

ADVANTAGE TOP-UP CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

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

| SI No | Title | Description | Policy Clause Number | | | | | | | | | | | | |
|--------------|---|--|----------------------|-------------------|--------------|--|------------|--|--------------|-------------------|--------------|--|-----------|--|----------------|
| 1 | Name of Insurance Product /Policy | Advantage Top-Up | Not Applicable | | | | | | | | | | | | |
| 2 | Policy Number | XXXXXXXXXXXXXXXX | Not Applicable | | | | | | | | | | | | |
| 3 | Type of Insurance Product/Policy | Indemnity | Not Applicable | | | | | | | | | | | | |
| 4 | Sum Insured (Basis) | <div><div>• Plan Opted - <<_____>></div><div>• Individual Sum Insured –<table><tr><th>Insured Name</th><th>Sum Insured (Rs.)</th></tr><tr><td>Insured 1 to</td><td></td></tr><tr><td>Insured 15</td><td></td></tr></table></div><div>• Floater Sum Insured<table><tr><th>Insured Name</th><th>Sum Insured (Rs.)</th></tr><tr><td>Insured 1 to</td><td></td></tr><tr><td>Insured 2</td><td></td></tr></table></div></div> | Insured Name | Sum Insured (Rs.) | Insured 1 to | | Insured 15 | | Insured Name | Sum Insured (Rs.) | Insured 1 to | | Insured 2 | | Not Applicable |
| Insured Name | Sum Insured (Rs.) | | | | | | | | | | | | | | |
| Insured 1 to | | | | | | | | | | | | | | | |
| Insured 15 | | | | | | | | | | | | | | | |
| Insured Name | Sum Insured (Rs.) | | | | | | | | | | | | | | |
| Insured 1 to | | | | | | | | | | | | | | | |
| Insured 2 | | | | | | | | | | | | | | | |
| 5 | Policy Coverage (What the policy covers?) | Expenses in respect of: | Section B | | | | | | | | | | | | |
| | | In-patient treatment– Admission in a hospital for a minimum period of 24 inpatient Care consecutive hours. | Section B.1.a | | | | | | | | | | | | |
| | | Day Care Treatment Expenses- Specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours. | Section B.1.b | | | | | | | | | | | | |
| | | Pre-Hospitalization Medical Expenses 60 days prior to hospitalization. | Section B.1.c | | | | | | | | | | | | |
| | | Post-Hospitalization Medical Expenses within 90 days immediately after the date of discharge from the Hospital. | Section B.1.d | | | | | | | | | | | | |
| | | Alternative Treatment expenses towards Ayurveda, Yoga and Naturopathy, Unani, Siddha or Homeopathy. | Section B.1.e | | | | | | | | | | | | |
| | | Organ Donor Expenses – Medical Expense incurred for an organ donor’s surgery for the harvesting of the organ donated. | Section B.1.f | | | | | | | | | | | | |
| | | Emergency Ambulance covered up to Rs. 2000 per hospitalization. | Section B.1.g | | | | | | | | | | | | |
| | | Note: All the above covers are offered under this Product. However, the cover offerings are plan specific and shall be applicable as per the opted plan. | | | | | | | | | | | | | |
| 6 | Exclusions (What the policy does not cover) | <div>Standard Exclusions</div> <div><div>• Investigation & Evaluation</div><div>• Rest Cure, rehabilitation and respite care</div><div>• Obesity/ Weight Control</div><div>• Change-of-Gender treatments</div><div>• Cosmetic or Plastic Surgery</div><div>• Hazardous or Adventure sports</div></div> | Section C-ii | | | | | | | | | | | | |

