

HDFC ERGO General Insurance Company Limited

Policy Wordings



my:health Hospital Cash benefit - Add On

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Insuring Clause

We will provide insurance cover to the Insured Person(s) under this add on upto Sum Insured or limits mentioned on the Schedule of Coverage in the Policy Schedule.

This add on is subject to Your statements in respect of all the Insured Persons in Proposal form, declaration and/or medical reports, payment of premium and the terms and conditions of this add-on and Policy on which this add-on is attached.

Section A. Definitions

Certain words used in the Coverage description have specific meanings which are mentioned in Definitions and which impacts the Coverage. All such words, where ever mentioned in this document are mentioned in Bold to enable you to identify that particular word has a specific meaning for which You need to refer Section – A, 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:

I. Standard Definitions

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

Adventurous/Hazardous Sports means any sport or activity involving physical exertion and skill in which an Insured Person participates or competes for entertainment or as part of his Profession whether he / she is trained or not.

Def. 2. **Any one illness** means continuous period of Illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken

Def. 3. **Ayush Hospital** means an AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

- Central or State Government AYUSH Hospital; or
- Teaching hospital attached to AYUSH College recognized by the Central Government / Central Council of Indian Medicine/Central Council for Homeopathy; or
- AYUSH Hospital, standalone or co-located within-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and

must comply with all the following criterion:

- Having at least 5 in-patient beds;
- Having qualified AYUSH Medical Practitioner in charge round the clock;
- Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
- Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative

Def. 4. **Ayush Day Care Centre** means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner(s) on day care basis without in-patient services and must comply with all the following criterion:

- Having qualified registered AYUSH Medical Practitioner (s) in charge;
- Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;

Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

Def. 5. **Congenital Anomaly** means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

- Internal Congenital Anomaly: Congenital Anomaly which is not in the visible and accessible parts of the body.
- External Congenital Anomaly: Congenital Anomaly which is in the visible and accessible parts of the body

Def. 6. **Day care Centre** means any institution established for Day Care Treatment of Illness and / or injuries or a medical set-up with a Hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under:-

- has qualified nursing staff under its employment;
- has qualified medical practitioner/s in charge;
- has 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. 7. **Day Care Treatment/ Procedures** means those medical treatment, and/or surgical procedure which is
- undertaken under General or Local Anaesthesia in a Hospital/Day Care Centre in less than 24 hours because of technological advancement, and
 - which would have otherwise required Hospitalization of more than 24 hours,
- Treatment normally taken on an Out-patient basis is not included in the scope of this definition
- Def. 8. **Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery
- Def. 9. **Disclosure** of information norm means the policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- Def. 10. **Domiciliary Hospitalization** means medical treatment for an Illness/disease/Injury which in the normal course would require care and treatment at a Hospital but is actually taken while confined at home under any of the following circumstances:
- the condition of the patient is such that he/she is not in a condition to be removed to a Hospital, or
 - the patient takes treatment at home on account of non-availability of room in a Hospital
- Def. 11. **Emergency Care** means management for an Illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.
- Def. 12. **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. 13. **Hospital** means any institution 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 Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
- has at least 10 in-patient beds, in 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. 14. **Hospitalization** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
- Def. 15. **Illness/ Illnesses** 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
- Acute condition - 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/ Injury which leads to full recovery
 - Chronic condition - A chronic condition is defined as a disease, Illness, or Injury that has one or more of the following characteristics:
 - it needs on-going or long-term monitoring through consultations, examinations, check-ups, and/or tests
 - it needs on-going or long-term control or relief of symptoms
 - it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 - it continues indefinitely
 - it recurs or is likely to recur
- Def. 16. **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. 17. **In-patient Care** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.
- 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. **ICU (Intensive Care Unit) Charges** means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensive charges

Def. 20. **Maternity Expenses** means

- a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean section incurred during Hospitalization).
- b. Expenses towards lawful medical termination of pregnancy during the policy Period.

Def. 21. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow up prescription.

Def. 22. **Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or Medical practitioners in the same locality would have charged for the same medical treatment.

Def. 23. **Medically Necessary treatment** 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. 24. **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 license. Medical Practitioner who is sharing the same residence with the Insured person's and is a member of Insured Person's family are not considered as Medical Practitioner under the scope of this Policy.

Medical Practitioner (Definition applicable for the treatment taken outside India)

Means a licensed medical practitioner acting within the scope of his license and who holds a

degree of a recognized institution and is registered by the Authorized Medical Council of the respective country.

Def. 25. **Mental illness** means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs, but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterised by subnormality of intelligence;

Def. 26. **Mental health establishment** means any health establishment, including Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy establishment, by whatever name called, either wholly or partly, meant for the care of persons with mental Illness, established, owned, controlled or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person, where persons with mental Illness are admitted and reside at, or kept in, for care, treatment, convalescence and rehabilitation, either temporarily or otherwise; and includes any general Hospital or general nursing home established or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person; but does not include a family residential place where a person with mental Illness resides with his relatives or friends;

Def. 27. **Newborn Baby** means baby born during the Policy Period and is Aged up to 90 days

Def. 28. **Network Provider** means Hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a Cashless facility.

