

*Take it easy!***my:jeevika Cash@hospital Micro Insurance**

Rural India is characterized by increased dependence on natural resources, and is prone to uncertain and erratic nature of income and the means to earn it. We understand that safeguarding your life's savings is your priority; And its safety through the years will not only guarantee a better life but also a brighter one.

At HDFC ERGO Insurance, our team of Insurance Experts has meticulously put together solutions to help you protect your life's savings so that you continue living the life you want to and move on to better things.

HDFC ERGO Insurance presents

my:jeevika Cash@hospital Micro Insurance

my:jeevika Cash@Hospital has been designed to reduce your financial burden at the time of hospitalization. It provides a certain amount of cash, daily, for each day of hospitalization depending on the plan you opt for.

What are the key benefits of my:jeevika Cash@hospital Micro Insurance?

- Daily Cash Allowance paid on hospitalization
- It covers incidentals or miscellaneous expenses in case of hospitalization which are not covered under your hospitalization policy.
- You are entitled to Tax benefits under Section 80D for premium that is paid.

What is the Policy duration of my:jeevika Cash@hospital Micro Insurance?

Your policy is available for a period of 1 year.

What does my:jeevika Cash@hospital Micro Insurance cover?

- Hospitalization benefit per policy period
 - Daily cash will be paid to you on hospitalization (for minimum 24 hours hospitalization) depending upon the plan you opt for.
 - You can choose between the Silver, Gold or Platinum plan (Platinum Plan is available for individuals above 18 years of age).
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Benefit Structure			
Age* group	Silver Plan	Gold Plan	Platinum Plan
0.5* to 60 yrs	Rs 250/- per day	Rs 500/- per day	Rs 1000/- per day
Above 60 yrs	Rs 125/- per day	Rs 250/- per day	Rs 500/- per day
Maximum Sum Insured per Policy	Rs 7,500/-	Rs 15,000/-	Rs 30,000/-

*6 months

** Completed age as at Policy inception date

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What is the premium I have to pay for my:jeevika Cash@hospital Micro Insurance?

Silver Plan: Rs 180 per Insured Person exclusive of Service Tax

Gold Plan: Rs 330 per Insured Person exclusive of Service Tax

Platinum Plan: Rs 660 per Insured Person exclusive of Service Tax

The above rate is for standard risks. For deviations such as declarations on the proposal form, current health status and medical tests if carried out the premium may be suitably loaded up to a maximum of 50% on a case to case basis.

What is the eligibility criteria for my:jeevika Cash@hospital Micro Insurance?

- Entry age for you (the proposer) is 18 years and you can opt for this policy up to the age of 65 years.
- Policy renewals will be for your lifetime
- Entry age for children is 6 months and up to the age of 18 years they can be covered only if one or both parents are covered
- No pre-acceptance medical tests (however based on the declarations in the proposal form and current health history you may be required to undergo medical tests at our listed diagnostic centres, 50% cost of which will be borne by us in case of accepted proposals).

Free-look Cancellation

A period of 15 days from the date of receipt of the Policy document is available to review the terms and conditions of this Policy. The Insured has the option of cancelling the Policy stating the reasons for cancellation, if he has any objections to any of the terms and conditions. The Company shall refund the premium paid after adjusting the amounts spent on stamp duty charges and proportionate risk premium. Cancellation will be allowed only if there are no claims paid or reported under the Policy. All rights under this Policy shall immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not available at the time of renewal of the Policy. Minimum premium shall not apply for free look cancellations.

What is the cancellation process for my:jeevika Cash@hospital Micro Insurance?

Cancellation may be intimated to us by giving 15 days notice in writing and we will refund the premium for the unexpired term on the short period scale mentioned below wherever the request is received from your side.

<u>Period of Cover up to</u>	<u>Refund of Annual Premium rate (%)</u>
1 Month	75%
3 Month	50%
6 Month	25%
Exceeding Six Months up to 365 days	NIL

We may also cancel the policy on grounds of misrepresentation, fraud, non-disclosure of material fact as sought to be declared on the proposal form or for non co-operation from your side, without any refund of premium.

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No refund of premium will be given if you have registered a claim under your policy. An amount of Rs 50 per policy will be retained by us as administrative charges.

