

Customer Information Sheet

my: Sampoorna Suraksha

**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>my: Sampoorna Suraksha</b>	NA
2	Policy number	Policy number shall be as on Policy Schedule issued post policy issuance	NA
3	Type of Insurance Product/ Policy	Both Indemnity and Benefit	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> <li>Floater Sum Insured-Where all members under the policy have a single sum insured limit which may be utilized by any or all members</li> </ul> <p>Sum Insured shall be as opted and the same will be mentioned in your Policy Schedule</p> <p><b>Note:</b> For complete details of Sum Insured applicability, please refer to your Policy Schedule</p>	NA
5	Policy Coverage (What the policy covers?)	<p><b>Base Covers:</b> Coverages in force for the Insured Persons shall be as per the plan opted</p> <p><b>Section 1: my:health Suraksha</b></p> <p>Expenses in respect of:</p> <ol style="list-style-type: none"> <li>Admission in Hospital for minimum 24 hours</li> <li>Home Health Care (Medical Expenses incurred on availing treatment at Home)</li> <li>Domiciliary Hospitalization (Treatment at home due to non-availability of room in a Hospital or patient could not be removed/admitted to a Hospital)</li> <li>Pre-hospitalisation of 60 days (treatment prior to admission in hospital)</li> <li>Post-hospitalisation (treatment after discharge from hospital) within 180 days from date of discharge</li> <li>All Day Care procedures requiring less than 24 hours of hospitalization</li> <li>Road Ambulance cover expenses incurred on Road Ambulance Services</li> </ol>	<p>B</p> <p>B.1</p> <p>B.2</p> <p>B.3</p> <p>B.4</p> <p>B.5</p> <p>B.6</p> <p>B.7</p>

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		8. Organ Donor Expenses (Cost of Organ donor's hospitalization for harvesting of the donated organ where an Insured Person is the recipient)	B.8
		9. Alternative Treatment Hospitalization Expenses (Medical Expenses incurred for Inpatient Care under Ayurveda, Unani, Siddha, Homeopathy, Yoga & Naturopathy)	B.9
		10. Preventive Health Check-up (Cost of a Preventive Health Check-up for the Insured Person will be paid)	B.B.1
		11. Cumulative Bonus	B.B.2
		12. my: Health Active (Program encourages to maintain good health & avail incentive)	B.B.3
		<b>Optional Covers:</b>	
		Optional coverages for the Insured Persons shall be in force only if the same is available under the plan and/or is opted.	
		1. Preventive Health Check-Up – Booster (Cost of Preventive Health Check-up for the Insured Person will be paid)	B.C.1
		2. Parent and Child care Cover – Basic (Cost of Maternity & Child Care expenses)	B.C.2
		3. Parent and Child care Cover – Booster (Cost of Maternity & Child Care expenses)	B.C.3
		4. Air Ambulance Cover (Cost of Air Ambulance transportation for Emergency Care)	B.C.4
		5. Recovery Benefit (Lumpsum payment to insured for Hospitalization exceeding 10 consecutive and continuous days)	B.C.5
		6. Sum Insured Rebound (Additional amount equivalent to the Claim amount)	B.C.6
		7. Outpatient Dental Treatment (Expenses incurred towards Dental Treatment)	B.C.7
		8. External Medical Aids (cost incurred towards listed medical aids)	B.C.8
		9. Major Illness Hospitalization Expenses (Additional Sum Insured on Hospitalization for listed Major illnesses)	B.C.9
		10. Non-Medical Expenses cover (Payment towards Non-Medical Expenses)	B.C.10
		11. Waiting period Modification Option (Modification of waiting period as specified in Section C of Policy Document)	B.C.11
		12. Extended Cumulative Bonus (Enhanced Cumulative Bonus percentage)	B.C.12

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		13. Room Rent Modification Option (Modification of Room Rent limits specified under Section B of Policy Document)	B.C.13
		14. Co-Payment (Co-Payment as mentioned on the Schedule of Coverage will be applied)	B.C.14
		15. Major Illness – Benefit (Lump sum payment on diagnosis of listed illness)	B.C.15
		16. E-Opinion (Cost towards second Medical Opinion)	B.C.16
		17. Hospital Cash (Per day Sum Insured up to maximum Number of Days specified in Schedule of Coverage for each day of hospitalization)	B.C.17
		18. Global Health Cover (Cost of Medical Expenses incurred outside India)	B.C.18
		<b>Section 2: my: health Critical Suraksha Plus</b>	
		<b>A. Base Covers</b>	
		I. Critical Illnesses Cover (Sum insured will be paid, If Insured Person suffers from listed Critical illness or undergoes Surgical Procedure)	A.I
		II. Multipay Critical Illnesses Cover (If Insured Person diagnosed from Critical illness or undergoes Surgical Procedure as listed, We will pay Sum Insured or percentage of Sum Insured)	A.II
		<b>B. my: health Active (Program encourages to maintain good health &amp; avail incentive)</b>	
		1. Fitness discount @ Renewal (Insured Person can avail discount on Renewal Premium by accumulating Healthy Weeks)	B.1
		2. Health Incentive (Program encourages Insured Person to maintain good health and avail incentives)	B.2
		3. Wellness services (Wellness Services listed in the Policy Document are available to all Insured Person)	B.3
		<b>C. Renewal Benefit</b>	
		1. Preventive Health Check Up ((Cost of Preventive Health Check-up for the Insured Person will be paid)	C.1
		<b>D. Optional Covers</b>	
		Optional coverages for the Insured Persons shall be in force only if the same is available under the plan and/or is opted.	
		1. Pre Diagnosis Cover (Expenses incurred towards listed diagnostic tests/ procedures incurred up to 30 days prior to the diagnosis will be paid)	D.1

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		<p>2. Post Diagnosis Support (Expenses incurred towards Second Medical Opinion, Molecular Gene Expression Profiling Test &amp; Post Diagnosis Assistance will be paid)</p> <p>3. Loss of Job (We will pay Sum Insured if Insured Person suffers from Loss of Job due to his/her Voluntary Resignation or Termination from the employment within six months of diagnosis)</p> <p><b>Section 3: my: health Medisure Super Top Up Insurance</b></p> <p>1. Admission in Hospital for minimum 24 hours</p> <p>2. Pre-hospitalisation of 30 days (treatment prior to admission in hospital)</p> <p>3. Post-hospitalisation (treatment after discharge from hospital) within 60 days from date of discharge</p> <p>4. All Day Care procedures requiring less than 24 hours of hospitalization</p> <p><b>Section 4: my: health Hospital Cash Benefit Add on</b></p> <p>1. Hospital Cash benefit for hospitalization (Daily Cash for each day of hospitalization as opted)</p> <p>2. Companion Benefit (Additional 100% of the hospital Cash as opted for each day of Hospitalization in respect of an accompanying person)</p> <p>3. my: health Active (Program encourages to maintain good health &amp; avail incentive)</p> <p>a) Fitness discount @ Renewal (Insured Person can avail discount on Renewal Premium by accumulating Healthy Weeks)</p> <p>b) Health Incentive (Program encourages Insured Person to maintain good health and avail incentives)</p> <p>c) Wellness services (Wellness Services listed in the Policy Document are available to all Insured Person)</p> <p><b>Optional Covers:</b> Optional coverages for the Insured Persons shall be in force only if the same is available under the plan and/or is opted</p> <p>1. Hospital Cash benefit – Global (Extension of cover outside India)</p> <p>2. Waiting period Modification Option (Waiting Periods listed under the policy will be stand modified as per option opted for)</p> <p><b>Section 5: my: health Koti Suraksha – Personal Accident Cover</b></p> <p>1. Accidental Death (We will pay the Sum Insured, if insured died due to accidental injuries)</p>	<p>D.2</p> <p>D.3</p> <p>A.1</p> <p>A.2</p> <p>A.3</p> <p>A.4</p> <p>A.1</p> <p>A.2</p> <p>A.C</p> <p>B.1</p> <p>B.2</p> <p>I.1</p>

