

HDFC ERGO General Insurance Company Limited

Frequently Asked Question's (FAQ's)

WHAT IS THIS PLAN ALL ABOUT

HDFC ERGO my:health Hospital Cash Benefit Add-on is a unique add on plan with coverage for Hospital Cash Benefit. It provides Daily Cash amount for each continuous and completed period of 24 hours of hospitalization.

WHAT ARE THE CHECKS TO BE DONE AFTER RECEIVING THE POLICY?

Check the correctness and completeness of below points in the policy schedule:

- Insured's Name or Proposer's Name (Salutation, Gender, Spelling)
- Correspondence Address (House number, Street name, Locality, Pincode, City, Village, Landmark, etc.)
- Mobile Number, Landline Number and Personal E-mail ID
- Policy Period
- Coverage or Sum Insured Details
- Date of Birth of insured

my:health Mobile App

Features:

- Health Calculators
- Vaccination
- Blood Donations
- Physical Activities
- Reliable offers, discounts on services and consultation
- Complete data security
- Cashless OPD and reimbursement
- Improved interactions

Download the App now

WOULD I RECEIVE ANY CONFIRMATION ON THE CHANGES DONE IN MY POLICY?

You would receive an endorsed policy schedule reflecting the changes made in the policy details on your correspondence address as per policy. Same would be captured in the policy under the section "List of endorsements".

DO I GET INCOME TAX BENEFIT?

Yes, you can avail a Tax benefit under Section 80D of Income Tax Act 1961 (Subject to change in Income Tax law). Tax certificate is provided along with the policy copy. You can mail the same on your registered Email Id through Insurance Portfolio Organiser, online.

HOW DO I RENEW MY POLICY?

You can renew your policy through any of the below options:

- Visit our website www.hdfcergo.com and go to the Instant Renewal section
- Give us a missed call on **1800 315 7272** and get quick assistance from Renewal expert
- Call us on **022 6234 6234 / 0120 6234 6234** and renew instantly
- Courier the Cheque / Demand Draft in favour of "HDFC ERGO General Insurance Company Ltd" to our Customer service office
- Visit our nearest branch or contact your agent

WHAT IS THE CLAIM PROCEDURES?

1. DETAILS TO KEEP HANDY WHILE REGISTERING A CLAIM

- Policy Number
- Nature of disease/illness
- Brief history of diagnosis (first diagnosis date is mandatory)

2. HOW DO I FILE MY CLAIM?

- For Reimbursement claim intimation, customer should visit www.hdfcergo.com > Help > Claim registration OR Send duly signed claim form along with required documents to below address
HDFC ERGO General Insurance company Ltd, 5th floor, Tower 1, Stellar IT Park, C-25, Sector-62, Noida, UP, India - 201301.
- For preauth claim write to us preauth@hdfcergo.com

3. WHAT ARE THE BASIC DOCUMENTS REQUIRED IN CASE OF A CLAIM?

- Duly filled and signed claim form (available on our website)
- Copy of Photo ID proof of insured and claimant
- Discharge card and original discharge summary
- Consultation note/ Relevant treatment papers
- All relevant medical reports along with supporting invoices and doctors requisition advising the same
- Original and final hospitalisation bills with detailed breakup
- Pharmacy bills along with prescriptions

Please note: This is not an exhaustive list. Additional docs may be required on case to case basis.

HOW TO TRACK MY CLAIM STATUS?

You can track your claim status through any of the options below:

- Visit our website www.hdfcergo.com -> Help -> Track your claim section
 - Download mobile app, link your policy and track real time status
 - Visit Mobile App (IPO): Login into online insurance portfolio organizer (IPO) on the home page of our website www.hdfcergo.com
- Kindly mention your claim number and/or policy/reference number in the correspondence*

HOW TO CONTACT US?

For claim /Policy Related please calls us at 022 6234 6234 /0120 6234 6234 or Visit the Help Section on www.hdfcergo.com

Convenience at your fingertips

On the HELP section of our website, you can:



Get Policy Copy/
80D Tax Certificate



Make Changes on Policy



Track Claim Status



Update Contact Details

my:health Hospital Cash Benefit Add-on with my:health Suraksha

Insuring Clause

In consideration of payment of Premium by **You** and realized by **Us, We** will provide insurance cover to the **Insured Person(s)** under this add on up to **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.