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| | | <ul style="list-style-type: none"> • Breach of law • Excluded Providers • Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. • Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. • Dietary supplements and substances that can be purchased without prescription. • Refractive Error • Unproven Treatments • Birth control, Sterility and Infertility • Maternity <p>Specific Exclusions</p> <ul style="list-style-type: none"> • Outpatient Diagnostic, Medical and Surgical Procedures or OPD treatments • Hormone replacement therapy • Dental treatment or Surgery of any kind unless requiring Hospitalisation as a result of accidental Bodily Injury s) • Medical Practitioner's home visit charges during pre and post Hospitalisation period, Attendant Nursing charges • Circumcision, unless necessary for treatment of an Illness or necessitated due to an Accident. • Vaccination/ inoculation (except as post bite treatment) • Charges incurred in connection with cost of spectacles and contact lenses, hearing aids, durable medical equipment, 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. • Non-prescribed drugs and medical supplies • Intentional self-Injury • Venereal /Sexually Transmitted disease other than HIV/AIDS. • External Congenital Anomaly and related Illness/ defect. • Stem cell storage. • Expenses related to donor screening, treatment, excluding Surgery to remove organs from the donor in case of a transplant Surgery. We will also not pay donor's pre and post Hospitalisation expenses or any other medical treatment for the donor consequent to Surgery. • Domiciliary hospitalizationK/ treatment. • 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). • Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons/ materials. | Section C-iii |
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| | | <ul style="list-style-type: none"> Personal comfort and convenience items or services such as television, telephone, barber or guest service and similar incidental services and supplies. gg) Treatment received outside India. Standard list of excluded items as mentioned in Annexure III and on our website https://generalicentralinsurance.com/non-medical-expenses Any specific exclusion(s) applied by Us, specified in the Schedule and accepted by the insured. | |
| 7 | <p>Waiting period</p> <ul style="list-style-type: none"> Time period during which specified diseases/ treatments are not covered. It is counted from the beginning of the policy coverage | <ul style="list-style-type: none"> Initial waiting period: 30 days for all illnesses (not applicable in case of continuous renewal or accidents) | Section C-1.b.ii |
| | | <ul style="list-style-type: none"> Specific waiting periods: (Not applicable for claims arising due to an accident) <ul style="list-style-type: none"> a) 24 months waiting period for Benign Prostatic Hypertrophy Dysfunctional uterine bleeding, Fibromyoma, Endometriosis, Hysterectomy, All internal or external tumors/cysts/nodules/polyps of any kind including breast lumps with exception of malignant tumor or growth, Any Surgery for prolapsed inter vertebral disc unless arising from Accident, types of gastric or duodenal Ulcers, Stones in the Urinary and Biliary systems, Surgery on ears, Organ transplant, Organ donor expenses, Rheumatoid Arthritis, Gout, Joint replacement Surgery due to Degenerative condition, Age related Osteoarthritis and Osteoporosis unless such joint replacement Surgery is necessitated by Accidental Bodily Injury. | Section C-1.i.b.vi.I&II |
| | | <ul style="list-style-type: none"> Pre-existing diseases: covered after 24 months | Section -C.1.a |
| 8 | <p>Financial Limits of Coverage</p> <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 Sub limits specified hereunder for the following diseases/procedures. In case of claim, this policy require you to share the following costs: Expenses exceeding the following Sub-limits.</p> <p>Not Applicable</p> | Not Applicable |

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| | ii. Co-payment – (It is a specified amount /percentage of the admissible claim amount to be paid by policy holder/ Insured) | Co-Payments Applicable under the Policy Not Applicable | Not Applicable |
| | 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) | Deductible amount per policy year, as per plan and Sum Insured opted and stated in the Policy Schedule Deductible – <<Rs. _____ per year>> or <<Not Applicable>> | Section D.II 2. B. c) |
| | iv. Any other limit (as applicable) | Not Applicable | Not Applicable |
| 9 | Claims/ Claims Procedure | <p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization. Turn Around Time (TAT) for claims settlement:</p> <p>i. TAT for preauthorization of cashless facility -1 hour (from the time of receipt of last necessary documents)</p> <p>ii. TAT for cashless final bill authorization: 1 hour (from the time of receipt of last necessary documents)</p> <p>Please find the details /web link for following:</p> <p>i. Network hospital details- https://generalicentralinsurance.com/hospital-locator</p> <p>ii. Helpline Number - 1800 209 1016 / 1800-103-8889</p> <p>iii. Hospitals which are blacklisted or from where no claims will be accepted by Insurer. - https://generalicentralinsurance.com/hospital-locator</p> <p>iv. Downloading/getting claim form - https://generalicentralinsurance.com/customer-service/downloads</p> | Section D. II. 2. A & B |

