## Group Hospishield

## Customer Information Sheet / Know Your Policy

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

| Sr. No. | Title<br>Description | Policy clause Number |
|---|---|---|
| 1 | **Name of Insurance Product/Policy**<br>Group Hospishield | |
| 2 | **Policy Number**<br>XXXX/XXXXX/XXXX/XXX | |
| 3 | **Type of Insurance Product/ Policy**<br>Indemnity and /Or Benefit<br>Indemnity (Where insured losses are covered up to the Sum Insured under the policy).<br><br>Benefit (Where an Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event).<br><br>Both Indemnity and Benefit (where policy has elements of both the above) | |
| 4 | **Sum insured**<br>INRXXXXX<br>Individual Sum Insured<br><br>Individual Sum Insured -Where each member has a separate sum insured under the policy) | |
| 5 | Section A-Hospital Daily cash benefit<br>Policy Coverage (What the policy covers?) (Policy Clause Number/s) | |

| Cover Name | Cover Definition | |
|---|---|---|
| Base Benefit: Hospital Daily Cash Benefit | | A 1.1 |
| Base benefit :EMI Benefit | | A1.2 |
| Base benefit: Day-care Treatment Benefit | | A1.3 |
| Base Benefit: Cancer Cash Benefit | | A 1.4 |
| Extension Benefit: Intensive Care Unit (Icu) Cash Benefit | | A 2.1 |
| Extension Benefit: Brain & Stroke Hospitalization Cash Benefit | | A 2.2. |
| Extension Benefit: Organ Transplant Hospitalization Cash Benefit | | A 2.2 |

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| Extension Benefit: Heart Ailment Hospitalization Cash Benefit | | A 2.3 |
| Extension Benefit: Fracture & Burns Cash Benefit | | A 2.4 |
| Extension Benefit: Ambulance Cover Benefit | | A 2.5 |
| Extension Benefit: Child Care Cash Benefit | | A 2.6 |
| Extension Benefit: Hospital Attendant Cash Benefit | | A 2.7 |
| Extension Benefit: Compassionate Visit Cash Benefit | | A 2.8 |

**Section B.1 - Specific Vector Borne Disease Benefit**

Specific Vector-Borne Disease means Malaria, Dengue, Chickungunya, Kala Azar, Japanese encephalitis, Zika Fever and Filariasis

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| Base Benefit :Specific vector borne disease related Hospitalization Benefit | | B.1.1 |

**Section B.2 - Rabies and Tetanus Benefit**

- Base Benefit :Rabies and Tetanus related Hospitalization Benefit — B.2.1

**Section B.3 - Specific Gastrointestinal Infections Benefit**

Specific Gastrointestinal Infection means Acute Inflammatory Diarrhea and Typhoid fever

- Base Benefit :Specific Gastro Intestinal Infections Hospitalization Benefit — B.3.1

**Section B.4- Specific Viral Infections Benefit**

Specific Viral Infection means Viral Hepatitis (Hepatitis A, B and C), Measles, Mumps, Poliomyelitis, Avian Influenza and Swine Influenza

- Base Benefit : Specific Viral Infections Hospitalization Benefit — B.4.1

**Section B.5 - Specific Nervous System Infections Benefit**

Specific Nervous System Infection means Meningitis, Encephalitis, Creutzfeldt-Jakob disease, and Guillain-Barre syndrome

- Basic Benefit: Specific Nervous System Infections Hospitalization Benefit — B.5.1

**Section C - Accidental Injury Benefits**

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| Base Benefit: Death Benefit | C.1.1 |
| Base Benefit: Permanent Total Disablement (PTD) Benefit | C.1.2 |
| Base Benefit: Permanent Partial Disablement (PPD) Benefit | C.1.3 |
| Base Benefit: Temporary Total Disablement (TTD) Benefit | C.1.4 |

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| | Base Benefit: Children's Education Grant Benefit | C.1.5 |
| | Base Benefit: Accidental Hospitalization Expenses Reimbursement Benefit | C.1.6 |
| | Base Benefit: Accidental Hospitalization Daily Cash Benefit | C.1.7 |
| | Base Benefit: Loss Of Job Benefit | C.1.8 |
| | Base Benefit: Recovery Benefit | C.1.9 |
| 6 | **<u>Exclusions (What the policy does not cover)</u>**<br>EXCLUSIONS AND LIMITATIONS APPLICABLE TO SECTION A<br>We shall not be liable to make any payment for any claim under Section A of this Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:<br><br>I. STANDARD EXCLUSIONS<br>1. 30-day waiting period (Code – Excl 03) -<br>2. Pre-existing Disease (Code – Excl – 01) -<br>3. Unproven Treatment (Code – Excl 18) -<br>4. Maternity (Code – Excl 18) -<br>5. Sterility and Infertility (Code – Excl 17)<br>6.Cosmetic or Plastic Surgery (Code – Excl 08)<br>7. Refractive Error (Code – Excl 15) -<br>8. Investigation & Evaluation (Code – Excl 04)<br>9. Obesity/Weight Control (Code – Excl 06) -<br>10. Change of Gender Treatment (Code – Excl<br>11. Hazardous or Adventure Sport (Code – Excl 09<br>12. Breach of Law (Code – Excl 10)<br>13. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code – Excl 12)<br>14. 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)<br>15. Dietary supplements and substances that can be purchased without prescription.(Code – Excl 14)<br>16. Excluded providers (Code – Excl 11) -<br>17. Rest Cure, rehabilitation and respite care (Code – Excl 05)-<br>18. Specified disease/procedure waiting period (Code – Excl 02)<br><br>II. SFECIFIC EXCLUSIONS<br>1. All dental treatment or dental surgery of any kind unless necessitated due to an Accident<br>2. Any treatment received outside India.<br>3. Circumcision unless necessary for treatment of an underlying diseases.<br>4. Routine medical, dental, eye and ear examinations is not covered.<br>5. Treatment of venereal disease.<br>6. Intentional self-Injury, suicide or attempt to suicide. | As per Exclusion section of policy wordings |