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		Optional Cover under Accidental Death	
		a) Burns (If Insured Person sustains Injury during Policy Period, which solely and directly results into burns)	
		2. Permanent Disablement (We will pay the Sum Insured, if insured become permanently disable due to accidental injuries)	I.2
		3. Temporary Total Disability (We will pay the Sum Insured, if insured become temporary total disable due to accidental injuries)	I.3
		4. Broken Bones (We will pay the Sum Insured, If Injury, solely and directly results into Fracture)	I.4
		5. Emergency Medical Expenses (Medical Expenses for an Emergency Care of an Insured Person due to an Injury)	I.5
		6. Hospital Cash – Accident Only (Daily cash benefit, if Insured Person sustains Injury which result in hospitalization)	I.6
		7. Chauffeur Benefit (Daily cost of hire of a transportation or driver to maintain the mobility of Insured Person)	I.7
		<b>Value added services</b>	
		1. Health Coach (Access to Health Coaching Services in listed areas via HDFC ERGO Mobile App)	II.i
		<b>Optional Covers</b>	
		1. Preventive Health Check (Cost of a Preventive Health Check-up for the Insured Person will be paid)	III.i
		2. Last Rites (Sum Insured towards Last Rites of Insured Person is paid)	III.ii
		3. Dependent Child Education Benefit (Sum Insured towards education of Dependent Children)	III.iii
		4. Renewal Premium Benefit (amount equivalent to the Renewal premium of the Coverage for all other Insured Person covered)	III.iv
		5. Parental Care Benefit (Sum Insured towards parental care of Dependent Parents)	III.v
		6. Medical Evacuation (Air Ambulance transportation in an airplane or helicopter for Emergency Care)	III.vi
		<b>Section 6: Travel Insurance</b>	
		<b>Base Covers:</b> Coverages in force for the Insured Persons shall be as per the plan opted.	
		Expenses in respect of:	
		1. Accidental Death (We will pay the Sum Insured, if insured died due to accidental injuries)	1

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		2. Permanent Disablement(A lump sum payment would be made as per scale provided in Policy in the event of Permanent Total Disablement due to an accident)	2
		3. Emergency Medical Expenses (Expenses incurred on medical treatment of an Insured Person).	3
		4. Emergency Dental Treatment (Expenses incurred on emergency dental work)	4
		5. Emergency Travel Benefits (It covers medical costs incurred due to illness or accident including medically necessary and prescribed emergency evacuation)	5
		6. Contingency Travel Benefits (Pays for hotel accommodation for the insured if bodily injury or sickness results in a missed flight)	6
		7. Accidental Death - Common Carrier (Pays the sum insured in addition to the Accidental Death sum insured if death happened during the course of the journey while travelling in a common carrier such as rail, bus, tram, or aircraft)	7
		8. Permanent Disablement – Common Carrier (Pays the sum insured in addition to the Permanent Disablement sum insured if disablement happened during the course of the journey while travelling in a common carrier such as rail, bus, tram, or aircraft)	8
		9. Hospital Cash – Accident & Sickness (Pays a daily allowance for hospitalization due to accident or sickness)	9
		10. Loss of Baggage & Personal Documents (Pays actual cost of replacing lost documents and belongings)	10
		11. Loss of Checked Baggage (Loss of Baggage, Personal Documents and/or Personal Effects that have been checked-in)	11
		12. Baggage Delay (Baggage and/or personal effects owned by or in the custody of an Insured is delayed or misdirected for more than 12 hrs)	12
		13. Flight Delay (Compensation paid due to delay of flight for purchase of meals, refreshments etc.)	13
		14. Hijacking (Compensation payable on Hijack of Common Carrier on which the Insured travelled)	14
		15. Personal Liability (Compensation for damages to be paid to a third party, resulting from death, injury or damage to health or property caused involuntarily by the insured.)	15
		16. Financial Emergency Assistance (Cash Assistance provided wherein the Insured loses all or a substantial amount of his/ her travel funds due to theft, robbery, mugging or dacoity)	16

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		<p><b>Section 7: HDFC ERGO Bharat Griha Raksha</b></p> <ol style="list-style-type: none"> <li>1. Clause A: Home Building Cover (Physical loss or damage, or destruction of Home Building because of any Insured Event listed is covered)</li> <li>2. Clause B: Home Contents Cover (Physical loss or damage to or destruction of the General Contents of Your Home caused by an Insured Event as listed is covered)</li> <li>3. Clause C: Additional Covers               <ol style="list-style-type: none"> <li>a) Cover for Valuable Contents on Agreed Value Basis (under Home Contents cover)</li> <li>b) Personal Accident Cover (Covers death due to insured peril)</li> </ol> </li> </ol> <p><b>Section 8: E@Secure Insurance</b></p> <ol style="list-style-type: none"> <li>1. Legal Protection (Necessary legal protection against the costs of pursuing and defending legal actions)</li> <li>2. Damage to e-Reputation (IT specialist &amp; consultation cost in case of damage to personal reputation which arises directly from a Harmful Publication)</li> <li>3. Identity Theft (Unlawful use of personal information stolen from internet)</li> <li>4. Unauthorized Online Transactions (Loss suffered due to fraudulent use of Your Bank Account and /or Credit/Debit Cards and /or E-Wallets by a Third Party for purchases made over the internet)</li> <li>5. E-Extortion (financial loss solely and directly as a result of Extortion Threat)</li> <li>6. Cyber Bullying or Harassment (Cost of Psychologist / Psychiatrist if you are victim of Cyber Bullying or Harassment by a Third Party, resulting in or possibly leading to lower self esteem, increased suicidal ideation, and a variety of emotional responses)</li> <li>7. Phishing &amp; Email Spoofing (Financial loss directly due to Phishing)</li> </ol>	<p>A</p> <p>B</p> <p>C</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p>
6	Exclusions (what the policy does not cover?)	<p><b>Cover Specific Exclusions:</b></p> <p><b>Section 1: my:health Suraksha</b></p> <ol style="list-style-type: none"> <li>1. Parent and Child care Cover – Basic           <ol style="list-style-type: none"> <li>i. Pre-Hospitalization and post-Hospitalization expenses are not payable under this cover</li> <li>ii. We will not pay any expenses related to ectopic pregnancy under this cover. Ectopic pregnancy will be covered as a part of expenses under Section B.1.A1 only.</li> </ol> </li> </ol>	B.

