

prospectus or tables of the insurer. Violation of Section 41 of the Insurance Act 1938, as amended, shall be punishable with a fine which may extend to Five Hundred (500) Rupees.

FREE LOOK

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

For more details on risk factors, terms & conditions, please read the sales brochure before concluding a sale. Insurance is the subject matter of solicitation. CIN : UB6010MH2002PLC134869. IRDA Reg No. 125-UID No. 1137.

HDFC ERGO General Insurance Company Limited

Registered & Corporate Office: 1st Floor, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai - 400 020.

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**HDFC
ERGO**

GENERAL INSURANCE

**HEALTH
SURAKSHA
TOP UP PLUS**

**HDFC
ERGO**

GENERAL INSURANCE

Har pal aapke saath

**Ensuring happiness
for your family**



HDFC ERGO Health Suraksha Top Up plan is designed to help you deal with different kinds of medical emergencies over a period of time. This plan is crafted to provide additional coverage in the event of prolonged illness or a major accident, thus keeping you protected under all circumstances. Under this plan risk initiates when the exhaustion of deductible* happens as multiple claims consuming the deductible amount in multiple hospitalizations/conditions/claims etc.

ELIGIBILITY

- Policy covers persons in the age group of 5-65 years
- There will be no exit-age for ceasing of the cover
- Children covered from 91 days onwards if both parents are covered under same policy
- The policy offers option of covering on individual / family floater basis
- The family includes self, spouse, dependent children and dependent parents
- Dependent parents have to be covered under separate family floater policy
- Parents shall include your (policyholder) dependant parents

PRODUCT HIGHLIGHTS

- Supplementary Coverage
- Avail a family discount of 10%, If 3 or more members of a family are covered under the same policy on Individual sum insured basis
- No Medical Check-Up upto 55 years
- No Sub-limits on any disease, room rent, hospital charges & doctor fees
- Tax Benefit under section 80D*
- 5% bonus on Sum Insured for every claim-free year
- Offers one year or two year policy coverage period
- Life Long Renewability

(* Subject to the change in Tax Laws)

*If pre-policy check up would be conducted in our empanelled diagnostic centre, 50% of the standard medical tests charges would be reimbursed, subject to acceptance of proposal and policy issuance.

WHAT IS COVERED

Claims under this policy shall be payable only if the aggregate of covered medical expenses in respect to hospitalizations) of insured person exceeds the deductible applicable on per policy year basis.

- **In-patient Treatment** : Covers medical expenses for hospitalization due to an illness or accident. We will pay for the medical expenses for room rent, boarding expenses, nursing, intensive care unit, medical practitioner(s), etc.
- **Pre-Hospitalization** : The medical expenses incurred due to an illness in 60 days immediately before the insured person was hospitalized
- **Post-Hospitalization** : The medical expenses incurred in 90 days immediately after the insured person was discharged post hospitalization
- **Day Care Procedures** : The medical expenses for 140 day care procedures which do not require 24 hours hospitalization due to technological advancement in medical science
- **Domiciliary Treatment** : The medical expenses incurred by an Insured Person for availing medical treatment at his home which would otherwise have required hospitalization
- **Organ Donor** : The medical expenses on harvesting the organ from the donor
- **Emergency Ambulance** : Expenses up to ₹2000 per hospital for utilizing ambulance service for transporting insured person to hospital

WHAT IS NOT COVERED

- The company will not be liable for any payment unless the medical expense exceed the deductible*
- The company will not be liable for any treatment which begins during waiting periods except if any insured person suffers an accident
- A waiting period of 30 days will apply to all claims
- Pre-existing Conditions will not be covered until 48 months of continuous coverage have elapsed, since inception
- Expenses arising from HIV or AIDS and related diseases
- Mental disorder or insanity, cosmetic surgery, weight control treatment
- Abuse of intoxicant or hallucinogenic substance like drugs and alcohol
- Hospitalization due to war/ acts of war, nuclear, chemical / biological weapon & radiation of any kind
- Pregnancy, dental and external aids and appliances unless covered under specific plans
- 2 year exclusions for specific diseases
- Experimental, investigational or unproven treatment, devices and pharmacological regimens
- For a complete list, kindly refer the Policy Wordings

CLAIMS PROCESS

- In case of hospitalization, intimation should be provided to the Company/ TPA immediately and not later than 7 days
- In all other cases, the Company/ TPA must be informed of any event or occurrence that may give rise to a claim under this Policy at least 7 days
- Prior to any consequent treatment, consultation or procedure being taken and the Company/ TPA should pre-authorise such treatment, consultation or procedure
- Any documentation and information requested to establish the circumstances of the claim, its quantum or the Company's liability for the claim, should be submitted within 10 days of our request or discharge from Hospital or completion of treatment, whichever is earlier

*Deductible means a cost-sharing requirement under a health insurance policy that provides that we will not be liable for a specified rupee amount (as opted and mentioned in policy schedule. On individual basis in case of individual policy and on family floater basis in case of family floater policy) of the covered expenses, which will apply before any benefits are payable by us. A deductible does not reduce the sum insured.

TERMS & CONDITIONS

Disclaimer: The above information is only indicative in nature. For details of coverage and exclusions please refer to the policy wordings.

Liability of the company does not commence until the company has accepted the proposal and full premium has been paid.

- **Anti-Rebating Warning**: As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows: No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance policy 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 the 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 published