

Corporate Advantage

Customer Information Sheet/ Know Your Policy

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

Sr. No	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1.	Name of Insurance Product/Policy Corporate Advantage Super Top Up	
2.	Policy Number XXXXX	
3.	Type of Insurance Product/Policy Both Indemnity and Benefit	
4.	Sum Insured Basis- Individual Sum Insured Rs. XXXX - where each member has a separate sum insured under the policy Floater Sum Insured- Rs. XXXX – where all members under the policy have a single sum insured limit which may be utilized by any or all members	
5.	Policy Coverage (What the policy covers?) Expenses in respect of: <u>Basic Covers:-</u> 1. In-patient Treatment- Admission in hospital beyond 24 consecutive hours.	c. Benefits covered under the Policy Section C C.A.1

IRDA Reg. No. 115

Mailing Address:

601 & 602, 6th Floor, Interface 16,
New Linking Road, Malad (West)
Mumbai - 400 064

ICICI Lombard General Insurance Company Limited

CIN: L67200MH2000PLC129408

Registered Office Address:

ICICI Lombard House, 414, P Balu Marg,
Off Veer Savarkar Road Marg, Nr Siddhi Vinayak Temple,
Prabhadevi, Mumbai 400 025

UIN: ICILIP24143V012324 Corporate Advantage

Toll free no: 1800 2666

Alternate no : 86552 22666 (chargeable)

E-mail: customersupport@icicilombard.com

Website : www.icicilombard.com

	2. Day Care Procedures/Treatment – Listed procedures requiring less than 24 hours of hospitalization up to annual sum insured. 3. Technological advancements and Treatments– Covers for listed procedures up to Annual Sum insured 4. In Patient AYUSH Hospitalization- Up to the Annual sum insured. 5.Domiciliary Hospitalisation - Up to the Annual sum insured. 6.Donor Expenses- Covers Medical Expenses incurred for an organ donor's Hospitalization for an organ donated to the Insured Person up to the Annual sum insured 7.Pre-Hospitalization Medical expenses - Up to 60 days before hospitalization up to the Annual sum insured 8. Post-Hospitalization Expenses – Up to 180 days after discharge from hospital up to the Annual sum insured 9. Domestic Emergency Road Ambulance Cover- This covers the cost of road ambulance services to transport the insured person to the nearest hospital, up to 1% of the sum insured, with a maximum limit of ₹10,000 per hospitalization. 10. Domestic Air Ambulance Cover – This covers the cost of air ambulance services to transfer the Insured	C.A.2 C.A.3 C.A.4 C.A.5 C.A.6 C.A.7 C.A.8 C.A.9 C.A.10
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	Person to the nearest Hospital in case of an emergency, maximum up to Annual Sum Insured.	
	11. Reset Benefit - The Sum Insured will be reset up to 100%, unlimited times a policy year for same and different illness/disease/injury in a policy year if insufficient due to previous claims	C.A.11
	12. Health Assistance [HAT]- Health Assistance Team (HAT) will assist the Insured Person in understanding his/her health condition better by providing responses to any queries related to health and health care.	C.A.12
	13. Ambulance Assistance- Facilitates ground medical transportation by a Service Provider to transport the Insured Person from the site of Accident/ Illness/ Injury to the nearest Hospital or any clinic or nursing home for medically necessary treatment subject to availability of services in that particular city/location.	C.A.13
	14. Discounts on services/products - Insured can avail discounts at our partner diagnostic centers, pharmacies, etc., by redeeming wellness points earned from Health Rewards.	C.A.14
	15. Tele Consultation(s)- Unlimited tele-consultations will be provided; 24 * 7 and 365 days a year.	C.A.15
	16. Claim Protector- Items listed as non-payable excluded by IRDAI will be covered under this benefit	C.A.16
	17. Switch - From 6th Policy Year onwards, the Insured Person will have an option to migrate to a base hospitalisation policy from the super top up policy, with	C.A.17

