



FUTURE GENERALI INDIA

Insurance Company Limited

INDIVIDUAL HEALTH SURAKSHA POLICY

Corporate & Registered Office: 001, Delta Plaza, 414, Veer Savarkar Marg, Prabhadevi, Mumbai - 400 025

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INDIVIDUAL HEALTH SURAKSHA INSURANCE - POLICY TERMS AND CONDITIONS

This Policy is issued to You based on Your Proposal to Us and Your payment of the Premium. This Policy records the agreement between Us and sets out the terms of insurance and the obligations of each party.

1. DEFINITIONS

The following words or terms shall have the meaning ascribed to them wherever they appear in this Policy, and references to the singular or to the masculine shall include references to the plural and to the female wherever the context so permits:

- Hospital/Nursing Home means any institution in India established for indoor care and treatment of sickness and injuries and which
 - Is properly licensed, and in areas where licensing facilities are unavailable, the institution must be one recognized in the locality as a Hospital, has at least 10 inpatient beds and must satisfy (b) to (d) below;
 - Is primarily engaged in providing diagnostic, medical and surgical facilities for care and treatment of injured or sick persons on an inpatient basis, and is not an institution which is primarily a rest or convalescent facility, a place for custodial care, a facility for the aged or alcoholics or drug addicts or for the treatment of mental disorders.
 - Employs Doctors and qualified nursing staff who are permanently available on the premises to provide necessary medical care and attention to the patients on 24-hour basis;
 - Maintains daily medical records for each of its patient
- Surgical Operation means manual and/or operative procedures for correction of deformities and defects, repair of injuries, diagnosis and cure of diseases, relief of suffering and prolongation of life.
- Administrator means the person or organization named in the Schedule who has been appointed by the Insurer to provide administrative services on its behalf and at its direction.
- Day care expenses means the medical treatment costs necessary and reasonable in scope for a Day Care Procedure preauthorized by the Administrator and done in a network Hospital to the extent that such cost does not exceed the reasonable and customary charges in the locality for the same Day Care Procedure.
- Day care Procedure means the course of medical treatment or a surgical procedure listed in the Policy which requires less than 24 hours admission as an inpatient or any other surgeries/procedures agreed by Administrator/Us which require less than 24 hours hospitalization as an inpatient due to subsequent advancement in Medical Technology. This excludes all procedures or treatment taken on out patient departments.
- Medical Practitioner – Means a person who holds a degree/diploma of a recognized institution and is registered by Medical Council of respective State of India and acting within scope of his license. The term Medical Practitioner would include Physician, Specialist and Surgeon.
- Hospitalisation means the Insured's admission into Hospital for a continuous period of not less than 24 hours.
- Illness means a condition affecting the general wellbeing and health of the body or an affliction of the bodily organs having a defined and recognized pattern of symptoms that first manifests itself in the Policy Period and which requires treatment by a Doctor. It does not mean any mental illness (a mental or bodily condition marked primarily by sufficient disorganization of personality, mind and emotions to seriously impair the normal psychological, social or work performance of individual) regardless of its cause or origin.
- Family means and includes You, Your Spouse & Your 2 dependent children and dependent parents.
- You, Your, Yourself means the Insured Person shown in the Schedule.
- We, Our, Us, Insurer means Future Generali India Insurance Company Limited.
- Schedule means that portion of the Policy which sets out Your personal details, the type of insurance cover in force, the period and the sum insured. Any Annexure or Endorsement to the Schedule shall also be a part of the Schedule.
- Proposal means that portion of the Policy which sets out Your personal details, the type of insurance cover in force, the period and the sum insured.
- Policy means the complete documents consisting of the Proposal, Policy wording, Schedule and Endorsements and attachments if any.
- Policy Period means the period commencing with the start date mentioned in the Schedule till the end date mentioned in the Schedule.
- Sum Insured means the amount stated in the Schedule, which is the maximum amount We will pay for claims made by You in one policy period irrespective of the number of claims You make or the number of years that You have had Future Generali Health Suraksha Policy with Us.
- Network Hospital means the institutions named on a list maintained by and available from the Administrator, as the same and may be amended from time to time.
- Diagnostic Centre means the diagnostic centers which have been empanelled by Us (or Our authorized Administrator) as per the latest version of the schedule of diagnostic centers maintained by Us, which is available to You on request.
- Reasonable and Customary means a charge which: a) is charged for medical treatment, supplies or medical services that are medically necessary to treat Your condition; b) does not exceed the usual level of charges for similar medical treatment, supplies or medical services in the locality where the

expense is incurred; and c) does not include charges that would not have been made if no insurance existed.

- Qualified Nurse means a person who holds a certificate of a recognized Nursing Council and who is employed on recommendation of the attending Medical Practitioner.
- Any one illness will be deemed to mean continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken. Occurrence of same illness after a lapse of 45 days as stated above will be considered as fresh illness for the purpose of this Policy.
- Pre – hospitalisation expenses means relevant medical expenses incurred during period up to 60 days prior to Hospitalisation on disease/illness/injury sustained. Such expenses will be considered as part of claim limited to treatment which is taken before hospitalization for an ailment / disease / injury not different from the one for which hospitalization was necessary.
- Post – hospitalisation expenses means relevant Medical Expenses incurred during period up to 90 days after Hospitalisation on disease/illness/injury sustained. Such expenses will be considered as part of claim limited to treatment which is continued after discharge for an ailment / disease / injury not different from the one for which hospitalization was necessary.
- Pre-existing Condition means any condition, ailment or injury or related condition(s) for which You had signs or symptoms, and / or were diagnosed and / or received medical advice / treatment, within 48 months prior to inception of Your first policy with Us.