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What does my:jeevika Cash@hospital Micro Insurance not cover?

1. All pre-existing diseases / illness / injury / conditions as defined in the Policy, until 48 months of continuous covers have elapsed since inception of the first Policy with us.
2. Any heart, kidney and circulatory disorders in respect of Insured Persons suffering from pre-existing Hypertension /Diabetes.
3. 30 Days Waiting Period: Any disease contracted by the Insured Person during the first 30 days from the Commencement Date of the Policy.
4. Two Year Exclusions:
Treatment of Congenital Internal Diseases, any type of Migraine /Vascular head ache, Varicose Veins/Varicose Ulcers, Stones in the Urinary and Biliary systems, Surgery on Tonsils / Adenoids, Gastric and Duodenal Ulcer, any type of Cyst/ Nodules / Polyps, any type of Breast Lumps, Spondylosis / Spondylitis, Inter vertebral Disc Prolapse and such other Degenerative Disorders, Cataract, Benign Prostatic Hypertrophy Hysterectomy, Fistula, Fissure in Anus, Piles, Hernia, Hydrocele, Sinusitis, Knee / Hip Joint replacement, Chronic Renal Failure or end stage Renal Failure, Heart diseases (if caused other than excluded under exclusion 2 above), any type of Carcinoma / Sarcoma / Blood Cancer, Osteoarthritis of any joint during the first two years of the operation of the Policy with us.
5. Treatment arising from or traceable to pregnancy / childbirth. This exclusion will not apply to Ectopic Pregnancy.
6. Circumcision unless necessary for treatment of a disease, not excluded hereunder or necessitated due to an accident.
7. Dental treatment or surgery of any kind unless requiring Hospitalisation.
8. Convalescence, general debility, 'Run-down' condition or rest cure, Congenital External Disease or defects or anomalies, Tubectomy, Vasectomy, Venereal disease, intentional self injury or attempted suicide.
9. Confinement in Hospital arising out of any condition directly or indirectly caused by or associated with Human T-Cell Lymphotropic Virus Type III (HTLB-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.
10. Confinement at Hospital or Nursing Home primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at a Hospital/Nursing Home.
11. Directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, Warlike Operations (whether war be declared or not).
12. Directly or indirectly caused by or arising from or attributable to:
 - a) Ionising radiation or contamination by any Nuclear fuel or from any Nuclear waste from burning Nuclear fuel or by Nuclear weapons/materials; or
 - b) Radioactive contamination, toxic, explosive or other dangerous properties of any explosive nuclear machinery or part of it.
13. Any routine or preventative examinations, vaccinations, inoculation or screening.
14. Outpatient treatment charges or Day Care Procedures.
15. Sex change or treatment, which results from, or is in any way related to, sex change.
16. Hormone replacement therapy.
17. Treatment of obesity (including morbid obesity) and any other weight control programs, services or supplies.



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18. Treatment of psychiatric, mental or nervous conditions, insanity.
19. Any cosmetic, plastic surgery, aesthetic or related treatment of any description, including any complication arising from these treatments, whether or not for psychological reasons, unless medically necessary as a result of an accident or as a treatment of cancer or burns.
20. Use of intoxicating drugs alcohol and the treatment of alcoholism, solvent abuse, drug abuse or any addiction and medical conditions resulting from, or related to, such abuse or addiction.
21. Any illness or hospitalisation arising or resulting from the Insured/Insured person or any of his family members committing any breach of law with criminal intent.
22. Any treatment received in convalescent homes, convalescent hospitals, health hydros, nature cure clinics or similar establishments.
23. Any stay in Hospital for any domestic reason or where there is no active regular treatment by a specialist.
24. Any treatment received outside India.
25. Any stay in hospital as a donor.
26. Any form of Non-Allopathic treatment, Naturopathy, hydrotherapy, Ayurvedic, Homeopathy, Acupuncture, Reflexology, Chiropractic treatment or any other form of indigenous system of medicine.
27. Complication of any surgery, therapy or treatment administered on the Insured Person which is not prescribed or required by a Registered Medical Practitioner/Registered Medical Institution in their professional capacity.
28. Taking of drug unless it is taken on proper medical advice and is not for the treatment of drug addiction.
29. Any fertility, sub-fertility or assisted conception operation.
30. Insured/Insured Person whilst flying or taking part in aerial activities (including cabin crew) except as a fare-paying passenger in a regular Scheduled airline or air Charter Company.
31. Any person whilst engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, pot holing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports and activities of similar hazard or participating or involvement in naval, military or air force operation.

