

### 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	Smart Health	
2	Policy Number		
3	Type of Insurance Product/ Policy	Both Indemnity and Benefit	
4	Sum Insured	Sum Insured:	
5	Policy Coverage	Hospitalization Cover	Section 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
		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
		Domiciliary Hospitalization: Cover for Medical Expenses incurred for the Insured Person's Domiciliary Hospitalization. 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
		Maternity Expenses: We will indemnify the Medical Expenses incurred towards Medically Necessary Treatment of the Insured Person in case of normal delivery, routine or elective Caesarean or Complicated Pregnancy. Limit is:	3.1.1.8
		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:	3.1.1.9

Air Ambulance Cover: Cover for expenses incurred on an air ambulance during the Policy Period to transport the Insured Person to the nearest Hospital following an Emergency within India. Limit is:	3.1.1.10
Health Check-up: The Insured Person may avail a health check-up during the Policy Period. Limit is:	3.1.1.11
Loyalty Credit- Sum insured enhancement: If the Insured Person's cover under the Policy is renewed with Us without a break We will increase the Base Sum Insured applicable under the Policy by the percentage , for each successive renewal. limit is	3.1.1.12
No Claim Bonus: We will add a Cumulative Bonus in the form of a No Claim Bonus as a percentage of the Sum Insured (In-patient Care) at the end of every Policy Year. Limit is:	3.1.1.13
ReAssure: Covered up to unlimited reinstatement up to 200% of Base Sum Insured	3.1.1.14
Co-payment: Limit is	3.1.1.15
Annual Aggregate Deductible: Limit is	3.1.1.16
Modern Treatments: Covered either in in-patient care or Daycare section. Limit is:	3.1.1.17
Critical Illness Multiplier Indemnity Cover: extra sum insured for treatment of critical illnesses. Limit is:	3.1.1.18
Empathy Benefit: Benefit in case of death during hospitalization	3.1.1.19
Hospital Cash Benefit	Section 3.2
Daily Cash Benefit: We will pay an amount if Insured Person is hospitalized (for 24 hours or more) following an illness/Injury. Limit is:	3.2.1.1
ICU Cash Benefit: We will pay an amount if Insured Person is hospitalized (for 24 hours or more) in an ICU following an illness/Injury. Limit is:	3.2.1.2
Daily Cash Benefit with Franchise: We will pay an amount if Insured Person is hospitalized (for 24 hours or more) following an illness/Injury. Limit is:	3.2.1.3
ICU Cash Benefit with Franchise: We will pay an amount if Insured Person is hospitalized (for 24 hours or more) in an ICU following an illness/Injury. Limit is:	3.2.1.4
Daily Cash Benefit with deductible: We will pay an amount if Insured Person is hospitalized (for 24 hours or more) following an illness/Injury. Limit is:	3.2.1.5
Accidental Hospital Cash Benefit: We will pay an amount if Insured Person is hospitalized (for 24 hours or more) following an Accidental Injury. Limit is:	3.2.1.6
Accidental ICU Cash Benefit: We will pay an amount if Insured Person is hospitalized (for 24 hours or more) in an ICU following an Accidental Injury. Limit is:	3.2.1.7
Accidental Hospital Cash Benefit with Franchise: We will pay an amount if Insured Person is hospitalized	3.2.1.8

(for 24 hours or more) following an Accidental Injury. Limit is:	
Accidental ICU Cash Benefit with Franchise: We will pay an amount if Insured Person is hospitalized (for 24 hours or more) in an ICU following an Accidental Injury. Limit is:	3.2.1.9
Accidental Hospital Cash Benefit with deductible: We will pay an amount if Insured Person is hospitalized (for 24 hours or more) following an Accidental Injury. Limit is:	3.2.1.10
OPD Treatment and Services	Section 3.3
Video Consultations with General Practitioner: Cover Video Consultations with certified General Practitioners for the Insured. Limit is:	3.3.1.1
Tele Consultations with General Practitioner: Cover Tele Consultations with certified General Practitioners for the Insured. Limit is:	3.3.1.2
Physical Consultations with General Practitioner: Cover physical Consultations with certified General Practitioners for the Insured. Limit is:	3.3.1.3
Video Consultations with specialists: Cover Video Consultations with certified specialists for the Insured. Limit is:	3.3.1.4
Tele Consultations with specialists: Cover Tele Consultations with certified specialists for the Insured. Limit is:	3.3.1.5
Physical Consultations with specialists: Cover physical Consultations with certified specialists for the Insured. Limit is:	3.3.1.6
Diagnostic Services: Cover diagnostic services for the Insured. Limit is:	3.3.1.7
Pharmacy Services: Cover pharmacy services for the Insured. Limit is:	3.3.1.8
Home Health Care Services: Cover Home Health Care services for the Insured. Limit is:	3.3.1.9
Second Medical Opinion: If the Insured Person is undergoing a treatment for an illness, the Insured Person can, at the Insured Person's choice, obtain a Second Medical Opinion during the Policy Period. Limit is:	3.3.1.10
Accidental Cover	Section 3.4
Accidental Death (AD): Covers death due to an accident. Limit is:	3.4.1.1
Accidental Permanent Total Disability (PTD): Covered up to Accidental Cover Sum Insured. Limit is:	3.4.1.2
Accidental Permanent Partial Disability(PPD): Covered up to Accidental Cover Sum Insured. Limit is:	3.4.1.3
Temporary Total Disability (TTD): If customer is temporarily incapacitated due to an accident and is unable to engage in any employment or occupation	3.4.1.4

