

**AROGYA SANJEEVANI POLICY, Generali Central Insurance Company Limited  
CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY.**

This document provides key information about your policy. You are also advised to go through your policy documents.

Sl No.	Title	Description	Policy Clause Number																																				
1	Name of the Insurance Product/Policy Name	Arogya Sanjeevani Policy Generali Central Insurance Company Limited.	Not Applicable																																				
2	Policy Number	XXXXXXXXXX	Not Applicable																																				
3	Type of Insurance Product/Policy	Indemnity	Not Applicable																																				
4	Sum Insured (Basis)	<p>• Individual Sum Insured –</p> <table border="1"> <thead> <tr> <th>Insured Name</th> <th>Sum Insured (Rs.)</th> </tr> </thead> <tbody> <tr><td>Insured 1</td><td></td></tr> <tr><td>Insured 2</td><td></td></tr> <tr><td>Insured 3</td><td></td></tr> <tr><td>Insured 4</td><td></td></tr> <tr><td>Insured 5</td><td></td></tr> <tr><td>Insured 6</td><td></td></tr> <tr><td>Insured 7</td><td></td></tr> <tr><td>Insured 8</td><td></td></tr> <tr><td>Insured 9</td><td></td></tr> <tr><td>Insured 10</td><td></td></tr> </tbody> </table> <p>• Floater Sum Insured</p> <table border="1"> <tbody> <tr><td></td><td></td></tr> <tr><td>Insured 1</td><td></td></tr> <tr><td>Insured 2</td><td></td></tr> <tr><td>Insured 3</td><td></td></tr> <tr><td>Insured 4</td><td></td></tr> <tr><td>Insured 5</td><td></td></tr> <tr><td>Insured 6</td><td></td></tr> </tbody> </table>	Insured Name	Sum Insured (Rs.)	Insured 1		Insured 2		Insured 3		Insured 4		Insured 5		Insured 6		Insured 7		Insured 8		Insured 9		Insured 10				Insured 1		Insured 2		Insured 3		Insured 4		Insured 5		Insured 6		Not Applicable
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5	Policy Coverage (What the Policy covers?)	<p><b>Expenses in respect of:</b></p> <p>Hospitalization expenses – Admission in a hospital for a minimum period of 24 inpatient Care consecutive hours.</p> <p>Day Care Procedures – Specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.</p> <p>Road Ambulance subject to a maximum of Rs. 2000/- per hospitalization.</p> <p>AYUSH Treatment– incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and</p>	<p>Section 4.1</p> <p>Section 4.1.1</p> <p>Section 4.1.1</p> <p>Section 4.2</p>																																				



