

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

S.No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product/Policy	Critical Advantage Rider	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"> Individual Sum Insured - Where each member has a separate sum insured under the policy), or Floater Sum Insured-Where all members under the policy have a single sum insured limit which may be utilized by any or all members <p>Sum Insured shall be as opted and the same will be mentioned in your Policy Schedule</p>	NA
5	Policy Coverage (What the policy covers?)	<p>Base Covers: 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"> 1. Admission in Hospital for minimum 24 hours 2. Post-Hospitalisation- Medical expenses incurred in 30 days after the hospitalisation. 3. Travel Expenses- travelling companion and the living donor travel expenses 4. Accommodation Expenses – covers accommodation expenses outside India of the Insured Person, travelling companion and the living donor 	<p>C a)</p> <p>C b)</p> <p>C c)</p> <p>C d)</p>

		<p>5. Repatriation Expenses- covers reparation expenses of deceased's remains to India</p> <p>6. Second opinion in respect of major illness - Second opinion from our panel of Medical Practitioners on listed illnesses</p>	<p>C e)</p> <p>C f)</p>
6	Exclusions (what the policy does not cover)	All exclusions as mentioned in the Base Plan unless otherwise stated and covered in Benefits section under Critical Advantage Rider policy wordings.	D
7	<p>Waiting period</p> <ul style="list-style-type: none"> Time period during which specified diseases/treatments are not covered. It is counted from the beginning of the policy coverage. 	<p>Initial waiting Period: 30 days for all illnesses (not applicable in case of continuous renewal or accidents)</p> <p>Specific Waiting periods (Not applicable for claims arising due to an accident):</p> <ul style="list-style-type: none"> 24 months for listed diseases/procedure <p>Pre-existing diseases: Covered after 36 months</p> <p>Note: Waiting Periods in force for Insured Persons shall be as per the plan opted or option selected</p>	<p>D.A.a</p> <p>D.A.b</p> <p>D.A.c</p>
8	<p>Financial limits coverage of</p> <p>i. Sub-limit (It is a pre- defined limit and the insurance company will not pay any amount in excess of this limit)</p>	NA	NA
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> <p>i. TAT for preauthorization of cashless</p>	F

		<p>facility: Decision on cashless authorization to be provided within 1 hour from the time of receipt of request..</p> <p>TAT for cashless final bill authorization: Within 3 hours of the receipt of discharge authorization request from the hospital.</p> <p><u>For Reimbursement Process :</u></p> <p>i. TAT for Claim settlement: Within 15 days of claim intimation</p> <p>Provide the details /web link for following:</p> <p>i. Network Hospital details : https://www.hdfcergo.com/locators/cashless-hospitals-networks</p> <p>ii. Helpline number : https://www.hdfcergo.com/customercare/grievances</p> <p>Call - : 022 6158 2020/ 022 6234 6234</p> <p>iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer https://www.hdfcergo.com/docs/default-source/documents/blacklisted-hospital-list-v22.pdf</p> <p>iv. Downloading/getting claim form https://www.hdfcergo.com/download/claim-form</p>	
10	Policy Servicing	<p>Call: 022 6158 2020/ 022 6234 6234 Or visit help section on www.hdfcergo.com</p> <p>Details of Company officials: Customer Happiness Center: D-301, 3rd Floor, Eastern Business District LBS Marg, Bhandup</p>	E

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146 CIN: U66030MH2007PLC177117.
Registered & Corporate Office: 6th Floor, Leela Business Park, Andheri-Kurla Road, Andheri (East),
Mumbai – 400 059. UIN: Critical Advantage Rider - HDHHLIP21342V022021.

		<p>Migration and Portability: 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 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to Portability.</p> <p>Change in Sum Insured: 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>Moratorium Period: After completion of five continuous years under the policy no look back to be applied. This period of five 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 five 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</p>	<p>E.I.m& E.I.j</p> <p>E.I.e</p>
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		specified in the policy contract.	
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)