	of any description whatsoever, then we will pay as per limits. Limit is:	
	Accidental Medical Reimbursement: Covers accidental hospitalization charges. Limit is:	3.4.1.5
	Education for Dependent Children Benefit: In case of Accidental Death or Permanent Total Disability of Insured Person due to an Accident, we will pay as per the limits towards the Education of the dependent children. Limit is:	3.4.1.6
	Broken Bones Benefit: we will cover insured person if Insured Person suffers from Broken Bones or fracture due to an Accident. Limit is:	3.4.1.7
	Child Wedding: In case of Accidental Death or Permanent Total Disability of Insured Person due to Accident, we will pay as per the limits towards the marriage expenses of the adult and unmarried children of the Insured. Limit is:	3.4.1.8
	Burns Benefit: we will cover insured person if Insured Person suffers from Burns due to an Accident. Limit is:	3.4.1.9
	Air Ambulance for Accidental Injuries: If insured person is hospitalized following an accidental injury then we will pay for expenses incurred in availing air ambulance. Limit is:	3.4.1.10
	Common Accident Benefit: In case of Accidental Death of Insured Person and his/her spouse in same Accidental event during the Policy Period, we will pay as per the limits. Limit is:	3.4.1.11
	Ambulance Charges: If insured person is hospitalized following an accidental injury then we will pay for expenses incurred in availing road ambulance. Limit is:	3.4.1.12
	Critical Illness Cover	Section 3.5
	Income Protector: we will pay an amount if Insured Person loses their job due to Critical Illness. Limit is:	3.5.2.1
	Second Medical Opinion for Critical Illness: Covered for one opinion per Insured Person/ Specified Illness	3.5.2.2
	EMI Cover: We will pay EMI in case customer is diagnosed with critical illness. Limit is:	3.5.2.3
	Wellness Benefit	3.6
	OPD Services: Available with our Empaneled Service Provider through its mobile application or website	3.6.1
	Pharmacy Services: Available with our Empaneled Service Provider through its mobile application or website	3.6.2
	Diagnostic Services: Available with our Empaneled Service Provider through its mobile application or website	3.6.3

		Other Health Care Services: Available with our Empaneled Service Provider through its mobile application or website	3.6.4
6	Exclusions	<b>Section Specific Conditions- Hospitalization cover</b>	<b>3.1.2</b>
		Permanent Exclusions	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 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)	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.
		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 leader), acts of terrorism	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 (unless specifically mentioned in any benefit and/or specified in Policy Schedule/Certificate of Insurance	XXVI.
<b>Section Specific Conditions: Hospital Cash Benefit</b>	<b>3.2.2</b>
Permanent Exclusions	3.2.2. 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 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)	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.
	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 leader), acts of terrorism	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 (unless specifically mentioned in any benefit and/or specified in Policy Schedule/Certificate of Insurance	XXVI.
	<b>Waiting Period Options under Section 3.5: Critical Illness Cover</b>	<b>3.5.3</b>
	Permanent Exclusions	3.5.3. 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 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)	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.
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 leader), acts of terrorism	XVIII.
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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	XXII.