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	continuity on waiting periods applicable (up to the deductible amount) under the base Policy <u>Optional Covers (As opted by the customer):-</u> a) Maternity Benefit: delivery or pregnancy termination in life-threatening situations, up to 2 times in a lifetime up to INR XXX with a waiting period of 9 months, . b) BeFit: Provides following benefits on cashless basis up to limits as specified in the covers below. <table border="1" data-bbox="431 758 1089 1281"> <thead> <tr> <th colspan="3">Coverage</th></tr> <tr> <th>Sr. No</th><th>Table of Benefits</th><th>Plan - x</th></tr> </thead> <tbody> <tr> <td>1</td><td>Physical Consultation</td><td>XX</td></tr> <tr> <td>2</td><td>Routine Diagnostics Cover and Minor Procedures Cover</td><td>XX</td></tr> <tr> <td>3</td><td>Pharmacy Cover</td><td>XX</td></tr> <tr> <td>4</td><td>Physiotherapy Session</td><td>XX</td></tr> <tr> <td>5</td><td>e-Counselling</td><td>XX</td></tr> <tr> <td>6</td><td>Diet and Nutrition e-Consultation</td><td>XX</td></tr> </tbody> </table> 3. Guaranteed Deductible Reduction- The deductible applicable will be reduced by 10% of the deductible as applicable to the expiring or renewed Policy Schedule at the end of each Policy Year if the expiring Policy has been continuously renewed with Us. The reduction in deductible shall be continued until the deductible is reduced to 50% of the deductible opted during first	Coverage			Sr. No	Table of Benefits	Plan - x	1	Physical Consultation	XX	2	Routine Diagnostics Cover and Minor Procedures Cover	XX	3	Pharmacy Cover	XX	4	Physiotherapy Session	XX	5	e-Counselling	XX	6	Diet and Nutrition e-Consultation	XX	Section B C.B.1 C.B.2 C.B.3
Coverage																										
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	policy issuance. This optional cover is available only for policies with a minimum deductible of 5 Lakhs. A customer can opt for either Guaranteed Deductible Reduction or No Claim Deductible Reduction optional cover. 4. No Claim Deductible Reduction- The deductible applicable to the Policy will be reduced by 50% at the end of five claim free Policy Years if the expiring Policy has been claim free and is continuously renewed with the Company. The reduction in deductible shall be provided until the deductible is reduced to 50% of the deductible. A customer can opt for either Guaranteed Deductible Reduction or No Claim Deductible Reduction optional cover.	C.B.4
6.	<u>Exclusions</u> (What does the policy not cover) i. Standard Exclusions (Exclusions for which standard wordings are specified by IRDAI) 1. Code- Excl01: Pre-Existing Diseases a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 12 months (as opted at the time of issuance) of continuous coverage after the date of inception of the first policy with insurer. b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.	e. Exclusions under the policy Section e.i e.i.1

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	c) If the Insured Person is continuously covered without any gaps as defined under relevant regulatory prescriptions, then waiting period for the same would be reduced in proportion to prior coverage. I d) Post 12 months coverage for pre-existing diseases depends on declaration and acceptance at the time of application. 2. Code- Excl02: Specified Disease/Procedure waiting period/Specific Waiting Period a) Expenses related to listed conditions, surgeries, or treatments excluded until 12 months of continuous coverage, except for claims due to accidents. b) In case of enhancement, exclusion reappplies for increased sum insured c) If a specified disease/procedure falls under the waiting period for pre-existing diseases, the longer waiting period shall apply d) The waiting period for listed conditions applies even if contracted after the policy or declared without specific exclusion. e) If the insured person is continuously covered without gaps, in accordance with the IRDAI (Health Insurance) Regulations, the waiting period will be reduced in proportion to prior coverage For complete list of excluded specific diseases/procedures, please refer to the Policy Wordings. 3. Code- Excl03: 30 day waiting period.	e.i.2 e.i.3
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	a) Expenses related to the treatment for any illness within 30 days from the policy start date are excluded, except for accident-related claims that are covered. b) The exclusion doesn't apply if the insured person has continuous coverage for more than 12 months. c) The waiting period applies to the enhanced sum insured in case of subsequent increases. 4. a) Expenses related to the treatment of the below mentioned illness within 90 days from the first policy commencement date shall be excluded unless they are pre-existing and disclosed at the time of underwriting i. Hypertension ii. Diabetes iii. Cardiac Conditions b) This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months. c) The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently. 5. Permanent Exclusions Unless covered by way of an appropriate Extension/optional covers, We shall not be liable to make any payment under this policy in connection with or in respect of i. Code- Excl04: Investigation & Evaluation a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.	e.i.4 e.i.5 5.i
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	b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded. ii. Code-Excl05: Rest Cure, rehabilitation and respite care a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes: i) Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons. ii) Any services for people who are terminally ill to address physical, social, emotional and spiritual needs. iii. Code-Excl06: Obesity/ Weight Control Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions: 1. Surgery to be conducted is upon the advice of the Doctor 2. The surgery/Procedure conducted should be supported by clinical protocols 3. The member has to be 18 years of age or older and 4. Body Mass Index (BMI); i) greater than or equal to 40 or ii) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss: - o Obesity-related cardiomyopathy - o Coronary heart disease - o Severe Sleep Apnea	5.ii 5.iii
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	○ Uncontrolled Type2 Diabetes	
	iv. Code- Excl08: Cosmetic or plastic Surgery Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.	5.iv
	v. Code-Excl09: Hazardous or Adventure sports 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	5.v
	vi. Excl10: Breach of law Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.	5.vi
	vii. Code- Excl11: Excluded Providers Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the	5.vii