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 – D, Definitions.

SECTION A: 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 up to 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.

SECTION B: 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 E: 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.

SECTION C: RENEWAL BENEFITS

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 my: health mobile app** and **Your Policy** number

OR

- burning total of 900 calories upto maximum of 300 calories in one exercise session per day, tracked **Your** wearable device linked to **Our my: health 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 **my: Health 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 my: health 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 Insure 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-up 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 my:Health 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 Disease** 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

Table A

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 Insure 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 such as:

- 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 etc.

• **Customer Engagement:** Monthly newsletters, Diet consultation, health tips

• **Specialized programs:** like stress management, Pregnancy Care, Work life balance management etc.

Disclaimer applicable to my:health Mobile app and associated services

It is agreed and understood that Our my:health 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 D: 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

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

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

3. **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

4. **Alternative treatments** means forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context

5. **Commencement Date** means the commencement date of the Policy as specified in the Policy Schedule.

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

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

a) Internal **Congenital Anomaly**: **Congenital Anomaly** which is not in the visible and accessible parts of the body.

b) External **Congenital Anomaly**: **Congenital Anomaly** which is in the visible and accessible parts of the body

8. **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:-

I. has qualified nursing staff under its employment;

II. has qualified medical practitioner/s in charge;

III. has fully equipped operation theatre of its own where surgical procedures are carried out;

IV. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel

9. **Day Care Treatment/ Procedures** means those medical treatment, and/or surgical procedure which is

i) undertaken under General or Local Anaesthesia in a **Hospital/Day Care Centre** in less than 24 hours because of technological advancement, and

ii) 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

10. **Dependents** means only the family members listed below:

a) **Your** legally married spouse as long as she continues to be married to **You**

b) **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;

c) **Your** natural parents or parents that have legally adopted **You**, and **Your** parent in laws

11. **Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery

12. **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.

13. **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:

I. the condition of the patient is such that he/she is not in a condition to be removed to a **Hospital**, or

II. the patient takes treatment at home on account of non-availability of room in a **Hospital**

14. **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.

15. **Family Floater** means a Policy described as such in the Policy Schedule where under **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.

16. **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.

17. **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.

18. **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.

19. **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

(a) 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

(b) Chronic condition - A chronic condition is defined as a disease, **Illness**, or **Injury** that has one or more of the following characteristics:

- 1. it needs on-going or long-term monitoring through consultations, examinations, check-ups, and /or tests

- 2. it needs on-going or long-term control or relief of symptoms

3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it

4. it continues indefinitely

5. it recurs or is likely to recur

20. **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.

21. **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.

22. **Insured Person** means You and the persons named in the Policy Schedule.

23. **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.

24. **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

25. **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.

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

27. **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.

28. **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.

29. **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 for mental illnesses means a medical practitioner possessing a post-graduate degree or diploma in psychiatry awarded by an university recognised by the University Grants Commission established under the University Grants Commission Act, 1956, or awarded or recognised by the National Board of Examinations and included in the First Schedule to the Indian Medical Council Act, 1956, or recognised by the Medical Council of India, constituted under the Indian Medical Council Act, 1956, and includes, in relation to any State, any medical officer who having regard to his knowledge and experience in psychiatry, has been declared by the Government of that State to be a psychiatrist for the purposes of this Act;

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.

30. **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;

31. **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;

32. **my: Health App** is proprietary App of HDFC ERGO General Insurance Company. With my: Health 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 my:Health 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.

33. **New born Baby** means baby born during the Policy Period and is Aged up to 90 days

34. **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**.

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

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

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

38. **Pre Existing Disease** means any condition, ailment or **Injury** or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which **Medical Advice** / treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter

39. **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.

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

41. **Policy Holder** means Person who has proposed the Policy and in whose name the Policy is issued

42. **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.

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

44. **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

45. **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

46. **Room Rent** means the amount charged by a **Hospital** towards Room and Boarding expenses and shall include the associated **Medical Expenses**

47. **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.

48. **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

49. **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.

