

## SECTION 1. PREFACE

**A. PREAMBLE**

This Policy is a contract of insurance issued by HDFC ERGO General Insurance Company Limited (hereinafter called the 'Company') to the Policyholder mentioned in the Policy Schedule to cover the person(s) named in the certificate of insurance. The policy is based on the statements and declaration provided in the proposal form by the Policyholder and is subject to receipt of the requisite premium.

**B. DEFINITIONS**

The terms defined below have the meanings as described to them wherever they appear in the 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. Migration** means a facility provided to policyholders (including all members under family cover and group policies), to transfer the credits gained for pre-existing diseases and specific waiting periods from one health insurance policy to another with the same insurer

**Def.2. Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication

**Def.3. Portability** means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for, pre-existing diseases and specific waiting periods from one insurer to another insurer.

**Def.4. 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.

**II. Specific Definitions**

**Def.1. Age or Aged** means completed years as on your last birthday as on Policy Commencement date.

**Def.2. Certificate of Insurance (COI)** is a document evidencing insurance of the person named therein. It is attached to and forms part of this Policy. The COI must be read in conjunction with the Policy Wordings (Policy Terms and Conditions) for complete understanding and clarity on coverages and the limits of such coverages applicable to the Insured Persons. The COI captures details of risk, premium, limit of insurance, Policy Period and other important details including special conditions (if any) applicable to the Policy.

**Def.3. Commencement Date** means the commencement date of this Policy as specified in the Policy Schedule / Certificate of Insurance

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- Def.4. Policy** means Your statements in the proposal form (which are the basis of this Policy), this policy wording (including endorsements, if any) and the Policy Schedule / Certificate of Insurance (as the same may be amended from time to time).
- Def.5. Policy Period** means the period between the Commencement Date and the Expiry Date as specified in the Policy Schedule / Certificate of Insurance. Coverage under the Policy shall be in force only during the Policy Period
- Def.6. Policyholder** means the person named in the Policy Schedule who has concluded this Policy with Us.
- Def.7. Policy Schedule** is a document pertaining to the Master / Group Policyholder. It is attached to and forms part of this Policy. The Policy Schedule must be read in conjunction with the Policy Wordings (Policy Terms and Conditions) for complete understanding and clarity on coverages and the limits of such coverages applicable. The Policy Schedule captures important details and special conditions (if any) applicable to the Policy.
- Def.8. Sum Insured** refers to our maximum, total and cumulative liability for any and all claims during the Policy Year.
- Def.9. Healthy Points** are steps accumulated by the insured person physically by himself/herself and recorded on HDFC ERGO's Digital platform/App that eventually get translated into points as per details mentioned in the Certificate of Insurance
- Def.10. Policy Year** means a period of twelve months beginning from the Commencement Date as stipulated on Certificate of Insurance / Policy Schedule and ending on the last day of such twelve-month period

**SECTION 2. BENEFITS COVERED UNDER THE POLICY****SET UP**

The Company shall provide the Insured Person with wellness rewards he/she is eligible for, calculated basis healthy points accumulated and redeemed by the Insured Person by way of steps taken during the Policy Period.

**A. Specific Conditions applicable to Step Up**

Insured person shall be eligible to claim under this policy subject to adherence to all conditions detailed below. Additional details pertaining to the below clauses shall be as stipulated on Certificate of Insurance / Policy Schedule.

- a. Insured person shall link the respective device to HDFC ERGO's digital platform. Only the steps captured via the device that was 1<sup>st</sup> linked at the time of Policy inception shall be considered for healthy points accumulation.

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- b.** The eligible wellness rewards shall be determined basis step count target achieved and healthy points accumulation logic as stipulated in the Certificate of Insurance / Policy Schedule.
- c.** It is necessary that only the Insured person achieves the step count target, physically and himself, to be eligible for claim.
- d.** The Insured Person, if eligible, can claim under this policy once his/her accumulated healthy points are available for redemption post completion of a Policy month (or any other time period frequency unless otherwise specified in the Certificate of Insurance / Policy Schedule). Insured person shall not be allowed to lodge any claim pertaining to a policy year, post 3 months from completion of that Policy Year, unless otherwise specified in the Certificate of Insurance / Policy Schedule.

