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1	Name of Insurance Product/ Policy	ReAssure 3.0
2	Product UIN	NBHHLIP27059V022627
3	Type of Insurance Product/ Policy	Both Indemnity and Benefit
4	Sum Insured	Sum Insured Options are: 5 Lacs10 Lacs, Unlimited The Sum Insured opted by you is mentioned in the Policy Schedule.
5	Policy Coverage	Base Coverage: 1. Expenses in reaching the hospital: Road ambulance covered and Air ambulance covered per hospitalization 2. Expenses during Hospitalization: 2 hours and more covered (AYUSH covered for 24 hours and more). 3. Modern treatments like Robotic surgeries, oral chemotherapy etc. are covered 4. Expenses before and after hospitalization: 60 and 180 days respectively. Up to Sum Insured. 5. Home Care/Domiciliary treatment covered up to Sum Insured. 6. Organ donor expenses covered up to Sum Insured 7. ReAssure Forever–amount this benefit pays for any single claim is up to Base Sum Insured. 8. Lock the Clock: Entry age is locked at the time of buying the policy, till a claim is paid 9. Booster+ - carry forward unutilized sum insured for maximum 10 times of Base Sum Insured. 10. Live Healthy - discount on premium at renewal 11. Surprise Benefit 12. Second Medical opinion – choose to take a second medical opinion once in a policy year. 13. E-consultation- Unlimited e-consultation with our partners. Optional Coverage: 1. Cash-Bag+: Get 10% return on premium on first renewal and 5% on every subsequent renewal (claim free years). Get extra 10% for a block of 3 claim free years. Refer friends and get 10% of premium as cash-bag+. 2. NivaBupaOne: Exclusive Membership that gives you an access to Executive Health Assessment and provides Priority Claims & Dedicated Support services. 3. ElderOne: Choose from comprehensive packages to support elders in every accept in life. 4. Annual Health Check-up (Cashless): Day 1. Once in the policy year. List of defined tests. 5. Annual Health Check-up (Cashless + Reimbursement): Day 1. Once in the policy year. List of defined tests.