Def. 29. **Non-Medical Expenses** – Are expenses other than those defined as Medical Expenses and which are listed on our website www.hdfcergo.com

Def. 30. **Non Network** means any Hospital, Day Care Centre or other provider that is not part of the Network

Def. 31. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication

Def. 32. **Portability** means, the right accorded to individual health insurance policyholders (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer.

Def. 33. **Pre-existing disease** means any condition, ailment, injury or disease:

- i. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy

- issued by the insurer or its reinstatement or
- ii. For which Medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its reinstatement.

- Def. 34. **Qualified Nurse** is a person who holds a valid registration from the nursing council of India or the nursing council of any state in India
- Def. 35. **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 gaining credit for Pre-Existing Diseases, time-bound exclusions and for all waiting periods
- Def. 36. **Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the Associated Medical Expenses
- Def. 37. **Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for a specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of Illness/ Injury involved.
- Def. 38. **Surgery or Surgical Procedure** means manual and/ or operative procedure (s) required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a Hospital or Day Care Centre by a medical practitioner.
- Def. 39. **Unproven/Experimental Treatment** is a treatment including drug experimental therapy, which is based on established medical practice in India, is a treatment experimental or unproven.

II. Specific Definitions

- Def. 1. **Age or Aged** means completed years as at the Policy Commencement Date.
- Def. 2. **Alternative treatments** means forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context
- Def. 3. **Bank Rate** means the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.
- Def. 4. **Biological attack or weapons** the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.

- Def. 5. **Chemical attack or weapons** means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
- Def. 6. **Commencement Date** means the commencement date of the Policy as specified in the Policy Schedule. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon
- Def. 7. **Dependents** means only the family members listed below:
1. Your legally married spouse as long as she continues to be married to You
 2. Your children Aged between 91 days and 25 years if they are unmarried, still financially dependent on You and have not established their own independent households;
 - 3) Your natural parents or parents that have legally adopted You, and Your parent in laws
- Def. 8. **Family Floater** means a Policy described as such in the Policy Schedule whereunder You and Your Dependents (Spouse, dependent children, dependent parents/parents in laws) named in the Policy Schedule are insured under this Policy as at the Commencement Date.
- Def. 9. **Insured Person** means You and the persons named in the Policy Schedule.
- Def. 10. **Material Facts** means all relevant information sought by the Company in the Proposal Form and other connected documents to enable it to take informed decision in the context of underwriting the risk.
- Def. 11. **HDFC ERGO Mobile App** is proprietary App of HDFC ERGO General Insurance Company. With this App you can:

- Access Your Policy Details
 - Manage Your policy, download Your policy schedule and access to Your e-card will always be at Your fingertips, 24 x 7.
- Policy Endorsement made easy
 - By submitting a request to us through HDFC ERGO Mobile App, you can make any modifications in Your policy, for e.g. change in spelling of the name, contact number etc.
- Effortless Claims Management
 - Now you can Submit Your claims from the app for faster processing and track the status at Your fingertips. You can also intimate a claim using the app. You can also view Network hospitals in Your area with directions.
- Stay Active – Short Walks, Big Benefits
 - The App tracks Your steps, fitness session and lets you earn incentive on renewal discount on Your policy.

- Def. 12. **Policy** means Your statements in the proposal form (which are the basis of this add on), this add on wording (including endorsements, if any), and the Policy Schedule (as the same may be amended from time to time) to the Policy to which this add-on is attached.
- Def. 13. **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Policy Schedule
- Def. 14. **Policy Holder** means Person who has proposed the Policy and in whose name the Policy is issued
- Def. 15. **Policy Schedule** means Schedule attached to and forming part of this Policy mentioning the details of the Insured Persons, the Sum Insured, the period and the limits to which benefits under the Policy are subject to (Schedule of coverage), including any Annexures and/or endorsements, made to or on it from time to time, and if more than one, then the latest in time.
- Def. 16. **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary.
- Def. 17. **Sum Insured** means the sum shown in the Policy Schedule which represents Our maximum liability for each Insured Person for any and all benefits claimed for during the Policy Year, and in relation to a Family Floater represents Our maximum liability for any and all claims made by You and all of Your Dependents during the Policy Year
- Def. 18. **We/Our/Us** means the HDFC ERGO General Insurance Company Limited
- Def. 19. **You/Your/Policyholder** means the person named in the Policy Schedule who has concluded this Policy with Us.

Section B. Benefits

B.1. Coverage

1. Hospital Cash Benefit

We will pay Sum Insured on Medically Necessary Hospitalization of an Insured Person due to Illness or Injury sustained or contracted during the Policy Period. The payment is subject to per day benefit Sum Insured as specified on the Schedule of Coverage in the Policy Schedule for up to maximum of 30 days.

2. Companion Benefit

We will pay additional amount upto the limit specified on the Schedule of Coverage in the Policy Schedule towards expenses of an accompanying person during Hospitalization for up to maximum of 30 days.

B.2. Optional Cover

Insuring Clause

In consideration of payment of additional Premium, it is hereby declared and agreed that We will pay under below listed Cover subject to all other terms, conditions, exclusions and waiting periods applicable to the add on and Policy on which this add on is attached.

