HDFC ERGO General Insurance Company Limited

Policy Wording

MICRO INSURANCE – HOSPITAL CASH INSURANCE

HDFC ERGO General Insurance Company Ltd. will provide the insurance cover detailed in the Policy to the Insured Person up to the Sum Insured subject to the terms and conditions of this Policy. Your payment of premium and realization thereof by Us, and Your statements in the Proposal, which is incorporated into the Policy and is the basis of it.

Section. 1 Benefits

If any Insured Person suffers an Illness or Accident during the Policy Period that requires Hospitalization as an inpatient, then

a) For hospitalization in Ward, We will pay to the Insured Person daily cash amount for each continuous and completed period of 24 hours hospitalization.

b) For hospitalization in an intensive care unit, We will pay twice the daily cash amount for each continuous and completed period of 24 hours that the Insured Person spends in an intensive care unit, subject to a maximum of seven days for each hospitalization.

In the event of a transfer from Ward to Intensive Care Unit and vice versa, the hospitalization would be regarded as continuous and the daily benefit payable would be as per the limits stated above.

It is further clarified that on the day of such shift, We would pay the benefit as stated in clause a).

Provided that Our maximum liability shall be restricted to the amount and period mentioned in the Schedule.

Section. 2 Exclusions

A. Waiting Periods

All claims payable will be subject to the waiting periods specified below:

i) We are not liable for any claim arising due to treatment and admission within 30 days from policy commencement date except claims arising due to an accident.

ii) A waiting period of 24 months from policy commencement date shall apply to the treatment, whether medical or surgical, of the disease/conditions mentioned below. Additionally the said 24 months waiting period shall be applicable to all surgical procedures mentioned under surgeries in the following table, irrespective of the disease/condition for which the surgery is done, except claims payable due to the occurrence of cancer

a) **Illnesses**: internal congenital diseases, arthritis if non infective; calculus diseases of gall bladder including cholecystitis and urogenital system e.g.Kidney stone,Urinary Bladder Stone; Pancreatitis,Ulcer and erosion of stomach and duodenum;Gastro Esophageal Reflux Disorder (GERD) ; All forms of Cirrhosis (Pls note : all forms of cirrhosis due to alcohol will be excluded) ;Perineal Abscesses ;Perianal Abscesses; cataract; fissure/fistula in anus, hemorrhoids, pilonidal sinus,; gout and rheumatism; internal tumors, cysts, nodules, polyps including breast lumps (each of any kind unless malignant); osteoarthritis and osteoporosis ;polycystic ovarian diseases; sinusitis ; Rhinitis;Tonsillitis and skin tumors unless malignant; Benign Hyperplasia of Prostate.

b) **Treatments:** adenoidectomy, mastoidectomy, tonsillectomy and tympanoplasty;, dilatation and curettage (D&C);; joint replacement; myomectomy for fibroids;; surgery of genito urinary system unless necessitated by malignancy;Surgery on prostate; cholecystectomy ; surgery of hernia; surgery of hydrocele/Rectocele; surgery for prolapsed inter vertebral disk; surgery of varicose veins and varicose ulcers.

iii) 48 months waiting period from policy commencement date for all Pre-existing Conditions declared and/or accepted at the time of application.

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146. CIN: U66030MH2007PLC177117. Registered & Corporate Office: 1st Floor, HDFC House, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400 020. Trade Logo displayed above belongs to HDFC Ltd and ERGO International AG and used by the Company under license. UIN: Micro Insurance- HDFC ERGO Hospital Cash Insurance - HDFHLIP21494V022021.

