Group TakeCare 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.

<table>
<tr><th>Sr. No.</th><th>Description
(Please refer to applicable Policy Clause Number in next column)</th><th>Policy Clause Number</th></tr>
<tr><td>1.</td><td><u>Name of Insurance Product/Policy</u>
Group TakeCare Insurance</td><td></td></tr>
<tr><td>2.</td><td><u>Policy Number</u>
XXXX/XXXXXX/XX/XXXX</td><td></td></tr>
<tr><td>3.</td><td><u>Type of insurance Product/Policy</u>
Both Indemnity and Benefit-
Indemnity (Where insured losses are covered up to the sum insured under the policy)
Benefit (Where an Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event)
Both Indemnity and Benefit (where policy has elements of both the above)</td><td></td></tr>
<tr><td>4.</td><td><u>Sum Insured (Basis)</u>
₹ XX,XXXX
Individual SI
Or
Floater Basis
Individual Sum Insured -Where each member has a separate sum insured under the policy), or
Floater Sum Insured-Where all members under the policy have a single sum insured limit which may be utilized by any or all members</td><td></td></tr>
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<tr><td>Base Benefit: Accidental Hospitalization Cash Benefit</td><td></td></tr>
<tr><td>Extension Benefit: Intensive Care Cash Benefit</td><td></td></tr>
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Extension Benefit: Cancer Hospitalization Cash Benefit		A 2.2
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Consultation Cover 1. GP Consult 2. Specialist Consult 3. Physiotherapy Consult 4. AYUSH Consult 5. Dental Consult 6. Counseling 7. Tele Consult 8. Home Consult 9. Online/Digital Consult		B.1.A

	Pharmacy Cover		B.1.B
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	• **Extension Benefit**: Onsite Health Services		C.2
	• **Extension Benefit**: Wellness Session		C.3
	• **Extension Benefit:** Health Risk Assessment (HRA)		C.4
	• **Extension Benefit:** Wellness Event		C.5
	• **Extension Benefit**: Telephonic /Virtual Consultation		C.6
	• **Extension Benefit**: Workplace Wellness Management Program		C.7
	• **Extension Benefit**: Emergency Ambulance Service		C.8
6.	Exclusions (What the policy does not cover) EXCLUSIONS AND LIMITATIONS APPLICABLE TO SECTION A STANDARD EXCLUSIONS 1. 30-day waiting period (Code - Excl 03) Any hospitalization falling within the initial waiting period as specified in the policy certificate subject to a maximum of 30 days- i. Expenses related to the treatment of any illness within the initial waiting period shall be excluded except claims arising due to an accident, provided the same are covered. ii. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for		Exclusions Section as per Policy Wordings

more than twelve months.

iii. The within referred waiting period shall be applicable to the enhanced sum insured in the event of granting higher sum insured subsequently

2. Pre-existing Disease (Code - Excl - 01) Unless specifically covered and mentioned in the policy certificate)

   i. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with insurer.

   ii. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

   iii. If the Insured Person is continuously covered without any break as defined under the portability norms of the relevant Regulations, then

   waiting period for the same would be reduced to the extent of prior coverage

   iv. Coverage under the policy after the expiry of 24 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer

3. Specified disease/procedure waiting period/Specific Waiting Period (Code - Excl 02) - Two Years Exclusions - (Unless the waiting period is specifically waived off and mentioned in the policy certificate)

   a. Expenses related to the treatment of the below listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.

b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

c. If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.

d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.

e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

4. Unproven Treatment (Code - Excl 18) - Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
5. Maternity (Code - Excl 18) –
    i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
    ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period;
6. Sterility and Infertility (Code - Excl 17) - Expenses related to Sterility and infertility.

    This includes:

    i. Any type of contraception, sterilization
    ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
    iii. Gestational Surrogacy
    iv. Reversal of sterilization.