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		<p>iii. Treatment for impotency, treatment to effect infertility, surrogate or vicarious pregnancy, voluntary termination of pregnancy, procedures to assist birth control, contraceptive supplies.</p> <p>2. Parent and Child care Cover – Booster</p> <p>i. Pre-Hospitalization and post-Hospitalization expenses are not payable under this cover</p> <p>ii. We will not pay any expenses related to ectopic pregnancy under this cover. Ectopic pregnancy will be covered as a part of expenses under Section B.1.A1 only.</p> <p>iii. Treatment for impotency, treatment to effect infertility, surrogate or vicarious pregnancy, voluntary termination of pregnancy, procedures to assist birth control, contraceptive supplies.</p> <p>3. Air Ambulance Cover</p> <p>We will not pay for return transportation to the Insured Person's home by air ambulance.</p> <p>4. Outpatient Dental Treatment</p> <p>Cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, orthognathic surgery, jaw alignment or treatment for the temporomandibular (jaw) joint, or upper and lower jaw bone surgery and surgery related to the temporomandibular (jaw) unless necessitated by an acute traumatic injury due to an accident or cancer.</p>	
		<p><b>Section 6: Travel Insurance</b></p>	Section 6
		<p>1. Emergency Medical Expenses</p> <p>1) Any Medical Expenses incurred where an Insured Journey is undertaken against the advice of a qualified licensed medical practitioner.</p> <p>2) Any Medical Expenses incurred when the specific purpose of a journey is to receive medical treatment or advice.</p> <p>3) Any Medical Expenses incurred within the territorial limits that are not stated in the Schedule.</p> <p>4) any medical treatment, drugs or medicines, prescribed or applied, before the Period of Insurance.</p> <p>5) any dental work.</p>	3
		<p>2. Emergency Dental Treatment</p> <p>The Company shall not be liable to pay any benefit in respect of any Insured Person for permanent crowns or artificial teeth.</p>	4



Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		<p>3. Emergency Travel Benefits</p> <ol style="list-style-type: none"> <li>1. if an Insured Person or anyone acting on behalf of an Insured Person has not contacted the Assistance Provider, prior to any arrangements that may give rise to a claim under this Section.</li> <li>2. Any Medical Expenses incurred where an Insured Journey is undertaken against the advice of a qualified licensed medical practitioner.</li> <li>3. Any Medical Expenses incurred when the specific purpose of a journey is to receive medical treatment or advice.</li> </ol>	5
		<p>4. Contingency Travel Benefits</p> <ol style="list-style-type: none"> <li>1) if an Insured Person or anyone acting on behalf of an Insured Person has not contacted the Assistance Provider, prior to an event that may give rise to a claim under this Section.</li> <li>2) Any Medical Expenses incurred where an Insured Journey is undertaken against the advice of a qualified licensed medical practitioner.</li> <li>3) Any Medical Expenses incurred when the specific purpose of a journey is to receive medical treatment or advice.</li> </ol>	6
		<p>5. Loss Of Baggage &amp; Personal Documents</p> <p>The Company shall not be liable to pay any benefit in respect of any Insured Person for:</p> <ol style="list-style-type: none"> <li>1. loss of cash, bank or currency notes, cheques, debit or credit cards or unauthorised use thereof, postal orders, travellers cheques, travel, tickets, securities of any kind and petrol or other coupons.</li> <li>2. mechanical or electrical breakdown or derangement or breakage of fragile or brittle articles, or damage caused by such breakage unless caused by fire or by Accident to the conveying vehicle.</li> <li>3. destruction or damage due to wear and tear, moth or vermin.</li> <li>4. baggage, clothing and personal effects despatched as unaccompanied baggage.</li> <li>5. theft from a motor vehicle unless the property is securely locked in the boot and entry to such vehicle is gained by visible, violent and forcible means.</li> <li>6. loss or damage to sports equipment whilst in use, contact lenses, samples, tools.</li> </ol>	10

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		<p>7. for loss, destruction, or damage due to delay, confiscation or detention by order of any government or Public Authority.</p> <p>8. for loss, destruction or damage directly occasioned by pressure waves, caused by aircraft or other aerial devices travelling at sonic or supersonic speeds.</p> <p>9. for loss, destruction or damage caused by any process of cleaning, dyeing, repairing or restoring.</p> <p>10. for loss, destruction, or damage caused by atmospheric or climatic conditions or any other gradually deteriorating cause.</p> <p>11. a claim involving animals.</p> <p>12. loss, including but not limited to loss by theft, or damage to vehicles or other accessories.</p> <p>13. for any loss that is not reported either to the appropriate police authority or transport carrier within twenty four (24) hours of discovery or if the carrier is an airline if a property irregularity report is not obtained.</p> <p>14. baggage and/or personal effects sent under an airway-bill or bill of lading.</p> <p>15. computer equipment, cameras, musical instruments, radios and portable radio /cassette/compact disc players.</p> <p>16. contact lenses, glasses, hearing aids or bridges or dentures for a tooth or teeth.</p> <p>6. Baggage Delay</p> <p>The Company will not indemnify the Insured Person for delayed baggage as a result of the following:</p> <p>i. chartered flights, unless such flights are registered in the International Data System.</p> <p>ii. confiscation of baggage by customs or any government authority.</p> <p>iii. purchases made after arriving in the final destination mentioned on the airline ticket.</p> <p>iv. baggage and/or personal effects sent under an airway-bill or bill of lading.</p> <p>v. delays due to a strike or industrial action existing or announced before the start of the journey.</p> <p>vi. delays due to withdrawal of aircraft from service by any civil aviation authority of which notice had been given before the start of the journey.</p>	12

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		vii. any delays of the return journey	
		7. Flight Delay	13
		i. arising or as the result of chartered flights, unless such flights are registered in the International Data System.	
		ii. if comparable alternative transport has been made available within six (6) hours after scheduled departure time or within six (6) hours of an actual connecting flight arrival time.	
		iii. if an Insured Person fails to check-in according to the itinerary supplied, unless it is due to a strike.	
		iv. if the delay is due to a strike or industrial action existing or announced before the start of the journey.	
		v. if the delay is due to withdrawal of aircraft from service by any civil aviation authority of which notice had been given before the start of the journey.	
		8. Hijacking	14
		The Company shall not be liable to pay any benefit in respect of any Insured Person for any claim caused by civil authority.	
		9. Personal Liability	15
		The Company will not be liable for any claims caused by or resulting either directly or indirectly from:	
		1. liability which is expected or intended by an Insured Person.	
		2. liability arising out of or in connection with a business engaged in by an Insured Person. This exclusion applies but is not limited to an act or omission,	
		3. regardless of its nature or circumstance, involving a service or duty rendered, promised, owed, or implied to be provided because of the nature of the business.	
		4. liability arising out of the rental or holding for rental of any part of any premises or a motor vehicle of any kind by an Insured Person.	
		5. liability arising out of the rendering of or failure to render professional services.	
		6. liability arising out of a premises, watercraft or aircraft that is owned by, rented to or rented by an Insured Person.	
		7. liability arising out of the ownership, maintenance, use, loading or unloading of motor vehicles, all other motorised land conveyances, water craft or aircraft.	
		8. liability arising out of the transmission of a communicable disease by an Insured Person.	

