

Customer Information Sheet

Dengue Care

**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	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product/Policy	<b>Dengue Care</b>	NA
2	Policy number	Policy number shall be as on Policy Schedule issued post policy issuance	NA
3	Type of Insurance Product/ Policy	Indemnity	NA
4	Sum Insured	<ul style="list-style-type: none"> <li>Individual Sum Insured -Where each member has a separate sum insured under the policy), or</li> </ul> Sum Insured shall be as opted and the same will be mentioned in your Policy Schedule  <b>Note:</b> For complete details of Sum Insured applicability, please refer to your Policy Schedule	NA
5	Policy Coverage (What the policy covers?)	<b>Base Covers:</b> Coverages in force for the Insured Persons shall be as per the plan opted.  <b>Expenses in respect of:</b> <ol style="list-style-type: none"> <li>Admission in Hospital for minimum 24 hours</li> <li>Pre-Hospitalisation- Medical expenses incurred in 15 days before the hospitalisation.</li> <li>Post-Hospitalisation- Medical expenses incurred in 15 days after the hospitalisation.</li> <li>Shared Accommodation Benefit - If the Insured Person is Hospitalised in Shared Accommodation in a Network Hospital, Section III C v) of Policy wordings will be waived off</li> </ol> <b>Outpatient Benefits:</b> <ol style="list-style-type: none"> <li>Outpatient Consultations- covers outpatient consultation by a general Medical Practitioner for treatment of Dengue fever.</li> <li>Diagnostic Tests - covers outpatient diagnostic tests for Dengue fever taken by the Insured Person from a diagnostic centre</li> <li>Pharmacy - reimburses for Medicines purchased by the Insured Person from a pharmacy, provided that such medicines have been prescribed for treatment of Dengue Fever</li> <li>Home Nursing - reimburses the Medical Expenses for necessary medical treatment taken by the Insured Person by our empanelled medical practitioner at home for treatment of Dengue fever</li> </ol>	B-1.a B-1.b B-1.c B-1.d  B2 a) B2 b) B2 c) B2 d)



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8	Financial limits coverage of i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)	The policy will pay only up to the limits specified here under for the following diseases/ procedures: Base Cover (limits basis plan/sum insured chosen): 1. Outpatient Treatment: Up to 10K	B 2
9	Claims/Claims Procedure	Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization. Turn Around Time (TAT) for claims settlement:  <u>For Cashless Process :</u> i. TAT for preauthorization of cashless facility: 2 hours from the time the last necessary document is received. ii. TAT for cashless final bill authorization: 2 hours from the time the last necessary document is received. <b>(Note:</b> In case of internal verification, the final stand will be confirmed within 24 hours from the time the last necessary document is received by us).  <u>For Reimbursement Process :</u> i. TAT for Claim settlement: 30 days from the time the last necessary document is received. <b>(Note:</b> In case of internal verification, the final stand will be confirmed within 45 days from the time the last necessary document is received by us). Provide the details /web link for following: i. Network Hospital details : <a href="https://www.hdfcergo.com/locators/cashless-hospitals-networks">https://www.hdfcergo.com/locators/cashless-hospitals-networks</a> ii. Helpline number : <a href="https://www.hdfcergo.com/customercare/grievances">https://www.hdfcergo.com/customercare/grievances</a> Call - : 022 6234 6234 / 0120 6234 6234 iii. Hospitals which are excluded or from where no claims will be accepted by insurer <a href="http://www.hdfcergo.com/docs/default-source/documents/excluded-hospital1.pdf">http://www.hdfcergo.com/docs/default-source/documents/excluded-hospital1.pdf</a> iv. Downloading/getting claim form <a href="https://www.hdfcergo.com/download/claim-form">https://www.hdfcergo.com/download/claim-form</a>	E
10	Policy Servicing	Call center number : 022 6234 6234 / 0120 6234 6234 Or visit help section on <a href="http://www.hdfcergo.com">www.hdfcergo.com</a>  Details of Company officials: Customer Happiness Center: D-301, 3rd Floor, Eastern Business District LBS Marg, Bhandup (West), Mumbai - 400 078.	D

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11	Grievances/Complaints	<p>In case of any grievance the insured person may contact the Company through:</p> <ul style="list-style-type: none"> <li>- Website: <a href="http://www.hdfcergo.com">www.hdfcergo.com</a></li> <li>- Contact us: 022 6234 6234 / 0120 6234 6234</li> <li>- E-mail: <a href="mailto:grievance@hdfcergo.com">grievance@hdfcergo.com</a></li> <li>- Contact Details for Senior Citizen: 022 6242 6226</li> <li>- E-mail specific for Senior citizens: <a href="mailto:seniorcitizen@hdfcergo.com">seniorcitizen@hdfcergo.com</a></li> </ul> <p>Insured Person may contact the Grievance officer at: <a href="mailto:cgo@hdfcergo.com">cgo@hdfcergo.com</a></p> <p>For updated details of grievance officer, kindly refer the link: <a href="https://www.hdfcergo.com/customer-voice/grievances">https://www.hdfcergo.com/customer-voice/grievances</a></p> <p>Ombudsman: <a href="https://bimabharosa.irdai.gov.in/">https://bimabharosa.irdai.gov.in/</a>.</p>	D.p
12	Things to remember	<p><b>Free Look cancellation:</b> You may cancel the insurance policy if you do not want it, within 15 days from the beginning of the policy.</p> <p><b>Process for free look cancellation:</b></p> <ol style="list-style-type: none"> <li>1. The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.</li> <li>2. The insured person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.</li> </ol> <p><b>Policy renewal:</b> Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.</p> <p><b>Migration and Portability:</b> When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.</p> <p><u>Process for migration:</u> The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the Company by applying for Migration of the policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration.</p> <p><u>Process for portability:</u> The Insured Person will have the option to port the Policy to other insurers by applying to such Insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to Portability.</p> <p><b>Change in Sum Insured:</b> Sum Insured can be changed (increased/ decreased) only at the time of renewal, 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.</p>	<p>D.k</p> <p>D.i</p> <p>D.d &amp; D.f</p>

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		<p><b>Moratorium Period:</b> After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and applicable for the sums insured of the first policy and subsequently completion of eight continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits.</p> <p>After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.</p>	D.e
13	Your Obligations	Please disclose all pre-existing disease/s or condition/s and fill in the complete details in the proposal form before buying a policy. Non-disclosure may affect the claim settlement.	

**Note:**

1. Web-link of the product documents: << <https://www.hdfcergo.com/download> >>
2. In case of any conflict, the terms and conditions mention in the policy document shall prevail.

Declaration by the Policy Holder:

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

Place: \_\_\_\_\_

Date: \_\_\_\_\_

(Signature of the Policyholder)