		6. HeadsUp: Call 48 hours before any hospitalization and get treated at our recommended provider.(For emergency: within 24 hrs of admission). 20% Co-payment if treatment taken outside the recommended list. 7. Tiered Network: Access to a specific list of hospitals. 20% co-payment will be applicable if treatment taken outside the network. 8. Pre-Existing Disease Waiting Time: Modify the PED from the current to 12 months or 24 Months 9. Specific Disease Wait Time Modification: Modify to increase to 36 months or reduce to 12 months 10. Co-Payment: Co-payment Options of 20% / 30% / 40% / 50% 11. Personal Accident: Covers Accidental Death, Permanent Total Disability, Permanent Partial Disability 12. Personal Accident Lite: Covers Accidental Death 13. Personal Accident Pro: Covers Accidental Death, Permanent Total Disability, Permanent Partial Disability, Accidental OPD 14. Hospital Daily Cash: a. Classic/Select: INR 1,000 per day b. Elite: INR 2000 per day c. Black: INR 4000 per day Maximum coverage offered under this benefit is for 30 days / policy year / insured person. 15. Annual Aggregate Deductible: Option to choose a deductible from INR 10,000 / INR 20,000 / INR 30,000 / INR 50,000 / INR 1,00,000 / INR 2,00,000/ INR 3,00,000/ INR 4,00,000/ INR 5,00,000 16. Claim Safeguard+: Non-payable items paid up to Sum Insured as per list 1, II, III, IV of the Non Payables Items list 17. WellConsult+: Covers OPD benefits up to 5X of the premium paid. Consultations, prescribed pharmacy, prescribed diagnostics, prescribed physiotherapy, dental, vision, gym memberships. 18. Borderless: Get treatment anywhere in the world. Co-payment Options: 0% / 20% / 30% / 40% / 50% 19. Borderless for Specified Illnesses: Get treatment anywhere in the world for a defined list of diseases. Co-payment Options: 0% / 20% / 30% / 40% / 50% 20. Third Medical Opinion: Once for any condition in a policy year 21. Second Medical Opinion Express: Once for any condition in a policy year, within 48 hours of hospitalization. 22. Medical Equipment: Covers Medically necessary equipment needed for you to resume normal living post injury due to Accident. 23. Emotional Wellness for Adults: Online sessions on Emotional Wellness. 24. Mind Wellness Counselling: Online sessions on Emotional Wellness. 25. Sexual Health Wellness: Online sessions on Sexual Health Wellness can be availed. 26. Health Risk Assessment: You can take an overall online health assessment on our App, and be updated about your lifestyle and health. 27. Wellness for Women: Comprehensive packages for women at different stages of life- child birth, PCOS, Menopause 28. EyeGuard: Choose from comprehensive packages for protection of Eyes & Vision. 29. Live-Fit: Fitness related benefits like gym memberships, online coaching, diet and nutrition etc. 30. Accident Care: Care at home post-accident; ICU care, Nursing at home, Blood transfusion at home, Physiotherapy, Single nurse procedural visit. 31. Health Vouchers: receive health vouchers that can be used on our Mobile app for health services. 32. Critical Illness: Benefit for 20 critical illnesses on diagnosis.
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6	Exclusions	Standard Exclusions • Pre-existing Diseases (Code-Excl01) • Specified disease/procedure waiting period (Code- Excl02) • 30-day waiting period (Code- Excl03) • Investigation & Evaluation (Code-Excl04) • Rest Cure, rehabilitation and respite care (Code-Excl05) • Obesity/ Weight Control (Code-Excl06) • Cosmetic or plastic Surgery (Code-Excl08) • Hazardous or Adventure sports (Code-Excl09) • Breach of law (Code-Excl10) • Excluded Providers (Code-Excl11) • Treatment for, alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code-Excl12) • 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) • Refractive Error (Code-Excl15) • Unproven Treatments (Code-Excl16) • Sterility and Infertility (Code-Excl17) • Maternity Expenses (Code-Excl18) Specific Exclusions • Personal Waiting Period- Conditions specified for an Insured Person under Personal Waiting Period will be subject to a Waiting Period of up to 48 months from the inception of the First Policy with Us • 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. • External Congenital Anomaly- Screening, counseling or treatment related to external Congenital Anomaly. • Dental treatment- All dental treatments other than due to accidents and cancers. • Unrecognized Physician or Hospital- - Treatment or Medical Advice provided by a Medical Practitioner not recognized by the Medical Council of India or by Central Council of Indian Medicine or by Central council of Homeopathy. - Treatment provided by anyone with the same residence as an Insured Person or who is a member of the Insured Person's immediate family or relatives. - Treatment provided by Hospital or health facility that is not recognized by the relevant authorities in India. • Costs which are not Reasonable and Customary and treatments which are not Medically Necessary. Refer Definition 2.1.36 for Reasonable and Customary Charges. • Artificial life maintenance for the Insured Person who has been declared brain dead or in vegetative state
	Waiting period • Time period during which specified diseases/treatments are not covered. • It is counted from the beginning of the policy coverage.	• Initial Waiting Period (Excl03)- 30 days for all illnesses (not applicable in case of continuous renewal or accidents) • Specific Waiting Period (Not applicable for claims arising due to an accident) (Excl02): 24 months for all of the following conditions ○ Pancreatitis and stones in biliary and urinary system ○ Cataract, glaucoma and retinal detachment ○ Hyperplasia of prostate, hydrocele and spermatocele ○ Prolapse uterus or cervix, endometriosis, Fibroids, Polycystic ovarian disease (PCOD), hysterectomy (unless necessitated by Malignancy) ○ Hemorrhoids, fissure, fistula or abscess of anal and rectal region ○ Hernia of any site or type, ○ Osteoarthritis, joint replacement, osteoporosis, systemic connective tissue disorders, inflammatory polyarthropathies, Rheumatoid Arthritis, gout, intervertebral disc disorders, arthroscopic surgeries for ligament repair ○ Varicose veins of lower extremities ○ All internal or external benign neoplasms/ tumours, cyst, sinus, polyps, nodules, mass or lump ○ Ulcer, erosion or varices of gastro intestinal tract ○ Surgical treatment for diseases of middle ear and mastoid (including otitis media, cholesteatoma, perforation of tympanic membrane), Tonsils and adenoids, nasal septum and nasal sinuses • Pre-existing diseases (Excl01): Covered after 36 months of continuous coverage • Personal Waiting Period- Conditions specified for an Insured Person under Personal Waiting Period will be subject to a Waiting Period of up to 48 months from the inception of the First Policy with US