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	stage of stabilization are payable but not the complete claim. The list of excluded providers/delisted hospitals is available on our website www.icicilombard.com viii. Code- Excl12: Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. ix. Code- Excl13: 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. x. Code- Excl14: 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 hospitalisation claim or day care procedure. xi. Code- Excl15: Refractive Error: Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries xii. Code-Excl16: Unproven Treatments: Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments,	5.viii 5.ix 5.x 5.xi 5.xii
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	procedures or supplies that lack significant medical documentation to support their effectiveness. xiii. Code- Excl17: Sterility and Infertility: Expenses related to, sterility and infertility. This includes: Any type of contraception, sterilization Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI Gestational Surrogacy Reversal of sterilization xiv. Code-Excl18: Maternity: Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalisation) except ectopic pregnancy. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period. This exclusion shall not be applicable if Optional Cover 1. Maternity Benefit Cover is opted. e.ii. Specific Exclusions (Exclusions other than those mentioned under d.i. above) a) Deductible: We shall not be liable for the Deductible amount as specifically defined in Policy Schedule b) We are not liable for any payment unless the aggregate medical expenses exceed the deductible. c) Deductible shall not be applicable for optional covers, if any.	5.xiii 5.xiv Section e.ii.
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	d) Any ailment/ illness/ injury/ condition or treatment or service that is specifically excluded in the Policy Schedule under Special Conditions e) Cost of routine medical, eye and ear examinations, preventive health check-up, cost of spectacles , contact lenses or hearing aids, dentures and artificial teeth. f) Any expenses incurred on Out Patient treatment. This exclusion will not be applicable in case optional cover 2. BeFit has been opted g) Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind like wheelchairs, crutches, instruments used in treatment of sleep apnoea syndrome or cost of cochlear implant(s) unless necessitated by an Accident or required intra-operatively. h) 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. i) Personal comfort, cosmetics convenience and hygiene related items and services. j) Acupressure, acupuncture, magnetic and other therapies k) Circumcision unless necessary for treatment of a disease or necessitated due to an Accident. l) Expenses for venereal disease or any sexually transmitted disease except HIV. m) Screening, counselling or Treatment relating to external birth defects and external congenital Illnesses or defects or anomalies n) Treatment taken outside the country	
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	o) Intentional self-injury (whether arising from an attempt to commit suicide or otherwise) p) Any injury or illness caused by or arising from or attributed to war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority q) Any Illness or Injury caused by or contributed to by nuclear weapons/materials or contributed to by or arising from ionising radiation or contamination by radioactivity by any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel	
7.	<u>Waiting period</u> - <u>Time period during which specified diseases/treatments are not cover</u> - <u>It is counted from the beginning of the policy coverage</u> • Initial waiting period: 30 days for all illnesses (except Hospitalization due to injury) • Waiting period of 90 days for treatment of Hypertension, Diabetes and Cardiac Conditions • Specific waiting periods: First 12 months, for specific Illness and treatment. (Please refer to the policy wordings for the complete list) • Pre-Existing Diseases: Declared & accepted Pre-existing diseases will be covered after 12 months of continuous coverage. • BeFit : 30 Days • Maternity Benefit : 9 months	e. Exclusions under the policy e.i.3 e.i.4 e.i.2 e.i.1 C.B.2 C.B.1