Example: Calculation of a Policy Month:

Policy start date and time: 16:10:00 hrs. on 27<sup>th</sup> May 2024

Completion of 1st Policy month: 23:59:59 hrs. on 26<sup>th</sup> June 2024

**B. Specific Claim related conditions applicable to Step Up**

- a.** The person who shall be using the said device and thereby accumulating healthy points should be enrolled as Insured Person and provide his full name and mobile number at inception of the policy.
- b.** Every Insured person under the Policy shall be required to provide a unique mobile number.
- c.** KYC details of the Insured Person shall be required for claim processing. We shall not be liable to honour the wellness rewards in case of KYC failure.
- d.** Successful linkage with the Insured person's bank account with HDFC digital platform is required for claim processing.
- e.** Manipulation of real data in any way is strictly prohibited.
- f.** Changing the real number of steps by illegitimately introducing a higher number or by using methods to create fake data is not allowed.
- g.** Only the Insured Person's step activity must be tracked. Steps of any other person, animal or object shall be considered invalid.
- h.** Transfer of healthy points to any other individual is not allowed.
- i.** Claims under this policy can be denied on the basis of proven fraud.

**SECTION 3. WAITING PERIODS & EXCLUSIONS**

There are no waiting periods and / or exclusions applicable to this add-on

**SECTION 4. GENERAL CONDITIONS****A. Standard General Terms And Clauses****1. 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.

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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. Claim Settlement (provision for Penal Interest)**

- a. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of intimation.
- b. 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 intimation to the date of payment of claim at a rate 2% above the Bank Rate.

**4. 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 wellness rewards claimed made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has 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.

**5. Renewal of Policy**

A health insurance policy shall be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured, provided the policy is not withdrawn and also subject to conditions stated under Moratorium clause of this schedule.

- a. Renewal of a health insurance policy shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years, except for benefit based policies where

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the policy terminates following payment of the benefit covered under the policy like critical illness policies.

- b.** The company shall condone a delay in renewal up to the grace period from the due date of renewal without considering such condonation as a break in policy.
- c.** No loading shall apply on renewals based on individual claims experience
- d.** The Company shall not resort to fresh underwriting unless there is an increase in sum insured. In case increase in sum insured is requested by the Policyholder, the Insurer may underwrite only to the extent of increased sum insured.
- e.** Renewal premium due can be paid prior to the due date as per norms set out by the company

## 6. Redressal of Grievance

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

First Point of Contact	Call us at <a href="tel:022-61582020">022 6158 2020</a> / <a href="tel:022-62346234">022 6234 6234</a> /www.hdfcergo.com
<b>Level 1</b>	<p>For lack of a response or if the response provided does not meet your expectation, you can:</p> <ol style="list-style-type: none"> <li>Write to The Complaints &amp; Grievance Cell (C&amp;G Cell)  HDFC ERGO General Insurance Company Limited, D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai – 400078, Maharashtra</li> <li>You can also write an email to <a href="mailto:grievance@hdfcergo.com">grievance@hdfcergo.com</a></li> <li>Call on <a href="tel:18002677444">18002677444</a> (operational Monday - Saturday 9AM to 6PM)</li> </ol>
<b>Level 2</b>	<p>If you're not satisfied with the resolution or if no response was received within 15 days, you can:</p> <ol style="list-style-type: none"> <li>Write to the Chief Grievance Officer  HDFC ERGO General Insurance Company Limited, D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai – 400078, Maharashtra</li> <li>You can also write an email to <a href="mailto:cgo@hdfcergo.com">cgo@hdfcergo.com</a></li> </ol>
<b>Level 3</b>	<p>In case grievance is not resolved at the above escalation levels, you can also lodge an online complaint through the website of Council for Insurance Ombudsmen (CIO) <a href="http://www.cioins.co.in">www.cioins.co.in</a></p>

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Dedicated Helpline For	Email ID	Contact Number
Senior Citizen	seniorcitizen@hdfcergo.com	<a href="tel:02261582026">022 6158 2026</a>
Women	-	<a href="tel:02261582055">022 6158 2055</a>

You may also refer the Grievance Redressal Escalation matrix on our website <https://www.hdfcergo.com/customer-voice/grievances>

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.

