# GROUP SECURE MIND

## 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 | Policy Clause Number |
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| 1. | **Name of Insurance Product/ Policy**<br>Group Secure Mind | |
| 2. | **Policy Number**<br>XXXX | |
| 3. | **Type of Insurance Product/ Policy**<br>**This is a Benefit Policy** | |
| 4. | **Sum Insured**<br>**This is an individual policy where sum insured mentioned is for the insured as per policy certificate**<br>Sum Insured – XXXX<br>Sum Insured basis Fixed /Reducing - XXXX | |
| 5. | **Policy Coverage (Policy Clause Number/s)**<br>**Section I: MAJOR MEDICAL ILLNESS & PROCEDURES**<br>○ First Diagnosis of the below-mentioned Illnesses specifically described below:<br>• Cancer of specified severity<br>• Kidney failure requiring regular dialysis;<br>• Multiple Sclerosis with persisting symptoms; or<br>• Benign Brain Tumor<br>• Parkinson's Disease before the age of 50 years<br>• Alzheimer's Disease before the age of 50 years<br>• End stage Liver Disease<br>○ Undergoing for the first time of the following surgical procedures, more specifically described below :<br>• Major Organ/ Bone Marrow Transplant<br>• Open heart replacement or repair of heart valves<br>• Open chest CABG<br>• Surgery of Aorta<br>○ Occurrence for the first time of the following medical events more specifically described below: | Part II of the Schedule Clause 2.<br>Benefits Under the Policy<br>2.1 Section I<br>2.2 Section II<br>2.3 Section III |

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| | • Stroke resulting in permanent symptoms<br>• Permanent Paralysis of Limbs<br>• First Heart Attack- of specified severity<br>• Major Burns<br>• Loss of Speech<br>• Deafness<br>• Coma of Specified Severity<br>**SECTION II : PERSONAL ACCIDENT**<br>• Accidental Death - Solely due to an injury, within 12 months from the date of accident.<br>• Permanent Total Disablement (PTD) - Solely due to an injury within 12 months from the date of the accident.<br>**SECTION III: LOSS OF JOB**<br>Insured event: In this section, the term "Insured Event" in relation to any Insured shall mean termination from employment, dismissal, temporary suspension or retrenchment imposed on him by the employer during the policy period due to the insured person suffering an illness or injury resulting from an accident following the employer's rules and regulations.<br>○ The policy coverage for the insured will end if a claim is accepted for Major Medical Illness Procedure, or Personal Accident (Any 1). In such cases, no benefits will be paid under other sections of this policy.<br>This cover maybe opted at policy inception by Salaried Individuals only.<br>(Note: Please refer to the policy wordings for complete details of the Covers). | |
| 6 | **<u>Exclusions (What the policy does not cover):</u>**<br>The Company shall not be liable under this policy for,<br>• Any Pre-existing Disease - Any Insured Event arising on account of or in connection with any Pre-existing Disease.<br>• If the Insured does not submit a medical certificate from the Doctor evidencing diagnosis of Illness or Injury or occurrence of the medical event or the undergoing of the medical / surgical procedure.<br>• The Company shall not be liable to make any payment under this Policy in connection with or in respect of any Insured Event, as stated in this Section, occurred or suffered before the commencement of Period of Insurance or arising within first three months of the commencement of the Period of Insurance. Payment under more than one of the categories specified (Death or Permanent Total Disablement) in the Benefit Payable in respect of the Insured.<br>• Any medical procedure or treatment, which is not medically necessary or not performed by a Doctor | Part II Of The Schedule Clause 2.1.4 Exclusions Applicable To Section I<br>Clause 2.2.3 Exclusions Applicable To Section II<br>Clause 2.3.3 Exclusions Applicable |