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8.	<u>Financial limits of coverage</u> The policy will pay only up to the limits specified hereunder for the following diseases/procedures: <u>Sub-limit</u> (It is a pre- defined limit and the insurance company will not pay any amount in excess of this limit) Basic Covers i. Room rent capping “Single Private Room”. ii. Domestic Emergency Road Ambulance Cover- up to 1% of sum insured subject to a maximum limit of Rs 10,000 per Hospitalization. Optional Covers i. <u>BeFit</u>: up to the limits as mentioned below. ii. <u>Maternity Benefit</u>- Upto INR XXXX 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) Deductible opted- Rs. XXXXX iv. Any other limit (as applicable) -NA	C.A.1 C.A.9 C.B.2 C.B.1
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9.	<u>Claims/Claims Procedure</u> Cashless (Pre-Authorization) Procedure: Step 1 – Get your treatment at our network hospital and during admission submit copy of health card and photo ID proof at Hospital Insurance desk Step 2 – The hospital sends approval request for your cashless admission along with relevant documents (cashless pre-authorization form, investigation reports, past consultation papers (as applicable), copy of health card and photo ID proof, etc) Step 3 – Request would be processed from insurance as per policy terms and conditions Step 4 – You may avail treatment and claim payment is settled directly to the Provider/Hospital Step 5 – You can check and track your claim status live on IL TakeCare app or WhatsApp If You notify pre authorization request for cashless facility through any of Our empanelled network hospitals along with complete set of documents & information, We will decide within 1 hour of the actual receipt of such pre authorization request. Further, we shall grant final authorization within three hours of the receipt of discharge authorization request from the hospital. Find our extensive list of hospitals providing cashless services on our website https://www.icicilombard.com/health-insurance/health-claim/partner-hospital or the IL TakeCare App.	Section IV. Other terms and conditions Section IV.1
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	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 Notify us 48 hours before planned admission or within 24 hours for emergencies when using cashless services. Non-medical and non-payable expenses are your responsibility. You shall be required to furnish the following documents for or in support of a Claim: 1. Duly completed Claim form signed by You and the Medical Practitioner. The claim form can be downloaded from our website www.icicilombard.com 2. Original bills, receipts and discharge certificate/ card from the Hospital/ Medical Practitioner 3. Original bills from chemists supported by proper prescription. 4. Original investigation test reports and payment receipts. 5. Indoor case papers 6. Medical Practitioner's referral letter advising Hospitalization in non-Accident cases. 7. Any other document as required by Us or to investigate the Claim or Our obligation to make payment for it Reimbursement Procedure:	
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	Step 1 – Get treatment at a non-network hospital by paying all the treatment costs. Collect all the documents of treatment and expenses incurred Step 2 – Send the claim documents along with the claim form. Step 3 – The claim would be processed as per policy terms and conditions Step 4 – The approved amount in the claim would be reimbursed to you Step 5 – You can check and track your claim status live on IL TakeCare app or WhatsApp Insurer needs to be notified of any planned Hospitalization at least 48 hours before admission and 24 hours after admission in the case of emergency hospitalization. We are to be provided with a duly completed 'Claim Form' and the requisite claim documents, as soon as practicable, latest within 30 days from the date of discharge from the Hospital, failing which we will have the right to treat the claim as inadmissible. The claim will be processed within 15 days of receipt of claim along with claim form. The relevant documents can be sent to: ICICI Lombard GIC LTD, 1st, 4th, 5th & 6th Floor Varun Towers-II, Opp Hyderabad Public School, Begumpet Hyderabad-500016 Telangana. Download Claim Form- https://echannel-wf.icicilombard.com/docs/default-source/apps/healthclaims/assets/files/claim-form-greater-than-1-lac.pdf	
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10.	<u>Policy Servicing</u> - 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.	<u>Grievances/Complaints</u> 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 Address: 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 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.	Section III. General terms and conditions.i.16