7. Any Injury that has occurred prior to the commencement of Policy.
8. Any external congenital anomalies.
9. Any event which occurs whilst the Insured Person is operating or learning to operate any aircraft or common carrier other than as a passenger (fare-paying or otherwise) in any scheduled airline anywhere in the world.
10. Treatment by a Family Member and self-medication or any treatment that is not scientifically recognized.
11. War, invasion, act of foreign enemy hostilities or warlike operations (whether war be declared or not) or civil commotion or rebellion, revolution, insurrection, mutiny, arrests, detainments of all kinds and political gatherings, police, military, naval or air service, engaging in aviation other than as a passenger (fare paying or otherwise) in any licensed standard type of aircraft.
12. Death, disablement (whether of a permanent nature or of a temporary nature), Injury, Illness or Hospitalization arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.

SPECIFIC EXCLUSIONS APPLICABLE TO SECTION C (Except Benefit C.1.6, C.1.7 and C.1.9)

We shall not be liable to make any payment for any claim under Section C of this Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:
1. War, invasion, act of foreign enemy hostilities or warlike operations (whether war be declared or not) or civil commotion or rebellion, revolution, insurrection, mutiny, arrests, detainments of all kinds and political gatherings, engaging in aviation other than as a passenger (fare paying or otherwise) in any licensed standard type of aircraft.
2. Any Injury sustained while performing duty in army, navy, air force, paramilitary force, police or any other such institution.
3. Any event which occurs whilst the Insured Person is operating or learning to operate any aircraft or common carrier other than as a passenger (fare-paying or otherwise) in any scheduled airline anywhere in the world.
4. Breach of law or while being involved in any unlawful activity.
5. Any Injury / Illness arising from intentional self- Injury, suicide or attempted suicide.
6. Any Injury / Illness arising whilst under the influence of alcohol or intoxicating drugs or substance abuse of any kind.
7. Any Injury / Illness occurring whilst working in underground mines or explosives magazines, or involving electrical installation with high tension supply, or as jockeys or circus personnel
8. Any Accidental Injury / Illness directly or indirectly caused by venereal disease

9. Injury sustained whilst engaging in Adventure Sports (Unless specifically covered and mentioned in the policy certificate
10. Any Injury that has occurred prior to the commencement of Policy of Cover.
11. Expenses incurred on eyeglasses, contact lenses, hearing aids and examination for the prescription or fitting thereof.
12. Any Illness, complication or ailment not arising out of or connected to Injury.
13. Payment of compensation in respect of death, disablement (whether of a permanent nature or of a temporary nature), Injury, or illness of the Insured Person resulting directly from, or indirectly caused by, or contributed to or aggravated or prolonged by, childbirth or pregnancy or in consequence thereof.
14. Death, disablement (whether of a permanent nature or of a temporary nature), Injury, or Illness arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
15. Circumcision or strictures, vaccination, inoculation, sex change, beauty treatment of any description, intentional self-Injury, (which expression shall cover also general debility, "run down" conditions), venereal disease, use of intoxicating drugs, or any Illness, Injury, death or disablement directly or indirectly due to any one or more of them.
16. Dental treatment, eye treatment and plastic surgery unless medically necessitated as a consequence of an Injury sustained in an Accident during the Period of Cover.
17. Any Hospitalization not arising out of an Injury sustained in an Accident during the Period of Cover.
18. Routine medical, dental, eye and ear examinations.
19. All cosmetic/aesthetic surgeries including but not limited to lasik surgery.