7. Cosmetic or Plastic Surgery (Code - Excl 08) - 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.

8. Refractive Error (Code - Excl 15) Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres

9. Investigation & Evaluation (Code - Excl 04)

10. Obesity/Weight Control (Code - Excl 06) - Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

11. Change of Gender Treatment (Code - Excl 07) - Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex

12. 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

13. Breach of Law (Code - Excl 10) Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent

14. Treatment for, alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code - Excl 12)
15. 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)

16. Dietary supplements and substances that can be purchased without prescription not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. (Code - Excl 14)

17. Excluded providers (Code - Excl 11).

18. Rest Cure, rehabilitation and respite care (Code - Excl 05)

II. SPECIFIC EXCLUSIONS

1. Any dental treatment or dental surgery of any kind unless necessitated due to an Accident or specifically covered and specified in the Policy Schedule/Policy Schedule
2. Vaccination and inoculation of any kind
3. Any alternative treatments not covered under AYUSH as instituted in a government hospital or any institutes recognized Board by the government and/or accredited by Quality Council of India / National Accreditation of Health
4. Any treatment received outside India unless specifically covered and specified in the Policy Schedule.
5. Circumcision unless necessary for treatment of an underlying illness.
6. Hormone replacement therapy.
7. Alopecia, baldness, wigs, or toupees and hair fall treatment
8. Routine medical, eye and ear examinations unless specifically covered and specified in the Policy Schedule.
9. Any medical examination or diagnostics or Hospitalization for the purpose of employment or travel.
10. Treatment of general debility, sterility, venereal disease except HIV
11. Intentional self-Injury, suicide or attempt to suicide.
12. First Degree Burns where First Degree (superficial) Burns are those which affects only the epidermis, or outer layer of skin.
13. Any External Congenital Anomalies unless specifically covered and specified in the Policy Schedule.
14. Any sexually transmitted diseases except HIV
15. Treatment by a family member and self-medication or any treatment that is not scientifically recognized.
16. Illness or Injury whilst performing duties as a serving member of a military or a police force or any other forces of similar nature.
17. Expenses related to donor screening related to donation of an organ(s).

18. Treatment taken from persons not registered as Medical Practitioners under respective medical councils.
19. Domiciliary hospitalization.
20. Engaging in professional sports unless specifically covered and specified in the Policy Schedule.
21. 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.
22. 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.
23. 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.
24. 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 except HIV
25. Hospitalization primarily for evaluative and diagnostic purpose for which treatment which is possible in outpatient department is given; Admission only for holter monitoring/Sleep study.

EXCLUSIONS AND LIMITATIONS APPLICABLE TO SECTION B
We shall not be liable to make any payment for any claim under Section B 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. Other specific policy related exclusions may be defined in Policy Certificate or any exclusions mentioned below may be covered if mentioned as inclusions in the Policy Certificate.

I. STANDARD EXCLUSIONS

1. 30-day waiting period (Code - Excl 03)
2. Change of Gender treatments (Code - Excl 07)
3. Unproven Treatment (Code - Excl 16) .
4. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code - Excl 12)
5. Breach of Law (Code - Excl 10).
6. Sterility and Infertility (Code - Excl 17)
7. Cosmetic or Plastic Surgery (Code - Excl 08
8. Hazardous or Adventure Sport (Code - Excl 09)

	9. 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). 10. Dietary supplements and substances that can be purchased without prescription, not limited to vitamins, minerals and organic substances unless prescribed by a medical practitioner as a part of hospitalization claim or day care procedure (Code - Excl 14). II. SPECIFIC EXCLUSIONS 1. Expenses incurred due to contraction of any Illness necessitating hospitalization. 2. Personal comfort, cosmetics convenience 3. Illness, accident or injury directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, war like operations (whether war be declared or not). 4. Defects or anomalies, venereal disease except HIV, intentional self-injury (whether arising from an attempt to suicide or otherwise) Alternative treatment except AYUSH treatment. 5. All expenses arising out of any condition directly or indirectly caused to or associated with, Human T-Cell Lymphotropic Virus Type III (HTLV -III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any syndrome or condition of a similar kind. 6. Illness, Accident or Injuries directly or indirectly 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. Voluntary medical termination of pregnancy during the first 12 weeks from the date of conception. 8. Any expenses incurred on instruments used in treatment of sleep apnoea syndrome or continuous ambulatory peritoneal dialysis (C.A.P.D.), oxygen concentrator for bronchial asthmatic condition, 9. Any sexually transmitted disease except HIV 10. Treatment received outside India 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 Initial waiting period/Specific Waiting Periods /Pre-existing diseases: Not applicable for claims arising due to an accident)	
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 company will not pay any claim, and - Which will be deducted from total claim amount (if claim amount is more than the specified amount)	
9.	**Claims /claim Procedure** • The fulfillment of the terms and conditions of this Policy (including payment of premium by the due dates mentioned in the Policy Certificate) insofar as they relate to anything to be done or complied with by You or any Insured Person, including complying with the procedures and requirements in relation to claims, shall be Conditions Precedent to Our liability under this Policy. • We shall be under no obligation to make any payment under this Policy unless We have received all premium payments in full and on time in respect of the Insured Person's cover under the Policy and all payments have been realised. • On occurrence of an any event that may give rise to a Claim under this Policy, You shall-	