The Cover is optional and applicable only if opted for and up to the Sum Insured or limits mentioned on the Schedule of Coverage in the Policy Schedule.

1. Hospital Cash benefit - Global

On availing this option, We will pay Sum Insured on Medically Necessary Hospitalization of an Insured Person outside India due to Illness or Injury sustained or contracted during the Policy Period.

2. Waiting period Modification Option

On availing this option, Waiting Periods listed under Section C: Waiting Periods will stand modified as mentioned in Schedule of Coverage on the Policy Schedule.

All other terms and Conditions of the respective Section and Policy shall remain unaltered.

B.3. Renewal Benefits

Insuring Clause

A. Fitness discount @ Renewal

Insured Person can avail discount on Renewal Premium by accumulating Healthy Weeks as per table given below. One Healthy Week can be accumulated by;

- Recording minimum 50,000 steps in a week subject to maximum 15,000 steps per day, tracked through Your wearable device linked to Our HDFC ERGO Mobile App and Your Policy number
- OR
- burning total of 900 calories upto maximum of 300 calories in one exercise session per day, tracked through Your wearable device linked to Our HDFC ERGO Mobile App and Your Policy number
- Fitness discount @ Renewal is applicable for Adult Insured Persons only. Any Person covered as Child Dependent, irrespective of the Age is excluded

Healthy Weeks Discounts

No. of Healthy Weeks Accumulated	Discount on Renewal Premium
01-04	0.50%
05-08	1.00%
09-12	2.00%
13-16	3.00%

17-26	6.00%
27-36	7.50%
Above 36	10.00%

Steps to accumulate Healthy Weeks

Step 1 - The HDFC ERGO Mobile App must be downloaded on the mobile.

Step 2 - You can start accumulating Healthy Weeks by tracking physical activity through the Wearable device linked to Our HDFC ERGO Mobile App and Your Policy number

We encourage and recognize all types of exercise/fitness activities by making use of wearable devices to track and record the activities Insured Person engages in.

Application of Fitness discount @ Renewal

- **Annual Policy:** Discount amount accrued based on Number of accumulated Healthy Weeks during the expiring Policy year will be applied on the Renewal Premium for expiring Policy Sum Insured.
- **Multi Year Policy:**
 - Fitness discount earned on yearly basis will be accumulated till Policy End date.
 - On Renewal of the Policy, total discount amount accrued each year will be applied on Renewal Premium of subsequent year.
- For Policies covering more than one Insured Person, Healthy Weeks for each Insured Person will be tracked and accumulated. Such discount will be applicable on individual Renewal Premium for both Individual and Floater Sum Insured basis Policies.
- Premium will be discounted to the extent applicable to terms corresponding to expiring Policy.
- In case of Increase in Sum Insured at Renewal, discount amount will be applied on the Sum Insured applicable under expiring Policy.
- Fitness discount @ Renewal will be applied only on Renewal of Policy with Us.

B. Health Incentive

This Program encourages Insured Persons to maintain good health and avail incentives as listed below.

Under this Program, Insured Person having Pre-Existing Diseases or Obesity (BMI above 30) as listed under table A below, will be eligible for reduction in Medical Underwriting Loading applied from first inception of the Policy with Us provided that;

- i. Insured Person shall undergo medical tests and/or BMI check-ups as listed below minimum 3 months prior to expiry of Policy Year (For Multiyear Policies) or before Renewal (For Annual Policies).
- ii. Medical test shall be done at Your own cost through our Network Provider on HDFC ERGO Mobile App.

- iii. If the test parameters are within normal limits, We will apply 50% discount on the Medical Underwriting loading applied for corresponding Pre-Existing Diseases or Obesity as applicable on Renewal of the Policy with Us.
- iv. If the test parameters at subsequent renewal are not within normal limits or Medical test reports are not submitted in accordance with i and ii above, the discount amount applied on Medical Underwriting loading will be zero
- v. The test reports received to avail the health incentive benefit shall not be utilised for re underwriting the policy

Pre-existing Diseases	Test
Diabetes	HbA1c
Hypertension	Blood Pressure reading
Hyperlipidemia	Total Cholesterol
Cardiovascular Diseases	ECG
Hypothyroidism	Thyroid function tests
Obesity	BMI

Application of Health Incentive

- **Annual Policy:** Discount amount accrued during the expiring Policy year will be applied on the Renewal Premium for expiring Policy Sum Insured.
- **Multi Year Policy:**
 - Discount amount earned on yearly basis will be accumulated till Policy End date.
 - On Renewal of the Policy, total discount amount accrued each year will be applied on Renewal Premium of subsequent year.
- For Policies covering more than one Insured Person, tests shall be done for each Insured Person basis which such reduction in loading will be applicable on individual Renewal Premium for both Individual and Floater Sum Insured basis Policies.
- Discount on Medical Underwriting loading under this cover is applicable only on next Renewal and cannot be utilized if Policy not renewed with us.

C. Wellness services:

The services listed below are available to all Insured persons through Our Network Provider on Our mobile application only. Availing of services under this Section will not impact the Sum Insured or the eligibility for Cumulative Bonus.