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| | • Any physical or medical condition or treatment or service that is specifically excluded in the Policy in Part I of the Schedule under Special Conditions.<br>• Treatment relating to birth defects and external congenital Illnesses<br>• Birth control procedures and hormone replacement therapy.<br>• Any treatment/surgery for change of sex or any cosmetic surgery or treatment/surgery /complications/illness arising as a consequence thereof<br>• Treatment by a family member and self-medication or any treatment that is not scientifically recognized.<br>• Payment under more than one of the categories specified (Death or Permanent Total Disablement) in the Benefit Payable in respect of the Insured.<br>• Payment of compensation in respect of Insured Event which occurs whilst the Insured is operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft, or Scheduled Airlines or is engaging in aviation or ballooning, or whilst the Insured is mounting into, or dismounting from or traveling in any balloon or aircraft other than as a passenger (fare- paying or otherwise) in any Scheduled Airline anywhere in the world;<br>• Payment of compensation in respect of death, injury or disablement of: Insured (a) from Participation in winter sports, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sports, any bodily contact sport or any other hazardous or potentially dangerous sport for which the Insured is untrained, unless specifically covered under the policy<br>• Under this section in case of any Permanent Total Disability for which medical care, treatment, or advice was recommended by or received from a Doctor or from which the Insured suffered or which was present before the policy period started.<br>• Payment of compensation in respect of death or Permanent Total Disablement arising from or resulting directly or indirectly from any Illness to any Insured.<br>• No sum shall be payable under this Section in case of any Permanent Total Disability for which medical care, treatment, or advice was recommended by or received from a Doctor or from which the Insured | To Section III |

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| | suffered or which was present before the commencement of the Policy Period.<br>• The Company shall not be liable to make any payment under this Section in the event of termination, dismissal, temporary suspension or retrenchment from employment of the Insured being attributed to any reason other than that arising from an Illness or Injury due to an Accident.<br>• The Company shall not be liable to make any payment under this Policy in connection with or in respect of:<br>○ Self-employed persons<br>○ Any claim relating to unemployment from a job which is casual, temporary, seasonal or contractual in nature or any claim relating to an employee not on the direct rolls of the employer;<br>○ Any voluntary unemployment;<br>○ Unemployment at the time of inception of the Policy Period or arising within first three months of inception of the Policy Period<br>○ Any unemployment from a job under which no salary or any remuneration is provided to the Insured<br>○ Any unemployment due to resignation, retirement whether voluntary or otherwise<br>Any unemployment due to non-confirmation of employment after or during such period under which the Insured was under probation.<br>(Please refer to the policy wordings for complete details) | |
| | **GENERAL EXCLUSIONS APPLICABLE TO THE POLICY:**<br>The Company shall not be liable for any loss or damage under this Policy:<br>1. Arising or resulting from the Insured committing any breach of the law with criminal intent<br>2. Due to, or arising out of, or directly or indirectly connected with or traceable to, war, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainment of all Heads of State and citizens of whatever nation and of all kinds and acts of terrorism<br>3. Directly or indirectly caused by or contributed to by or arising from ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission<br>4. Directly or indirectly caused by or contributed to by or arising from nuclear weapon materials | Part II Of The Schedule<br>**GENERAL EXCLUSIONS APPLICABLE TO THE POLICY**<br>**Clause 3** |

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| | 5. Directly or indirectly caused by or contributed to by or arising out of usage, consumption or abuse of alcohol and/or drugs.<br>6. Arising out of or as a result of any act of self-destruction or self inflicted injury, attempted suicide or suicide.<br>7. Any consequential or indirect loss or expenses arising out of or related to any Insured Event.<br>8. Arising out of or resulting directly or indirectly due to or as a consequence of pregnancy or treatment traceable to pregnancy and childbirth, abortion and its consequences, tests and treatment relating to infertility and invitro fertilization<br>9. Arising out of or resulting directly or indirectly while serving in any branch of the Military or Armed Forces of any country during war or warlike operations<br>10. Arising out of or resulting directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss. It excludes loss, damage, cost or expenses of any nature directly or indirectly caused by,or in connection with any action taken in controlling, preventing, suppressing or in any way relating to action taken in respect of any act of terrorism.<br>(Please refer to the policy wordings for complete details) | |
| 7 | **Waiting Period**<br>• **Time period during which specified diseases/treatments are not covered**<br>• **It is counted from the beginning of the policy coverage**<br>**Initial Waiting Period**<br>• The Major Medical Illness and Procedures benefit and Loss of Job benefit will have a waiting Period of 3 months.<br>• The Insured is covered for Accidental Death and Permanent Total Disability from Day 1 of Policy Inception.<br><br>**Specific Waiting Period: NA**<br>**Pre-Existing Diseases:** Any Insured Event arising on account of or in connection with any Pre-Existing Disease will not be covered. | Part II of The Schedule<br>Clause 2.1.4 Exclusions Applicable To Section I<br>Clause 2.2.3 Exclusions Applicable To Section II<br>Clause 2.3.3 Exclusions Applicable To Section III |
| 8 | **Financial Limits of coverages**<br>**I Sub-limit/ Limit (It is a predefined limit and the insurance company will not pay any amount in excess of this limit)**<br>NA | |

