Hospifund Insurance

Customer Information Sheet/ Know Your Policy

This document provides key information about your policy. You are advised to go through your policy document. Description is illustrative and not exhaustive.

Sr. No	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1.	**Name of Insurance Product/Policy** **Hospifund Insurance**	
2.	**Policy Number** XXXX/XXXXXX/XX/XXXX	
3.	**Type of Insurance Product/Policy** Benefit Where an insurance policy pays a fixed amount for a covered event	
4.	**Sum Insured Basis:** ₹ XX,XXXX Individual Sum Insured - ₹. XXX - where each member has a separate Sum Insured under the policy	
5.	**Policy Coverage (What the policy covers?)** **Base Benefits -** The insured person can choose one or both of the main benefits. If both benefits are chosen, the pay-out will be the total of both.	

Cover Name	Pay-out	
Hospitalization Cash Benefit		1
Accidental Hospitalization Cash Benefit		2
Extensions to The Base Benefit - Insured Person can avail the following extension benefits by paying extra premium, under this Policy. The benefits opted and their pay-out in the event of claim would be additive		
Intensive Care Cash Benefit		1
Cancer Hospitalization Cash Benefit		2
Brain & Stroke Hospitalization Cash Benefit		3
Organ Transplant Hospitalization Cash Benefit		4
Heart Ailment Hospitalization Cash Benefit		5
Fracture & Burns Cash Benefit		6
Day Care Treatment Cash Benefit		7
Convalescence Benefit		8
Ambulance Cover Benefit		9

	Child Care Cash Benefit	10
	Hospital Attendant Cash Benefit	11
	Compassionate Visit Cash Benefit	12

6.	**Exclusions (What does the policy not cover)** We are not liable for any claim payment under this policy if it's directly or indirectly caused by, arises from, or is connected to the following **STANDARD EXCLUSIONS** • Pre-existing Diseases (Code - Excl 01) • 30 day waiting period (Code - Excl 03 • Specified disease/procedure waiting period -Two Years Exclusions (Code - Excl 02) • Cosmetic or plastic surgery (Code - Excl 08). • Refractive Error (Code - Excl 15) • Obesity/Weight Control (Code - Excl 06) • Rest Cure, rehabilitation and respite care (Code - Excl 05) • Change of Gender Treatments (Code - Excl 07) • Breach of Law (Code - Excl 10) • Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code - Excl) • Investigation & Evaluation (Code - Excl04) • Unproven Treatments (Code - Excl 16) • Hazardous or Adventure Sport (Code - Excl 09. • Sterility and Infertility (Code - Excl 17 • Excluded Providers (Code - Excl 11). • Maternity (Code - Excl 18) • Treatments received in heath 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 - Excl 13) • Dietary supplements and substances that can be purchased without prescription (Code - Excl 14) **ii. Specific Exclusions** Any dental treatment or dental surgery of any kind unless necessitated due to an Accident or specifically covered and specified in the Policy Schedule Vaccination and inoculation of any kind. Any alternative treatments not covered under AYUSH as instituted in a government hospital or any institutes recognised by the government	As per Exclusion section of Policy wording

	and/or accredited by Quality Council of India / National Accreditation Board of Health. Any treatment received outside India Circumcision unless necessary for treatment of an underlying Illness. Hormone replacement therapy. Alopecia, baldness, wigs, or toupees and hair fall treatment. Routine medical, eye and ear examinations unless specifically covered and specified in the Policy Schedule. Any medical examination or diagnostics or Hospitalization for the purpose of employment or travel. Treatment of general debility, sterility, venereal disease 11. Intentional self-Injury, suicide or attempt to suicide. First Degree Burns where First Degree (superficial) Burns are those which affects only the epidermis, or outer layer of skin. Any External Congenital Anomalies unless specifically covered and specified in the Policy Schedule. Any sexually transmitted diseases. Treatment by a Family Member and self-medication or any treatment that is not scientifically recognized. Illness or Injury whilst performing duties as a serving member of a military or a police force or any other forces of similar nature. Expenses related to donor screening related to donation of an organ(s). Treatment taken from persons not registered as Medical Practitioners under respective medical councils. Domiciliary Hospitalization. Engaging in professional sports unless specifically covered and specified in the Policy Schedule. War, invasion, act of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion.	