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) ii. Co-Payment (It is a specified amount/ percentage of the admissible claim amount to be paid by policyholder/ insured) iii. Deductible (It is a specified amount up to which an insurance	i. Sublimit a. Modern Treatments: - Classic & Select Variant: Up to INR 1Lac on - Elite & Black Variant: Up to Sum Insured b. Road Ambulance - Classic & Select Variant: Up to INR 2000 per hospitalization. - Elite & Black Variant: Up to Sum Insured c. Air Ambulance - Classic & Select Variant: NA - Elite & Black Variant: Up to INR 5L per hospitalization d. Hospital Daily Cash: - Classic & Select Variant: INR 1000/day - Elite & Black Variant: INR 2000/day - Maximum coverage offered under this benefit is for 30 days / policy year / insured person. e. Personal Accident: - Sum Insured Option 5 & 10L: up to 5 times of Base Sum Insured. Maximum up to INR 1 Crore. - Unlimited Sum Insured Option - Classic Variant: Up to INR 10 Lacs.From 5 Lac in multiples of 5 lac. - Select Variant: Up to INR 20 Lacs.From 5 Lac in multiples of 5 lac. - Elite Variant: Up to INR 50 Lacs.From 5 Lac in multiples of 5 lac. - Black Variant: Up to INR 1 Crore. From 5 Lac in multiples of 5 lac. f. Personal Accident Lite: - Sum Insured Option 5 & 10L: up to 5 times of Base Sum Insured. Maximum up to INR 1 Crore. - Unlimited Sum Insured Option - Classic Variant: Up to INR 10 Lacs.From 5 Lac in multiples of 5 lac. - Select Variant: Up to INR 20 Lacs.From 5 Lac in multiples of 5 lac. - Elite Variant: Up to INR 50 Lacs.From 5 Lac in multiples of 5 lac. - Black Variant: Up to INR 1 Crore. From 5 Lac in multiples of 5 lac. g. Personal Accident Pro: - Sum Insured Option 5 & 10L: up to 5 times of Base Sum Insured. Maximum up to INR 1 Crore. - Unlimited Sum Insured Option - Classic Variant: Up to INR 10 Lacs.From 5 Lac in multiples of 5 lac. - Select Variant: Up to INR 20 Lacs.From 5 Lac in multiples of 5 lac. - Elite Variant: Up to INR 50 Lacs.From 5 Lac in multiples of 5 lac.
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	company will not pay any claim, and which will be deducted from total claim amount (if claim amount is more than specified amount) iv. Any other limit (as applicable)	4. Black Variant: Up to INR 1 Crore. From 5 Lac in multiples of 5 lac. h. Co-payment- Optional benefit with following options- 20%, 30%, 40% and 50%. i. Annual Aggregate Deductible- Optional benefit with following options- INR 10,000/ 20,000/ 30,000/ 50,000/ 1,00,000/ 2,00,000/3,00,000/4,00,000/5,00,000 j. Borderless: - Sum Insured Option 5 & 10L: up to 10Lacs. - Unlimited Sum Insured Option - Classic Variant: NA - Select Variant: Up to INR 10 Lacs. - Elite Variant: Up to INR 50 Lacs.. - Black Variant: Up to INR 5 Crore. k. Borderless for Specified Illness: - Sum Insured Option 5 & 10L: up to 10Lacs. - Unlimited Sum Insured Option - Classic Variant: NA - Select Variant: Up to INR 10 Lacs. - Elite Variant: Up to INR 50 Lacs.. - Black Variant: Up to INR 5 Crore. l. Wellconsult+: Choose from 1X to 5X . m. Convalescence Benefit: If hospitalized for more than 10 days, then we will pay: - Classic: INR 10,000 - Select: INR 20,000 - Elite/Black: INR 50,000 n. Dependent Accommodation Benefit: - Classic/Select: INR 1,000 per day - Elite: INR 2000 per day - Black: INR 4000 per day
9	Claims/ Claims Procedure	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 - TAT for pre-authorization of cashless facility- 1 Hour - 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 Network Hospital Details- https://rules.nivabupa.com/hospital-network/ Helpline No- 1860-500-8888