PI Note:
Coverage under the policy for any past illness/condition or surgery is subject to the same being declared at the time of application by You or the Insured Person or anyone acting on behalf of You or an Insured Personand accepted by Us without any exclusion

B. Reduction in waiting periods

1) If the Proposed Insured is presently covered and has been continuously covered without any lapses under:

a) any health insurance plan with an Indian non life insurer as per guidelines on portability issued by the insurance regulator, OR

b) any other similar health insurance plan from Us,

Then:

a) The waiting periods specified in Section 2A i), ii) and iii) of the Policy stand deleted; AND:

b) The waiting periods specified in the Section 2A i), ii) and iii) shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance policy ; AND

c) If the proposed Sum Insured for a proposed Insured Person is more than the Sum Insured applicable under the previous health insurance policy, then the reduced waiting period shall only apply to the extent of the Sum Insured and any other accrued sum insured under the previous health insurance policy.

2) The reduction in the waiting period specified above shall be applied subject to the following:

a) We will only apply the reduction of the waiting period if We have received the database and claim history from the previous Indian insurance company (if applicable)
b) We are under no obligation to insure all Insured Persons or to insure all Insured Persons on the proposed terms, or on the same terms as the previous health insurance policy even if You have submitted to Us all documentation and information.
c) We will retain the right to underwrite the proposal as per Our underwriting guidelines.
d) We shall consider only completed years of coverage for waiver of waiting periods. Policy Extensions if any sought during or for the purpose of porting insurance policy shall not be considered for waiting period waiver

C. General Exclusions

We will not make any benefit payment to the Insured Person for any claim directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this Policy:

i) War or any act of war, invasion, act of foreign enemy, war like operations (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.

i) Any Insured Person committing or attempting to commit a breach of law with criminal intent ,or intentional self injury or attempted suicide or suicide while sane or insane.

ii) Any Insured Person's participation or involvement in naval, military or air force operation, racing, diving, aviation,

scuba diving, parachuting, hang-gliding, rock or mountain climbing in a professional or semi professional nature.

iii) The abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as intoxicating drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies.

iv) Treatment of obesity and any weight control program.

v) Psychiatric, mental disorders (including treatment for mental health), Sleep Apnoea, Parkinson and Alzheimer's disease, general debility or exhaustion ("run- down condition"); external congenital diseases, defects or anomalies, genetic disorders; stem cell implantation or surgery, or growth hormone therapy.

vi) Venereal disease, sexually transmitted disease or illness; "AIDS" (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human immunodeficiency virus) including but not limited to conditions related to or arising out of HIV/AIDS such as ARC (AIDS related complex), Lymphomas in brain, Kaposi's sarcoma, tuberculosis, when associated with HIV infections.

vii) Pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), maternity or childbirth (including caesarean section) except in the case of ectopic pregnancy.

viii) Sterility, treatment whether to effect or to treat infertility, any fertility, sub-fertility or assisted conception procedure, surrogate or vicarious pregnancy, birth control, contraceptive supplies or services including complications arising due to supplying services

ix) Dental treatment and surgery of any kind, unless requiring Hospitalization.

x) Treatment for analysis and adjustments of spinal subluxation, 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).

xi) Nasal septum deviation and nasal concha resection; circumcisions ((unless necessitated by illness or injury and and forming part of treatment), treatment for correction of eye due to refractive error, aesthetic or change-of-life treatments of any description such as sex transformation operations.

xii) Plastic surgery or cosmetic surgery unless necessary as a part of medically necessary treatment certified by the attending Medical Practitioner for reconstruction following an Accident,cancer, burns.

xiii) Experimental, investigational or unproven treatment, devices and pharmacological regimens.

xiv) Hospitalization Admission primarily for diagnostics purposes not related to illness for which Hospitalisation has been done.

xv) Any non allopathic treatment.

xvi) All preventive care, vaccination including inoculation and immunisations (except post bite treatment in hospital) ,any physical, psychiatric or psychological examinations or testing enteral feedings (infusion formulas via a tube into the upper gastrointestinal tract) 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.

xvii) Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed; treatments rendered by a Medical Practitioner who shares the same residence as an Insured Person or who is a member of Insured Person's family.

xviii) Any treatment or part of a treatment that is not of a reasonable charge and not medically necessary.

xix) Any specific timebound or lifetime exclusion(s) applied by Us and mentioned in the Schedule and accepted by the Insured, as per our underwriting guidelines.