• Notify Us immediately on toll free number 1800 2666 or on our website www.icicilombard.com or also in writing at Our address specified in the Policy Certificate.

• Along with the completed and signed Claim form, provide all the relevant documents in support of Your Claim within 30 days.

• All claims documentation specified within the relevant Section of the Policy for the Base Benefit/Extension being claimed must be submitted in full. The final decision to waive the requirement for any specified claim documents rests with Us.

• We/Our representatives must be given all reasonable co-operation in investigating the Claim in order to assess Our liability and quantum in respect of such Claim. If requested by Us and at Our cost, the Insured Person must submit to medical examination by Our nominated Medical Practitioner as often as We consider reasonable and necessary and We/Our representatives must be permitted to inspect the medical and Hospitalization records pertaining to the Insured Person's Injury/Illness and treatment and to investigate the facts surrounding the Claim.

• Our medical or other representative shall be allowed to examine the Insured Person on the occurrence of any alleged Injury or disablement when and as often as the same may reasonably be required on behalf of Us Such evidence as We may require from time to time shall be furnished The directions, advice and guidance of the treating Medical Practitioner shall be strictly followed..

• The admissible Claim amount will be calculated post applicability of Deductible, Co-pay, Sub-limit if any and as specifically defined in Policy certificate

- In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases

	the insurer chosen by the insured person shall be treated as the primary Insurer and shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy **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 The Company shall process claim, as the case may be, within 15 days from the date of receipt of claim form along with claim documents.	
10.	**Policy Servicing** • You may contact us on our Toll Free no: 1800 2666, or email at 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 or on the IL TakeCare App	
11.	**Grievances/ Complaints** "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	Part III - Point 16

	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. If Insured person is not satisfied with the redressal of grievance ,insured person may contact the grievance officer 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 (IRDA) 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 IRDA website: www.irdaindia.org, or on the Company's website at www.icicilombard.com or on https://www.cioins.co.in/Ombudsman"	
12.	**Things to remember** **Free look period**: Every insuredof 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. In the event a policyholder disagrees to any of the	

policy terms or conditions, or otherwise and has not made any claim, he shall have the option to return the policy to the insurer for cancellation, stating the reasons for the same. Irrespective of the reasons mentioned, the policyholder 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 proposer and stamp duty charges

Cancellation:

The policyholder may cancel this policy by giving 7 days' written notice. The insurer shall

1. Refund proportionate premium for unexpired policy period, if the term of policy up to one year and there is no claim (s) made during the policy period
2. Refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.

Note: - *Above refund clause shall not be applicable for policies with freelook period; Premium refund for cancellations during the freelook period will be provided as per the Free look clause

Full refund may be given based on underwriter's discretion.

For any cancellation initiated by the company, refund shall be done on a pro rata basis.

Policy Renewal: The 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

• Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years

• Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.

	• At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of thirty days. Coverage is not available during the grace period. • No loading shall apply on renewals based on individual claims experience **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 **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** : . The insured has the choice to port his / her policies from one Insurer to another. 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 **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 insurer 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 material information (Including Pre-Existing Diseases) before buying the policy. Non disclosure may affect the claim settlement. • Cooperation from the Insured/claimant is solicited in providing all or sufficient documents as per the claims procedure in support of claim. ("Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)	

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. Insurer shall provide web-link where the product related documents including the Customer Information sheet are available on the website of the insurer