Grievance may also be lodged at IRDAI Integrated Grievance Management System - <https://bimabharosa.irdai.gov.in>

Latest contact details of Offices of Insurance Ombudsman are provided at Annexure A.

## 7. Withdrawal of Policy

- 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.
- 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.

## 8. 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.

## 9. 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.

## 10. Moratorium Period

After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the

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sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.

**11.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 thirty 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

- a. 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
- b. 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
- c. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period

**12.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 30 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.

**13.Migration**

The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

**B. SPECIFIC TERMS AND CLAUSES****1. Geography**

Once the policy is issued and device is linked to the HDFC digital platform, steps taken anywhere in the world shall be considered. However, all payments under this add-on will only be made in Indian Rupees and within India only.

**2. Dispute Resolution Clause**



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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.

**3. Claim Procedure**

Accrued Health points can be redeemed on HDFC ERGOs digital platform and / or any platform as specified in the Certificate of Insurance / Policy Schedule

**4. Endorsements**

The following endorsements are permissible during the Coverage Period:

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

- i. Minor rectification/correction in name of the 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 of date of birth of the Insured Person (if this does not impact the premium)
- iv. Change in the correspondence address of the Proposer/Insured Person (if this does not impact the premium)
- v. Change in Nominee/Legal heir Details
- vi. Change in bank details
- vii. Any other non-financial endorsement

**1.2. Financial Endorsements – which result in alteration in premium**

- i. Cancellation of Policy
- ii. Any other financial endorsement

**5. Other terms and conditions**

- a. In case of death of the Insured person the Policy shall lapse from the date of death. Claim for the previous months (or any other time period frequency unless otherwise specified in the Certificate of Insurance / Policy Schedule) can be made by written intimation to Us by the Nominee/Legal heir.
- b. There will be no refund in case of Cancellation in this policy unless explicitly specified in the Policy Schedule / Certificate of Insurance



## ANNEXURE A

## Ombudsman Details

The contact details of the Insurance Ombudsman offices are as below-

Office Details	Jurisdiction of Office (Union Territory, District)
<b>AHMEDABAD</b> <b>Office of the Insurance Ombudsman,</b> Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02 Email: <a href="mailto:bimalokpal.ahmedabad@cioins.co.in">bimalokpal.ahmedabad@cioins.co.in</a>	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
<b>BENGALURU</b> <b>Office of the Insurance Ombudsman,</b> 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: <a href="mailto:bimalokpal.bengaluru@cioins.co.in">bimalokpal.bengaluru@cioins.co.in</a>	Karnataka.
<b>BHOPAL</b> <b>Office of the Insurance Ombudsman,</b> 1st floor,"Jeevan Shikha", 60-B,Hoshangabad Road, Opp. Gayatri Mandir, Arera Hills Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 / 2769203 Email: <a href="mailto:bimalokpal.bhopal@cioins.co.in">bimalokpal.bhopal@cioins.co.in</a>	Madhya Pradesh, Chhattisgarh.
<b>BHUBANESWAR</b> <b>Office of the Insurance Ombudsman,</b> 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455/2596429/2596003 Email: <a href="mailto:bimalokpal.bhubaneswar@cioins.co.in">bimalokpal.bhubaneswar@cioins.co.in</a>	Odisha.
<b>CHANDIGARH</b> <b>Office Of The Insurance Ombudsman,</b> Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172-2706468 Email: <a href="mailto:bimalokpal.chandigarh@cioins.co.in">bimalokpal.chandigarh@cioins.co.in</a>	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.