Section. 3 General Conditions Condition precedent

a) The fulfilment of the terms and conditions of this Policy (including the payment of premium by the due dates mentioned in the Schedule) insofar as they relate to anything to be done or complied with by You or any Insured Person shall be conditions precedent to Our liability. The premium for the policy will remain the same for the policy period as mentioned in the policy schedule

b) Insured Person

Only those persons named as an Insured Person in the Schedule shall be covered under this Policy. Any person may be added during the Policy Period after his application has been accepted by Us, additional premium has been paid and realised by Us and We have issued an endorsement confirming the addition of such person as an Insured Person.

If an Insured Person dies, he will cease to be an Insured Person upon Us receiving all relevant particulars in this regard. We will return a rateable part of the premium received for such person IF AND ONLY IF there are no claims in respect of that Insured Person under the Policy.

Any Insured Person in the policy has the option to migrate to similar health insurance policy available with us at the time of renewal subject to underwriting with all the accrued continuity benefits such as waiver of waiting period etc. provided the policy has been maintained without a break as per portability guidelines issued by IRDA.

Notification of Claim

c) If any treatment for which a claim may be made is to be taken then:

i) If the treatment requires Hospitalization, We must be informed immediately and in any event not later than 7 days of the date of admission..

ii) If the above condition is not fulfilled on the grounds that the claim was intimated to the Primary Insurer covering the hospitalization expenses, then We may accept a written confirmation of such intimation from the Primary Insurer.

Supporting Documentation & Examination

d) The Insured Person shall provide Us with any documentation and information We may request to establish the circumstances of the claim, its quantum or Our liability for the claim within 45 days of Our request or the Insured Person's discharge from Hospital or completion of treatment. The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the Insured. Such documentation will include but is not limited to the following in English:

i) Our claim form duly completed and signed by You or on behalf of the Insured Person.
ii) All reports, including but not limited to all medical reports, case histories, investigation reports, treatment papers, discharge summaries. We will accept copies of the documents, verified and attested by the Hospital.
iii) A precise diagnosis of the treatment for which a claim is made.

e) The Insured Person additionally hereby consents to:

i) The disclosure to Us of documentation and information that may be held by medical professionals and other insurers.

ii) Being examined by any Medical Practitioner We authorise for this purpose when and so often as We may reasonably require at Our cost.

Claims Payment

f) We shall be under no obligation to make any payment under this Policy unless We have received all premium payments in full in time and all payments have been realised and We have been provided with the documentation and information We have requested to establish the circumstances of the claim, its quantum or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.

g) We will only make payment to You or at Your direction. If an Insured Person submits the requisite claim documents and information along with a declaration in a format acceptable to Us of having incurred the expenses, such declared person will be deemed to be authorised by You to receive the concerned payment. In the event of the death, We will make payment to the Nominee (as named in the Schedule).

h) This Policy covers medical treatment taken within India only and Payments under this Policy shall only be made in Indian Rupees within India.

i) We are not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured Person could reasonably have minimised the costs incurred, or that is brought about or contributed by the Insured Person failing to follow the directions, advice or guidance provided by a Medical Practitioner.

j) We shall make the payment of claim that has been admitted as payable by Us under the Policy terms and conditions within 30 days of submission of all necessary documents / information and any other additional information required for the settlement of the claim All claims will be settled in accordance with the applicable regulatory guidelines, including IRDA (Protection of Policyholders Regulation), 2002. In case of delay in payment of any claim that has been admitted as payable by Us under the Policy terms and condition, beyond the time period as prescribed under IRDA (Protection of Policyholders Regulation), 2002, we shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by Us. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.

Fraud

k) If any claim is in any manner dishonest or fraudulent, or is supported by any dishonest or fraudulent means or devices, whether by You or any Insured Person or anyone acting on behalf of You or an Insured Person, then this Policy shall be void and all benefits paid under it shall be forfeited.