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		<p>9. liability arising out of sexual molestation, corporal punishment, or physical or mental abuse.</p> <p>10. liability arising out of the use, sale, manufacture, delivery, transfer or possession by any person of a controlled substance or contraband as defined by the appropriate authority or government agency.</p> <p>11. liability under any contract or agreement.</p> <p>12. Property Damage to property owned by an Insured Person.</p> <p>13. Property Damage to property rented to, occupied, or used by or in the care of an Insured Person.</p> <p>14. Bodily Injury to any person eligible to receive any benefits voluntarily provided or required to be provided by an Insured Person under any worker's compensation law, non-occupational disablement law or occupational diseases law.</p> <p>15. any claims or suits arising from any Immediate Family Member, Close Business Associate or an Immediate Family Member of a Close Business Associate against an Insured Person.</p> <p>10. Financial Emergency Assistance</p> <p>i. A shortage or loss of funds due to currency fluctuation, errors omissions, exchange, loss or depreciation in value.</p> <p>ii. Any loss not reported to the police authorities having jurisdiction at the place of loss within 24 hours of the occurrence of the incident and a written report being obtained for the same.</p> <p>iii. Any claim in respect of a loss of traveller's cheques not immediately reported to the local branches or agents of the issuing authority.</p> <p>iv. Loss of funds not kept in the personal custody of the Insured.</p> <p>v. Any reimbursement under Financial Emergency Assistance is excluded if the claim is put up after arrival of the Insured to the Republic of India</p> <p>vi. Any exclusion mentioned in the 'General Exclusions' section of this Policy</p> <p><b>Section 7: HDFC ERGO Bharat Griha Raksha</b></p> <p>We do not cover losses and expenses for any loss or damage or destruction of the Insured Property that is directly or indirectly as a result of or is caused by or arising from events, stated below:</p>	16

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		<ol style="list-style-type: none"> <li>1. Your deliberate, wilful or intentional act or omission, or of anyone on Your behalf, or with Your connivance.</li> <li>2. War, invasion, act of foreign enemy hostilities or war-like operations (whether war is declared or not), civil war, mutiny, civil commotion amounting to a popular rising, military rising, rebellion, revolution, insurrection or military or usurped power.</li> <li>3. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from combustion of nuclear fuel, or the radioactive, toxic explosive or other hazardous properties of any explosive nuclear assembly or nuclear component that is part of it.</li> <li>4. Pollution or contamination, unless i. the pollution or contamination itself has resulted from an Insured Event, or ii. an Insured Event itself results from pollution or contamination.</li> <li>5. Loss, damage or destruction to any electrical/electronic machine, apparatus, fixture, or fitting by over-running, excessive pressure, short circuiting, arcing, self-heating or leakage of electricity from whatever cause (lightning included). This exclusion applies only to the particular machine so lost, damaged or destroyed.</li> <li>6. Loss or damage to bullion or unset precious stones, manuscripts, plans, drawings, securities, obligations or documents of any kind, coins or paper money, cheques, vehicles, and explosive substances unless otherwise expressly stated in the policy.</li> <li>7. Loss of any Insured Property which is missing or has been mislaid, or its disappearance cannot be linked to any single identifiable event.</li> <li>8. Loss or damage to any Insured Property removed from Your Home to any other place.</li> <li>9. Loss of earnings, loss by delay, loss of market or other consequential or indirect loss or damage of any kind or description whatsoever.</li> <li>10. Any reduction in market value of any Insured Property after its repair or reinstatement.</li> <li>11. Any addition, extension, or alteration to any structure of Your Home Building that increases its Carpet Area by more than 10% of the Carpet Area existing at the Commencement Date or on the date of renewal of this Policy, unless You have paid additional premium and such addition, extension or alteration is added by Endorsement.</li> <li>12. Costs, fees or expenses for preparing any claim.</li> </ol>	

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		<p><b>Section 8: E@SECURE INSURANCE</b></p> <ol style="list-style-type: none"> <li>1. Damage to e-Reputation <p>In addition to the General Exclusions, We will also not pay any claim in respect of:</p> <ol style="list-style-type: none"> <li>i. Loss that occurs within the first forty – five (45) days of the inception date of this insurance cover.</li> <li>ii. Any non-digital media (e.g. in print), radio and television broadcast</li> <li>iii. Damage caused by a Journalist.</li> <li>iv. Any legal proceedings (pending or settled) with a Third Party prior to the commencement of this cover.</li> </ol> </li> <li>2. Identity Theft <p>Expenses incurred (e.g. loan application fees, telephone charges etc.) six (6) months after the expiry of the cover.</p> </li> <li>3. E-Extortion <p>In addition to the General Exclusions, We will also not pay any claim in respect of:</p> <ol style="list-style-type: none"> <li>i. Loss that occurs within the first forty five (45) days of the inception date of this insurance cover.</li> <li>ii. Any claim or legitimate demand or even confiscation of the assets by bonafide governmental or judicial authority.</li> </ol> </li> <li>4. Unauthorized Online Transactions <ol style="list-style-type: none"> <li>i. Reimbursement by the bank for the transaction.</li> <li>ii. Cash advances (or cash withdrawn through an ATM or Bank Account) made through Your stolen Bank Accounts and/or Credit/Debit Cards.</li> </ol> </li> <li>5. Cyber Bullying or Harassment <ol style="list-style-type: none"> <li>i. Event that occurs within the first 45(forty five) days of the inception date of this insurance cover.</li> <li>ii. Any non-digital media (e.g. in print, radio or television broadcast)</li> <li>iii. Any act of government or authority putting You under surveillance or monitoring.</li> <li>iv. Any disciplinary act or related disciplinary action initiated by authorities against You at work place, clubs, social forums or school.</li> <li>v. Any legal proceedings (pending or settled) with a Third Party prior to the commencement of this cover</li> </ol> </li> <li>6. Phishing &amp; Email Spoofing <ol style="list-style-type: none"> <li>i. Any Illegal transactions e.g bribes, commissions or illegal gratifications</li> </ol> </li> </ol>	

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		<p>ii. Phishing resulting in revelation of personal information including passwords</p> <p>iii. Any payments or charges towards lottery, unexpected bequeath of wealth, or any other similar unsolicited promises or dishonest incentives Standard General Exclusions</p> <p><b>Standard General Exclusions</b></p> <p><b>General Exclusions applicable for Section B1: my:health Suraksha and Section B.4.my:health Hospital Cash Benefit – Add On, Section B-3: my:health Medisure Super Top Up Insurance, Cover I.5.B.3, II – Temporary Total Disablement due to Illness and Cover I.5.B.5, Emergency Medical Expenses</b></p> <p><b>1. Investigation &amp; Evaluation: Code – Excl04:</b></p> <p>i. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.</p> <p>ii. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.</p> <p><b>2. Rest Cure, rehabilitation and respite care: Code – Excl05:</b></p> <p>Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:</p> <p>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.</p> <p>ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.</p> <p><b>3. Obesity/Weight control: Code – Excl06:</b></p> <p>Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions:</p> <p>i. Surgery to be conducted is upon the advice of the Doctor</p> <p>ii. The surgery/Procedure conducted should be supported by clinical protocols</p> <p>iii. The member has to be 18 years of age or older and</p> <p>iv. Body Mass Index (BMI)</p> <p>A. greater than or equal to 40 or</p>	<p>C.B</p> <p>C.i.i</p> <p>C.i.ii</p> <p>C.i.iii</p>