2. SCOPE OF COVER

In the event of an admissible claim under the policy, Our maximum indemnity shall be as follows:

- Room, Board & Nursing Expenses as provided by the hospital/nursing home including registration and service charges
 - Gold, Silver, Basic Plan - up to 1% of the Sum Insured per day. If admitted into Intensive Care Unit up to 2% of the Sum Insured per day. All admissible claims under section (1) during the policy period up to 35% of the Sum Insured per claim.
 - Platinum Plan – As per actuals.
- Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees
 - Gold, Silver, Basic Plan - up to 35% of the Sum Insured per claim.
 - Platinum Plan – As per actuals.
- Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Diagnostic Materials and X-ray, Cost of Pacemaker, prosthesis/internal implants and any medical expenses incurred which is integral part of the operation
 - Gold, Silver, Basic Plan - up to 40% of the Sum Insured per claim.
 - Platinum Plan – As per actuals
- Pre-hospitalisation expenses – We shall pay for expenses incurred 60 days prior to date of admission into the hospital.
- Post – hospitalisation expenses - We shall pay for expenses incurred 90 days after the date of discharge from the hospital.
- Day Care Expenses – We shall pay for Day Care expenses incurred on advanced technological surgeries and procedures requiring less than 24 hours of hospitalisation as per the attached list.
- Ambulance charges - of 1% of Sum Insured per Policy period up to a maximum of Rs. 1500 will be reimbursed to You on producing the bills in original.
- Free medical check-up – For every four claim free years during which You have been insured with Us without any break in insurance, We shall arrange a free medical check-up for You in Our empanelled diagnostic centre or We shall reimburse the cost incurred by You for the check-up subject to maximum 1% of sum insured up to a maximum of Rs. 2500.
- Patient Care – Available for persons above 60 years We shall provide payment for the nursing charges by a qualified nurse if necessary and recommended by the treating physician after discharge from the hospital @ Rs 350/- per day or actuals whichever is lower up to a maximum 10 days per hospitalisation subject to maximum of 30 days during the Policy period.
- Accidental Hospitalisation - In case of hospitalization following an accident, the limits under the Policy shall increase by 25% of the balance sum insured available subject to maximum of Rs. 1 Lacs.
- Hospital Cash – We shall make payments of Rs 500/- for each completed day of hospitalisation subject to maximum of 60 days during this Policy period. This benefit is applicable for Platinum plan with sum insured 6 lacs and above.
- Accompanying Person - We shall make payments of Rs 500/- for each completed day of hospitalisation in case of a child up to age of 10 years subject to maximum of 30 days during the Policy period. Accompanying person means and includes mother, father, grand father, grand mother and any immediate family member.

3. EXCLUSIONS

We will not pay for any expenses incurred by You in respect of claims arising out of or howsoever related to any of the following:

1. Benefits will not be available for Any condition, ailment or injury or related condition(s) for which You have been diagnosed, received medical treatment, had signs and / or symptoms, prior to inception of Your first Policy, until 48 consecutive months have elapsed, after the date of inception of the first Policy with Us.

This Exclusion shall cease to apply if You have maintained the Health Insurance Policy with Us for a continuous period of a full 4 years, with out break from the date of Your first Health Insurance Policy with Us.
2. Without derogation from the above point no. (1), any Medical Expenses incurred during the first two consecutive annual Periods during which You have the benefit of a Health Insurance Policy with Us in connection with cataracts, benign prostatic hypertrophy, hernia of all types, hydrocele, all types of sinuses, fistulae, hemorrhoids, fissure in ano, dysfunctional uterine bleeding, fibromyoma endometriosis, hysterectomy, all internal or external tumors/cysts/nodules/polyps of any kind including breast lumps, surgery for prolapsed inter vertebral disc unless arising from accident, surgery of varicose veins and varicose ulcers.

This exclusion Period shall apply for a continuous Period of a full 4 years from the date of Your first Health Policy with Us if the above referred illness were present at the time of commencement of the Policy and if You had declared such illness at the time of proposing the Policy for the first time
3. Without derogation from the above point No. (1), any Medical Expenses incurred during the first annual period during which You have the benefit of a Health Insurance Policy with Us in connection with any types of gastric or duodenal ulcers, stones in the urinary and biliary systems, surgery on ears/tonsils/adenoids.

This exclusion period shall apply for a continuous period of a full 4 years from the date of Your first Health Policy with Us if the above referred illness were present at the time of commencement of the Policy and if You had declared such illness at the time of proposing the Policy for the first time.
4. Medical Expenses incurred during the first three consecutive annual periods during which You have the benefit of a Health Policy with Us in connection with joint replacement surgery due to Degenerative condition, Age related osteoarthritis and Osteoporosis unless such joint replacement surgery is necessitated by accidental Bodily Injury.

This exclusion period shall apply for a continuous period of a full 4 years from the date of Your first Health Policy with Us if the above referred illness were present at the time of commencement of the Policy and if You had declared such illness at the time of proposing the Policy for the first time
5. Medical Expenses incurred for any illness diagnosed or diagnosable within 30 days, of the commencement of the Policy Period except those incurred as a result of accidental Bodily Injury. This Exclusion shall apply only to the extent of the amount by which the limit of indemnity has been increased if the Policy is a renewal of the Health Insurance Policy with Us without break in cover.
6. Injury or Disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War like operations (whether war be declared or not).
7. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident.
8. Vaccination inoculation, cosmetic treatments (for change of life or cosmetic or aesthetic treatment of any description), plastic surgery other than as may be necessitated due to an accident or as a part of any illness, refractive error corrective procedures, experimental, investigational or unproven procedures or treatments, devices and pharmacological regimens of any description.
9. Charges incurred in connection with cost of spectacles and contact lenses, hearing aids, durable medical equipment (including but not limited to cost of instrument used in the treatment of Sleep Apnea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Asthmatic condition, wheel chair, crutches, artificial limbs, belts, braces, stocking, Glucometer and the like), namely that equipment used externally for the human body which can withstand repeated use; is not designed to be disposable; is used to serve a medical purpose, such cost of all appliances/devices whether for diagnosis or treatment after discharge from the hospital.
10. Dental treatment or surgery of any kind unless requiring hospitalisation as a result of accidental Bodily injury.
11. The treatment of obesity (including morbid obesity) and other weight control programs, services and supplies.
12. Expenses incurred towards treatment of illness/disease/condition arising out of alcohol use /misuse or abuse of alcohol, substance or drugs (whether prescribed or not).
13. Convalescence, general debility, "Run-down" condition or rest cure, venereal disease, intentional self-injury.
14. In vitro fertilization (IVF), Gamete intrafallopian transfer (GIFT) procedures, and zygote intrafallopian transfer (ZIFT) procedures, and any related prescription medication treatment; embryo transport; donor ovum and semen and related costs, including collection and preparation; voluntary medical termination of pregnancy; any treatment related to infertility and sterilization.
15. Treatment arising from or traceable to pregnancy childbirth, miscarriage, abortion or complications of any of this, including caesarian section. However,

this exclusion will not apply to abdominal operation for extra uterine pregnancy (Ectopic Pregnancy), which is proved by submission of Ultra Sonographic Report and Certification by Gynecologist that it is a life threatening.