Alterations to the Policy

l) This Policy constitutes the complete contract of insurance. This Policy can be changed or varied at Your request provided the request is acceptable to Us, and by Us in consultation and agreement with You. The change in Policy will be evidenced by a written endorsement signed and stamped by Us.

Renewal

m) This Policy will automatically terminate at the end of the Policy Period. With respect to all applications for renewal received by Us before the end of the Policy Period or within a grace period of 30 days from the date of the expiry of the policy, We will ordinarily offer lifelong renewal terms unless We have grounds to believe that You or any Insured Person or anyone acting on Your behalf or on behalf of an Insured Person has acted in a dishonest or fraudulent manner under or in relation to this Policy. If the Policy is renewed in the grace period You will be eligible for all continuity benefits such as application of waiting periods and coverage of pre-existing diseases. However, the coverage shall commence from the

date of receipt of the premium.

We are NOT under any obligation to:
i) Send renewal notice or reminders.

ii) Renew it on same terms or premium as the expiring Policy. Any change in benefits or premium (other than due to change in Age) will be done with the approval of the Insurance Regulatory and Development Authority and will be intimated to You atleast 3 months in advance. In the likelihood of this policy being withdrawn in future, we will intimate you about the same 3 months prior to expiry of the policy. You will have the option to migrate to similar indemnity health insurance policy available with us at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period etc. provided the policy has been maintained without a break as per portability guidelines issued by IRDA.

iii) We will not apply any additional loading on your policy premium at renewal based on claim experience.

All applications for renewal of the Policy must be received by Us before the end of the Policy Period. A grace period of 30 days for renewing the Policy is available under this Policy. Any disease/condition contracted during the Grace Period will not be covered and will be treated as a Pre-existing Condition.

Change of Policyholder

n) The Policyholder may be changed only at the time of renewal. The new Policyholder must be a member of the Insured`s person immediate family. Such changes would be subject to Our acceptance and payment of premium (if any). The renewed Policy shall be treated as having been renewed without any break in cover.

The Policyholder may be changed in case of his demise or him moving out of India during the Policy Period.

Notices

o) Any notice, direction or instruction under this Policy shall be in writing and if it is to:

i) Any Insured Person, then it shall be sent to You at Your address specified in the Schedule and You shall act for all Insured Persons for these purposes.

ii) Us, it shall be delivered to Our address specified in the Schedule. No insurance agents, brokers or other person or entity is authorised to receive any notice, direction or instruction on Our behalf unless We have expressly stated to the contrary in writing. Proof of delivery of such notices shall be retained by the Insured and furnished to Us as and when demanded.

Dispute Resolution Clause

p) Any and all disputes or differences under or in relation to this Policy shall be determined by the Indian Courts and subject to Indian law.

If any dispute or difference shall arise as to the quantum to be paid under this policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing jointly by the Insured and the Company or if they cannot agree upon a single arbitrator to be appointed within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by the Insured and the Company respectively and the third arbitrator to be appointed by the two arbitrators, which arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act , 1996, as amended from time to time and for the time being in force.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as hereinbefore

provided, if company has disputed liability under or in respect of this Policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this policy that the award by such arbitrators of the amount of the loss or damage shall be first obtained.

