

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 Illness Insurance	NA
2	Policy number	Policy number shall be as on Policy Schedule issued post policy issuance.	NA
3	Type of Insurance Product/ Policy	Benefit	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 <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"> Critical Illness Cover (This policy will pay the Insured Person the Sum Insured, on diagnosis of listed critical illnesses) 	B.i
6	Exclusions (what the policy does not cover)	<p>All exclusions as mentioned in the Base Plan unless otherwise stated and covered in Benefits section under Critical Illness Insurance policy wordings.</p> <ol style="list-style-type: none"> 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, 	C C.I.ii

		<p>rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.</p> <p>2. Any Insured Person committing or attempting to commit a breach of law with criminal intent, or intentional self-injury or attempted suicide.</p> <p>3. Insured Person's participation or involvement in Adventure Sports.</p> <p>4. Involvement in naval, military or air force operation</p> <p>5. 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 Lymphomas in brain, Kaposi's sarcoma, tuberculosis.</p> <p>6. Lymphomas in brain, Kaposi's sarcoma, tuberculosis.</p> <p>7. Any treatment arising from pregnancy (including voluntary termination), miscarriage, maternity or birth (including caesarean section), congenital external defects or anomalies</p>	<p>C.I.iii</p> <p>C.I.iv</p> <p>C.I.v</p> <p>C.I.vi</p> <p>C.I.vi</p> <p>C.I.vii</p>
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>1. Initial waiting Period: 90 days</p> <p>2. 36 months waiting period for all Pre-existing Conditions</p> <p>Note: Waiting Periods in force for Insured Persons shall be as per the plan opted or option selected</p>	C
8	<p>Financial limits coverage of</p> <p>i. Sub-limit (It is a pre- defined limit</p>	NA	NA

	and the insurance company will not pay any amount in excess of this limit)		
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> <ul style="list-style-type: none"> i. TAT for preauthorization of cashless facility: Decision on cashless authorization to be provided within 1 hour from the time of receipt of request.. ii. TAT for cashless final bill authorization: Within 3 hours of the receipt of discharge authorization request from the hospital. <p><u>For Reimbursement Process :</u></p> <ul style="list-style-type: none"> iii. TAT for Claim settlement – Within 15 days of claim intimation. Provide the details /web link for following: iv. Network Hospital details : https://www.hdfcergo.com/locators/cashless-hospitals-networks v. Helpline number : https://www.hdfcergo.com/customer-care/grievances <p>Contact us - 022 6158 2020/ 022 6234 6234</p>	D

		<p>vi. Hospitals which are excluded or from where no claims will be accepted by insurer http://www.hdfcergo.com/docs/default-source/documents/excluded-hospital1.pdf</p> <p>vii. Downloading/getting claim form https://www.hdfcergo.com/download/claim-form</p>	
10	Policy Servicing	<p>Contact us - 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 (West), Mumbai - 400 078.</p>	E
11	Grievances/ Complaints	<p>In case of any grievance the insured person may contact the Company through:</p> <ul style="list-style-type: none"> - Website: www.hdfcergo.com - Contact us - 022 6158 2020/ 022 6234 6234 - E-mail: grievance@hdfcergo.com - Contact Details for Senior Citizen: 022 – 6242 – 6226 - E-mail specific for Senior citizens : seniorcitizen@hdfcergo.com <p>Insured Person may contact the Grievance officer at cgo@hdfcergo.com</p> <p>For updated details of grievance officer, kindly refer the link: https://www.hdfcergo.com/customer-voice/grievances</p> <p>Ombudsman: https://bimabharosa.irdai.gov.in/.</p>	D.I.xiv
12	Things to remember	<p>Free Look cancellation: You may cancel the insurance policy if you do not want it, within 30 days from the beginning of the policy.</p>	D.I.vi

		<p>Process for free look cancellation:</p> <ol style="list-style-type: none"> 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. 2. The insured person shall be allowed free look period of 30 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. <p>Policy renewal: 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>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</p>	<p>D.I.iv</p> <p>D.I.x</p>
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		<p>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 specified in the policy contract.</p>	D.I.ix
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)