16. All expenses arising out of any condition directly or indirectly caused to or associated with Human T - Cell Lymph tropic Virus type III (HTLB-III) or Lymphadenopathy Associated Virus (LAV) or Human Immunodeficiency Virus or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.
17. Congenital Internal and /or external illness/disease/defect.
18. Charges incurred at Hospital or Nursing Home primarily for diagnostic, X-ray or laboratory examinations 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.
19. Vitamins, tonics, nutritional supplements unless forming part of the treatment for injury or disease as certified by the attending Physician.
20. Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons/materials.
21. Costs incurred on all methods of treatment except Allopathic.
22. Genetic disorders and stem cell implantation / surgery/storage.
23. Any treatment required arising from Insured's participation in any hazardous activity including but not limited to scuba diving, motor racing, parachuting, hang gliding, rock or mountain climbing etc unless specifically agreed by the Insurance Company.
24. Any treatment received in convalescent home, convalescent hospital, health hydro, nature care clinic or similar establishments.
25. Any stay in the hospital for any domestic reason or where no active regular treatment is given by the specialist.
26. Out patient Diagnostic, Medical and Surgical procedures or treatments, non-prescribed drugs and medical supplies, Hormone replacement therapy, Sex change or treatment which results from or is in any way related to sex change.
27. Doctor's home visit charges during pre and post hospitalization period, Attendant Nursing charges unless more than 60 years as specified in the patient care benefit clause no B (9).
28. Expenses related to donor screening, treatment, excluding surgery to remove organs from the donor in case of a transplant surgery. We will not pay the donor's pre- and post- hospitalization expenses or any other medical treatment for the donor consequent to surgery.
29. Surgery to correct deviated septum and hypertrophied turbinate.
30. Treatment for any mental illness or psychiatric illness.
31. Personal comfort and convenience items or services such as television, telephone, barber or beauty service guest service and similar incidental services and supplies.

4. CONDITIONS

1. **Due Care**
Where this Policy requires You to do or not to do something, then the complete satisfaction of that requirement by You or someone claiming on Your behalf is a precondition to any obligation under this Policy. If You or someone claiming on Your behalf fails to completely satisfy that requirement, then We may refuse to consider Your claim. You will cooperate with Us at all times.
2. **Insured**
Only those persons named, as the Insured in the Schedule shall be covered under this Policy. The details of the Insured are as provided by You. A person may be added as an insured during the Policy Period after his application has been accepted by Us, an additional premium has been paid and Our agreement to extend cover has been indicated by it issuing an endorsement confirming the addition of such person as an Insured. Cover under this Policy shall be withdrawn from any Insured upon such Insured giving 14 days written notice to be received by Us.
3. **Communications**
 - a) Any communication meant for Us must be in writing and be delivered to Our address shown in the Schedule. Any communication meant for You will be sent by Us to Your address shown in the Schedule.
 - b) All notifications and declarations for Us must be in writing and sent to the address specified in the Schedule. Agents are not authorized to receive notices and declarations on Our behalf.
 - c) You must notify Us of any change in address.
4. **Claims Procedures**
If You meet with any accidental Bodily Injury or suffer an Illness that may result in a claim, then as a condition precedent to Our liability, you must comply with the following:

Cashless treatment is only available at a Network Hospital. In order to avail of cashless treatment, the following procedure must be followed by You:

 - a) Prior to taking treatment and/or incurring Medical Expenses at a Network Hospital, You must call Administrator and request pre- authorisation by way of the written form.

- b) After considering Your request and obtaining any further information or documentation Administrator have sought, may if satisfied, send the Network Hospital an authorisation letter. The authorisation letter, the ID card issued to You along with this Policy and any other information or documentation that Administrator have specified must be produced to the Network Hospital identified in the pre-authorisation letter at the time of Your admission to the same.
- c) If the procedure above is followed, You will not be required to directly pay for the Medical Expenses in the Network Hospital that We are liable to indemnify under Policy and the original bills and evidence of treatment in respect of the same shall be left with the Network Hospital. Pre-authorisation does not guarantee that all costs and expenses will be covered. We reserve the right to review each claim for Medical Expenses and accordingly coverage will be determined according to the terms and conditions of this Policy. You shall, in any event, be required to settle all other expenses directly.
- If pre-authorisation as above is denied by Administrator or if treatment is taken in a Hospital other than a Network Hospital or if You do not wish to avail cashless facility, then:
- d) You or someone claiming on Your behalf must inform Us in writing immediately, and in any event within 48 hours of the aforesaid Illness or Bodily Injury. You must immediately consult a Doctor and follow the advice and treatment that he recommends.
- e) You must take reasonable steps or measure to minimise the quantum of any claim that may be made under this Policy.
- f) You must have Yourself examined by Our medical advisors if We ask for this, and as often as We consider this to be necessary.
- g) You or someone claiming on Your behalf must promptly and in any event within 10 days of discharge from a Hospital give Us the documentation (written details of the quantum of any claim along with all original supporting documentation, including but not limited to first consultation letter, original vouchers, bills and receipts, birth/death certificate (as applicable)) and other information We ask for to investigate the claim or Our obligation to make payment for it.
- h) In the event of the death of the insured person, someone claiming on his behalf must inform Us in writing immediately and send Us a copy of the post mortem report (if any) within 14 days.