		Downloading/ getting claim form- https://transactions.nivabupa.com/pages/downloads.aspx Hospitals which are blacklisted or from where no claim will be accepted by insurer- https://rules.nivabupa.com/doc/Exclude_List.pdf
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Documents for issuance and claim settlement

- 1. Pan Copy/ Form 60 (Proposer)
- 2. Address Proof (Proposer) - Aadhaar Copy (Both sides) / Driving License / Voter ID card / Passport copy (First & last page)
- 3. NRI/ FN/ NRI- Questionnaire (as applicable)
- 4. Portability- Previous year Policy Documents
- 5. Indian address proof & Foreign address proof (as applicable)
- 6. Indian / Foreign passport (as applicable)
- 7. Visa copy (as applicable)
- 8. OCI Card (as applicable)
- 9. PEP form
- 10. Cancel Cheque (in case of Neft Payment) ** additional medical document may be requested based on Health Declaration.

Basic documents and verifications required for claim settlement

- Duly completed claim form signed by the insured/ policyholder and Medical Practitioner, along with policy number, health card and valid photo identity proof.
- ii. Original hospital bills, receipts, discharge summary/ certificate/ card and itemised final bill.
- iii. Original pharmacy bills supported by prescriptions; investigation reports and payment receipts; indoor case papers.
- iv. Medical Practitioner referral/ admission advice for non-accident hospitalization and relevant consultation/ treatment records.
- v. For cashless claims, hospital pre-authorization form and supporting clinical documents. Notify at least 48 hours before planned hospitalization or within 24 hours of emergency hospitalization.
- vi. NEFT/ bank details, KYC verification and any other document required to assess admissibility or investigate the claim. Reimbursement claims are processed within 15 days after receipt of the complete claim form and documents, as stated in the policy.

Frequently Asked Questions-

Topic	Questions	Answers - As per product team
Unlimited Sum Insured	What is referred to "Unlimited Sum Insured"?	The product comes with "Unlimited" as the sum insured. Which means there is no limit from day 1 for the number of times or amount that you can claim for under this policy.
Unlimited Coverage	Can the customer select multiple illnesses out of 145 illness list to pay loading?	The option for day 1 coverage for the illnesses declared if applicable on "all or none" basis. The consumer will not have an option to choose a particular combination of illnesses to opt for day 1 coverage.
	As per Option 1 of PED Loading, is there any change in the loading if the customer is willing to fulfil the current waiting period requirements?	No, in case the customer selects option 1 for PED, the customer has to do the waiting periods and pay the loading as per current BAU.
	As per Option 2 of PED Loading, how will the loadings be decided when the customer is opting for waived off waiting periods?	The PED wait period for the illness will be waived off and the consumer will get coverage from day 1 if they opt to day 1 coverage by paying the additional loading applicable for the illnesses.
	Is there any maximum limit of loading?	No, there is no limit to loading under PED. It is dependent on the number of illnesses declared by the customer.
	Will loading be offered to all members of the policy	Loading will be applicable only for the person with the illness worthy of loading as per underwriting guidelines and will be applied basis the respective member premium only.
Niva Bupa One membership (Optional Benefit)	Can the customer take both AHC and EHA (Executive Health Assessment)?	Only one benefit out of AHC or NivaBupaOne membership can be opted.
	What is the contact Number for dedicated line in NivaBupa One	The consumer can reach out through he call icon on the mobile application or via the consumer service number for NBHI. Since they are Niva Bupa One members they will be connected directly to customer care executive and will not have to go through an IVR service.
	Niva Bupa One Membership, claims are priority to the members. How soon can they expect the resolution for reimbursement?	TAT for claims are defined by the regulator and the insurance company is liable to follow the same for all the consumer irrespective of opting for the NivaBupaOne membership. However, the benefit for someone who opts for the same, will get priority over the other claim requests and get priority resolutions with minimum interventions needed.
	How can a customer avail the executive health assessment?	The customer can access the EHA from the Niva Bupa Health App. They can select the package that suits their requirements and proceed with it seamlessly.
	How will the Niva Bupa One customer connect with us?	The customer will go to the Niva Bupa health app and tap the customer call button. Since they are Niva Bupa One members they will be connected directly to customer care executive.
	Is Niva Bupa One membership available for NRI's as well?	Yes, It is available to the NRI consumers.