50. **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.

51. **We/Our/Us** means the HDFC ERGO General Insurance Company Limited

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

SECTION E: WAITING PERIODS& EXCLUSIONS

1. Waiting Periods

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

i) **General waiting period:** 30 days except claims arising due to an **Accident**.

ii) **Waiting Period for listed illnesses and Procedures:** 24 months all Illnesses and Surgical Procedures listed in following table a. and b. except claims payable due to the occurrence of cancer.

a. Illnesses

Internal Congenital diseases	Non infective Arthritis
Diseases of gall bladder including cholecystitis	Urogenital system e.g. Kidneystone, Urinary Bladder Stone
Pancreatitis	Ulcer and erosion of stomach and duodenum
All forms of Cirrhosis	Gastro Esophageal Reflux Disorder (GERD)
Perineal Abscesses	Perianal Abscesses
Cataract	Fissure/fistula in anus, Haemorrhoids including
Pilonidal sinus	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

c. Waiting Period for Pre-existing conditions:

A waiting period of 48 months shall apply for all Pre-existing Conditions declared and/or accepted at the time of applying first policy with us.

2. General Exclusions

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

i. War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.

ii. Any Insured Person committing or attempting to commit a breach of law with criminal intent, or intentional self-injury or attempted suicide or suicide while mentally sound or unsound.

iii. Any Insured Person's participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing of a professional or semi-professional nature.

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

v. Treatment of Obesity and any weight control program.

vi. sleep-apnoea, Parkinson and Alzheimer's disease, general debility or exhaustion ("run-down condition").

vii. Congenital external diseases, defects or anomalies,

viii. Stem cell harvesting, or growth hormone therapy. Venereal disease, sexually transmitted disease or **Illness**; Pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or **Illness**), maternity or birth (including caesarean section) except in the case of ectopic pregnancy.

ix. treatment to treat infertility any fertility, sub-fertility or assisted conception procedure,

x. Sterility, treatment whether to affect infertility, surrogate or vicarious pregnancy, birth control, contraceptive supplies or services including complications arising due to supplying services.

xi. **Dental Treatment** and surgery of any kind, unless requiring **Hospitalization**.

xii. Treatment and supplies 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).

xiii. Circumcisions (unless necessitated by **Illness** or **Injury** an forming part of treatment); treatment for correction of vision due to refractive error, aesthetic or change-of-life treatments of any description such as sex transformation operations.

xiv. Plastic surgery or cosmetic surgery or treatments to change appearance unless necessary as a part of **Medically Necessary Treatment** certified by the attending Medical Practitioner for reconstruction following an **Accident**, cancer or burns.

xv. **Experimental**, investigational or **Unproven** treatments, devices and pharmacological regimens.

xvi. Admission primarily for diagnostic purposes not related to **Illness** for which **Hospitalization** has been done and Conditions for which In patient **Hospitalization** is not warranted.

xvii. Any Convalescence, cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care.

xviii. Preventive care, any physical, psychiatric or psychological examinations or testing if doesn't required **Hospitalization**; enteral feedings (infusion formulas via a tube into the upper gastrointestinal tract) and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.

xix. Vaccination including inoculation and immunisations (Except post bite treatment),

xx. Charges related to a **Hospital** stay not expressly mentioned as being covered, including but not limited to, administration, documentation and filing.

xxi. Charges for admission, discharge, registration, Items of personal comfort and convenience including but not limited to television (wherever specifically charged for), charges for access to telephone and telephone calls (wherever specifically charged for), foodstuffs (except patient's diet), cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies, and medical supplies including elastic stockings, diabetic test strips,

xxii. Vitamins and tonics unless vitamins and tonics are certified to be required by the attending Medical Practitioner

as a direct consequence of an otherwise covered claim.

xxiii. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed; treatments rendered by a Medical Practitioner who is a member of an Insured Person's family, or stays with him,

xxiv. Treatment taken on Outpatient basis

xxv. The provision or fitting of hearing aids, spectacles or contact lenses.

xxvi. Any treatment and associated expenses for alopecia, baldness, wigs, or toupees, and similar products. Optometric therapy.

xxvii. 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.

xxviii. Expenses for Artificial limbs, crutches or any other external appliance and/or device used for diagnosis or treatment (except when used intra-operatively).

xxix. Any Claim arising due to Non-disclosure of Pre-existing **Illness** or Material fact as sought to be declared on the Proposal form

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
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SECTION G: GENERAL CONDITIONS

1. Free Look period

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. You have the option of cancelling the Policy stating the reasons for cancellation, if You have any objections to any of the terms and conditions.