5. Renewal Discount & Cumulative Bonus

- a) For Renewal Discount eligibility, the Policy has to be renewed within the expiry date or within a maximum of 15 days from the expiry date, beyond which the entire Cumulative Discount will not be provided. Any Health Insurance cover thereafter will be treated as a fresh cover. The cumulative discount and bonus to be offered is as mentioned below:
- b) We will provide 5% discount for each claim free year on the premium applicable on the date of renewal up to a period of 5 years.
- c) There after if there are 5 claim free years then We shall increase in the sum insured by 10% towards Cumulative Bonus for every claim free year on the basic sum insured up to the maximum of 50% of the sum insured.
- d) Incase of a claim in the Policy the Renewal premium discount will be nil and the Cumulative Bonus will get reduced by 20% for each claim year.
- e) Incase of Increase in Sum insured on renewal of the Policy, Cumulative discount will be applicable on the increased sum insured only from the next year subject to No claims and will start from 5% and may / may not be similar to the cumulative discount on the basic sum insured on the inception of the Policy from Future Generali.
- f) Incase of transfer of Policy from another insurance company, the accumulated cumulative bonus + additional cumulative bonus will be offered only incase if the Insured is 45 years or lower in age. Incase of insured above 45 years of age, we will accept the Policy only as a fresh case and no cumulative bonus accumulated in the last company will be carried forward.
- g) This clause does not alter the annual character of this insurance or Our right to decline to renew or to cancel the Policy.
- h) Increase / Reduction in cumulative bonus will depend on the claims in the previous year, but the Sum Insured of the first Policy issued by Us shall be preserved.

6. Basis of claims payment

- a) If You suffer a relapse within 45 days of the date when You last obtained medical treatment or consulted a Doctor and for which a claim has been made, then such relapse shall be deemed to be part of the same claim.
- b) The day care procedures listed are subject to the exclusions, terms and conditions of the Policy and will not be treated as independent coverage under the Policy.
- c) We shall make payment in Indian Rupees only.
- d) Our obligation to make payment in respect of Cataract shall, subject always to the sum insured, be 10 % of the sum insured maximum up to Rs 25000 per eye and in all after passing of 2 years period as referred in Exclusion 2.

- e) The payment of claim under the medical Section will be as follows

Benefit Plan	Zone A	Zone B	Zone C
Platinum Plan	No sublimit applicable	No sublimit applicable	No sublimit applicable
Gold Plan	100%*	100%*	100%*
Silver Plan	80%*	100%*	100%*
Basic Plan	70%*	80%*	100%*

The geographical zones for specific plans as mentioned above are based on the location of the hospital where treatment is taken and not the residence of the insured.

- Platinum plan is for Insured who have paid premium for sum insured 6 lacs and above.
- Gold Plan is for insured who paid the premium for Zone A region which comprises of Mumbai including Thane and Panvel, Delhi including NCR (National Capital Region). The eligibility of the claim amount will be 100% for all the Zones subject to the Policy terms and conditions.
- Silver Plan is for insured who paid the premium for Zone B region which comprises of Chennai, Kolkatta, Bangalore, Ahmedabad and Hyderabad. The eligibility of the claim amount will be 100% for Zone B and Zone C, 80% for Zone A subject to the Policy terms and conditions.
- Basic Plan is for insured who have paid the premium for Zone C region which comprises of rest of India excluding Zone A and Zone B. The eligibility of the claim amount will be 100% for Zone C, 80% for Zone B and 70% for Zone A subject to the Policy terms and conditions.

*The percentage of amount shown in the above table is with respect to the eligible claim amount.

7. Lifetime Limit of Indemnity

For the insured at age of entry of 50 years and above the life time limit of Indemnity shall be Our maximum liability to make payment for all claims in the aggregate under all Health Suraksha policies held by each of You in Your Lifetime, including claims made under this Policy. This limit shall be three times the sum insured specified in the earliest Health Suraksha Policy, if the Policy is continuously renewed by Us.

8. Fraud

If You or any of Your family member make or progress any claim knowing it to be false or fraudulent in any way, then this Policy will be void and all claims or payments due under it shall be lost and the premium paid shall become forfeited.

9. Other Insurance

If at the time when any claim arises under this Policy there is any other insurance which covers (or would but for the existence of this Policy cover), the same claim (in whole or in part), then We shall not be liable to pay or contribute more than its rateable proportion of any claim. In respect of a Cancer Insurance Policy issued in collaboration with the Indian Cancer Society, the benefits under this Policy shall be in excess of the benefits available under that Policy.

10. Renewal & Cancellation

- a) We are not bound to accept any renewal premium or give notice that renewal is due.
- b) This Policy may be renewed by mutual consent every year and in such event, the renewal premium shall be paid to Us on or before the date of expiry of the Policy or of the subsequent renewal thereof. However We shall not be bound to give notice that such renewal premium is due
- c) We may cancel this insurance by giving You at least 15 days written notice, and if no claim has been made then We shall refund a pro-rata premium for the unexpired Policy Period.
- d) You may cancel this insurance by giving Us at least 15 days written notice, and if no claim has been made then We shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

Period on risk	Rate of premium refunded
Upto one month	75% of annual rate
Upto three months	50% of annual rate
Upto six months	25% of annual rate
Exceeding six months	Nil

- e) Ordinarily renewals will not be refused /cancellation will not be invoked by Us except on ground of fraud, moral hazard or misrepresentation.

11. Dispute Resolution

- a) Any dispute regarding the claim amount, liability otherwise being admitted, are to be referred to arbitration under the Arbitration & Conciliation Act 1996. The law of the arbitration shall be Indian law and the seat of the arbitration and venue for all the hearings shall be within India.
- b) If these arbitration provisions are held to be invalid, then all such disputes or differences shall be referred to the exclusive jurisdiction of

the Indian courts.

12. Compliance with Policy Provisions

Failure by You or the Insured Person to comply with any of the provisions in this Policy may invalidate all claims hereunder.

13. Examination of Books and Records

We may examine Your books and records relating to the insurance under this Policy at any time during the Policy Period and up to three years after the Policy expiration, or until final adjustment (if any) and resolution of all claims under this Policy.

14. Territorial Limits and Law

- We cover Accidental Bodily injury sustained by the Insured Person during the Policy Period anywhere in India.
- The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian Law.
- The Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by Us, which approval shall be evidenced by an endorsement on the Schedule.

15. Declaration

- It is specifically and clearly understood by You that if You make any declaration which is false in the proposal form for insurance, whether material to the claim or not, We will have absolutely no liability on any claim arising out of or from this Policy.
- It is further understood and accepted by You that You have gone through the Policy and / or prospectus and have understood the implications of all its contents prior to affixing Your signature on the proposal form.
- You further declare that Your signing the proposal form is binding on all others who have been included by You in the Policy and indemnify Us in case of any loss arises as a consequence of their non adherence or challenging any of the terms of this Policy.