	also any medical equipment which is subsequently used at home.	
	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 (unless specifically mentioned in any benefit and/or specified in Policy Schedule/Certificate of Insurance	XXVI.
	<b>General Exclusions</b>	4
	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 leader).	i.
	Caused by or contributed to by or arising from ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission	ii.
	Breach of Law: Code: Excl 10: Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent	iii.
	Any injury as a result of Intentional self-inflicted Injury, suicide or attempted suicide by any means.	iv.
	Treatment for, alcoholism, drug or substance abuse or any addictive condition and consequences thereof Code Excl 12	v.
	Intentional Inhaling any gas or fumes, except in the course of duty	vi.
	Participation in aviation other than as a fare-paying passenger in an aircraft that is authorized by the relevant regulations to carry such passengers between established aerodromes	vii.
	Any disability arising out of Pre-Existing Disease if not accepted and endorsed by Us on the Policy Schedule or Certificate of Insurance	viii.
	Hazardous or Adventure Sports: Code Excl 09: 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,	ix.

		motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.	
		Investigation & Evaluation: Code EXcl04	x.
		Loss/damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to any act of terrorism.	xi.
		Any Injury/ Illness caused due to animal bite/ attack unless opted for the specific cover and same to be mentioned in the Policy Schedule/Certificate of Insurance.	xii.
		Any exclusion mentioned in the Policy Schedule/Certificate of Insurance or the breach of any specific condition mentioned in the Policy Schedule/Certificate of Insurance.	xiii.
7	Waiting period  - Time period during which specified diseases/treatment s are not covered.  -It is counted from the beginning of the policy coverage.	<b>Hospitalization Cover- Section Specific Conditions- Waiting Periods:</b>	<b>3.1.2.A</b>
		Pre-existing Diseases (Code–Excl01)	I.
		Specified disease/procedure waiting period (Code-Excl02)	II.
		30 days waiting period (Code- Excl03):	III.
		<b>Hospital Daily Cash Benefit- Section Specific Conditions- Waiting Periods:</b>	<b>3.2.2.A</b>
		Pre-existing Diseases (Code–Excl01)	3.2.2.1
		Specified disease/procedure waiting period (Code-Excl02)	3.2.2.2
		Initial waiting period:	3.2.2.3
		<b>Critical Illness Cover- Waiting Periods</b>	<b>3.5.3.1.A</b>
		Pre-existing Diseases (Code–Excl01)	3.5.3.1.1
		Specified disease/procedure waiting period (Code-Excl02)	3.5.3.1.2
		Initial waiting period:	3.5.3.1.3
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 listed in section 5 of this document (if applicable)	

	ii. Co-Payment (It is a specified amount/ percentage of the admissible claim amount to be paid by policyholder/ insured)	As listed in section 5 of this document (if applicable)	
	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 listed in section 5 of this document (if applicable)	
	Any other limit (as applicable)	As listed in section 5 of this document (if applicable)	
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-  <a href="https://rules.nivabupa.com/hospital-network/">https://rules.nivabupa.com/hospital-network/</a></p> <p>Helpline No- 1860-500-8888</p> <p>Downloading/ getting claim form-  <a href="https://transactions.nivabupa.com/pages/downloads.aspx">https://transactions.nivabupa.com/pages/downloads.aspx</a></p> <p>Hospitals which are blacklisted or from where no claim will be accepted by insurer-  <a href="https://rules.nivabupa.com/doc/Exclude_List.pdf">https://rules.nivabupa.com/doc/Exclude_List.pdf</a></p>	<p>3.1.3 (Hospitalization cover)  3.2.3 (hospital daily cash)  3.3.2 (OPD cover)  3.4.2 (accidental cover)  3.5.4 (critical illness cover)</p>

10	Policy Servicing	<p>Call center no of Insurer- Contact No: 1860-500-8888</p> <p>Details of Company Officials--  Website: <a href="http://www.nivabupa.com">www.nivabupa.com</a>  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  <a href="https://rules.nivabupa.com/customer-service/">https://rules.nivabupa.com/customer-service/</a></p>	5.11
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  <a href="https://www.nivabupa.com/customer-care/health-services/grievance-redressal.aspx">https://www.nivabupa.com/customer-care/health-services/grievance-redressal.aspx</a></p> <p>Insurance company grievance portal/ Department  Website: <a href="http://www.nivabupa.com">www.nivabupa.com</a>  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  <a href="https://rules.nivabupa.com/customer-service/">https://rules.nivabupa.com/customer-service/</a>  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:  <a href="http://www.igms.irdai.gov.in">www.igms.irdai.gov.in</a> Ombudsman (Refer Annexure  II of policy document for List of Insurance  Ombudsmen)</p>	5.11

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>	5.2
		<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>	5.5
		<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>	5.1 & 5.17
		<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>	5.22.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 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>	5.12
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, misdescription or non-disclosure of any material fact by the policyholder.</p> <p>(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>	5.14

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.