

**Customer Information Sheet**  
**Energy**

**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>Energy</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)</li> </ul> Sum Insured shall be as opted and the same will be mentioned in your Policy Schedule	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>Expenses in respect of:</p> <ol style="list-style-type: none"> <li>Admission in Hospital for minimum 24 hours</li> <li>Pre-hospitalisation of 30 days (treatment prior to admission in hospital)</li> <li>Post-hospitalisation (treatment after discharge from hospital) within 60 days from date of discharge</li> <li>All Day Care procedures requiring less than 24 hours of hospitalization</li> <li>Organ Donor Expenses (Cost of Organ donor's hospitalization for harvesting of the donated organ where an Insured Person is the recipient)</li> <li>Road Ambulance cover expenses incurred on Road Ambulance Services</li> <li>Shared Accommodation Benefit - If the Insured Person is Hospitalised in Shared Accommodation in a Network Hospital, Section C-3 xiii) of Policy wordings will be waived off.</li> <li>Restore Benefit (Instant addition of 100% Basic Sum Insured on complete or partial utilization of Your existing Policy Sum Insured and cumulative Bonus (if applicable) during the Policy Year)</li> <li>HbA1C Checkup Benefit (Reimbursement of an amount up to INR 750 on an each claim towards the expenses of HbA1C checkup on submission of original payment receipt)</li> </ol> <p><b>I. Renewal Benefits</b></p> <ol style="list-style-type: none"> <li>Wellness Programme for Diabetes and Hypertension</li> <li>Cumulative Bonus (10% of Cumulative Bonus for claim free year; maximum upto 100%)</li> </ol>	B-I.1 B-I.2 B-I.3 B-I.4 B-I.5 B-I.6 B-I.7 B-II.1 B-II.2 B-III.1 B-III.2

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6	Exclusions (what the policy does not cover)	<p><b>1. Investigation &amp; Evaluation: Code – Excl04</b></p> <ul style="list-style-type: none"> <li>i. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.</li> <li>ii. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.</li> </ul> <p><b>2. Rest Cure, rehabilitation and respite care: Code – Excl05:</b> Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:</p> <ul style="list-style-type: none"> <li>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.</li> <li>ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.</li> </ul> <p><b>3. Obesity/Weight control: Code – Excl06:</b> Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions:</p> <ul style="list-style-type: none"> <li>i. Surgery to be conducted is upon the advice of the Doctor</li> <li>ii. The surgery/Procedure conducted should be supported by clinical protocols</li> <li>iii. The member has to be 18 years of age or older and</li> <li>iv. Body Mass Index (BMI) <ul style="list-style-type: none"> <li>A. greater than or equal to 40 or</li> <li>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: <ul 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 type2 diabetes</li> </ul> </li> </ul> </li> </ul> <p><b>4. Change-of-Gender treatments: Code – Excl07:</b> Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex</p> <p><b>5. Cosmetic or plastic Surgery: Code – Excl08:</b> 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>	<p>C.2.I.i</p> <p>C.2.I.ii</p> <p>C.2.I.iii</p> <p>C.2.I.iv</p> <p>C.2.I.v</p>

Sr. No.	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		<p><b>6. Breach of Law: Code – Excl10:</b> 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.2.I.vi
		<p><b>7. Excluded Providers: Code – Excl11:</b> 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.2.I.vii
		<p><b>8. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code – Excl12.</b></p>	C.2.I.viii
		<p><b>9. 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. Code – Excl13.</b></p>	C.2.I.ix
		<p><b>10. 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. Code – Excl14.</b></p>	C.2.I.x
		<p><b>11. 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>	C.2.I.xi
		<p><b>12. 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>	C.2.I.xii
		<p><b>13. Sterility and Infertility: Code – Excl17:</b> Expenses related to sterility and infertility. This includes:</p> <ol 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> </ol>	C.2.I.xiii
		<p><b>14. Maternity: Code – Excl18:</b></p> <ol 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> </ol>	C.2.I.xiv