5. DAYCARE LIST

In addition to the Day care List we would also cover "Any other surgeries/procedures agreed by Administrator/Us which require less than 24 hours hospitalization as an inpatient, due to subsequent advancement in Medical Technology".

Operations on the eyes

- o Incision of tear glands
- o Incision of diseased eyelids
- o Excision and destruction of diseased tissue of the eyelid
- o Operations on the canthus and epicanthus
- o Corrective surgery for entropion and ectropion
- o Corrective surgery for blepharoptosis
- o Removal of a foreign body from the conjunctiva
- o Removal of foreign body from the cornea
- o Incision of the cornea
- o Operations for pterygium
- o Other operations on the cornea
- o Removal of a foreign body from the lens of the eye
- o Removal of a foreign body from the posterior chamber of the eye
- o Removal of a foreign body from the orbit and eyeball
- o Operation of a cataract

Operations of Ears

- Microsurgical operations on the middle ear
 - o Myringoplasty (Type 1 tympanoplasty)
 - o Tympanoplasty (closure of an eardrum perforation and reconstruction of the auditory ossicles)
 - o Revision of a tympanoplasty
 - o Stapedotomy
 - o Stapedectomy
- Other operations on the middle and internal ear
 - o Paracentesis (myringotomy)
 - o Removal of a tympanic drain.
 - o Mastoidectomy
 - o Incision of the mastoid process and middle ear
 - o Reconstruction of the middle ear
 - o Fenestration of the inner ear
 - o Other operations on the inner ear.
- Operations on the nose and the nasal sinuses
 - o Operations on turbinates (nasal concha)
- Operations on the tongue
 - o Incision, excision and destruction of diseased tissue of the tongue
 - o Partial glossectomy
 - o Glossectomy
 - o Reconstruction of the tongue
- Operations on the Salivary Glands and salivary ducts

- o Incision and lancing of a salivary gland and a salivary duct
- o Resection of a salivary gland
- o Reconstruction of a salivary gland and a salivary duct

Other operations on the mouth and face

- o Palatoplasty
- o External Incision and drainage in the region of the mouth, jaw and face
- o Excision and destruction of disease hard and soft palate
- o Incision of the hard and soft palate
- o Plastic Surgery to the floor of the mouth

Operations on the tonsils and adenoids

- o Transoral incision and drainage of a pharyngeal abscess
- o Tonsillectomy without adenoidectomy
- o Tonsillectomy with adenoidectomy
- o Excision and destruction of a lingual tonsil.
- o Other operations on the tonsils and adenoids

Operations on the Skin and subcutaneous tissues

- o Free skin transplantation
- o Skin plasty

Operations on the Breast

- o Incision of the breast
- o Operations on the nipple.

Operations on the digestive tract

- o Surgical treatment of anal fistulas
- o Surgical treatment of hemorrhoids
- o Division of the anal sphincter (sphincterotomy)
- o Ultrasound guided aspirations.
- o Sclerotherapy.

Operations on the urinary system

- o Cystoscopic removal of stones

Operations on the female sexual organs

- o Incision of the ovary
- o Insufflation of the Fallopian tubes
- o Dilatation of the cervical canal
- o Conisation of the uterine cervix
- o Other operations on the uterine cervix
- o Incision of the uterus (hysterotomy)
- o Therapeutic curettage
- o Culdotomy
- o Incision of the vagina
- o Operations on Bartholin's glands (cyst)

Operations on the Prostate and seminal vesicles

- o Transurethral excision and destruction of prostate tissue
- o Transurethral and percutaneous destruction of prostate tissue
- o Incision and excision of periprostatic tissue
- o Radical Prostatovesiculectomy
- o Other excision and destruction of prostate tissue
- o Operations on the seminal vesicles
- o Other operations on the prostate

Operations on the scrotum and tunica vaginalis testis

- o Incision of the scrotum and tunica vaginalis testis
- o Operation on a testicular hydrocele
- o Excision and destruction of diseased scrotal tissue.
- o Other operations on the scrotum and tunica vaginalis testis

Operations on the testes

- o Incision of the testes
- o Excision and destruction of diseased tissue of the testes
- o Unilateral orchidectomy
- o Bilateral orchidectomy
- o Reconstruction of the testis

Operations on the Penis

- o Amputation of the penis
- o Plastic reconstruction of the penis

Orthopedic Surgeries

- o Incision on bone
- o Closed reduction on fracture, luxation or epiphysealolysis with osteosynthesis
- o Reduction of dislocation under GA

Other Operations

- o Lithotripsy
- o Coronary angiography
- o Radiotherapy for Malignancies
- o Parenteral Chemotherapy
- o Haemodialysis

Endorsement: This endorsement gives effect to change of wordings under the sub - headings of the policy clause attached to the policy schedule and should be read as per the new wordings given below under column "Revised Policy Wordings". All other terms, conditions and exclusions shall remain unaltered.