EXCLUSIONS APPLICABLE TO BENEFITS C.1.6, C.1.7 & C.1.9

We shall not be liable to make any payment for any claim under Benefits C.1.6, C.1.7 & C.1.9 of this Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

I. STANDARD EXCLUSIONS

- All dental treatment or dental surgery of any kind unless necessitated due to an Accident
- Unproven Treatment (Code – Excl 16) -
  - Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
  - Expenses towards miscarriage (unless due to an accident) and

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| | lawful medical termination of pregnancy during the policy period;<br>• Cosmetic or Plastic Surgery (Code – Excl 08)<br>• Investigation & Evaluation (Code – Excl 04) -<br>• Any Injury / Illness occurring whilst engaging in any Adventure Sports as an Amateur.<br>• Hazardous or Adventure Sport (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, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.<br>• Breach of Law (Code – Excl 10)<br>• Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.(Code – Excl 12)<br>• Rest Cure, rehabilitation and respite care (Code – Excl 05) -<br>• 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)<br>• Dietary supplements and substances that can be purchased without prescription, (Code – Excl 14)<br>• Excluded Providers (Code – Excl 11)<br><br>II. SPECIFIC EXCLUSIONS<br>• Routine medical, dental, eye and ear examinations is not covered.<br>• Any Injury that has occurred prior to the commencement of Policy.<br>• War, invasion, act of foreign enemy hostilities or warlike operations (whether war be declared or not) or civil commotion or rebellion, revolution, insurrection, mutiny, arrests, detainments of all kinds and political gatherings, engaging in aviation other than as a passenger (fare paying or otherwise) in any licensed standard type of aircraft.<br>• Any Injury sustained while performing duty in army, navy, air force, paramilitary force, police or any other such institution.<br>• Any event which occurs while operating the air craft or common carrier except the fare paying passenger.<br>• Any Injury / Illness arising from intentional self- Injury, suicide or attempted suicide.<br>• Any Illness, complication or ailment not arising out of or connected to Injury.<br><br>The above is indicative list of exclusions, please refer policy wordings for detailed description. | |
| 7. | **Waiting period**<br><br>**•Time period during which specified diseases/treatments are not covered It is counted from the beginning of the policy coverage. S**hould fetch from Special conditions of the policy schedule | |

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| | Financial limits of coverage<br><br>i. **Sub-limit** (It is a predefined limit and the insurance company will not pay any amount in excess of this limit)<br><br>**ii. Co-payment** (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured).<br><br>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 claim amount is more than the specified amount) iv. Any other limit (as applicable) | |
| 9. | **Claims / Claims procedure**<br>• Upon the happening of any event giving rise or likely to give rise to a claim under this policy, the Insured shall intimate and register the claim with the Company on our 24x7 toll free helpline 18002666 and in writing at Our address.<br>• The list of documentation required is provided under each specific Section.<br>• 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 the event giving rise to a claim.<br>• Customer to send documents to Company at :- ICICI Lombard General Insurance Company Limited<br>1st, 4th (Half) , 5th and 6th floors, Varun Towers- II , Opp. Hyderabad Public school , Begumpet<br><br>• Benefits payable under this policy will be paid within 30 days of the receipt of claim along with claim form and required documents<br><br>**Download the Claim Form here**<br>https://www.icicilombard.com/downloads<br><br>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.<br><br>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 | |
| 10. | **Policy Servicing/**<br><br>• You may contact us on our Toll Free no: 1800 2666, or email to customersupport@icicilombard.comor use our IL TakeCare App or send a Hi to RIA, our Responsive Intelligent Assistant on WhatsApp (7738282666) for policy services.<br>For details of Company officials kindly visit our website https://www.icicilombard.com/customer-support. | |

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| 11. | **Grievances/Complaints**<br><br>In case of any grievance the insured person may contact the Company through Website: www.icicilombard.com Toll free: 1800 2666 Email: customersupport@icicilombard.com<br>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<br><br>There is an interactive voice response (IVR) facility for senior citizens' grievance redressal for easy and faster resolution<br><br>Insured 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.<br><br>If Insured 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:<br><br>https://www.icicilombard.com/grievanceredressal.com<br><br>If Insured 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<br><br>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 - 16 |
| 12 | **Things to remember**<br><br>Free look:<br><br>• 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.• Benefits payable under this policy will be paid within 15 days of the receipt of claim along with claim form and required documents • The Policy may be renewed per the relevant regulatory prescription. t. Policy wording can be referred for further details.

**Migration**: In case of migration of indemnity based health insurance policy (except Personal Accident and Travel Policies) with the same Insurer, 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:**

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**: Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the 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 Withdrawal of Policy

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| | 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.<br>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 period, provided the policy has been maintained without a break. | |
| 13 | **Your Obligations**<br><br>Please disclose all material information (Including Pre-Existing Diseases) before buying the policy.<br><br>Any changes in the exposure /Sum insured/ Occupancies of the insured members during the policy tenure should be immediately notified to the insurer<br><br>• Non-Disclosure may affect the claim settlement.<br><br>• Cooperation from the Insured/claimant is solicited in providing all or sufficient documents as per the claims procedure in support of claim. | |

**Declaration by the policy holder:**

I have read the above and confirm having noted the details

Place:

Dated: Signature:

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