Sr. No.	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		<p><b>Standard Non Medical Exclusions:</b></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> <ol style="list-style-type: none"> <li>1. Breach of law : <b>Code – Excl10:</b> Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.</li> <li>2. Hazardous or Adventure sports: <b>Code – Excl09:</b> 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.</li> </ol> <p><b>Specific Exclusions:</b></p> <p>Non Medical Exclusions:</p> <ol style="list-style-type: none"> <li>i) War or similar situations: Treatment arising from or consequent upon 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 weapons/materials, chemical and biological weapons, radiation of any kind.</li> <li>ii) Intentional self-injury or attempted suicide while sane or insane</li> </ol> <p><b>Medical Exclusions :</b></p> <ol style="list-style-type: none"> <li>i) Any Insured Person’s participation or involvement in naval, military or air force operation.</li> <li>ii) Investigative treatment for Sleep-apnoea, General debility or exhaustion (“run-down condition”).</li> <li>iii) Congenital external diseases, defects or anomalies,</li> <li>iv) Stem cell harvesting</li> <li>v) Investigative treatments for analysis and adjustments of spinal sub luxation, 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).</li> <li>vi) Circumcisions (unless necessitated by Illness or Injury and forming part of treatment).</li> <li>vii) Any Convalescence, sanatorium treatment, private duty nursing or long-term nursing care.</li> <li>viii) 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</li> </ol>	<p>C.2.II.i</p> <p>C.2.II.ii</p> <p>C.3.i</p> <p>C.3.ii</p> <p>C.3.i</p> <p>C.3.ii</p> <p>C.3.iii</p> <p>C.3.iv</p> <p>C.3.v</p> <p>C.3.vi</p> <p>C.3.vii</p> <p>C.3.viii</p>

Sr. No.	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
		ix) Vaccination including inoculation and immunisations (Except post Animal bite treatment)	C.3.ix
		x) 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 and other such items. Full list of Non-Medical expenses is attached and also available at www.hdfcergo.com.	C.3.x
		xi) Treatment taken on Outpatient basis	C.3.xi
		xii) The provision or fitting of hearing aids, spectacles or contact lenses.	C.3.xii
		xiii) Any treatment and associated expenses for alopecia, baldness including corticosteroids and topical immunotherapy wigs, toupees, hair pieces, any non-surgical hair replacement methods, Optometric therapy.	C.3.xiii
		xiv) 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.	C.3.xiv
		xv) Expenses for Artificial limbs and/or device used for diagnosis or treatment (except when used intra-operatively). 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 attached and also available on www.hdfcergo.com	C.3.xv
		xvi) Any Claim arising due to Non-disclosure of Pre-existing Illness or Material fact as sought to be declared on the Proposal form.	C.3.xvi
		xvii) Prosthetic and other devices which are self-detachable /removable without surgery involving anaesthesia	C.3.xvii
		xviii) Treatment availed outside India	C.3.xviii
		xix) Treatment at a healthcare facility which is NOT a Hospital.	C.3.xix
		xx) Non allopathic treatment except for inpatient care AYUSH treatment.	C.3.xx
		xxi) Dental treatment and surgery of any kind, unless requiring Hospitalisation.	C.3.xxi
		xxii) Expense related to pancreatic islet transplantation.	C.3.xxiii
		xxiii) Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed.	C.3.xxiii
		xxiv) Treatments rendered by a Medical Practitioner who is a member of the Insured Person's family or stays with him, however proven material costs are eligible for reimbursement in accordance with the applicable cover.	C.3.xxiv