SR NO	SECTION	EXISTING POLICY WORDINGS	REVISED POLICY WORDINGS
Scope Of Cover			
1.	2	<p>We shall pay as follows:</p> <ol style="list-style-type: none"> 1. Room, Board & Nursing Expenses as provided by the hospital/nursing home including registration and service charges <ol style="list-style-type: none"> a) Gold, Silver, Basic Plan - up to 1% of the Sum Insured per day. If admitted into Intensive Care Unit up to 2% of the Sum Insured per day. All admissible claims under section (1) during the policy period up to 35% of the Sum Insured per claim. b) Platinum Plan - As per actuals. 2. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees <ol style="list-style-type: none"> a) Gold, Silver, Basic Plan - up to 35% of the Sum Insured per claim. b) Platinum Plan - As per actuals. 3. Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Diagnostic Materials and X-ray, Cost of Pacemaker, prosthesis/internal implants and any medical expenses incurred which is integral part of the operation <ol style="list-style-type: none"> a) Gold, Silver, Basic Plan - up to 40% of the Sum Insured per claim. b) Platinum Plan - As per actuals 	<p>We shall pay as follows:</p> <ol style="list-style-type: none"> 1. Room, Board & Nursing Expenses as provided by the hospital/nursing home including registration and service charges <ol style="list-style-type: none"> a) Gold, Silver, Basic Plan (for Sum Insured Rs 50000/- Rs 1lakh and Rs 1.5 lakhs) - up to 1% of the Sum Insured per day. If admitted into Intensive Care Unit up to 2% of the Sum Insured per day. All admissible claims under section (1) during the policy period up to 35% of the Sum Insured per claim. b) Gold, Silver, Basic Plan (for Sum Insured Rs 2 lakhs and above) - As per actuals. c) Platinum Plan - As per actuals. 2. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees <ol style="list-style-type: none"> a) Gold, Silver, Basic Plan (for Sum Insured Rs 50 000/- Rs 1 lakh and Rs1.5 lakhs) - up to 35% of the Sum Insured per claim. b) Gold, Silver, Basic Plan (for Sum Insured Rs 2 lakhs and above) - As per actuals. c) Platinum Plan - As per actuals. 3. Anaesthesia, Blood, Oxy gen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Diagnostic Materials and X-ray, Cost of Pacemaker, prosthesis/internal implants and any medical expenses incurred which is integral part of the operation <ol style="list-style-type: none"> a) Gold, Silver, Basic Plan (for Sum Insured Rs 50000/- Rs 1lakh and Rs 1.5 lakhs) - up to 40% of the Sum Insured per claim. b) Gold, Silver, Basic Plan (for Sum Insured Rs 2 lakhs and above) - As per actuals. c) Platinum Plan - As per actuals
2.	2	<ol style="list-style-type: none"> 4. Pre-hospitalisation expenses - We shall pay for expenses incurred 60 days prior to date of admission into the hospital. The maximum amount claimable will be 8% of the eligible hospitalisation expenses per Occurrence as per the Policy. 5. Post -hospitalisation expenses - We shall pay for 90 days after the date of discharge from the hospital. The maximum amount claimable will be 10% of the eligible hospitalisation expenses per Policy. 	<ol style="list-style-type: none"> 4. Pre-hospitalisation expenses - We shall pay for expenses incurred 60 days prior to date of admission into the hospital. 5. Post -hospitalisation expenses - We shall pay for expenses incurred 90 days after the date of discharge from the hospital
3.	2	<ol style="list-style-type: none"> 8. Free medical check-up - For every four claim free years during which You have been insured with Us without any break in insurance, We shall arrange a free medical check -up for You in Our empanelled diagnostic centre or We shall reimburse the cost incurred by You for the check -up subject to maximum 1% of sum insured up to a maximum of Rs. 2500. 	<ol style="list-style-type: none"> 8. Free medical check-up - At the end of every continuous period of 4 years during which You have held Our Health Suraksha policy without making a claim You may apply to Us for a free medical check up (Physician Consultation, ECG, Complete Blood Count, Urine Routine, Fasting blood Sugar, Post Prandial Blood Sugar, Lipid Profile, Serum Creatinine, SGOT, SGPT, GGTP) at our Diagnostic Center the location of which We will specify at the time of Your application. For the avoidance of doubt, We shall not be liable for any other ancillary or peripheral costs or expenses (including but not limited to those for transportation, accommodation or sustenance). In case of Family Floater the above benefit would be available for any two of the insured family members.
Exclusions			
4.	3	27. Any kind of Surcharges beyond 5% of basic hospitalization expenses.	This exclusion has been deleted.
5.	3	29. Expenses related to donor screening, treatment, including surgery to remove organs from the donor in case of a transplant surgery.	29. Expenses related to donor screening, treatment, including surgery to remove organs from the donor in case of a transplant surgery. We will not pay donor's pre and post hospitalization expenses or any other medical treatment for the donor consequent to surgery