	What are the requirements to avail the Executive Health Assessment?	No requirement, Executive Health Assessment is a comprehensive health check-up package and can be availed by the consumer similar to the AHC benefit.
	How many times is an individual allowed to undergo these check-ups and there are any limits?	Once per member in a policy year. Similar to the AHC benefit.
	Is Niva Bupa One membership applicable to all members of the floater policy?	Yes, the benefit is opted at the policy level on all or none basis and not member wise. If opted, all the members will get the services under the benefit.
Well Consult +	Is well consult an optional benefit?	Yes
	What is going to be distribution of Well Consult amount between Consultation/Diagnostics/Medicine?	The sub benefit wise limits will be as per the well consult+ grid. Please find the grid attached below:
	What is the maximum capping for well consult+?	The overall maximum sum insured that can be opted in a policy is INR 1 lacs. The sub benefit wise limits will be as per the well consult+ grid.
	How we are calculating claimable monetary limit of well consult+ benefit?	The sub benefit wise limits will be as per the well consult+ grid.
	Does well consult+ claim effect lock the clock benefit?	No, there is no impact on lock the clock benefit.
	Are there any sub limits within the OPD benefits for various categories? If yes, what are these sub limits?	The sub benefit wise limits will be as per the well consult+ grid.
	Does the customer need to serve any waiting period to avail well consult+ benefit?	Yes, the consumer will have to serve for the waiting periods as mentioned in the policy wordings. The waiting periods applicable for pre-existing illnesses will be 36 months, for specified illness will be 24 months and initial waiting periods will be 30 days.
	How to avail AHC?	AHC is not a part of the well consult+ benefit.
	How to avail Physiotherapy session? Is there any prescription required?	Yes, it will be covered basis doctor's prescription via the NBHI mobile application. Can be availed on reimbursement basis with a 20% co-payment.
	How to avail Gym membership?	Can be availed via the the NBHI mobile application basis by booking for sessions on the network list applicable.
	In case of multi member policy, will the benefit apply to all or selected members only?	The benefit is opted at the policy level on all or none basis and not member wise. If opted, all the members will get the services under the benefit. For multi individual, every member will have individual limits and for floater policy, there will be a combined limit for OPD.
Borderless/Borderless Specified Illness	Is borderless available for NRIs and OCIs as well?	No, not applicable.
	Do we have any co-payment in borderless?	Co-payment options are available from 0 to 50%
	If NRI Buys 5 year policy and their status changes in between what will be the Impact in the policy?	They will have to inform NBHI. The discount will not be applicable on renewals and thereafter.
	Can we offer both the both borderless and borderless specified in a variants to one person?	No, either the customer can opt for borderless or borderless specified.
	Are there any particular conditions to get NRI discount?	All the members in the policy must be NRI and provide necessary details as per the login journey.
	Is diagnosis of illness mandatory to be in India, if the customer has opted for borderless coverage?	Not mandatory for borderless but will be mandatory for borderless for specified illness as per terms and conditions mentioned in the policy wordings.
	In Heads-up benefit, do we also take the responsibility of the quality of treatment?	No, we will not be responsible for quality of treatment.
	How Heads up will work for emergency hospitalization? (Policy holder is expected to intimate the claims team within 24 hour of hospitalization) but how the choice of Hospitals will work in such case?	For emergency: within 24 hrs of admission. You need to call irrespective to the hospital (Network or non network) or treatment you are taking.