- We shall refund the premium paid after adjusting the amounts spent on stamp duty charges, Medical examination (wherever applicable) and proportionate premium (If Policy has already commenced).

- Cancellation will be allowed only if there are no claims paid or reported under the Policy. Minimum premium shall not apply for free look cancellations.

- Free Look period is not applicable for renewed policies

2. Non-Disclosure or Misrepresentation

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.

3. Fraudulent claim

If any Claim made or utilization of Covers under the Policy is found to be fraudulent, or is supported by any fraudulent means, devices or software by **Insured Person** or anyone acting on their behalf to obtain any benefit under this Policy;

- The policy shall be cancelled ab-initio from the inception date or the **Renewal** date (as the case may be),
- All benefits payable, if any, under such Policy shall be forfeited with respect to such claim

4. 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.

5. Renewal:

i. This policy is ordinarily renewable for lifetime except on grounds of fraud, non-disclosure of material facts or misrepresentation as sought to be declared in the proposal form or non-cooperation by the insured

SECTION F: 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	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	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 etiology
	e. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable
	f. NEFT details & cancelled cheque

ii. For dependent children, Policy is renewable up to 25 years. After the completion of maximum **Renewal** age of dependent children, a separate proposal form should be submitted to us at the time of **Renewal**. Suitable credit of continuity/waiting periods and **Cumulative Bonus** for all the previous policy years would be extended in the new policy, provided the policy has been maintained without a break.

iii. You can apply for enhancement of Sum Insured or change in plan at the time of **Renewal** by submitting a fresh proposal form to **Us**. All waiting periods as defined in the Policy shall apply afresh for the enhanced Sum Insured limit from the effective date of enhancement.

iv. Premium payable on **Renewal** and on subsequent continuation of cover are subject to the provisions under condition 9

6. 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 E 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.

7. Portability

An Insured person can avail Health Insurance portability under this policy, if

i. The proposed **Insured Person** was continuously covered under any similar health insurance policy with any other Insurance company.

ii. The proposed **Insured Person** was insured continuously and without a break under another retail or Group health insurance policy with **Us**.

Procedure to avail Portability:

a. The **Portability** benefit, can be availed of by applying to **Us** with the completed Proposal form and portability annexure along with previous policy documents and **Renewal** notice of existing policy, at least 45 days before, but not earlier than 60 days, from the expiry of the existing health insurance policy.

b. This benefit is available only at the time of **Renewal** of the existing health insurance policy.

c. If the proposed **Sum Insured** is higher than the **Sum insured** under the expiring policy, then all waiting periods would be applied on the increased Sum Insured.

d. Waiting period credits shall be extended to **Pre-Existing Diseases** and time bound exclusions/waiting periods.

e. We will process **Portability** application within 15 days of receiving the complete proposal form and Portability Form.

8. Endorsements

The following endorsements are permissible during the Policy Period:

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

a. Minor rectification/correction in name of the Proposer / Insured Person (and not the complete name change)

b. Rectification in gender of the Insured Person (if this does not impact the premium)*

c. Rectification in relationship of the Insured Person with the Proposer

d. Rectification of date of birth of the Insured Person (if this does not impact the premium)*

e. Change in the correspondence address of the Proposer(if this does not impact the premium)*

f. Change in Nominee Details

g. Change in Height, weight, marital status (if this does not impact the premium) *

h. Change in bank details

i. 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.

9. Cancellation

• We may cancel on grounds of misrepresentation, fraud, non-disclosure of material facts as sought to be in proposal form or non-cooperation by any Insured Person. Cancelled ab initio from the inception date or the renewal date (as the case may be), at our sole discretion upon giving 30 days' notice

• You may cancel this **Policy** at any time by giving **Us** written notice. The cancellation shall be from the date of receipt of such written notice. In case of any claim made during **Policy Year**, no premium will be refunded.