Conditions

6.	4	<p>6.(e) The payment of claim under the medical Section will be as follows</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="text-align: left;">Benefit Plan</th> <th style="text-align: center;">Zone A</th> <th style="text-align: center;">Zone B</th> <th style="text-align: center;">Zone C</th> </tr> </thead> <tbody> <tr> <td>Platinum Plan</td> <td>No sublimit applicable</td> <td></td> <td></td> </tr> <tr> <td>Gold Plan</td> <td style="text-align: center;">100%*</td> <td style="text-align: center;">100%*</td> <td style="text-align: center;">100%*</td> </tr> <tr> <td>Silver Plan</td> <td style="text-align: center;">80%*</td> <td style="text-align: center;">100%*</td> <td style="text-align: center;">100%*</td> </tr> <tr> <td>Basic Plan</td> <td style="text-align: center;">70%*</td> <td style="text-align: center;">80%*</td> <td style="text-align: center;">100%*</td> </tr> </tbody> </table> <ul style="list-style-type: none"> Platinum plan is for Insured who have paid premium for sum insured 6 lacs and above. Gold Plan is for insured who paid the premium for Zone A region which comprises of Mumbai including Thane and Panvel, Delhi including NCR (National Capital Region).The eligibility of the claim amount will be 100% for all the Zones subject to the Policy terms and conditions. Silver Plan is for insured who paid the premium for Zone B region which comprises of Chennai, Kolkatta, Bangalore, Ahmedabad and Hyderabad. The eligibility of the claim amount will be 100% for Zone B and Zone C, 80% for Zone A subject to the Policy terms and conditions. Basic Plan is for insured who have paid the premium for Zone C region which comprises of rest of India excluding Zone A and Zone B. The eligibility of the claim amount will be 100% for Zone C, 80% for Zone B and 70% for Zone A subject to the Policy terms and conditions. <p>*The percentage of amount shown in the above table is with respect to the eligible claim amount.</p>	Benefit Plan	Zone A	Zone B	Zone C	Platinum Plan	No sublimit applicable			Gold Plan	100%*	100%*	100%*	Silver Plan	80%*	100%*	100%*	Basic Plan	70%*	80%*	100%*	<p>6.(e) The payment of claim under the medical Section will be as follows</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="text-align: left;">Benefit Plan</th> <th style="text-align: center;">Zone A</th> <th style="text-align: center;">Zone B</th> <th style="text-align: center;">Zone C</th> </tr> </thead> <tbody> <tr> <td>Platinum Plan</td> <td>No sublimit applicable</td> <td></td> <td></td> </tr> <tr> <td>Gold Plan</td> <td style="text-align: center;">100%*</td> <td style="text-align: center;">100%*</td> <td style="text-align: center;">100%*</td> </tr> <tr> <td>Silver Plan</td> <td style="text-align: center;">80%*</td> <td style="text-align: center;">100%*</td> <td style="text-align: center;">100%*</td> </tr> <tr> <td>Basic Plan</td> <td style="text-align: center;">70%*</td> <td style="text-align: center;">80%*</td> <td style="text-align: center;">100%*</td> </tr> </tbody> </table> <p>The geographical zones for specific plans as mentioned above are bases on the location of the hospital where treatment is taken and not the residence of the insured.</p> <ul style="list-style-type: none"> Platinum plan is for Insured who have paid premium for sum insured 6 lacs and above. Gold Plan is for insured who paid the premium for Zone A region which comprises of Mumbai including Thane and Panvel, Delhi including NCR (National Capital Region).The eligibility of the claim amount will be 100% for all the Zones subject to the Policy terms and conditions. Silver Plan is for insured who paid the premium for Zone B region which comprises of Chennai, Kolkatta, Bangalore, Ahmedabad and Hyderabad. The eligibility of the claim amount will be 100% for Zone B and Zone C, 80% for Zone A subject to the Policy terms and conditions. Basic Plan is for insured who have paid the premium for Zone C region which comprises of rest of India excluding Zone A and Zone B. The eligibility of the claim amount will be 100% for Zone C, 80% for Zone B and 70% for Zone A subject to the Policy terms and conditions. <p>*The percentage of amount shown in the above table is with respect to the eligible claim amount.</p> <p>**The co-payment stands waived for all plans in case of claims due to any of the acute emergencies stated below</p> <ol style="list-style-type: none"> 1) Acute Myocardial infarction 2) Major Accidents requiring immediate hospitalization and treatment 3) Acute Cerebrovascular Accident 4) Third degree burns 	Benefit Plan	Zone A	Zone B	Zone C	Platinum Plan	No sublimit applicable			Gold Plan	100%*	100%*	100%*	Silver Plan	80%*	100%*	100%*	Basic Plan	70%*	80%*	100%*
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7.	4	<p>7. Lifetime Limit of Indemnity</p> <p>For the insured at age of entry of 50 years and above the life time limit of Indemnity shall be Our maximum liability to make payment for all claims in the aggregate under all Health Suraksha policies held by each of You in Your Life time, including claims made under this Policy. This limit shall be three times the sum insured specified in the earliest Health Suraksha Policy, if the Policy is continuously renewed by Us.</p>	<p>7. Lifetime Limit of Indemnity</p> <p>For the insured at age of entry of 60 years and above the life time limit of Indemnity shall be Our maximum liability to make payment for all claims in the aggregate under all Health Suraksha policies held by each of You in Your Life time, including claims made under this Policy. This limit shall be three times the sum insured specified in the earliest Health Suraksha Policy, if the Policy is continuously renewed by Us.</p>																																								
8.	5	<p>Day Care List – As per policy clause</p>	<p>Day Care List – As per Policy Clause</p> <p>Following wordings added</p> <p>In addition to Day Care list – We would also cover Any other surgeries /procedures agreed by Administrator / Us which require less than 24 hours hospitalization as an inpatient due to subsequent advancement in technology.</p>																																								

Future Generali India Insurance Company Limited

Corporate & Registered Office:- 001, Delta Plaza, 414, Veer Savarkar Marg, Prabhadevi, Mumbai - 400 025
 Care Lines:- MTNL/BSNL subscribers- 1800-220-233, Any other service provider- 1860-500-3333,Email:care@futuregenerali.in, Website: www.futuregenerali.in

Grievance Redressal Procedures





Dear Customer,

At **Future Generali** we are committed to provide Exceptional "Customer-Experience" that you remember and return to fondly. We encourage you to read your policy & schedule carefully. We want to make sure the plan is working for you and welcome your feedback.

What Constitutes a Grievance?

A "Grievance/Complaint" is defined as any communication that expresses dissatisfaction about an action or lack of action, about the standard service/deficiency of service from Future Generali or its intermediary or asks for remedial action.

If you have a complaint or grievance you may reach us through the following avenues:

	24X7 Help-lines	MTNL/BSNL :1800-220-233		Email	care@futuregenerali.in
		Others :1860-500-3333		Website	www.futuregenerali.in
	Customer Service Cell	Future Generali India Insurance Company Ltd. Corporate & Registered Office:- 001, Delta Plaza, 414, Veer Savarkar Marg, Prabhadevi, Mumbai - 400 025			

While sending in your complain in writing, please use the complaint form, annexed with your policy. Kindly quote your policy number in all communication with us. This will help us to deal with the matter faster.

- We will acknowledge receipt of your concern within 3 - business days.
- Within 2 - weeks of receiving your grievance, we shall revert to you the final resolution.
- We shall regard the complaint as closed if we do not receive a reply within 8 weeks from the date of receipt of response.

While we constantly endeavor to promptly register, acknowledge & resolve your grievance, if you feel that you are experiencing difficulty in registering your complaint, you may register your complaint through the IRDA (**Insurance Regulatory and Development Authority**).

CALL CENTER: TOLL FREE NUMBER (155255).

INSURANCE OMBUDSMAN

If you are still not satisfied with the resolution to the complaint as provided by our Grievance Redressal Officer, you may approach the Insurance Ombudsman for a review. The Insurance Ombudsman is an organization that addresses grievances that are not settled to your satisfaction. You may reach the nearest insurance ombudsman office. The list of Insurance Ombudsmen offices is as mentioned below.