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		<p>B. 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:</p> <ol style="list-style-type: none"> <li>1) Obesity-related cardiomyopathy</li> <li>2) Coronary heart disease</li> <li>3) Severe sleep apnea</li> <li>4) Uncontrolled type 2 diabetes</li> </ol>	
		<p><b>4. Change-of-Gender treatments: Code – Excl07:</b></p> <p>Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex</p>	C.i.iv
		<p><b>5. Cosmetic or plastic Surgery: Code – Excl08:</b></p> <p>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</p>	C.i.v
		<p><b>6. Hazardous or Adventure Sports: Code – Excl09:</b></p> <p>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.</p>	C.i.vi
		<p><b>7. Breach of Law: Code – Excl10:</b></p> <p>Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.</p>	C.i.vii
		<p><b>8. Excluded Providers: Code – Excl11:</b></p> <p>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 stage of stabilization are payable but not the complete claim.</p>	C.i.viii
		<p><b>9. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code – Excl12.</b></p>	C.i.ix



Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		<p><b>10.</b> 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. <b>Code – Excl13.</b></p> <p><b>11.</b> 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 Hospitalization claim or Day Care procedure. <b>Code – Excl14.</b></p> <p><b>12. Refractive Error: Code – Excl15:</b> Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.</p> <p><b>13. Unproven Treatments: Code – Excl16:</b> 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.</p> <p><b>14. Sterility and Infertility: Code – Excl17:</b> Expenses related to sterility and infertility. This includes:</p> <ul style="list-style-type: none"> <li>i. Any type of contraception, sterilization</li> <li>ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI</li> <li>iii. Gestational Surrogacy</li> <li>iv. Reversal of sterilization</li> </ul> <p><b>15. Maternity: Code – Excl18:</b></p> <ul style="list-style-type: none"> <li>i. Medical treatment expenses traceable to childbirth(including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;</li> <li>ii. Expenses towards miscarriage (unless due to an accident)and lawful medical termination of pregnancy during the Policy Period.</li> </ul> <p><b>Specific Exclusions:</b></p> <p>(Exclusions applicable to Cover I.5.B.3, II – Temporary Total Disablement due to Illness and Cover I.5.B.5, Emergency Medical Expenses)</p> <p>In addition to the foregoing general exclusions, the Company shall not be liable to make any payment under this Policy caused by or arising out of or attributable to any of the following:</p>	<p>C.i.x</p> <p>C.i.xi</p> <p>C.i.xii</p> <p>C.i.xiii</p> <p>C.i.xiv</p> <p>C.i.xv</p>

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		a) War or any act of war, invasion, act of foreign enemy, (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, Nuclear, Chemical or Biological attack or weapons, radiation of any kind.	C.ii.i
		b) Any Insured Person committing or attempting to commit intentional self-injury or attempted suicide or suicide while mentally sound or unsound.	C.ii.ii
		c) Any Insured Person's participation or involvement in naval, military or air force operation.	C.ii.iii
		d) Investigative treatment for Sleep-apnoea, general debility or exhaustion ("run-down condition").	C.ii.iv
		e) Congenital external diseases, defects or anomalies,	C.ii.v
		f) Stem cell harvesting.	C.ii.vi
		g) Investigative treatment for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure or for muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities.	C.ii.vii
		h) Circumcisions (unless necessitated by illness or injury and forming part of treatment).	C.ii.viii
		i) Any Convalescence, sanatorium treatment, private duty nursing or long-term nursing care.	C.ii.ix
		j) Preventive care, and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.	C.ii.x
		k) Vaccination including inoculation and immunisations (Except post bite treatment),	C.ii.xi
		l) Non-Medical expenses such as Food charges (other than patient's diet provided by hospital), laundry charges, attendant charges, ambulance collar, ambulance equipment, baby food, baby utility charges etc. Full list of Non-Medical expenses is attached and also available at <a href="http://www.hdfcergo.com">www.hdfcergo.com</a> .	C.ii.xii
		m) Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed; treatments rendered by a Medical Practitioner who is a member of an Insured Person's family, or stays with him,	C.ii.xiii
		n) Treatment taken on Outpatient basis	C.ii.xiv
		o) The provision or fitting of hearing aids, spectacles or contact lenses.	C.ii.xv

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		<p>p) Any treatment and associated expenses for alopecia, baldness including corticosteroids and topical immunotherapy wigs, toupees, hair pieces, any nonsurgical hair replacement method. Optometric therapy</p> <p>q) Any treatment or part of a treatment that is not of a Reasonable and Customary charge, not Medically Necessary; treatments or drugs not supported by a prescription</p> <p>r) Expenses for Artificial limbs and/or device used for diagnosis or treatment (except when used intraoperatively).prosthesis, corrective devices external durable medical equipment of any kind, wheelchairs crutches and oxygen concentrator for bronchial asthma/ COPD conditions, cost of cochlear implant(s) unless necessitated by an Accident. Exhaustive list of Non-Medical Expenses is attached and also available on www.hdfcergo.com.</p> <p>s) Any Claim arising due to Non-disclosure of Pre-existing Illness or Material fact as sought to be declared on the Proposal form.</p> <p><b>Section B.2: my:health Critical Illness Plus</b></p> <p>i. Treatment arising from or consequent upon war or any act of war (whether war be declared or not or caused during service in the armed forces of any country), invasion, act of foreign enemy, civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.</p> <p>ii. Any Illness, sickness or disease other than those opted and specified as Critical Illnesses or Surgical Procedure under this Policy;</p> <p>iii. Any claim with respect to any Critical Illness diagnosed prior to Policy Inception Date</p> <p>iv. Any Critical Illness arising out of use, abuse or consequence or influence of any substance, intoxicant, drug, alcohol or hallucinogen unless prescribed by Medical Practitioner;</p> <p>v. Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner,</p> <p>vi. Any Claim caused due to intentional self-injury, suicide or attempted suicide.</p> <p>vii. Any Critical Illness caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defence, rebellion, revolution, insurrection, military or usurped power;</p>	<p>C.ii.xvi</p> <p>C.ii.xvii</p> <p>C.ii.xviii</p> <p>C.ii.xix</p> <p>D</p>

