

### 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	Surrogacy & Oocyte Protect	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)	<ul style="list-style-type: none"> <li>Individual Sum Insured - Where each member has a separate sum insured under the policy</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>	Not Applicable
5	Policy Coverage (What the policy covers?)	Expenses in respect of:	Section 2.
		1. Surrogacy Complications: Indemnification of listed Medical Expenses incurred only for any type of complications (including post-partum delivery complications) faced by the Surrogate Mother arising out of pregnancy.	Section 2.1.
		2. Oocyte Donor Complications: Indemnification of listed Medical Expenses incurred only for any type of complications faced by the Oocyte donor arising due to Oocyte retrieval.	Section 2.2.
6	Exclusions (what the policy does not cover)	<p>We shall not be liable to pay claims under this add-on if/for</p> <ol style="list-style-type: none"> <li>The intending couple have a surviving child biologically or through adoption or through surrogacy earlier</li> <li>A woman is acting as a surrogate mother more than once in her lifetime.</li> <li>A woman is acting as a surrogate mother by providing her own gametes</li> <li>Surrogacy or surrogacy procedures are conducted, undertaken, performed or availed of, except for the purpose when the intending couple has a medical indication necessitating gestational surrogacy</li> </ol>	Section 3.2.

		v. Any other expenses except Medical Expenses listed under ‘Surrogacy Complications’ AND ‘Oocyte Donor Complications’ covers	
7	Waiting Period	The Insured Person in respect of whom a claim under ‘Surrogacy Complications’ OR ‘Oocyte Donor Complications’ is made must have been covered as an Insured Person for a period of atleast 36 months of continuous coverage under this add-on.	Section 3.1.
8	Financial limits of coverages	The policy will pay only up to the limits specified hereunder for the following	Section 2.
	• Sub-limits	Room Rent charges - As per and upto the terms and limits of the Base policy	Section 2.
		Intensive Care Unit charges - As per and upto the terms and limits of the Base policy	Section 2.
	• 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	<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>i. TAT for preauthorization of cashless facility: Decision on cashless authorization to be provided within 1 hour from the time of receipt of request.</p> <p>ii. TAT for cashless final bill authorization: Within 3 hours of the receipt of discharge authorization request from the hospital.</p> <p>For Reimbursement Process:</p> <p>i. TAT for Claim settlement – Within 15 days of claim intimation.</p> <p>Provide the details /web link for following:</p> <p>Network Hospital details :  <a href="https://www.hdfcergo.com/locators/cashless-hospitals-networks">https://www.hdfcergo.com/locators/cashless-hospitals-networks</a></p> <p>Helpline number :  <a href="https://www.hdfcergo.com/customercare/grievances">https://www.hdfcergo.com/customercare/grievances</a></p> <p>Contact us - 022 6158 2020/ 022 6234 6234</p> <p>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>	As per base product

		Downloading/getting claim form <a href="https://www.hdfcergo.com/download/claim-form">https://www.hdfcergo.com/download/claim-form</a>	
10	Policy Servicing	<p>Contact us - 022 6158 2020/ 022 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: Customer Happiness Center: D-301, 3rd Floor, Eastern Business District LBS Marg, Bhandup (West), Mumbai – 40078</p>	As per base product
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 6158 2020/ 022 6234 6234</li> <li>- E-mail: <a href="mailto:grievance@hdfcergo.com">grievance@hdfcergo.com</a></li> <li>- Contact Details for Senior Citizen: 022 – 6242 – 6226</li> <li>- E-mail 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>	As per base product
12	Things to remember	<p><b>Free Look cancellation:</b> You may cancel the insurance policy if you do not want it, within 30 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 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.</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 port your policy to another insurer.</p> <p>Process for migration: Not Applicable</p> <p>Process for portability: The Insured Person will have the option to port the Policy to other insurers by</p>	As per base product

		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.	
		<b>Change in Sum Insured:</b> Sum Insured of base policy 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.	
		<b>Moratorium Period:</b> 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. 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.	
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.	Not Applicable



**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)

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