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		xxv) Admission for administration of Intra-articular or Intra-lesional injections, Supplementary medications like Zolendronic acid (Trade name Zometa, Reclast, etc.) or IV immunoglobulin infusion  xxvi) Any specific time bound exclusion(s) not exceeding 48 months applied by Us and specified in the Schedule and accepted by the insured.	C.3.xxv  C.3.xxvi
7	Waiting period <ul style="list-style-type: none"> <li>• Time period during which specified diseases/ treatments are not covered.</li> <li>• It is counted from the beginning of the policy coverage.</li> </ul>	Initial waiting Period: NA  Specific Waiting periods (Not applicable for claims arising due to an accident): <ul style="list-style-type: none"> <li>• 24 months for listed diseases/procedure</li> </ul> Pre-existing diseases: Covered after 24 months <b>Note:</b> Any condition or illness, complication or ailment arising out of or connected to the condition of Type 1 Diabeted, Type 2 Diabetes Mellitus or Impaired Fasting Glucose (IFG) or Impaired Glucose Tolerance (IGT) or Hypertension, shall not be considered as part of this waiting period and shall be covered from Day 1. <b>Note:</b> Waiting Periods in force for Insured Persons shall be as per the plan opted or option selected	C.1.i  C.1.ii
8	Financial limits coverage of <ul style="list-style-type: none"> <li>i. Sub-limit (It is a pre- defined limit and the insurance company will not pay any amount in excess of this limit)</li> <li>ii. Co-payment (It is a specified amount/ percentage of the admissible claim amount to be paid by policyholder/ insured).</li> <li>iii. Deductible (It is a specified amount:               <ul style="list-style-type: none"> <li>- up to which an insurance company will not pay any claim, and</li> </ul> </li> </ul>	The policy will pay only up to the limits specified here under for the following diseases/ procedures:  <b>Base Cover:</b> <ul style="list-style-type: none"> <li>• Ambulance Cover: Ambulance cover expenses incurred on Road Ambulance Services upto INR 2K</li> </ul> In case of a claim, this policy requires you to share the following costs: Expenses exceeding the following Sub-limits: <ul style="list-style-type: none"> <li>• 'Co-Payment' Option : 20% of the eligible claim amount payable</li> </ul> Deductibles : NA	B-1.6  D-2.15

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	- which will be deducted from total claim amount (if claim amount is more than the specified amount)		
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><u>For Cashless Process :</u></p> <ol style="list-style-type: none"> <li>TAT for preauthorization of cashless facility: 2 hours from the time the last necessary document is received.</li> <li>TAT for cashless final bill authorization: 2 hours from the time the last necessary document is received.</li> </ol> <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><u>For Reimbursement Process :</u></p> <ol style="list-style-type: none"> <li>TAT for Claim settlement: 30 days from the time the last necessary document is received.</li> </ol> <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> <ol style="list-style-type: none"> <li>Network Hospital details : <a href="https://www.hdfcergo.com/locators/cashless-hospitals-networks">https://www.hdfcergo.com/locators/cashless-hospitals-networks</a></li> <li>Helpline number : <a href="https://www.hdfcergo.com/customercare/grievances">https://www.hdfcergo.com/customercare/grievances</a> Call (Within India) - : 022 6234 6234 / 0120 6234 6234 Outside India : Toll Free No: 800 0825 0825 Global Toll Free No: +800 0825 0825 (accessible from locations outside India only)</li> <li>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></li> <li>Downloading/getting claim form <a href="https://www.hdfcergo.com/download/claim-form">https://www.hdfcergo.com/download/claim-form</a></li> </ol> <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 0825 0825 (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>	

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10	Policy Servicing	<p>Call center number : 022 6234 6234 / 0120 6234 6234 Or visit help section on <a href="http://www.hdfcergo.com">www.hdfcergo.com</a></p> <p>Details of Company officials: Customer Happiness Center: D-301, 3rd Floor, Eastern Business District LBS Marg, Bhandup (West), Mumbai - 400 078.</p>	D.1.17
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>	D.1.9
12	Things remember to	<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> <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>D.1.14</p> <p>D.1.8</p> <p>D.1.12 &amp; D.1.13</p>



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		<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.1.5
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)