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		<p>viii. Any claim caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.</p> <p>ix. Working in underground mines, tunneling or involving electrical installations with high tension supply, or as jockeys or circus personnel;</p> <p>x. Congenital External Anomalies or any complications or conditions arising there from including any developmental conditions of the Insured;</p> <p>xi. Whilst engaging in Adventure Sports.</p> <p>xii. Involvement in naval, military or air force operation.</p> <p>xiii. Participation by the Insured Person in any flying activity, except as a bona fide passenger (fare paying and otherwise) of a recognized airline on regular routes and on a scheduled time table.</p> <p><b>Loss of Job:</b></p> <p>i. Loss of job due to retirement whether voluntary or otherwise</p> <p>ii. Resignation due to non-confirmation of employment after or during such period under which the Insured was under probation</p> <p><b>my:health Medisure Super Top Up Insurance:</b></p> <p>i. Domiciliary hospitalization expenses</p> <p>ii. Co-payment: All person(s) named in the Schedule to this Policy above the age of 80 years (age last birthday) shall bear a co-pay of 10% for each and every claim.</p> <p>iii. Aggregate Deductible: We are not liable for Claims/ Claim amount falling within Aggregate Deductible limit as opted and mentioned on the Schedule</p> <p>iv. War or any act of war(whether war be declared or not or caused during service in the armed forces of any country), invasion, act of foreign enemy, civil war, public defence, rebellion, revolution, insurrection,military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.</p> <p>v. Any Insured Person committing or attempting to commit intentional self-injury or attempted suicide or suicide while mentally sound or unsound.</p> <p>vi. Any Insured Person's participation or involvement in naval, military or air force operation.</p> <p>vii. Investigative treatment for Sleep-apnoea, general debility or exhaustion ("run-down condition").</p>	<p>E.ii</p> <p>E.ii.i</p> <p>E.ii.ii</p> <p>E.ii.iii</p> <p>E.ii.iv</p> <p>E.ii.v</p> <p>E.ii.vi</p> <p>E.ii.vii</p>

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		viii. Congenital external diseases, defects or anomalies,	E.ii.viii
		ix. Stem cell harvesting	E.ii.ix
		x. Investigative treatment for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure or for muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities).	E.ii.x
		xi. Circumcisions (unless necessitated by illness or injury and forming part of treatment).	E.ii.xi
		xii. Any Convalescence, sanatorium treatment, private duty nursing or long-term nursing care.	E.ii.xii
		xiii. Preventive care, and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.	E.ii.xiii
		xiv. Vaccination including inoculation and immunisations (Except post bite treatment),	E.ii.xiv
		xv. Non-Medical expenses such as Food charges (other than patient's diet provided by hospital), laundry charges, attendant charges, ambulance collar, ambulance equipment, baby food, baby utility charges etc. Full list of Non-Medical expenses is attached and also available at <a href="http://www.hdfcergo.com">www.hdfcergo.com</a> .	E.ii.xv
		xvi. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed; treatments rendered by a Medical Practitioner who is a member of an Insured Person's family, or stays with him,	E.ii.xvi
		xvii. Treatment taken on Outpatient basis	E.ii.xvii
		xviii. The provision or fitting of hearing aids, spectacles or contact lenses.	E.ii.xviii
		xix. Any treatment and associated expenses for alopecia, baldness including corticosteroids and topical immunotherapy wigs, toupees, hair pieces, any nonsurgical hair replacement method. Optometric therapy.	E.ii.xix
		xx. Any treatment or part of a treatment that is not of a Reasonable and Customary charge, not Medically Necessary; treatments or drugs not supported by a prescription.	E.ii.xx

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		xxi. Expenses for Artificial limbs and/or device used for diagnosis or treatment (except when used intraoperatively). prosthesis, corrective devices external durable medical equipment of any kind, wheelchairs crutches and oxygen concentrator for bronchial asthma/ COPD conditions, cost of cochlear implant(s) unless necessitated by an Accident. Exhaustive list of NonMedical Expenses is attached and also available on www. hdfcergo.com.	E.ii.xxi
		xxii. Any Claim arising due to Non-disclosure of Pre-existing Illness or Material fact as sought to be declared on the Proposal form.	E.ii.xxii
		xxiii. Ambulance charges.	E.ii.xxiii
		xxiv. Costs of donor screening and organ.	E.ii.xxiv
		xxv. Expenses incurred on Alternative treatments except inpatient care AYUSH treatment.	E.ii.xxv
		xxvi. Whilst You are flying or taking part in aerial activities (including as a cabin crew) except as a bona fide passenger (fare paying or otherwise) in a regular Scheduled airline or air Charter Company.	E.ii.xxvi
		<b>Section B5: my: health Koti Suraksha – Personal Accident Cover</b>	
		i. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances including all forms of narcotic drugs and alcohol unless prescribed by Medical Practitioner	F.i
		ii. War or any act of war (whether war be declared or not or caused during service in the armed forces of any country), invasion, act of foreign enemy, , civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, Nuclear, Chemical, Biological attack or weapons/materials or radiation of any kind	F.ii
		iii. Whilst travelling in aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.	F.iii
		iv. Death or Disability suffered by the Insured Person on account of his participation as the driver, co-driver or passenger during trial runs (excluding Test Drives) using a motorized vehicle or bicycle.	F.iv

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		v. Death or Disability caused by or arising from or in consequence of or contributed to Nuclear, Chemical or Biological attack/weapons, material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).	F.v
		<p>vi. Any Insured Person committing or attempting to commit intentional self-Injury (except in an attempt to save human life) or suicide while mentally sound or suffering from Mental illness</p> <p>vii. From engaging in or participation in naval, military or air force operation.</p> <p>viii. Injury sustained whilst or as a result of participation as a professional in Hazardous or Adventure sports</p> <p>ix. 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.</p> <p>x. Injury sustained whilst or as a result of active participation in any violent labour disturbance, riot or civil commotion or public disorder.</p> <p>xi. Injury sustained whilst on service or on duty with or undergoing training with any military or police force, or militia or paramilitary organisation, notwithstanding that the Injury occurred whilst the Insured Person was on leave or not in uniform.</p> <p><b>Section B6: Travel Insurance</b></p> <p>The Company shall not be liable to pay any benefit in respect of any Insured Person:</p> <p>1) For Bodily Injury or Sickness occasioned by Civil War or Foreign War.</p> <p>2) For Bodily Injury or Sickness caused or provoked intentionally by the Insured Person.</p> <p>3) for Bodily Injury or Sickness due to willful or deliberate exposure to danger, (except in an attempt to save human life), intentional self-inflicted injury, suicide or attempt thereof, or arising out of non-adherence to Medical Advice.</p> <p>4) For Bodily Injury or Sickness sustained or suffered whilst the Insured Person is or as a result of the Insured Person being under the influence of alcohol or drugs or narcotics unless professionally administered by a Physician or unless professionally prescribed by and taken in accordance with the directions of a Physician.</p>	<p>F.vi</p> <p>F.vii</p> <p>F.viii</p> <p>F.ix</p> <p>F.x</p> <p>F.xi</p> <p>H</p> <p>H.1</p> <p>H.2</p> <p>H.3</p> <p>H.4</p>