If 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%

Month	Policy Tenure 1 Year	Policy Tenure 2 Year	Policy Tenure 3 Year
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%

10. Premium Payment Option

i. Insured Person shall have the option to pay premium in total at the commencement of policy or in installments as per options below

Options	Installment Premium Option
Option 1	Yearly
Option 2	Half Yearly
Option 3	Quarterly
Option 4	Monthly

ii. No Additional charges, on the existing premium are applicable irrespective of the Installment Option selected.

iii. **Grace Period** of 15 days in case of Monthly premium payment option and 30 days for half yearly, Quarterly and Yearly premium payment option shall be applicable.

iv. If case of non-receipt of Installment Premium before expiry of the **Grace Period**, the policy shall stand cancelled and the Premium for unexpired period will be refunded as below

a. When yearly payment option is chosen, cancellation grid as per 1 Year Tenure policies will be applicable

b. For all other Premium Payment options, 50% of current installment premium will be refunded, when the current period is less than 6 months in to the policy year. For policy period after 6 months, no refund will be payable.

c. No refund of any premium in case of any claim is paid during policy year

11. Revision/ Modification of the product

We may revise the **Renewal** premium payable under the Policy or the terms of cover, with the prior approval from Insurance Regulatory and Development Authority of India. We will intimate You of any such changes at least 3 months prior to date of such revision or modification.

12. Withdrawal of the Product

i. We may withdraw this product with the prior approval from Insurance Regulatory and Development Authority of India.

ii. We will intimate You of any such changes at least 3 months prior to date of such revision or modification.

iii. In such an event of withdrawal of this product, You can choose to renew this policy under any of **Our** similar Health insurance products.

iv. Credit of continuity/waiting periods for all the previous policy years would be extended in the new policy, provided the policy has been continuously renewed with **Us**

13. Payment of Claim

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. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per policy terms and conditions, **We** shall offer within a period of 30 days a settlement of the claim to the insured.

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 cases of delay in the payment **We** shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.

vi. However, where the circumstances of a claim warrant an investigation, **We** will 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, **We** will settle the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days, the Company will be liable to pay interest at a rate which is 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

vii. 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.

viii. 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.

ix. **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. Contact Us

	Within India
Claim Intimation:	Customer Service No : 022 6234 6234 / 0120 6234 6234 Reimbursement Claim intimation: Visit www.hdfcergo.com - > Help - > Claim registration
Claim document submission at address	HDFC ERGO General Insurance Co. Ltd. Stellar IT Park, Tower-15th Floor, C - 25, Sector 62, Noida – 201301

15. Grievance Redressal Procedure

i. If You have a grievance that You wish Us to redress, You may contact Us with the details of **Your** grievance through:

Contact Points	First Contact Point	Escalation level 1	Escalation level 2
Contacts us at	022 6234 6234 / 0120 6234 6234	NA	NA
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-400078	Chief Grievance Officer, HDFC ERGO General Insurance Company Ltd., D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West), Mumbai-400078

ii. If You are not satisfied with Our redressal of Your grievance through one of the above methods, You may approach the nearest Insurance Ombudsman for resolution of Your grievance. The contact details of Ombudsman offices are mentioned below.

NAMES OF OMBUDSMAN AND ADDRESSES OF OMBUDSMAN CENTRES	
Office Details	Jurisdiction of Office Union Territory, District
AHMEDABAD Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka
BHOPAL Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202, Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh, Chattisgarh
BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455, Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa
CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468, Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.

NAMES OF OMBUDSMAN AND ADDRESSES OF OMBUDSMAN CENTRES	
Office Details	Jurisdiction of Office Union Territory, District
CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284, Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in	Delhi
GUWAHATI Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001 (ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122, Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.
JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in	Rajasthan.
ERNAKULAM Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochín Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338, Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry.
KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340, Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331, Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gaziipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960, Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.

NAMES OF OMBUDSMAN AND ADDRESSES OF OMBUDSMAN CENTRES	
Office Details	Jurisdiction of Office Union Territory, District
NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	Bihar, Jharkhand.
PUNE Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.