Heads-up Benefit	What is considered at an emergency and how can we claim Heads-up benefit in this situation?	Emergency care means management for an illness or Injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health										
	Is there any specific number on which the customer is supposed to call and intimate?	No, the customer is supposed to call on the customer service number for the organisation for intimation purposes.										
	Can the advisor on behalf of the customer, intimate the company about the hospitalization.	The intimation will have to be done via the registered mobile number.										
Cash bag	Is there any maximum limit on cash bag?	No there is no maximum limit. The consumer can keep on accumulating for life without any maximum capping.										
Vintage Based Pricing	A fresh customer, he's buying a new policy from online platform and he's getting a 5% discount on and he'll also get a 15%. In that case the discount will be 20%?	Yes, the consumer will be eligible for both.										
	What is vintage based pricing?	Vintage based pricing is a new parameter for calculating the premium. The new parameter is driven by the calculating the leftover waiting periods to be served under the policy, basis the years left for PED waiting periods (post adjustment of the PED wait period modification is opted) the grid-based discount will be applied. <table><tr><th><u>Left PED waiting period to be served in the policy</u></th><th><u>Discount</u></th></tr><tr><td>36 months</td><td>21%</td></tr><tr><td>24 months</td><td>13%</td></tr><tr><td>12 months</td><td>7%</td></tr><tr><td>0 months</td><td>0%</td></tr></table>	<u>Left PED waiting period to be served in the policy</u>	<u>Discount</u>	36 months	21%	24 months	13%	12 months	7%	0 months	0%
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How much can a fresh customer get as discounts in 2nd and 3rd renewal year as per the vintage based pricing?	Example: A person coming post completion of 1 year under a health insurance. The left waiting period to be served under 3.0 will be 3 years minus 1 year = 2 years A discount of 13% will be given to such policy. When this policy comes for renewal after 1 year, the discount will be decreased to 7%.											
Surprise Gift	Can customers gets surprise gifts on each renewal?	No. This benefit is applicable on download on the mobile application and credited only once on the lifetime.										
	How can a customer use this scratch card?	The consumer can use the same for the ecosystem services in the mobile application for the benefits not covered under the policy terms and conditions. Example: Health Check-up Packages Diagnostics Tests Medicine Ordering Online Consultation - Consult with Specialist Condition Care Program										

Lock the Clock	Does hospital daily cash break the lock the clock benefit?	Will not impact the lock the clock benefit.
Other General Queries	What entry age for child and adult?	Child: Minimum: 91 Days Maximum: 30 Years Adults: Minimum: 18 Years Maximum: 99 Years
	For Port Cases is it compulsory to create combo with IPA (how the advisors will be eligible to commission and contest in case of port)?	No, PA is not mandatory for the Port cases.
	What is the definition of General room category?	As mentioned in the policy wordings, the definition states any room with more than 2 beds.
	In case of room modification in variants for example, in classic variant the customer opts for deluxe room. What is the co-payment/ differential charges applicable here?	As per the grid. Attached below.
	Can optional benefit be removed or added at the time of renewal?	Not applicable for remove or opt for pre-existing and specified waiting periods modification. Other benefits can be added and removed at renewals. Opting and reducing the co-payment and deductible will be subject to underwriting.
	Is NRI discount applicable in case of multi individual or family floater policy?	NRI discounts is only applicable if all the insured members in the policy are NRI.
	If Deductible Opted in Reassure 3.0 will it also work in Borderless Option Benefit ?	No, only the co-payment option opted within the borderless benefit will be applicable on international claims.

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	In case of a NRI citizen where not all family members are NRI and hence not eligible for NRI discount , will he get GST Waiver benefit being NRI ?	No GST waiver is applicable under this product.
	Will there be a different capping or sum insured on cataract surgery for each variant?	No.
	Is there lens type restriction for cataract surgery on each variant?	Yes, as per variant opted. Will only cover for monofocal lenses for classic and select variant.
	Does the customer have to give the loading on each disease separately on every renewal?	Yes, underwriting loading applied continues for the lifetime.
	Can a customer modify the specific disease waiting period on renewal?	No. This option only appears during policy issuance
	Will the underwriting team decide the loading for 145 mentioned illnesses? What will be the process?	This is driven by the system basis the underwriting guidelines and depend basis the severity of the illness.
	Does every customer who has disease/s and wants a day 1 coverage need to go through the process of underwriting?	Yes, the process of taking a policy will remain same.