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		5) For Bodily Injury due to a gradually operating cause 6) For Bodily Injury sustained whilst or as a result of participating in any sport as a professional player. 7) For Bodily Injury sustained whilst or as a result of participating in any competition involving the utilization of a motorized land, water or air vehicle.	H.5 H.6 H.7
		8) For Bodily Injury sustained whilst or as a result of riding or driving a motorcycle or motor scooter over one hundred fifty (150) cc. 9) For Bodily Injury whilst the Insured Person is travelling by air other than as a fare paying passenger on an aircraft registered to an airline company for the transport of paying passengers on regular and published scheduled routes. 10) For Bodily Injury sustained whilst or as a result of participating in any criminal act. 11) For Bodily Injury or Sickness resulting from pregnancy within twenty-six (26) weeks of the expected date of birth. 12) For Bodily Injury or Sickness caused by or arising from or due to venereal or venereal related disease. 13) For Bodily Injury sustained whilst or as a result of active participation in any violent labour disturbance, riot or civil commotion or public disorder. 14) for Bodily Injury sustained whilst on service or on duty with or undergoing training with any military or police force, or militia or paramilitary organization, notwithstanding that the Bodily Injury occurred whilst the Insured Person was on leave or not in uniform. 15) Any pathological fracture. 16) For cures of any kind and all stay in long term care institutions (retirement homes, convalescence centres, centres of detoxification etc.). 17) For investigations, operations or treatment of a purely cosmetic nature; or for obesity; or undertaken to facilitate pregnancy or to cure impotence or to improve potency. 18) for Bodily Injury sustained whilst or as a result of engaging in, practicing for, or taking part in training peculiar to any kind of hazardous sport such as parachuting, hangliding, parasailing, off-piste skiing or bungee jumping. 19) Any Medical Expenses incurred, the need of which arises out of a Pre-existing Condition 20) For Bodily Injury caused by or arising from or as a result of Terrorism.	H.8 H.9 H.10 H.11 H.12 H.13 H.14 H.15 H.16 H.17 H.18 H.19 H.20



Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
7	Waiting period <ul style="list-style-type: none"> <li>Time period during which specified diseases/ treatments are not covered.</li> </ul>	Waiting Periods applicable to Section 1: my: health Suraksha 4. my:health Hospital Cash Benefit and 5. My:health Koti Suraksha – Personal Accident Cover - Cover I.5.B.3, II – Temporary Total Disablement due to Illness and Cover I.5.B.5, Emergency Medical Expenses Section 3: my:health Medisure Super Top Up Insurance, my:health Critical Illness Plus	II
	<ul style="list-style-type: none"> <li>It is counted from the beginning of the policy coverage.</li> </ul>	<ul style="list-style-type: none"> <li>Initial waiting Period: 30 days for all illnesses (not applicable in case of continuous renewal or accidents)</li> <li>Specific Waiting periods (Not applicable for claims arising due to an accident): 24 months for listed diseases/ procedure</li> <li>Pre-existing diseases: Covered after 24/36/48 months</li> <li>Parent and Child Care Cover - Basic/Parent and Child Cover – Booster : Covered after 24/36/48 months</li> <li>Major illness – Benefit (Optional Cover) - 90 days</li> <li>my: health Critical Suraksha Plus : 90 days/180 days (basis disease and plan)</li> <li>i. 12 months waiting period between Claims under any two Covers</li> <li>Preventive Health Check Up( additional tests) : Below 40 years : Once in two years Above 40 years : Once in four years</li> <li>my: health Hospital Cash Benefit Add on Waiting period Modification Option: PED : 36/24/12/0 Listed Procedures : 24/12/0</li> <li>Note: Waiting Periods in force for Insured Persons shall be as per the plan opted or option selected</li> </ul>	
8	Financial limits coverage of	The policy will pay only up to the limits specified here under for the following diseases/ procedures:	

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		<p><b>Section 1: my:health Suraksha</b></p> <p>Base Cover:</p> <p>a. Road Ambulance (limits basis plan/ sum insured chosen): Up to 2/3.5/15K</p> <p>Optional Covers(limits basis plan / sum insured chosen):</p> <p>b. Parent and Child Care Cover – Basic:</p> <ul style="list-style-type: none"> <li>• Normal : Up to 15/25/50/80K</li> <li>• C-Sec : Up to 25/40/100/200K</li> <li>• Termination : Up to 15/25/50/80K</li> <li>• OPD Expenses – Up to 1.5/2.5/5/7K</li> <li>• Child Care – Upto 2/3.5/6/10K</li> </ul> <p>c. Parent and Child Care Cover – Booster –</p> <ul style="list-style-type: none"> <li>• Normal : Up to 15/25/35/50/75/80/100K</li> <li>• C-Sec : Upto 25/40/50/75/100/150/200K</li> <li>• Termination : Upto 15/20/25/35/50/75/80 /100K</li> <li>• Vaccination Charges - upto 5/15/25K</li> <li>• Infertility Treatment - Upto 50% of Normal Delivery Sum Insured</li> </ul>	Sec.1
	i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)	<ul style="list-style-type: none"> <li>• Child Care - Up to limit of Sum Insured under Parent and Child care Cover.</li> <li>• OPD Treatment : Up to limit of Sum Insured under Parent and Child care Cover</li> </ul> <p>d. Air Ambulance : Up to 2/5/10L</p> <p>e. Recovery Benefit :Upto 1/2/3/4/5/7.5/10/15/25/40K</p> <p>f. Outpatient dental treatment : Upto 1% of SI; max 5/20K</p> <p>g. External Medical Aids : Upto 5/20K</p> <p>h. Room rent modification Option:</p> <ul style="list-style-type: none"> <li>• Room Rent/ Boarding &amp; Nursing 1% of Sum Insured per day subject to a maximum of Rs.5,000/- per day</li> <li>• ICU Rent/Boarding &amp; Nursing max up to 2% of Sum Insured per day subject to a maximum of Rs.10,000/- per day</li> </ul> <p>i. Major Illness – Benefit : 11 CI upto Basic SI of 50% or 100 % subject to max Rs 10 lacs only</p> <p>j. Hospital Cash - 500/1/1.5/2/2.5K max. of 30/60 days</p> <p>k. Cumulative Bonus – 5%/10% of Sum Insured upto 50%/100%</p> <p>l. Extended Cumulative Bonus – 10/25/50% of Sum Insured upto 100/200%</p> <p>m. Outpatient dental treatment - 1% of Sum Insured subject to maximum of 5/20K</p> <p><b>Section 5: my: health Koti Suraksha</b></p> <p>a. Comatose Benefit : 50% of Sum Insured, max 25 L</p> <p>b. Temporary Total Disability: INR (500 - 1L) Upto 104 weeks</p> <p>c. Broken Bones: INR (1L to 25L)</p> <p>d. Emergency Medical Expenses: INR (50K to 10L)</p> <p>e. Hospital Cash - Accident Only: INR (500 - 20,000) per day for 7/10/15/20/30/60 days</p> <p>f. Chauffeur Benefit : INR 250/750/1000 for 7/15/30 days</p>	Sec 5