		<ul style="list-style-type: none"> <li>In respect of the existing diseases, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), policyholder is not entitled to get the coverage for specified ICD codes.</li> </ul>									
7	<b>Waiting period</b> <ul style="list-style-type: none"> <li>Time period during which specified diseases/ treatments are not covered.</li> <li>It is counted from the beginning of the policy coverage</li> </ul>	<ul style="list-style-type: none"> <li><b>Initial waiting period:</b> 30 days for all illnesses (not applicable in case of continuous renewal or accidents)</li> </ul>	Section 6.2								
		<ul style="list-style-type: none"> <li><b>Specific waiting periods:</b> (Not applicable for claims arising due to an accident) <ul style="list-style-type: none"> <li>a) 24 months waiting period for Benign ENT disorders, Tonsillectomy, Adenoidectomy, Mastoidectomy, Tympanoplasty, Hysterectomy, All internal or external benign tumors, cysts, polyps of any kind, including benign breast lumps, Benign Prostate Hypertrophy, Cataract and age related eye ailments, Gastric/ Duodenal Ulcer, Gout and Rheumatism, Hernia of all types, Hydrocele, Non Infective Arthritis, Piles, Fissures and Fistula in anus, Pilonidal sinus, Sinusitis and related disorders, Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident, Calculi in urinary system, Gall Bladder and bile duct, excluding malignancy, Varicose Veins and Varicose Ulcers.</li> <li>b) 36 months waiting period for Treatment for joint replacement unless arising from accident, Age-related Osteoarthritis &amp; Osteoporosis.</li> </ul> </li> </ul>	Section 6.3								
		<ul style="list-style-type: none"> <li><b>Pre-existing diseases:</b> covered after 36 months.</li> </ul>	Section 6.1								
8	<b>Financial Limits of Coverage</b> <p>i. Sub Limits- (It is a predefined limit, and the insurance company will not pay any amount in excess of this limit)</p>	<p>The Policy will pay only up to the limits specified hereunder for the following diseases/procedures.</p> <p>In case of claim, this policy require you to share the following costs: Expenses exceeding the following Sub-limits.</p> <table border="1"> <tr> <td>Room Rent</td> <td>Up to 2% of SI, subject to max of INR 5,000 per day.</td> </tr> <tr> <td>ICU Charges</td> <td>Up to 5% of SI, subject to max of INR 10,000 per day</td> </tr> <tr> <td>Cataract</td> <td>up to 25% of Sum Insured or Rs. 40,000/- whichever is lower.</td> </tr> <tr> <td>Modern treatment methods and Advancements in technology</td> <td>Up to 50% of the Sum Insured</td> </tr> </table>	Room Rent	Up to 2% of SI, subject to max of INR 5,000 per day.	ICU Charges	Up to 5% of SI, subject to max of INR 10,000 per day	Cataract	up to 25% of Sum Insured or Rs. 40,000/- whichever is lower.	Modern treatment methods and Advancements in technology	Up to 50% of the Sum Insured	Not Applicable
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		Modern treatment methods and Advancements in technology	Up to 50% of the Sum Insured								

	ii. Co-payment – (It is a specified amount /percentage of the admissible claim amount to be paid by policy holder/Insured)	<b>Co-pay:</b> 5% of co-payment is applicable to claim amount admissible on each and every claim.	Section II.11.5
	iii. Deductible- (It is a specified amount up to which an insurance company will not pay any claim, and which will be deducted from total claim amount (if claim amount is more than the specified amount)	Not Applicable	Not Applicable
	iv. Any other limit (as applicable)	Not Applicable	Not Applicable
<b>9</b>	<b>Claims/Claims Procedure</b>	<p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <p>Turn Around Time (TAT) for claims settlement:</p> <ul style="list-style-type: none"> <li>i. TAT for preauthorization of cashless facility: Within 1 hour of receipt of preauthorization request</li> <li>ii. TAT for cashless final bill authorization: Within 3 hours of the receipt of discharge authorization request from the Hospital</li> </ul> <p>Please find below the details /web link for following:</p> <ul style="list-style-type: none"> <li>i. Network hospital details- <a href="https://generalicentralinsurance.com/hospital-locator">https://generalicentralinsurance.com/hospital-locator</a> Helpline Number (toll free) - 1800 209 1016 / 1800-103-8889</li> <li>ii. Hospitals which are blacklisted or from where no claims will be accepted by Insurer. <a href="https://generalicentralinsurance.com/hospital-locator">https://generalicentralinsurance.com/hospital-locator</a></li> <li>iii. Downloading/getting claim form - <a href="https://generalicentralinsurance.com/customer-service/downloads">https://generalicentralinsurance.com/customer-service/downloads</a></li> </ul>	Section II.11