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<b>CHENNAI</b> <b>Office of the Insurance Ombudsman,</b> Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai – 600 018. Tel.: 044 - 24333668 / 24333678 Email: <a href="mailto:bimalokpal.chennai@cioins.co.in">bimalokpal.chennai@cioins.co.in</a>	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).
<b>DELHI</b> <b>Office of the Insurance Ombudsman,</b> 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 46013992/23213504/23232481 Email: <a href="mailto:bimalokpal.delhi@cioins.co.in">bimalokpal.delhi@cioins.co.in</a>	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.
<b>GUWAHATI</b> <b>Office of the Insurance Ombudsman,</b> Jeevan Nivesh, 5th Floor, Near Pan Bazar , S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 / 2631307 Email: <a href="mailto:bimalokpal.guwahati@cioins.co.in">bimalokpal.guwahati@cioins.co.in</a>	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
<b>HYDERABAD</b> <b>Office of the Insurance Ombudsman,</b> 6-2-46, 1st floor, "Moin Court", Lane Opp.Hyundai Showroom , A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325 Email: <a href="mailto:bimalokpal.hyderabad@cioins.co.in">bimalokpal.hyderabad@cioins.co.in</a>	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
<b>JAIPUR</b> <b>Office of the Insurance Ombudsman,</b> Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141- 2740363 Email: <a href="mailto:bimalokpal.jaipur@cioins.co.in">bimalokpal.jaipur@cioins.co.in</a>	Rajasthan.
<b>KOCHI</b> <b>Office of the Insurance Ombudsman,</b> 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G.Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: <a href="mailto:bimalokpal.ernakulam@cioins.co.in">bimalokpal.ernakulam@cioins.co.in</a>	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.

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<b>KOLKATA</b> <b>Office of the Insurance Ombudsman,</b> Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, Kolkata - 700 072. Tel.: 033 - 22124339 / 22124341 Email: <a href="mailto:bimalokpal.kolkata@cioins.co.in">bimalokpal.kolkata@cioins.co.in</a>	West Bengal, Sikkim, Andaman & Nicobar Islands.
<b>LUCKNOW</b> <b>Office of the Insurance Ombudsman,</b> 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: <a href="mailto:bimalokpal.lucknow@cioins.co.in">bimalokpal.lucknow@cioins.co.in</a>	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, 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.
<b>MUMBAI</b> <b>Office of the Insurance Ombudsman,</b> 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: <a href="mailto:bimalokpal.mumbai@cioins.co.in">bimalokpal.mumbai@cioins.co.in</a>	<a href="#">List of wards</a> under Mumbai Metropolitan Region excluding wards in Mumbai – i.e M/E, M/W, N, S and T covered under Office of Insurance Ombudsman Thane and areas of Navi Mumbai.
<b>NOIDA</b> <b>Office of the Insurance Ombudsman,</b> Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: <a href="mailto:bimalokpal.noida@cioins.co.in">bimalokpal.noida@cioins.co.in</a>	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshahr, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
<b>PATNA</b> <b>Office of the Insurance Ombudsman,</b> 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: <a href="mailto:bimalokpal.patna@cioins.co.in">bimalokpal.patna@cioins.co.in</a>	Bihar, Jharkhand.
<b>PUNE</b> <b>Office of the Insurance Ombudsman,</b> Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: <a href="mailto:bimalokpal.pune@cioins.co.in">bimalokpal.pune@cioins.co.in</a>	State of Goa and State of Maharashtra excluding areas of Navi Mumbai, Thane district, Palghar District, Raigad district & Mumbai Metropolitan Region

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<b>THANE</b> <b>Office of the Insurance Ombudsman,</b> 2nd Floor, Jeevan Chintamani Building, Vasantrao Naik Mahamarg, Thane (West)- 400604 Tel.: 022-20812868/69 Email: <a href="mailto:bimalokpal.thane@cioins.co.in">bimalokpal.thane@cioins.co.in</a>	Area of Navi Mumbai, Thane District, Raigad District, Palghar District and <a href="#">wards of Mumbai</a> , M/East, M/West, N, S and T."
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