Deductible – 1 day	Independent	Over and Above	No
			Option to reduce Maternity waiting period: Option 1. 2 years Option 2. 1 year Option 3. 9 months Option 4. No maternity waiting period		NA		
8.	Shorter Waiting Period	Optional	Option 1: 30 days waiver Option 2: 2 years Specific illness waiting period Option 3: Specific illness Waiting Period Waiver Option 4: 1 year waiting period for Pre-Existing Diseases Option 5: 2 years waiting period for Pre-Existing Diseases Option 6: 3 years waiting period for Pre-Existing Diseases Option 7: No waiting period for Pre-Existing Diseases		Independent	Not Applicable	Yes
9.	Increased Deductible/ Franchise	Optional	2 days Deductible/ Franchise for each and every claim	NA	Independent	Not Applicable	Yes