10	<b>Policy Servicing</b>	<p>a) Call Centre number of Insurer Policy Servicing: 1800 220 233/1860 500 3333/ 022-67837800 Timing: 7 am to 10 pm Claims Servicing:1800 103 8889/1800 209 1016 Timing: 24*7.</p> <p>b) Details of company officials Policy Servicing Office: &lt;&lt;As appearing on the Policy Schedule&gt;&gt;</p>	Not Applicable
11	<b>Grievance/ Complaints</b>	<p>Details of -Grievance Redressal Officer of the Insurer: <a href="https://www.generalicentralinsurance.com/customer-service/grievance-redressal">https://www.generalicentralinsurance.com/customer-service/grievance-redressal</a> -Insurance Company grievance portal / Department:</p> <ul style="list-style-type: none"> <li>• Helplines: 1800-220-233/ 1860-500-3333/ (022) 67837800</li> <li>• Email: <a href="mailto:GCicare@generalicentral.com">GCicare@generalicentral.com</a></li> <li>• Website: <a href="https://www.generalicentralinsurance.com">https://www.generalicentralinsurance.com</a></li> </ul> <p>Ombudsman: The guidelines of taking up a complaint in ombudsman and the addresses of ombudsman are available <a href="https://www.ciains.co.in/ombudsman">https://www.ciains.co.in/ombudsman</a></p>	Section I.16
12	<b>Things to remember</b>	<ul style="list-style-type: none"> <li>• Free Look Cancellation: You may cancel the insurance policy if you do not want it, within 30 days from the beginning of policy. The Free Look Period shall only be applicable for new policies and shall not be available on renewal policies, ported policies and migrated policies. In the event you want to exercise Free Look Cancellation, you will need to place a request for the same through registered e-mail id or registered contact number by calling on our Helpline Numbers 1800-220-233, 1860-500-3333, 022-67837800 or by submitting a request at any of our branch offices. If you have not made any claim during the Free Look Period, then you shall be entitled to <ul style="list-style-type: none"> <li>a) a refund of the premium paid less any expenses incurred by the Company on medical examination of the Insured Person and the stamp duty charges or</li> <li>b) Where the risk has already commenced and the option of return of the policy is exercised by the Insured Person, a deduction towards the proportionate risk premium for period of cover or</li> <li>c) Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.</li> </ul> </li> <li>• Policy Renewal: Except on grounds of fraud, moral hazard</li> </ul>	Section I.3

		<p>or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.</p>															
		<ul style="list-style-type: none"> <li>• <b>Migration &amp; Portability:</b> When your policy is due for renewal, you may migrate to another policy with us or port your policy with other Insurer. The e-mail and address to be contacted for outward portability is: Customer Service Cell, Generali Central Insurance Company Limited. Corporate &amp; Registered Office 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai – 400083 Email: <a href="mailto:GCicare@generalicentral.com">GCicare@generalicentral.com</a> For Detailed Guidelines on migration and portability, kindly refer the link <a href="https://generalicentralinsurance.com/portability-and-migration">https://generalicentralinsurance.com/portability-and-migration</a></li> </ul>	Section I.4, I.5														
		<ul style="list-style-type: none"> <li>• <b>Change in Sum Insured-</b> Sum insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For Increase in SI, waiting period if any shall start afresh only for the enhanced portion of the sum insured.</li> </ul>	Section II.8														
		<p><b>Moratorium Period-</b>After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.</p>	Section I.12														
13	<b>Your Obligations</b>	<p>Please disclose all Pre-Existing Disease/s, or condition/s before buying a policy. Non-disclosure may affect claim settlement. Disclosure of other material information during the policy period.</p> <table border="1" data-bbox="548 1583 1321 1896"> <thead> <tr> <th data-bbox="548 1583 935 1675">Name of the Insured Person/s</th> <th data-bbox="935 1583 1321 1675">Pre-Existing Condition/ Deformity</th> </tr> </thead> <tbody> <tr> <td data-bbox="548 1675 935 1726">Insured 1</td> <td data-bbox="935 1675 1321 1726"></td> </tr> <tr> <td data-bbox="548 1726 935 1776">Insured 2</td> <td data-bbox="935 1726 1321 1776"></td> </tr> <tr> <td data-bbox="548 1776 935 1827">Insured 3</td> <td data-bbox="935 1776 1321 1827"></td> </tr> <tr> <td data-bbox="548 1827 935 1877">Insured 4</td> <td data-bbox="935 1827 1321 1877"></td> </tr> <tr> <td data-bbox="548 1877 935 1927">Insured 5</td> <td data-bbox="935 1877 1321 1927"></td> </tr> <tr> <td data-bbox="548 1927 935 1978">Insured 6</td> <td data-bbox="935 1927 1321 1978"></td> </tr> </tbody> </table>	Name of the Insured Person/s	Pre-Existing Condition/ Deformity	Insured 1		Insured 2		Insured 3		Insured 4		Insured 5		Insured 6		Not Applicable
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			Insured 10								
<b>14</b>	<b>Premium Illustration</b> Premium Illustration in respect of policies offered on individual basis and floater basis.										
	Age of the members insured	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured is available for each member of the family)			Coverage opted on family floater basis with overall Sum insured (Only one sum insured is available for the entire family)				
		Premium (Rs.)	Sum insured (Rs.)	Premium (Rs.)	Discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)
	38 years	7146	500000	7146	357	6789	500000	7146		7146	500000
	36 years	7146	500000	7146	357	6789	500000	7146	3216	3930	
	18 years	4629	500000	4629	231	4398	500000	4629	2546	2083	
	14 years	4330	500000	4330	217	4114	500000	4330	2598	1732	
	12 years	4330	500000	4330	217	4114	500000	4330	2598	1732	
	12 years	4330	500000	4330	217	4114	500000	4330	2598	1732	
	66 years	26679	500000	26679	1334	25345	500000	26679	9338	17341	
	63 years	21739	500000	21739	1087	20652	500000	21739	7609	14130	
	61 years	21739	500000	21739	1087	20652	500000	21739	7609	14130	
	58 years	17735	500000	17735	887	16848	500000	17735	6207	11528	