Termination

q) You may terminate this Policy at any time by giving Us written notice, and the Policy shall terminate when such written notice is received. If no claim has been made under the Policy, then We will refund premium in accordance with the table below:

Length of time Policy in force	**Refund of premium**
up to 1 month	75%
up to 3 months	50%
up to 6 months	25%
exceeding 6 months	0%

r) If We believe that You or any Insured Person or anyone acting on Your behalf or on behalf of an Insured Person has acted in a dishonest or fraudulent manner under or in relation to this Policy or the continuance of the Policy poses a moral hazard then We may terminate this Policy upon 30 days notice by sending an endorsement to Your address shown in the Schedule without refund of premium

s) The Policy shall automatically terminate :

i) In case of Your demise. However, the other Insured Persons may apply to continue the Policy within 15 days of Your death provided that they have identified a new adult policyholder who is a member of Your immediate family. All relevant particulars in respect of such person (including their relationship to you) must be given to Us along with the application. If We accept such application, then the Policy shall be treated as having been renewed without any break in cover.

ii) In relation to an Insured Person, if that Insured Person dies or no longer resides in India.

t) Free Look Period

You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation and You will be refunded the premium paid by You after adjusting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium. You can cancel Your Policy only if You have not made any claims under the Policy. All Your rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of renewal of the Policy.

Section. 4 Interpretation & Definitions

The terms defined below have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same:

Def. 1. **Accident** or **Accidental** means a sudden, unforeseen and unexpected event caused by external, violent and visible means

Def. 2. **Age** or **Aged** means completed years as at the Commencement Date.

Def. 3. **Any one Illness** means continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nusing Home where treatment may have been taken.

Def. 4. **Commencement Date** means the commencement date of this Policy as specified in the Schedule.

Def. 5. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon

Def. 6. **Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position

a) Internal Congenital Anomaly -which is not in the visible and accessible parts of the body
b) External Congenital Anomaly- which is in the visible and accessible parts of the body

Def. 7. **Dependents** means only the family members listed below:
i) Your legally married spouse as long as he/she continues to be married to You;
ii) Your children Aged between 91 days and 21 years if they are unmarried, still financially dependent on You and have not established their own independent households;

Def. 8. **Disclosure of information norm** means the policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event o f misrepresentation, mis- description or non-disclosure of any material fact.

Def. 9. **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre –existing diseases. Coverage is not available for the period for which no premium is received

Def. 10. **Hospital**: means any institution in India established for In-patient care and day care treatment of illness and/or injuries and which has been registered as a Hospital with the local authorities under the Clinical Establishment (Registration and Regulation) Act,2010 or under the enactments specified under the Schedule of Section 56 (1) of the said Act ORcomply with all minimum criteria as under

- has at least 10 in-patient beds, in those towns having a population of less than 10,00,000 and 15 in-patient beds in all other places,
- has qualified nursing staff under its employment round the clock,
- has qualified Medical Practitioner(s) in charge round the clock,
- has a fully equipped operation theatre of its own where surgical procedures are carried out,
- maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

Def. 11. **Hospitalisation** or **Hospitalised** means the Insured Person's admission into a Hospital for a minimum of 24 In-Patient care consecutive hours except for specified procedures/treatment ,where such admission could be for a period of less than 24 consecutive hours

Def. 12. **Hospital Cash** means the daily cash and period specified in the Schedule.

Def. 13. **Insured Person** means You and the persons named in the Schedule.

Def. 14. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical Treatment
a) Acute Condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injuru which leads to full recovery.
b) Chronic Condition means a disease, illness, or injury that has one or more o f the following characteristics: - it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests—it needs ongoing or long-term control or relief o f symptoms— it requires your rehabilitation or for you to be specially trained

to cope with it—it continues indefinitely—it comes back or is likely to come back

Def. 15. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

Def. 16. **In-patient Treatment** means treatment arising from Accident or Illness where Insured Person has to stay in a Hospital for more than 24 hours and includes Hospital room rent or boarding expenses, nursing, Intensive Care Unit charges, Medical Practitioner's charges, anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines, drugs, consumables, diagnostic procedures.

Def. 17. **Insured Person** means You and the persons named in the Schedule.

Def. 18. **Intensive Care Unit**. means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

Def. 19. **Medical Advise** means any consultation or advise from a Medical Practitioner including the issue of any prescription or repeat prescription

Def. 20. **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any state or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction, and is acting within the scope and jurisdiction of his license.