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		<p><b>Section 6: Travel Insurance</b>  The policy will pay only up to the limits specified hereunder for the following diseases/procedures:  Note : All amounts are in USD.  Base Cover:</p> <ol style="list-style-type: none"> <li>1. Emergency Medical Expenses (EME) : 15/30/50K and 1/2/2.5/5L</li> <li>2. Accidental Death - Common Carrier : 3/5K</li> <li>3. Permanent Disablement - Common Carrier : 3/5K</li> <li>4. Hospital Cash: 15 per day/ Max 150</li> <li>5. Emergency Dental Treatment: 200/300/500</li> <li>6. Loss of Baggage &amp; Personal Documents : 150/200/250</li> <li>7. Loss of Checked Baggage: 300/400/1K</li> <li>8. Delay of Checked Baggage: 100/200</li> <li>9. Accidental Death: 10/15/20/25K</li> <li>10. Permanent Disablement / Table B: 10/15/20/25K</li> <li>11. Personal Liability : 10/15/20/50K or 1, 2L</li> <li>12. FinancialEmergency Assistance: 300/500/700/1000/1500</li> <li>13. Hijack Distress Allowance : 75 per Day/ Max 450 or 75 per Day/ Max 525</li> </ol>	Sec 6
		<ol style="list-style-type: none"> <li>14. Flight Delay: \$10 per Hour/Max 120</li> <li>15. Contingency Travel Benefits: 2/3K</li> </ol> <p><b>Optional Covers:</b> Optional coverages for the Insured Persons shall be in force only if the same is available under the plan and/or is opted</p> <p><b>Section 5: my: health Koti Suraksha</b></p> <ol style="list-style-type: none"> <li>a. Burns : Up to INR 10 L</li> <li>b. Emergency Medical Expenses – Global : 7.5L to 75L</li> <li>c. Companion Benefit : .5/1 times per day of Hospital Cash (Max. upto total Sum Insured selected in Hospital cash)</li> <li>d. Hospital Cash – ICU : 2/3/4/5/10 times of Hospital Cash (Max. upto total Sum Insured selected in Hospital cash)</li> <li>e. Time Deductible modification Option: 3 / 5 days</li> <li>f. Hospital Cash – Global : 2/3/5 times of Hospital Cash (Max. upto total Sum Insured selected in Hospital cash)</li> <li>g. Last Rites : Upto INR 50K</li> <li>h. Dependent Child Education Benefit : 10% of Base Sum Insured</li> <li>i. Renewal Premium Benefit : Upto INR 2.5L</li> <li>j. Parental Care Benefit: Upto 25% of Base Sum Insured</li> <li>k. Medical Evacuation : Upto 5L</li> </ol>	Sec 5

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
	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	<p><b>Co-payments:</b> In case of a claim, this policy requires you to share the following costs: Expenses exceeding the following Sub-limits: Tier Co pay : 20%</p> <p><b>Section 1: my:health Suraksha</b> • 'Co-Payment' Options : 10%/15%/20%/25%</p> <p><b>Section 3: my: health Medisure Super Top Up Insurance</b> • 10% copayment applicable after age 80 years</p> <p><b>Section 5: my: health Koti Suraksha</b> In case of a claim, this policy requires you to share the following costs: Expenses exceeding the following Sub-limits: a. Premium Tier Co-payment: 20% b. High Age Co-Payment or PED: 20% c. 'Co-Payment' Options : 10%/15%/20%</p> <p>Deductibles: <b>Section 1: my:health Suraksha</b> • Global Health Cover (Optional Cover) :</p> <p>100 USD (Per Claim)</p> <p><b>Section 3: my: health Medisure Super Top Up Insurance</b> Deductible options : • 2/3/4/5L</p>	Sec 1  Sec 2  Sec 3    Sec 1  Sec.3
	- which will be deducted from total claim amount (if claim amount is more than the specified amount)	<p><b>Section 5: my: health Koti Suraksha</b> • Aggregate deductible (Optional Cover) : 5/10/25L</p> <p><b>Section 6: Travel Insurance</b></p> <ol style="list-style-type: none"> <li>1) Emergency Medical Expenses (EME): 50/100</li> <li>2) Hospital Cash: 1/3/4 days</li> <li>3) Emergency Dental Treatment: 75/150</li> <li>4) Loss of Baggage &amp; Personal Documents: 20/30</li> <li>5) Loss of Checked Baggage: Max 50% Per Bag/ 10% Per Item</li> <li>6) Delay of Checked Baggage: 12 Hours/ \$10 per 8 Hours</li> <li>7) Personal Liability: 150/200</li> <li>8) Hijack Distress Allowance : 1 day</li> <li>9) Flight Delay: 6 Hours</li> </ol>	Sec.5  Sec.6
9	Claims/Claims Procedure	<p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <p>Turn Around Time (TAT) for claims settlement:</p> <p>For Cashless Process :</p> <ol style="list-style-type: none"> <li>i. TAT for preauthorization of cashless facility: 2 hours from the time the last necessary document is received.</li> <li>ii. TAT for cashless final bill authorization: 2 hours from the time the last necessary document is received.</li> </ol>	E

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		<p>(<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)</p> <p>For Reimbursement Process :</p> <p>i. TAT for Claim settlement: 30 days from the time the last necessary document is received.</p> <p>(<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)</p> <p>Provide the details /web link for following:</p> <p>i. Network Hospital details :  <a href="https://www.hdfcergo.com/locators/cashless-hospitals-networks">https://www.hdfcergo.com/locators/cashless-hospitals-networks</a></p> <p>ii. Helpline number :  <a href="https://www.hdfcergo.com/customer-care/grievances">https://www.hdfcergo.com/customer-care/grievances</a>  Call (Within India) - : 022 6234 6234 / 0120 6234 6234  Outside India :  Toll Free No: 800 08250825</p>	
		<p>Global Toll Free No: +800 08250825 (accessible from locations outside India only)</p> <p>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></p> <p>iv. Downloading/getting claim form  <a href="https://www.hdfcergo.com/download/claim-form">https://www.hdfcergo.com/download/claim-form</a></p> <p>Claim Intimation(Outside India):</p> <ul style="list-style-type: none"> <li>• Toll Free No: 800 08250825</li> <li>• Global Toll Free No: +800 08250825 (accessible from locations outside India only)</li> <li>• Landline no (Chargeable) : 0120 4507250</li> <li>• Email: <a href="mailto:travelclaims@hdfcergo.com">travelclaims@hdfcergo.com</a></li> </ul>	
10	Policy Servicing	<p>Call center number :  022 6234 6234 / 0120 6234 6234</p> <p>Or visit help section on <a href="http://www.hdfcergo.com">www.hdfcergo.com</a></p> <p>Details of Company officials:</p> <p>Customer Happiness Center: D-301, 3rd Floor, Eastern Business District LBS Marg, Bhandup (West), Mumbai - 400 078.</p>	Pg 100

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
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>- Email: <a href="mailto:grievance@hdfcergo.com">grievance@hdfcergo.com</a></li> <li>- Contact Details for Senior Citizen: 022 6242 6226</li> <li>- Email 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>	Pg 101
12	Things to remember	<p>Free Look cancellation: You may cancel the insurance policy if you do not want it, within 15 days from the beginning of the policy.</p> <p>Process for free look cancellation:</p>	D
		<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><b>Process for migration:</b> 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>	D D

Sr. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		<p><b>Process for portability:</b> 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><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
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)