<p>Total Premium for all members of the family is Rs. 119,803/-, when each member is covered separately.</p> <p>Sum insured available for each individual is Rs.500000.</p>	<p>Total Premium for all members of the family is Rs. 113,813/-, when they are covered under a single policy.</p> <p>Sum insured available for each family member is Rs. 500000.</p>	<p>Total Premium when policy is opted on floater basis is Rs. 75,485/-.</p> <p>Sum insured of Rs. 500000 is available for the entire family.</p>
<p><b>Note:</b></p> <ul style="list-style-type: none"> <li>• This is just an illustration of premium calculation.</li> <li>• Premiums may vary with respect to Plan and Sum Insured opted by the insured.</li> <li>• Premium rates specified in the above illustration are the standard premium rates without considering any loading and/or discounts like – Online (Website) Sales discount etc.</li> <li>• In case premium is paid on instalment basis, the loading will be applicable accordingly.</li> <li>• Premium rates are exclusive of Goods and Services Tax applicable.</li> </ul>		

Declaration by the Policy Holder:

I have read the above and confirm having noted the details:

Place \_\_\_\_\_

Date \_\_\_\_\_ (Signature of the Policyholder)

**Note**

- i. The web-link, where the product related documents including the Customer Information Sheet are available on the website of GCI, is at <https://generalicentralinsurance.com/customer-service/downloads> In case of any conflict, the terms and conditions mentioned in the policy documents shall prevail.
- ii. **Your confirmation, being the policyholder, regarding receiving of the Customer Information Sheet is necessary.**



**Generali Central Insurance Company Limited (Formerly known as Future Generali India Insurance Company Limited) | Registered Office: Unit No. 801 & 802, 8th Floor, Tower C, Embassy 247 Park, LBS Marg, Vikhroli (West), Mumbai – 400083 | IRDAI Regn. No.: 132 | CIN: U66030MH2006PLC165287 | Website: [www.generalicentralinsurance.com](http://www.generalicentralinsurance.com) | Email ID: [gicare@generalicentral.com](mailto:gicare@generalicentral.com) | Toll-free Phone: 1800 220 233 / 1860 500 3333/ 022 6783 7800**  
**ISO No: GCH/HP/FAS/CIS/001**