- i. **Health Coach:**

An Insured Person will have access to Health Coaching services in areas given below:

 - Disease management
 - Activity and fitness

- Nutrition
- Weight management.

These services will be available through Our mobile application as a chat service or as a call back facility.

- ii. Online Wellness services
 - Discounts: on OPD, Pharmaceuticals, pharmacy, diagnostic centres
 - Customer Engagement: Monthly newsletters, Diet consultation, health tips
 - Specialized programs: stress management, Pregnancy Care, Work life balance management.

Disclaimer applicable to HDFC ERGO Mobile App and associated services

It is agreed and understood that **Our HDFC ERGO Mobile App** and Wellness services are not providing and shall not be deemed to be providing any **Medical Advice**, they shall only provide a suggestion for the Insured Person's consideration and it is the Insured Person's sole and absolute choice to follow the suggestion for any health related advice. We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, actual or alleged errors, omissions and representations suggested under this benefit.

Section C. Waiting Periods & Exclusions

1. Standard Waiting Periods

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

i) Pre-existing Diseases – Code – Excl01

- a) Expenses related to the treatment of a pre-existing disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with insurer.
- b) In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of sum of Sum Insured increase.
- c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- d) Coverage under the Policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

ii) Specified Disease/Procedure waiting period- Code – Excl02

- a) Expenses related to the treatment of the listed Conditions, surgeries/treatment shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first Policy with us. This exclusion shall

not be applicable for claims arising due to an Accident.

- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of Sum Insured increase.
- c) If any of the specified disease/procedure falls under the waiting period specified for Pre-existing diseases, then the longer of the two waiting periods shall apply.
- d) The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.
- e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

a. Illnesses

Pancreatitis	Non infective Arthritis
Diseases of gall bladder including cholecystitis	Urogenital system e.g. Kidney stone, Urinary Bladder Stone
All forms of Cirrhosis	Ulcer and erosion of stomach and duodenum
Perineal Abscesses	Gastro Esophageal Reflux Disorder (GERD)
Cataract	Perianal Abscesses
Pilonidal sinus	Fissure/fistula in anus, Haemorrhoids including Gout and rheumatism
Benign tumors, cysts, nodules, polyps including breast lumps	Osteoarthritis and osteoporosis
Polycystic ovarian diseases	Fibroids (fibromyoma)
Sinusitis, Rhinitis	Tonsillitis
Skin tumors	Benign Hyperplasia of Prostate

b. Procedures

Adenoidectomy, tonsillectomy	Tympanoplasty, Mastoidectomy
Dilatation and curettage (D&C)	Nasal concha resection
Myomectomy for fibroids	Surgery of Genito urinary system
Surgery on prostate	Cholecystectomy
Hernia	Hydrocele/Rectocele
Surgery for prolapsed inter vertebral disc	Joint replacement surgeries

Surgery for varicose veins and varicose ulcers	Surgery for Nasal septum deviation
Surgery for Perianal Abscesses	Fissurectomy, Haemorrhoidectomy, Fistulectomy, ENT surgeries

- iii) 30-day waiting period – Code – Excl03
 - a) Expenses related to the treatment of any illness within 30 days from the first Policy commencement date shall be excluded except claims arising due to an Accident, provided the same are covered.
 - b) This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months.
 - c) The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.
- 2. Standard General Exclusions
 - i. **Investigation & Evaluation: Code Excl04**
 - a. Expenses related to any admission primarily for diagnostic and evaluation purposes only are excluded.
 - b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
 - ii. **Rest Cure, rehabilitation and respite care–Code – Excl05:** Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
 - iii. **Obesity/Weight control:Code – Excl06:** Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
 - a. Surgery to be conducted is upon the advice of the doctor
 - b. The surgery/procedure conducted should be supported by clinical protocols
 - c. The member has to be 18 years of age or older and
 - d. Body Mass Index (BMI)
 - i. Greater than or equal to 40 or,
 - ii. Greater than or equal to 35 in conjunction with any of the following severe co-

morbidities following failure of less invasive methods of weight loss:

- iii. Obesity related cardiomyopathy
- iv. coronary heart disease
- v. severe sleep apnoea
- vi. uncontrolled type2 diabetes
- iv. **Change-of-Gender treatments - Code – Excl07:** Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
- v. **Cosmetic or plastic surgery: Code–Excl08:** Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of Medically Necessary Treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
- vi. **Hazardous or Adventure SportsCode – Excl09–** Expenses related to any treatment necessitated due to participation as a professional in Hazardous or Adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep sea diving.
- vii. **Breach of Law:Code – Excl10 -** Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
- viii. **Excluded Providers- Code – Excl11** Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website/notified to the policyholders are not admissible. However, in case of life threatening situations or following an Accident, expenses up to the stage of stabilization are payable but not the complete claim.
- ix. **Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.Code – Excl12**
- x. **Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code – Excl13**
- xi. **Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a Medical Practitioner as part of Hospitalization claim or day care procedure.Code – Excl14**
- xii. **Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.Code – Excl15**