What are the renewal features of my:jeevika Cash@hospital Micro Insurance?

- i. The Company shall not be bound to give notice that renewal is due.
- ii. If the Insured desires renewal he/she shall apply to the Company for the same prior to expiry of the Policy Period of Insurance.
- iii. Renewals are deemed to be continuous when received within a period of 30 days from the date of expiry of last policy, subject however, to the effective policy inception date being reckoned from such period when the renewal premium is received by the Company.
- iv. Policy would be considered as a fresh policy if there would be break of thirty or more days between the previous policy expiry date and current policy start date.
- v. The Company shall not be liable for any claim arising out of an ailment suffered or hospitalisation commencing during the period between the expiry of previous policy and

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date of commencement of subsequent Policy. Any disease/ condition contracted in the break in period will not be covered and will be treated as Pre-existing condition.

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- vi. Where an Insured Person is added to this Policy, either by way of endorsement or at the time of renewal, the pre-existing disease clause, exclusions and waiting periods will be applicable considering such Policy Year as the first year of Policy with the Company.
- vii. Policy shall be ordinarily renewable for lifetime unless:
 - a. any fraud, non cooperation, misrepresentation or suppression of material facts as sought to be declared on the Proposal form by the Insured or on his behalf is found either in obtaining insurance or subsequently in relation thereto or,
 - b. the Company has discontinued issue of the particular type of Policy, in which event the Insured shall have the option of renewal under any similar Policy being issued by the Company; provided however, benefits payable shall be subject to the terms contained in such other Policy. Such modification or revision of the terms and conditions of the Product shall be intimated to you 3 months in advance along with reasons of modification and revision
- viii. Based on the experience of the Product, Premium, terms and conditions may be revised subject to prior approval of Insurance Regulatory and Development Authority. Such revision shall be intimated to you 3 months in advance with an option of renewal under any similar Policy being issued by Us. However, benefits payable shall be subject to the terms contained in such other Policy. Individual Claims experience loading is not applicable under the Policy.

Continuity Benefits

For Roll Over Cases (Portability Policies) Continuity benefits shall be offered to all Insured/Insured Persons in accordance to IRDA circular from time to time.

Portability benefits are not automatically applicable under the Policy unless application for portability has been specifically made and subsequently accepted by the Company.

Where the product is offered to the customers of a specific institution, with which the Company has a tie up, continuity of benefits will be provided under the same or similar policies available with the Insurer during such period in the event that such tie-up has been discontinued.

What is the Claims Process in case of my:jeevika Cash@hospital Micro Insurance?

In case of a claim, intimation should be given to us immediately, or as early as reasonably possible by calling us on 022 - 6234 6234 / 0120 - 6234 6234 or contact our nearest office on the numbers given in this brochure or your Insurance Advisor and inform us immediately of the event. Our customer service representative will guide you through the entire process and give you a 'claim reference number'.

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Intimation of claim must be done at least 72 hours prior to hospitalisation in case of planned hospitalisation and within 24 hours of hospitalisation in case of an emergency hospitalisation.

To understand the claims process in detail, and to get a checklist of the documentation, please visit our Office or contact your Insurance Advisor.

Special channel for Insured Persons who are Senior Citizens

'Good things come with time' and so for our customers who are above 60 years of age we have created special channels to address any health insurance related query. At HDFC ERGO Insurance, our senior citizen customers can reach us through the below dedicated channels to enable us to service them promptly

- Dedicated prompt in our Toll Free Number 022 - 6234 6234 / 0120 - 6234 6234

Section 41 of Insurance Act 1938 (Prohibition of Rebates):

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the prospectus or tables of the insurers.

2. Any person making default in complying with the provision of this section shall be punishable with fine which may extend to Rupees Ten Lakh.