Def. 21. **Medically necessary** means any treatment, test, medication, or stay in Hospital or part of stay in Hospital which

- Is required for the medical management of the Illness or injury suffered by the Insured Person;
- Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity.
- Must have been prescribed by a Medical Practitioner.
- Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

Def. 22. **Notification of Claim** means the process of notifying a claim to the insurer or TPA by specifying the timeliness as well as the address / telephone number to which it should be notified.

Def. 23. **Portability** means transfer by an individual health insurance policyholder(including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.

Def. 24. **Policy** means Your statements in the proposal form, this policy wording (including endorsements, if any), Annexure and the Schedule (as the same may be amended from time to time).

Def. 25. **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Schedule.

Def. 26. **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary.

Def. 27. **Primary Insurer means** any Insurer including Us, who has issued a policy which pays for expenses incurred towards hospitalization due to sickness or accident. .

Def. 28. Pre existing diseases definition: Any condition, ailment or injury or related condition (s) for which You had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment, within 48 months prior to

the first policy issued by the insurer. **Renewal means** the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods

Def. 29. **Sum Insured** means the sum shown in the Schedule which represents Our maximum liability for each Insured Person for any and all benefits claimed for during the Policy Period.

Def. 30. **Unproven/Experimental Treatment** is a treatment ,including drug experimental therapy, which is not based on established medical practise in India, is a treatment experimental or unproven.

Def. 31. **We/Our/Us** mean the HDFC ERGO General Insurance Co. Ltd.

Def. 32. **You/Your/Policyholder** means the person named in the Schedule who has concluded this Policy with Us.

Section. 5 Claim Procedure

For any claim related query, intimation of claim and submission of claim related documents, You can Contact us on
Address :HDFC ERGO General Insurance Co. Ltd.
Stellar IT Park, Tower-1 5th Floor, C - 25, Sector 62
Noida - 201301

Toll Free :1800 2001 999
Phone (UAN) :1860 2000 700 (Local charges applicable) Fax (UAN) : 1860 2000 600 (Local charges applicable)
Email :healthclaims@hdfcergo.com

Section. 6 Grievance Redressal Procedure
If you have a grievance that you wish us to redress, you may contact us with the details of your grievance through:

- Customer Service No: 022 - 6234 6234 / 0120 - 6234 6234
- Emails – care@hdfcergo.com
- Designated Grievance Officer in each branch.
- Company Website – www.hdfcergo.com
- Courier : Any of our Branch office or corporate office

You may also approach the Complaint & Grievance (C&G) Cell at any of our branches with the details of your grievance during our working hours from Monday to Friday.

If you are not satisfied with our redressal of your grievance through one of the above methods, you may contact our Head of Customer Service at
The Grievance Cell, HDFC ERGO General Insurance Company Ltd., D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West) Mumbai-400078

In case you are not satisfied with the response / resolution given / offered by the C&G cell, then you can write to the Principal Grievance Officer of the Company at the following address

The Compliance Officer, Registered & Corporate Office: HDFC House, 1st Floor, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400020

You may also approach the nearest Insurance Ombudsman for resolution of your grievance. The contact details of Ombudsman offices are mentioned below if your grievance pertains to:

- Insurance claim that has been rejected or dispute of a claim on legal construction of the policy
- Delay in settlement of claim
- Dispute with regard to premium
- Non-receipt of your insurance document

NAMES OF OMBUDSMAN AND ADDRESSES OF OMBUDSMAN CENTRES

Office Details	**Jurisdiction of Office Union Territory,District)**
AHMEDABAD Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka.
BHOPAL Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh Chattisgarh.
BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa.

CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.
CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in	Delhi.
GUWAHATI Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.
JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in	Rajasthan.
ERNAKULAM	Kerala, Lakshadweep,

Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in	Mahe-a part of Pondicherry.
KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.

PATNA Office of the Insurance Ombudsman, 1st Floor,Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	Bihar, Jharkhand.
PUNE Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.