

Customer Information Sheet/ Know Your Policy

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

Sl. No	Title	Description	Policy Clause Number
1	Name of Insurance Product/ Policy	Health Multiplier	
2	Policy Number		
3	Type of Insurance Product/ Policy	Both Indemnity and Benefit	
4	Sum Insured	Sum Insured:	
5	Policy Coverage	Hospitalization Cover	3.1
		Inpatient Care: Cover for Hospitalization following an illness or injury. Limit is:	3.1.1.1
		Pre-hospitalization Medical Expenses: Cover for Insured Person's Pre-hospitalization Medical Expenses incurred following an Illness or Injury. Limit is:	3.1.1.2
		Post-hospitalization Medical Expenses: Cover for Insured Person's Post-hospitalization Medical Expenses incurred following an Illness or Injury. Limit is:	3.1.1.3
		Day Care Treatment: Cover for Medical Expenses incurred on the Insured Person's Day Care Treatment following an Illness or Injury. Limit is:	3.1.1.4
		Inpatient Care under Alternative Treatment: Cover for Medical Expenses incurred on the Insured Person's Hospitalization for treatment under Ayurveda, Unani, Siddha or Homeopathy systems. Limit is:	3.1.1.5
		Critical Illness Multiplier Indemnity Cover: Additional sum insured for treatment of critical illnesses. Limit is:	3.1.1.6
		Organ Transplant: Cover for Medical Expenses incurred for a living organ donor's Inpatient treatment for the harvesting of the organ donated. Limit is:	3.1.1.7
		Emergency Ground Ambulance- Within India: Cover for expenses incurred on an ambulance during the Policy Period to transfer the Insured Person by surface transport following an Emergency. Limit is:	3.1.1.8
		Refill benefit up to 100% of Base Sum Insured in case the Sum Insured gets exhausted during policy year	3.1.1.9
		E-Consultation is provided on cashless basis through our Network Providers. Limit is:	3.1.1.10
Modern Treatments: Listed procedures will be covered either in in-patient care or Daycare section. Limit is:	3.1.1.11		

6	Exclusions	Permanent Exclusion:	3.1.2.B
		Investigation & Evaluation (Code-Excl04)	I.
		Rest Cure, rehabilitation and respite care (Code-Excl05)	II.
		Obesity/ Weight Control (Code-Excl06)	III.
		Change-of-Gender treatments (Code-Excl07)	IV.
		Cosmetic or plastic Surgery (Code-Excl08)	V.
		Hazardous or Adventure sports (Code-Excl09)	VI.
		Breach of law (Code-Excl10)	VII.
		Excluded Providers (Code-Excl11)	VIII.
		Treatment for, alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code-Excl12)	IX.
		Treatments received in health spas, 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)	X.
		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)	XI.
		Refractive Error (Code-Excl15)	XII.
		Unproven Treatments (Code-Excl16)	XIII.
		Sterility and Infertility (Code-Excl17)	XIV.
		Maternity (Code-Excl18)	XV.
		Specific Exclusions	
		Charges related to a Hospital stay not expressly mentioned as being covered. This will include charges for RMO charges , surcharges and service charges levied by the Hospital	XVI.
		Circumcision: Circumcision unless necessary for the treatment of a disease or necessitated by an Accident.	XVII.
		Conflict & Disaster: Treatment for any Injury or Illness resulting directly or indirectly from nuclear, radiological emissions, war or war like situations (whether war is declared or not), rebellion (act of armed resistance to an established government or	XVIII.
		External Congenital Anomaly: Screening, counseling or treatment related to external Congenital Anomaly.	XIX.
Dental/oral treatment: Treatment, procedures and preventive, diagnostic, restorative, cosmetic services related to disease, disorder and conditions related to natural teeth and gingiva except if required by an Insured Person while Hospitalized due to an Accident.	XX.		
Hormone replacement therapy: Treatment for any condition / illness which requires hormone replacement therapy.	XXI.		

		Multifocal Lens and ambulatory devices such as walkers, crutches, splints, stockings of any kind and also any medical equipment which is subsequently used at home.	XXII.
		Sexually transmitted Infections & diseases (other than HIV / AIDS): Screening, prevention and treatment for sexually related infection or disease (other than HIV / AIDS).	XXIII.
		Sleep disorders: Treatment for any conditions related to disturbance of normal sleep patterns or behaviors.	XXIV.
		Any treatment or medical services received outside the geographical limits of India.	XXV
		Any expenses incurred on OPD treatment	XXVI
		Unrecognized Physician or Hospital:	XXVII
7	Waiting period - Time period during which specified diseases/treatments are not covered. -It is counted from the beginning of the policy coverage.	itions- Waiting Periods: Pre-existing Diseases (Code–Excl01) Specified disease/procedure waiting period (Code-Excl02) 30 days waiting period (Code- Excl03):	3.1.2.A I. II. III.
8	Financial Limits of Coverage i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)	as mentioned in section 5	
	ii. Co-Payment (It is a specified amount/percentage of the admissible claim amount to be paid by	as mentioned in section 5	