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD	Insurance Ombudsman Office of the Insurance Ombudsman 2nd Floor, Ambica House, Nr. C.U.Shah College, 5, Navyug Colony, Ashram Road, AHMEDABAD - 380 014 Tel: 079- 27546840 Fax: 079-27546142 E-mail: ins.omb@rediffmail.com	Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu
BHOPAL	Insurance Ombudsman Office of the Insurance Ombudsman Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL - 462 023 Tel: 0755-2569201 Fax: 0755-2769203 E-mail: bimalokpalbhopal@airtelmail.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Insurance Ombudsman Office of the Insurance Ombudsman 62, Forest Park, BHUBANESHWAR - 751 009 Tel: 0674-2596455 Fax: 0674-2596429 E-mail: ioobbsr@dataone.in	Orissa
CHANDIGARH	Insurance Ombudsman Office of the Insurance Ombudsman S.C.O. No.101, 102 & 103, 2nd Floor, Batra Building, Sector 17-D, CHANDIGARH - 160 017 Tel: 0172-2706468 Fax: 0172-2708274 E-mail: ombchd@yahoo.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, UT of Chandigarh
CHENNAI	Insurance Ombudsman Office of the Insurance Ombudsman Fatima Akhtar Court, 4th Floor, 453 (old 312) Anna Salai, Teynampet, CHENNAI - 600 018 Tel:044-24333668 /5284 Fax: 044-24333664 E-mail: insombud@md4.vsnl.net.in	Tamilnadu, UT- Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
NEW DELHI	Insurance Ombudsman Office of the Insurance Ombudsman 2/2 A, Universal Insurance Bldg. Asaf Ali Road, NEW DELHI - 110 002 Tel: 011-23239633 Fax: 011-23230858 E-mail: jobdelraj@rediffmail.com	Delhi & Rajasthan
GUWAHATI	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Nivesh, 5th floor Nr. Panbazar Overbridge, S.S. Road, GUWAHATI - 781 001 Tel:0361-2132204/5 Fax: 0361-2732937 E-mail: ombudsmanghy@rediffmail.com	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Insurance Ombudsman 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: 040-65504123 Fax: 040-23376599 E-mail: insombudhyd@gmail.com	Andhra Pradesh, Karnataka and UT of Yanam - a part of UT of Pondicherry
ERNAKULAM	Insurance Ombudsman Office of the Insurance Ombudsman 2nd Floor, CC 27/2603, Pulinat Building, Opp. Cochin Shipyard, M.G. Road, ERNAKULAM - 682 015 Tel: 0484-2358759 Fax: 0484-2359336 E-mail: iokochi@asianetindia.com	Kerala, UT of (a) Lakshadweep, (b) Mahe - a part of UT of Pondicherry
KOLKATA	Insurance Ombudsman Office of the Insurance Ombudsman North British Bldg. 29, N.S. Road, 4th Floor, KOLKATA - 700 001 Tel: 033-22134866 Fax: 033-22134868 E-mail : ioimbkol@vsnl.net	West Bengal, Bihar, Jharkhand and UT of Andaman & Nicobar Islands, Sikkim
LUCKNOW	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Bhawan, Phase 2, 6th Floor, Nawal Kishore Road, Hazratganj, LUCKNOW - 226 001 Tel: 0522 -2231331 Fax: 0522-2231310 E-mail: insombudsman@rediffmail.com	Uttar Pradesh and Uttaranchal
MUMBAI	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Seva Annexe, 3rd Floor, S.V.Road, Santacruz (W), MUMBAI - 400 054 Tel: 022-26106928 Fax: 022-26106052 E-mail: ombudsmanmumbai@gmail.com	Maharashtra, Goa

HEALTH SURAKSHA CLAIM FORM

(Issuance of this form does not imply acceptance of the liability)

Note: Every field should be answered in detail

1. Claim Number				
2. Policy Number				
3. Type of Coverage				
Individual <input type="checkbox"/> Family Floater <input type="checkbox"/>				
4. Type of Plan				
Platinum <input type="checkbox"/> Gold <input type="checkbox"/> Silver <input type="checkbox"/> Basic <input type="checkbox"/>				
5. Name of the Insured (in whose name the policy is issued)				
6. Sum Insured Entitled				
7. Customer ID number (mentioned on health card)				
8. (a) Name of the claimant person (in respect of whom the claim is made)				
(b) Relationship to the Insured				
(c) Present completed age				
(d) Occupation				
(e) Residential Address				
9. Nature of disease/illness contracted or injury suffered or complete diagnosis				
10. Date of injury sustained/ or disease / illness first detected				
11. Details of Pre existing disease / illness with duration of disease/ illness				
12. Past history of any related surgery with date of surgery.				
13. (a) Name and address of attending medical practitioner				
(b) Qualification / Degree				
(c) Registration no				
(d) Contact No				
14. (a) Name and address of Hospital / Clinic / Nursing Home (where patient hospitalized or treatment taken)				
(b) Registration no of the Hospital				
(c) Date of admission				
(d) Date of discharge				
15. Nature of the claim (Please indicate by tick mark)				
A) Type of claim	Hospitalization <input type="checkbox"/>	Pre Hospitalization <input type="checkbox"/>	Post Hospitalization <input type="checkbox"/>	
B) Type of provider	Network <input type="checkbox"/>	Non Network <input type="checkbox"/>		
C) Type of admission	Emergency <input type="checkbox"/>	Planned <input type="checkbox"/>	Daycare <input type="checkbox"/>	
16. Schedule of expenses incurred by the claimant under hospitalization (to be supported by original bills/receipts, cash memos, etc)				
Expenses incurred in the hospital	Pre hospitalization expenses (Rs)		Post hospitalization expenses (Rs)	

In support of the above claim, I enclose following documents in Original (Please indicate by tick mark)	
1. Final Hospital Bill with Receipt	
2. Discharge certificate/card from the Hospital	
3. Cash Memos from, the Hospital/Chemist(s), supported by proper prescription	
4. Receipt and Pathological test report from a Pathologist supported by the note from the attending Medical Practitioner/Surgeon demanding such Pathological test.	
5. Surgeon's certificate stating nature of operation performed and Surgeon's bill and receipt	
6. Attending Doctor's / Consultant's / Specialist's / Anesthetist's bill and receipt and certificate regarding diagnosis.	
7. Certificate from the attending Medical Practitioner /Surgeon that the patient is fully cured.	
8. Receipt of Ambulance service, if ambulance service was used	

NOTE: Submit the Medical Certificate signed and stamped by attending doctor in attached format.

I hereby warrant the truth of the foregoing particulars in every respect and I agree that if I have made or shall make any false or untrue statement suppression or concealment my right to claim reimbursement of the said expenses shall be absolutely forfeited. I further declare that in respect of the above treatment no benefits are admissible under any other Medical Scheme of insurance. I consent and authorize the insurers to seek medical information from any Hospital/Medical Practitioner who has at any time attended concerning the claim.

Date:

Signature of Claimant