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	If Insured person is not satisfied with the redressal of grievance, insured person may contact the Grievance Redressal Officer of the Company at the details provided in the below link: https://www.icicilombard.com/grievanceredressal.com 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 IRDAI 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	
12	<u>Things to remember</u> 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	Section III.General terms and conditions-15

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Mumbai - 400 064

ICICI Lombard General Insurance Company Limited

CIN: L67200MH2000PLC129408

Registered Office Address:

ICICI Lombard House, 414, P Balu Marg,
Off Veer Savarkar Road Marg, Nr Siddhi Vinayak Temple,
Prabhadevi, Mumbai 400 025

UIN: ICILIP24143V012324 Corporate Advantage

Toll free no: 1800 2666

Alternate no : 86552 22666 (chargeable)

E-mail: customersupport@icicilombard.com

Website : www.icicilombard.com

	the insurer on medical examination of the insured and stamp duty charges. Refer to Policy Wordings and Prospectus for details. If you wish to cancel the policy, contact us through our website www.icicilombard.com (Customer Support section), call us toll-free at 1800 2666, or email customersupport@icicilombard.com. Policy renewal: Except on grounds of established fraud, or misrepresentation, or non disclosure, renewal of your policy shall not be denied, provided the policy is not withdrawn. 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. Migration: The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company. The Company	Section III.General terms and conditions-10 Section III.General terms and conditions-8 & 9
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	may underwrite the proposal in case of migration, if the insured is not continuously covered for 36 months. When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer. 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. Zone Based Pricing: Premium depends on the insured person's residential city and pin code. Notify us of any changes immediately to avoid impacting claim admissibility. (Refer to policy wordings and prospectus for zone definition.) 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	Section III. General terms and conditions-27 Section III. General terms and conditions-12
13.	<u>Your Obligations</u> Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.	Section III General terms and conditions

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	• If there is misrepresentation, non-disclosure of material facts, established 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	
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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.

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Benefit Illustration

Age of the members insured	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum insured (Only one sum insured is available for the entire family)			
	Premium (₹)	Sum insured (₹)	Premium (₹)	Discount	Premium after discount (₹)	Sum insured (₹)	Premium or consolidated premium for all members of family (₹)	Floater discount, if any	Premium after discount (₹)	Sum insured (₹)
42	3,505	500,000	3,505	7.5%	3,242	500,000	6,477	20%	5,181	500,000
36	2,972	500,000	2,972		2,749	500,000				
Total Premium for all members of the family is ₹ 6,477(excluding GST), when each member is covered separately.			Total Premium for all members of the family is ₹ 5991(excluding GST), when they are covered under a single policy.				Total Premium when policy is opted on floater basis is ₹ 5,181(excluding GST).			
Sum insured available for each individual is ₹ 5,00,000 with deductible of ₹ 2,00,000 under super top up policy.			Sum insured available for each family member is ₹ 5,00,000 with deductible of ₹ 2,00,000 under super top up policy.				Sum insured of ₹ 5,00,000 with deductible of ₹ 2,00,000 under super top up policy is available for the entire family.			

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Age of the members insured	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum insured (Only one sum insured is available for the entire family)			
	Premium (₹)	Sum insured (₹)	Premium (₹)	Discount	Premium after discount (₹)	Sum insured (₹)	Premium or consolidated premium for all members of family (₹)	Float or discount, if any	Premium after discount (₹)	Sum insured (₹)
32	3,251	1,000,000	3,251	7.5%	3,007	1,000,000	6,428	25%	4,821	1,000,000
30	3,177	1,000,000	3,177		2,938	1,000,000				

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Total Premium for all members of the family is ₹ 6,428(excluding GST), when each member is covered separately.	Total Premium for all members of the family is ₹ 5,945(excluding GST), when they are covered under a single policy.	Total Premium when policy is opted on floater basis is ₹ 4,821(excluding GST).
Sum insured available for each individual is ₹ 10,00,000 with deductible of ₹ 2,00,000 under super top up policy.	Sum insured available for each family member is ₹ 10,00,000 with deductible of ₹ 2,00,000 under super top up policy.	Sum insured of ₹ 10,00,000 with deductible of ₹ 2,00,000 under super top up policy is available for the entire family.

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