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| | **II Co-payment (It is a specified amount/ percentage of the admissible claim amount to be paid by policyholder/ insured)**<br>NA<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):**<br>30 days deductible shall be applicable under section III Loss of Job<br><br>**IV Any Other limit**<br>NA | |
| 9 | **Claims / Claims Procedure**<br>The settlement of claims would be done by the Company within 15 days after the receipt of the claim along with the claim form and necessary documents, any rejections if done, would be provided with proper reasons by the Company.<br>On occurrence of any event that may give rise to a Claim under this Policy, You shall-<br>Notify Us immediately on toll free number 1800 2666 or on our website www.icicilombard.com or email us at customersupport@icicilombard.com along with the completed and signed Claim form the Insured must provide all the relevant documents specified in the policy wordings, within 30 days.<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<br><br>**Download the Claim Form here**<br>https://echannel-wf.icicilombard.com/docs/default-source/apps/healthclaims/assets/files/claim-form-greater-then-1-lac.pdf | Part II of the Schedule Clause 4.6 Settlement/ Rejection of Claim |
| 10 | **Policy Servicing**<br>Contact us via:<br>Website: https://www.icicilombard.com/customer-support<br>IL TakeCare App<br>WhatsApp: 7738282666<br>Toll-free number: 1800 2666<br>Email: customersupport@icicilombard.com | |

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| | For details of Company officials kindly visit our website For details of Company officials kindly visit our website https://www.icicilombard.com/customer-support | |
| 11 | **Grievances/Complaints**<br><br>In case of any grievance the insured person may contact the Company through<br>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 ,<br>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 OF SCHEDULE**<br><br>**Standard Terms and Conditions**<br>Clause 16<br>**Grievances** |

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| 12 | **Things to remember**<br>• **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.(Please refer policy wordings for cancellations as per Grid)<br><br>• **Policy Renewal :**<br>A health insurance policy shall be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured, provided the policy is not withdrawn and also subject to Moratorium conditions as provided in the policy.<br><br>2. The Company shall condone a delay in renewal up to the grace period from the due date of renewal without considering such condonation as a break in policy.The renewal premium shall be paid to us on or before the policy's expiry date, and at the latest within 30 days (Grace Period) after the policy expires<br>Waiting periods will not be applicable (subject to No Break In Policy)<br><br>• **Migration and Portability:**<br>The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company.<br>The Company may underwrite the proposal in case of migration, if the insured is not continuously covered for 36 months.<br><br>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.*<br>a.<br>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 | Part III of the schedule Clause 12. Free Look Up Period<br><br>Section 4.5 Terms of Renewal<br>Part III of the schedule Clause15. Renewal Notice<br>Part II Clause 1 Grace period & Renewal<br><br>**PART III OF SCHEDULE** |

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| | c. The company shall decide and communicate on the proposal upon receipt of information from Existing insurer within prescribed timelines.<br>d. This benefit is not applicable for enhanced sum insured.<br><br>• **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. | Standard Terms and Conditions Clause 18 , 19<br><br>**PART III OF SCHEDULE**<br>Standard Terms and Conditions Clause 17 |
| 13 | **<u>Your Obligations</u>**<br>**Incontestability and Duty of Disclosure**<br>• The Policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, mis-description or on non-disclosure in any material particular in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or devices being used by the Insured or any one acting on his behalf to obtain any benefit under this Policy. | PART III OF SCHEDULE<br><br>Standard Terms and Conditions 1.Incontestability and Duty of Disclosure |

<u>Declaration by the Policy Holder:</u>

<u>I have read the above and confirm having noted the details.</u>

<u>Place:</u>

Date: _____ Signature of the Policy Holder

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