- xiii. Unproven Treatments– Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness. Code – Excl16
 - xiv. Sterility and Infertility –Code – Excl17 -Expenses related to sterility and infertility. This includes:
 - a. Any type of contraception, sterilization
 - b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c. Gestational Surrogacy
 - d. Reversal of sterilization
 - xv. Maternity: Code – Excl18
 - a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
 - b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the Policy period.
3. Specific General Exclusions
- i. 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, rebellion, revolution, insurrection, military or usurped acts, Nuclear, Chemical or Biological attack or weapons, radiation of any kind.
 - ii. Any Insured Person committing or attempting to commit intentional self-injury or attempted suicide or suicide while mentally sound or unsound.
 - iii. Any Insured Person's participation or involvement in naval, military or air force operation.
 - iv. Investigative treatment for Sleep-apnoea, General debility or exhaustion ("run-down condition").
 - v. Congenital external diseases, defects or anomalies,
 - vi. Stem cell harvesting.
 - vii. Investigative treatments 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).
 - viii. Circumcisions (unless necessitated by Illness or Injury and forming part of treatment).
 - ix. Any Convalescence, sanatorium treatment, private duty nursing or long-term nursing care.
 - x. Preventive care, 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.
 - xi. Vaccination including inoculation and immunisations (Except post Animal bite treatment),
 - xii. Non-Medical expenses such as Food charges (other than patient's diet provided by hospital), laundry charges, attendant charges, ambulance collar, ambulance equipment, baby food, baby utility charges and other such items. Full list of Non-Medical expenses is attached and also available at www.hdfcergo.com.
 - xiii. Treatment taken on Outpatient basis
 - xiv. The provision or fitting of hearing aids, spectacles or contact lenses.
 - xv. Any treatment and associated expenses for alopecia, baldness including corticosteroids and topical immunotherapy wigs, toupees, hair pieces, any non-surgical hair replacement methods, Optometric therapy.
 - xvi. Any treatment or part of a treatment that is not of a Reasonable and Customary charge, not Medically Necessary; treatments or drugs not supported by a prescription.
 - xvii. Expenses for Artificial limbs and/or device used for diagnosis or treatment (except when used intra-operatively), prosthesis, corrective devices external durable medical equipment of any kind, wheelchairs, crutches, and oxygen concentrator for bronchial asthma/ COPD conditions, cost of cochlear implant(s) unless necessitated by an Accident. Exhaustive list of Non-Medical expenses attached and also available on www.hdfcergo.com
 - xviii. Any Claim arising due to Non-disclosure of Pre-existing Illness or Material fact as sought to be declared on the Proposal form.

Section D. General Conditions

I Standard General Conditions

1. Free Look period

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.

The Insured Person shall be allowed free look period of fifteen 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.

If the Insured has not made any claim during the Free Look Period, the insured shall be entitled to

- i. a refund of the premium paid less any expenses incurred by the Company on medical examination

of the Insured Person and the stamp duty charges or

- ii. where the risk has already commenced and the option of return of the Policy is exercised by the Insured Person, a deduction towards the proportionate risk premium for period of cover or
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

2. Condition Precedent to Admission of Liability

The terms and conditions of the Policy must be fulfilled by the Insured Person for the Company to make any payment for claim(s) arising under the Policy.

3. Fraud

If any claim made by the Insured Person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his/her behalf to obtain any benefit under this Policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this Policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who have made that particular claim, who shall be jointly and severally liable for such repayment to the Insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent or the hospital/doctor/any other party acting on behalf of the Insured Person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

- a) the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;
- b) the active concealment of a fact by the Insured Person having knowledge or belief of the fact;
- c) any other act fitted to deceive; and
- d) any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the Policy benefits on the ground of Fraud, if the Insured Person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the Insurer.

4. Disclosure of Information

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder.

5. Complete Discharge

Any payment to the Policyholder, Insured Person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the Policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

6. Moratorium Period

After completion of eight continuous years under the policy, no look back to be applied. This period of eight years is called as Moratorium Period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 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 claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract

7. Renewal of Policy:

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

- i. The Company shall endeavour to give notice for Renewal. However, the Company is not under obligation to give any notice for Renewal.
- ii. Renewal shall not be denied on the ground that the Insured Person had made a claim or claims in the preceding policy years.
- iii. Request for Renewal along with requisite premium shall be received by the Company before the end of the policy period.
- iv. At the end of the policy period, the Policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without Break in Policy. Coverage is not available during the Grace Period.
- v. No loading shall apply on renewals based on individual claims experience.

8. Portability

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 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to Portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/ Health insurer, the proposed Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on Portability, kindly refer the link https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

9. Cancellation:

- i. The Policyholder may cancel this policy by giving 15days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.

For Policies where instalment option is not availed and no claim has been made under the Policy, We will refund premium in accordance with the table below:

Month	Policy Tenure 1 Year	Policy Tenure 2 Year	Policy Tenure 3 Year
Up to 1 Month	85.0%	92.5%	95.0%
Up to 3 Month	70.0%	85.0%	90.0%
Up to 6 Month	45.0%	70.0%	80.0%
Up to 12 Month	0.0%	45.0%	60.0%
Up to 15 Month	NA	30.0%	50.0%
Up to 18 Month	NA	20.0%	45.0%
Up to 24 Month	NA	0.0%	30.0%
Up to 27 Month	NA	NA	20.0%
Up to 30 Month	NA	NA	12.5%
Up to 36 Month	NA	NA	0.0%

For Policies where Premium is paid by instalment, additional conditions as given below will be applicable.

