

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	Policy Clause Number
1	Name of add-on policy	Cumulative Bonus Plus (Group)	Not Applicable
2	Policy Number	Policy number shall be as on Policy Schedule of Base policy issued post policy issuance	Not Applicable
3	Type of Insurance Product / Policy	Indemnity	Not Applicable
4	Sum Insured (Basis)	 Individual Sum Insured - Where each member has a separate sum insured under the policy Floater Sum Insured - Where all members under the policy have a single sum insured limit which may be utilized by any or all members 	Not Applicable
5	Policy Coverage (What the policy covers?)	If this add-on is in force Insured persons shall receive bonus at the end of Policy Year irrespective of any claims	Section C.
6	Exclusions (what the policy does not cover)	As per and upto the terms and limits of the Base policy	As per base product
7	Waiting Period	As per and upto the terms and limits of the Base policy	As per base product
8	Financial limits of coverages	As per and upto the terms and limits of the Base policy	As per base product
	Sub-limits	As per and upto the terms and limits of the Base policy	As per base product
	Co-payment	As per and upto the terms and limits of the Base policy	As per base product
	Deductible	As per and upto the terms and limits of the Base policy	As per base



			product
9	Claims/Claims Procedure	Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization. Turn Around Time (TAT) for claims settlement: As per and upto the terms and limits of the Base policy For Reimbursement Process: As per and upto the terms and limits of the Base policy Provide the details /web link for following:	As per base product
		Network Hospital details: https://www.hdfcergo.com/locators/cashless-hospitals-networks Helpline number: https://www.hdfcergo.com/customercare/grievances Contact us - 022 6158 2020/ 022 6234 6234 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 Downloading/getting claim form https://www.hdfcergo.com/download/claim-form	
10	Policy Servicing	Contact us - 022 6158 2020/ 022 6234 6234 Or visit help section on www.hdfcergo.com Details of Company officials: Customer Happiness Center: D-301, 3rd Floor, Eastern Business District LBS Marg, Bhandup (West), Mumbai – 40078	As per base product
11	Grievances/Complaints	In case of any grievance the insured person may contact the Company through: - 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 Insured Person may contact the Grievance officer at cgo@hdfcergo.com For updated details of grievance officer, kindly refer the link: https://www.hdfcergo.com/customer-voice/grievances	As per base product



		Ombudsman: https://bimabharosa.irdai.gov.in/.	
12	Things to remember	Free Look cancellation: As per and upto the terms and limits of the Base policy	As per base
		Policy renewal: As per and upto the terms and limits of the Base policy	product
	Migration and Portability: As per and upto the terms and limits of the Base policy		
		Process for migration: As per and upto the terms and limits of the Base policy	
		Process for portability: As per and upto the terms and limits of the Base policy	
		Change in Sum Insured: As per and upto the terms and limits of the Base policy	
		Moratorium Period: As per and upto the terms and limits of the Base policy	
13	Your Obligations	Please disclose all pre-existing disease/s or condition/s and fill in the complete details in the proposal form	Not Applicable
		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)