	Nuclear weapon materials or ionizing 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 or nuclear fusion. Whilst mounting or dismounting into an aircraft or flying or taking part in aerial activities (including airline crew or cabin crew) except as a fare-paying passenger in a regular scheduled airline or air charter company. Treatment of any sexual problem including but not limited to impotence and Erectile Dysfunction irrespective of the cause; Venereal diseases or any sexually transmitted diseases. Hospitalization primarily for evaluative and diagnostic purpose for which no active line of treatment/ treatment which is possible in outpatient department is given; Admission only for Holter monitoring/Sleep study. The above is indicative list of exclusions, please refer policy wordings for detailed description.	
7.	**Waiting Period** • Time period during which specified diseases/treatments are not covered • It is counted from the beginning of the policy coverage Should fetch from Special conditions of the policy schedule	
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 The policy will pay only up to the limits specified hereunder for the following diseases/procedures: 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 company will not pay any claim, and - Which will be deducted from total claim amount (if claim amount is more than the specified amount) Should fetch from Special conditions of the policy schedule	
9.	**Claims/Claims Procedure:**	

	• Claims under this policy should be intimated and registered with the Company on our 24x7 toll free helpline 1800 2666 and in writing to our address. • The list of documentation required is provided in the policy wordings • The Insured shall intimate the claims with all the necessary documents to our claim processing team immediately and in any event within 7 days of claim intimation. • Customer to send documents to company at :- • ICICI Lombard GIC LTD, 1st, 4th, 5th & 6th Floor Varun Towers-II, Opp Hyderabad Public School, Begumpet Hyderabad-500016 Telangana. **Download the Claim Form here** https://www.icicilombard.com/downloads Find our extensive list of hospitals providing services on our website https://www.icicilombard.com/health-insurance/health-claim/partner-hospital or on the IL TakeCare App. List of excluded providers/delisted hospitals is available on our website https://www.icicilombard.com/docs/default-source/apps/healthclaims/assets/files/delisted-hospital-list.pdf **Turn Around Time(TAT) for claim settlements-** • Benefits payable under this policy will be paid within 15 days of the receipt of claim along with claim form and required documents.	
10.	**Policy Servicing** You may contact us on our Toll Free no: 1800 2666, or email to customersupport@icicilombard.com or use our IL TakeCare App or send a Hi to RIA, our Responsive Intelligent Assistant on WhatsApp (7738282666) for policy services. For details of Company officials kindly visit our website https://www.icicilombard.com/customer-support.	

11.	**Grievances/Complaints** ln case of any grievance the insured person may contact the Company through Website: www.icicilombard.com Toll free: 1800 2666 Email: customersupport@icicilombard.com ICICI Lombard General Insurance Co. Ltd. Ground floor- Interface 11, Sixth floor- Interface 16 , Office no 601 & 602, New linking Road, Malad (West), Mumbai – 400064 There is an interactive voice response (IVR) facility for senior citizens' grievance redressal for easy and faster resolution lnsured person may also approach the grievance cell at any of the company's branches with the details of grievance. For branch details, please visit https://www.icicilombard.com/docs/default-source/policy-wordings-product-brochure/final-gro-mapping.pdf. lf lnsured person is not satisfied with the redressal of grievance ,insured person may contact the grievance redressal officer at the details provided in the below link: https://www.icicilombard.com/grievanceredressal.com lf lnsured person is not satisfied with the redressal of grievance, the insured person may also approach Insurance Regulatory and Development Authority of India (IRDAI) through the Bima Bharosa Portal - https://bimabharosa.irdai.gov.in/ or IRDA Grievance Call Centre(IGCC) at their toll free no. 1800 4254 732 / 155255 Insured may also approach Insurance Ombudsman, subject to vested jurisdiction, for the redressal of grievance. Details of Insurance Ombudsman offices are available at IRDAI website: www.irdai.gov.in, or on the Company's website at www.icicilombard.com or on https://www.cioins.co.in/Ombudsman	Part III 11.
12.	**Things to remember** **Free Look cancellation:** Every insured of new health insurance policies, except for those policies 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. If the insured cancels the policy within free look period then the insured 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 insured and stamp duty charges..	

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

Withdrawal of Policy

i. 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.

ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting periodas per regulatory prescriptions, provided the policy has been maintained without a breakMoratorium

Migration: In case of migration of this policy with the Company, the insured can transfer the credits gained to the extent of the Sum Insured and benefits available in the previous policy to the migrated policy. The Company may underwrite the proposal in case of migration, if the insured is not continuously covered for 36 months.

Portability:

Portability:

a. The insured has the choice to port his / her policies from one Insurer to another. An Insured desirous of porting his/her policy to another insurer shall apply to such insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the due date for renewal.
b. The insured is entitled to transfer the credits gained to the extent of the sum insured and the benefits available in the previous policy, subject to the underwriting policy of the Company
c. The Company shall decide and communicate on the proposal upon receipt of information from Existing insurer within prescribed timelines .
d. This benefit is not applicable for enhanced sum insured.

Change in Sum Insured: The sum insured can be modified (increase/decrease) only at renewal or anytime, subject to company underwriting. Waiting period restarts for increased sum insured.

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 Company 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.	
13.	**Your Obligations** Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. If there is misrepresentation, non-disclosure of material facts, fraud, or non-cooperation in the proposal form, personal statement, medical history, or claim documents, the policy becomes void. In such cases, any benefits obtained through fraudulent means result in the forfeiture of all paid premiums.	

Declaration by the Policy Holder:

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

Place:

Date: _____ Signature of the Policy Holder

NOTE: In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.

The product related documents including the Customer Information sheet are available on the website at

BENEFIT ILLUSTRATION