	policyholder/ insured)		
	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 specified amount)	as mentioned in section 5	
	Any other limit (as applicable)	as mentioned in section 5	
9	Claims/ Claims Procedure	<p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <p>Turn Around Time (TAT) for claims settlement - TAT for pre-authorization of cashless facility- 1 Hours - TAT for cashless final bill authorization- - grant final authorization within three hours of the receipt of discharge authorization request from the hospital. In case of delay, any additional amount charged by hospital, will be borne by us.</p> <p>Network Hospital Details- https://rules.nivabupa.com/hospital-network/</p> <p>Helpline No- 1860-500-8888</p> <p>Downloading/ getting claim form- https://transactions.nivabupa.com/pages/downloads.aspx</p> <p>Hospitals which are blacklisted or from where no claim will be accepted by insurer- https://rules.nivabupa.com/doc/Exclude_List.pdf</p>	4.7

10	Policy Servicing	<p>Call center no of Insurer- Contact No: 1860-500-8888</p> <p>Details of Company Officials-- Website: www.nivabupa.com Customer Services Department Niva Bupa Health Insurance Company Limited D-5, 2nd Floor, Logix Infotech Park opp. Metro Station, Sector 59, Noida, Uttar Pradesh, 201301 Self-service platform, Insta Assist https://rules.nivabupa.com/customer-service/</p>	4.1
11	Grievances/ Complaints	<p>Details of</p> <p>Grievance Redressal Officer of the insurer Grievance Redressal Officer Niva Bupa Health Insurance Company Limited D-5, 2nd Floor, Logix Infotech Park opp. Metro Station, Sector 59, Noida, Uttar Pradesh, 201301 For details of grievance officer, kindly refer the link https://www.nivabupa.com/customer-care/health-services/grievance-redressal.aspx</p> <p>Insurance company grievance portal/ Department Website: www.nivabupa.com Customer Services Department Niva Bupa Health Insurance Company Limited D-5, 2nd Floor, Logix Infotech Park opp. Metro Station, Sector 59, Noida, Uttar Pradesh, 201301 Contact No: 1860-500-8888 Fax No.: 011-41743397 Self-service platform, Insta Assist https://rules.nivabupa.com/customer-service/ Senior citizens may write to us at at: seniorcitizensupport@nivabupa.com Insured person may also approach the grievance cell at any of the company's branches with the details of grievance</p> <p>IRDAI/(IGMS/Call Centre): Email ID: www.igms.irdai.gov.in Ombudsman (Refer Annexure II of policy document for List of Insurance Ombudsmen)</p>	4.1

12	Things To remember	<p>Free Look cancellation: The Free Look Period shall be applicable on individual health insurance policies and not on renewals.</p> <p>The insured person shall be allowed free look period of thirty days from date of receipt of the policy document to review the terms and conditions of the policy. If he/she is not satisfied with any of the terms and conditions , he/she has the option to cancel his/her policy</p> <p>In the event the policyholder disagrees to any of the policy terms or conditions, or otherwise and has not made any claim, he/she shall have the option to return the policy to the insurer for cancellation, stating the reasons for the same.</p> <p>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.</p>	4.2
		<p>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.</p>	4.4
		<p>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. You can contact Customer Service Department (details provided above) for migration and portability.</p>	4.1, 4.13
		<p>Change in Sum Insured: Insured Person may opt for enhancement of Sum Insured at the time of Renewal, subject to underwriting. Any enhanced Sum Insured applied on Renewal will not be available for an Illness or Injury already contracted under the preceding Policy Periods. All Waiting Periods as defined in the Policy shall apply afresh for this enhanced limit from the effective date of such enhancement</p>	4.16.e
		<p>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 the grounds of non-disclosure, misrepresentation, except on grounds of established fraud. The period of sixty continuous months is called as moratorium period. The moratorium will 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.</p> <p>The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the Policy</p>	4.11

		<p>contract.</p> <p>Note: the accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium Period.</p>	
13	Your Obligations	<p>Disclosure of Information- The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact by the policyholder. (Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)</p>	4.15

Declaration by the Policy Holder;

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

Place:

Date:

(Signature of the Policyholder)

Note:

- i. Insurer shall provide web-link where the product related documents including the Customer Information sheet are available on the website of the insurer.
- ii. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.
- iii. Insurer to take confirmation of the policyholder regarding receiving of the Customer Information Sheet.