- When yearly payment option is chosen, cancellation grid as per 1-Year Tenure policies will be applicable
- For all other options, 50% of current instalment premium will be refunded when the current period is less than 6 months in to the policy year. For instalment after 6 months, no refund will be payable.
- In case of admissible claim under the Policy, future instalments for the current policy year will be adjusted in the claim amount and no refund of any premium will be applicable during policy year

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured Person under the Policy.

- ii. The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 30 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

10. Premium Payment in Instalments

If the Insured Person has opted for Payment of Premium on an installment basis i.e. Yearly, Half Yearly, Quarterly or Monthly, as mentioned in the Policy Schedule, the following Conditions shall apply (notwithstanding any

terms contrary elsewhere in the Policy)

- i. Grace Period as mentioned in the table below would be given to pay the installment premium due for the Policy.

Options	Installment Premium Option	Grace Period applicable
Option 1	Yearly	30 days
Option 2	Half Yearly	30 days
Option 3	Quarterly	30 days
Option 4	Monthly	15 days

- ii. During such Grace Period, coverage will not be available from the due date of installment premium till the date of receipt of premium by Company.
- iii. The Insured Person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated Grace Period.
- iv. No interest will be charged if the installment premium is not paid on due date.
- v. In case of installment premium due not received within the Grace Period, the Policy will get cancelled.
- vi. In the event of a claim, all subsequent premium installments shall immediately become due and payable.
- vii. The Company has the right to recover and deduct all the pending installments from the claim amount due under the policy.

Instalment Premium payment through Auto Debit/ECS Facility

- i. If Option of Premium payment by Installment is opted through auto Debit/ECS facility, a separate authorization form shall be submitted by Insured Person where Premium to be debited at a chosen frequency will be mentioned upfront
- ii. Where there is a change either in the terms and conditions of the Coverage or Policy or in the premium rate, the ECS authorization shall be obtained afresh
- iii. The Insured Person has the option to withdraw from the ECS mode at least fifteen days prior to the due date of instalment premium payable
- iv. No additional charges will be levied or recovered in any manner from the benefits payable towards cancellation of the ECS mode

11. Possibility of Revision of terms of the Policy including the Premium Rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the Policy including the premium rates. The Insured Person shall be notified three months

before the changes are effected.

12. Withdrawal of Policy

- i. In the likelihood of this product being withdrawn in future, the Company will intimate the Insured Person about the same 90 days prior to expiry of the policy.
- ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as Cumulative Bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

13. Claim Settlement (Provision for Penal Interest)

- i. If there are any deficiencies in the necessary claim documents which are not met or are partially met, We will send a maximum of 3 (three) reminders following which We will send a closure letter or make a part-payment if We have not received the deficiency documents after 45 days from the date of the initial request for such documents
- ii. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- iii. All claim payments shall be on reimbursement basis
- iv. All claims payment will be made by Us in Indian rupees and into Indian Bank accounts only
- v. Upon acceptance of an offer of settlement by the Insured person, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the insured. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the Policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the Bank Rate.
- vi. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- vii. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the Policyholder at a rate 2% above the Bank Rate from the date of receipt of last necessary document to the date of payment of claim.
- viii. If We, for any reason decide to reject the claim the reasons regarding the rejection shall be communicated to You in writing within 30 days of the receipt of documents.
- ix. If requested by Us and at Our cost, the Insured Person must submit to medical examination by Our Medical Practitioner as often as We consider reasonable and necessary and We/Our representatives must be permitted to inspect the

medical and Hospitalization records pertaining to the Insured Person's treatment and to investigate the circumstances pertaining to the claim.

- x. We and Our representatives must be given all reasonable co-operation in investigating the claim in order to assess Our liability and quantum in respect of the claim

14. Nomination

The Policyholder is required at the inception of the Policy to make a nomination for the purpose of payment of claims under the Policy in the event of death of the Policyholder. Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement on the Policy is made. In the event of death of the Policyholder, the Company will pay the nominee (as named in the Policy Schedule/ Policy Certificate/Endorsement (if any)) and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.

15. Grievance Redressal Procedure

In case of any grievance the insured person may contact the company through:

- Website: www.hdfcergo.com
- Toll free: 022 6234 6234 / 0120 6234 6234
- Contact Details for Senior Citizen: 022 - 6242 - 6226 | seniorcitizen@hdfcergo.com
- E-mail: grievance@hdfcergo.com

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

If Insured person is not satisfied with the redressal of grievance through one of the above methods, 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>

Contact Points	First Contact Point	Escalation level 1	Escalation level 2
Contacts us at	https://www.hdfcergo.com/customer-care/grievances Call: 022 6234 6234 / 0120 6234 6234	https://www.hdfcergo.com/customer-care/grievances/escalation level 1 Call: 022 6234 6234 / 0120 6234 6234	https://www.hdfcergo.com/customer-care/grievances/escalation level 2 Call: 022 6234 6234 / 0120 6234 6234
Contact Point for Senior Citizen	https://www.hdfcergo.com/customer-care/grievances Call: 022 6242 6226 Email id: seniorcitizen@hdfcergo.com	https://www.hdfcergo.com/customer-care/grievances/escalation level 1 Call: 022 6242 6226 Email id: seniorcitizen@hdfcergo.com	https://www.hdfcergo.com/customer-care/grievances/escalation level 2 Call: 022 6242 6226 Email id: seniorcitizen@hdfcergo.com
Write to us at	care@hdfcergo.com	grievance@hdfcergo.com	cgo@hdfcergo.com
Visit us	Grievance cell of any of our Branch office	The Grievance Cell, HDFC ERGO General Insurance Company Ltd., D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West) Mumbai - 400 078.	Chief Grievance Officer, HDFC ERGO General Insurance Company Ltd., D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West) Mumbai - 400 078.

- i. If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.
- ii. Grievance may also be lodged at IRDAI Integrated Grievance Management System - <https://igms.irda.gov.in/>

II. Specific General Terms & Clauses

1. Grace Period

- i. A Grace Period of 30 days for Renewals is permissible and the Policy will be considered as continuous for the purpose of all waiting periods. However, we shall not be liable for any treatment availed for an Illness or Accident during the Grace Period
- ii. For Renewals received after completion of 30 days Grace Period, the policy would be considered as a fresh policy and all Waiting Periods including those mentioned under Section C will start afresh. All the Renewal benefits earned on the previous Policy will lapse.
- iii. All eligible claims reported in the grace period would be payable if otherwise admissible as per terms and conditions of the policy.
- iv. For Policies on instalment basis, Grace Period is available as given below.

Installment Premium Option	Grace Period applicable
Yearly	30 days
Half Yearly	30 days
Quarterly	30 days
Monthly	15 days

2. Endorsements

The following endorsements are permissible during the Policy Period:

1.1 Non-Financial Endorsements – which do not affect the premium

- i. Minor rectification/correction in name of the Proposer / Insured Person (and not the complete name change)
- ii. Rectification in gender of the Insured Person (if this does not impact the premium)*
- iii. Rectification in relationship of the Insured Person with the Proposer
- iv. Rectification of date of birth of the Insured Person (if this does not impact the premium)*
- v. Change in the correspondence address of the Proposer(if this does not impact the premium)*
- vi. Change in Nominee Details
- vii. Change in Height, weight, marital status (if this does not impact the premium) *
- viii. Change in bank details
- ix. Any other non-financial endorsement

1.2 Financial Endorsements – which result in alteration in premium

- a. Change in Age/date of birth
- b. Change in Height, weight
- c. Addition of Insured Person (New Born Baby or newly wedded spouse)
- d. Deletion of Insured Person on death or Marital separation
- e. Any other financial endorsement

The Policyholder shall apply in a proposal form along with birth Certificate / marriage certificate as the case may be for addition of Insured person.

3. Geography

This Policy only covers medical treatment taken within India, except under the policies with Global Cover as may be specified in the on the Schedule of Coverage in the policy Schedule.

4. Non-Disclosure or Misrepresentation

- i. If at the time of issuance of Policy or during continuation of the Policy, the information provided to Us in the proposal form or otherwise, by You or the Insured Person or anyone acting on behalf of You or an Insured Person is found to be incorrect, incomplete, suppressed or not disclosed, wilfully or otherwise, the Policy shall be:
 - cancelled ab initio from the inception date or the Renewal date (as the case may be), or the Policy may be modified by Us, at Our sole discretion, upon

30 day notice by sending an endorsement to Your address shown in the Schedule and

- the claim under such Policy if any, shall be rejected/ repudiated forthwith.
- ii. We may also exercise any of the below listed options for the purpose of continuing the health insurance coverage in case of Non-Disclosure/ Misrepresentation of Pre-existing diseases subject to your prior consent;
 - a) Permanently exclude the disease/condition and continue with the Policy
 - b) Incorporate additional waiting period of not exceeding 4 years for the said undisclosed disease or condition from the date the non-disclosed condition was detected and continue with the Policy.
 - c) Levy underwriting loading from the first year of issuance of policy or renewal, whichever is later.

The above options will not prejudice the rights of the Company to invoke cancellation under clause i above.

Section E. Other Terms & Conditions

1. Claims process

On the occurrence of any Injury, Illness or that may give rise to a Claim under this Policy, the Claims Procedure set out below shall be followed.

Claim Intimation	You shall intimate the Claims to us through any available mode of communication as specified in the Policy, Health Card or our Website
Claim Intimation Timelines	Within 24 hours of the Emergency Hospitalization At least 72 hours prior to the planned Hospitalization
Particulars to be provided to Us for Claim notification	<ol style="list-style-type: none"> a. Policy Number, b. Name of the Insured person(s) named in the Policy schedule availing treatment, c. Nature of disease/illness/injury, d. Name and address of the attending Medical Practitioner/Hospital e. Date of admission & probable date of discharge
Claims documents	<ol style="list-style-type: none"> a. Claim Form duly signed by the insured; b. Copy of Discharge Summary / Discharge Certificate; c. First consultation letter from treating Medical Practitioner d. certificate from treating Medical Practitioner's specifying the diagnosis, duration and aetiology e. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable f. NEFT details & cancelled cheque
Condonation of delay	If the claim is not notified/ or submitted to Us within the specified time limits, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control

Contact Us

	Within India	Outside India
Claim Intimation:	Customer Service No. 022-62346234 / 0120- 62346234 Email: healthclaims@hdfcergo.com	Toll Free No: 800 08250825 Global Toll Free No : +800 08250825 (accessible from locations outside India only) Landline no (Chargeable) : 0120-4507250 Email: travelclaims@hdfcergo.com
Claim document submission at address	HDFC ERGO General Insurance Co. Ltd. Stellar IT Park, Tower-1, 5th Floor, C - 25, Noida, Sector 62, 201301, Uttar Pradesh	HDFC ERGO General Insurance Co. Ltd. Stellar IT Park, Tower-1, 5th Floor, C - 25, Noida, Sector 62, 201301, Uttar Pradesh

II. List of Ombudsman

NAMES OF OMBUDSMAN AND ADDRESSES OF OMBUDSMAN CENTRES	
Office Details	Jurisdiction of Office Union Territory, District
AHMEDABAD - Shri Kuldip Singh 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@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU - Smt. Neerja Shah Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.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@cioins.co.in	Madhya Pradesh Chattisgarh.
BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa.

NAMES OF OMBUDSMAN AND ADDRESSES OF OMBUDSMAN CENTRES	
Office Details	Jurisdiction of Office Union Territory, District
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@cioins.co.in	States of Punjab, Haryana (excluding 4 districts viz Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh and 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@cioins.co.in	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).
DELHI - Shri Sudhir Krishna 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@cioins.co.in	Delhi, 4 Districts of Haryana viz. Gurugram, Faridabad, Sonapat and Bahadurgarh
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@cioins.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 - 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in	State of Andhra Pradesh, Telangana and Yanam - a part of Union Territory of Puducherry.
JAIPUR 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@cioins.co.in	Rajasthan.

NAMES OF OMBUDSMAN AND ADDRESSES OF OMBUDSMAN CENTRES	
Office Details	Jurisdiction of Office Union Territory, District
ERNAKULAM - Ms. Poonam Bodra 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@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry
KOLKATA - Shri P. K. Rath 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@cioins.co.in	States of West Bengal, Sikkim and Union Territories of Andaman & Nicobar Islands.
LUCKNOW - Shri Justice Anil Kumar Srivastava 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@cioins.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareilly, 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.: 69038821/23/24/25/26/27/28/29/30/31 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane
NOIDA - Shri Chandra Shekhar Prasad 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 - 2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshahr, 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 - Shri N. K. Singh Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building., Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.

NAMES OF OMBUDSMAN AND ADDRESSES OF OMBUDSMAN CENTRES	
Office Details	Jurisdiction of Office Union Territory, District
PUNE - Shri Vinay Sah 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@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

Annexure I – List of Non-Medical Expenses

S. No.	Item	S. No	Item
1	BABY FOOD	26	BIRTH CERTIFICATE
2	BABY UTILITIES CHARGES	27	CERTIFICATE CHARGES
3	BEAUTY SERVICES	28	COURIER CHARGES
4	BELTS/ BRACES	29	CONVEYANCE CHARGES
5	BUDS	30	MEDICAL CERTIFICATE
6	COLD PACK/HOT PACK	31	MEDICAL RECORDS
7	CARRY BAGS	32	PHOTOCOPIES CHARGES
8	EMAIL / INTERNET CHARGES	33	MORTUARY CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	34	WALKING AIDS CHARGES
10	LEGGINGS	35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
11	LAUNDRY CHARGES	36	SPACER
12	MINERAL WATER	37	SPIROMETRE
13	SANITARY PAD	38	NEBULIZER KIT
14	TELEPHONE CHARGES	39	STEAM INHALER
15	GUEST SERVICES	40	ARMSLING
16	CREPE BANDAGE	41	THERMOMETER
17	DIAPER OF ANY TYPE	42	CERVICAL COLLAR
18	EYELET COLLAR	43	SPLINT
19	SLINGS	44	DIABETIC FOOT WEAR
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	45	KNEE BRACES (LONG/ SHORT/ HINGED)
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
22	TELEVISION CHARGES	47	LUMBO SACRAL BELT
23	SURCHARGES	48	NIMBUS BED OR WATER OR AIR BED CHARGES
24	ATTENDANT CHARGES	49	AMBULANCE COLLAR
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	50	AMBULANCE EQUIPMENT

51	ABDOMINAL BINDER	60	MASK
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	61	OUNCE GLASS
53	SUGAR FREE TABLETS	62	OXYGEN MASK
54	CREAMS POWDERS LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)	63	PELVIC TRACTION BELT
55	ECG ELECTRODES	64	PAN CAN
56	GLOVES	65	TROLLY COVER
57	NEBULISATION KIT	66	UROMETER, URINE JUG
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	67	AMBULANCE
59	KIDNEY TRAY	68	VASOFIX SAFETY