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| 10 | Policy Servicing | <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: <<As appearing on the Policy Schedule>></p> | Not Applicable |
| 11 | Grievances /Complaints | <p>Details of -Grievance Redressal Officer of the Insurer: generalicentralinsurance.com/customer-service/grievance-redressal - Insurance Company grievance portal / Department:</p> <ul style="list-style-type: none"> • Helplines: 1800-220-233/ 1860-500-3333/ (022) 67837800 • Email: GCicare@generalicentral.com • Website: https://generalicentralinsurance.com <p>-Ombudsman: The guidelines of taking up a complaint in ombudsman and the addresses of ombudsman are available on: http://www.policyholder.gov.in/Ombudsman.aspx</p> | Section D.1.13 |
| 12 | Things to remember | <ul style="list-style-type: none"> • Free Look Cancellation: You may cancel the insurance policy if you do not want it, within 30 days from the beginning of policy. <p>The Free Look Period shall only be applicable for new policies and shall not be available on renewal policies, ported policies and migrated policies.</p> <p>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.</p> <p>If you have not made any claim during the Free Look Period, then you shall be entitled to</p> <ol style="list-style-type: none"> 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 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 c) Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period | Section D. I. 3 |
| | | <ul style="list-style-type: none"> • Policy Renewal: Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn. | Section D. II.3.A |

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|------------------------------|-----------------------------------|--|------------------------------|-----------------------------------|-----------|--|-----------|--|-----------|--|----------------|
| | | <ul style="list-style-type: none">• Migration & Portability: 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 & Registered Office 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai – 400083 Email: GCIcare@generalicentral.com <p>For Detailed Guidelines on migration and portability, kindly refer the link https://generalicentralinsurance.com/portability-and-migration</p> | Section D. I. 4&5 | | | | | | | | |
| | | <ul style="list-style-type: none">• Change in Sum Insured- 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, the waiting period if any shall start afresh only for the enhanced portion of the sum insured | Section D. II.3.I | | | | | | | | |
| | | <ul style="list-style-type: none">• Moratorium Period-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 | Section D. I.10 | | | | | | | | |
| 13 | Your Obligations | <p>Please disclose all Pre-Existing Disease/s, or condition/s before buying a policy. Non-disclosure may affect claim settlement.</p> <p>Disclosure of other material information during the policy period.</p> <table><tr><td>Name of the Insured Person/s</td><td>Pre-Existing Condition/ Deformity</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></table> | Name of the Insured Person/s | Pre-Existing Condition/ Deformity | Insured 1 | | Insured 2 | | Insured 3 | | Section D. I.1 |
| Name of the Insured Person/s | Pre-Existing Condition/ Deformity | | | | | | | | | | |
| Insured 1 | | | | | | | | | | | |
| Insured 2 | | | | | | | | | | | |
| Insured 3 | | | | | | | | | | | |

14 Premium Illustration in respect of policies offered on individual basis and floater basis
Plan – Supreme, Sum insured – 5 Lacs with Deductible – 5 Lacs.

| Age of the member s 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) | | | | |
|--|--|-------------------|--|-------------------|-------------------------------|---|--|-------------------------|-------------------------------|-------------------|
| | Premiu m (Rs.) | Sum insured (Rs.) | Premiu m (Rs.) | Discount , if any | Premiu m after discount (Rs.) | Sum insured (Rs.) | Premium or consolidate d premium for all members of family (Rs.) | Floater discount if any | Premiu m after discount (Rs.) | Sum insured (Rs.) |
| 46 years | 1,541 | 500000 | 1,541 | 154 | 1,387 | 500000 | 5,928 | 2,374 | 3,554 | 500000 |
| 41 years | 1,200 | 500000 | 1,200 | 120 | 1,080 | 500000 | | | | |
| 20 years | 711 | 500000 | 711 | 71 | 640 | 500000 | | | | |
| 17 years | 619 | 500000 | 619 | 62 | 557 | 500000 | | | | |
| 14 years | 619 | 500000 | 619 | 62 | 557 | 500000 | | | | |
| 14 years | 619 | 500000 | 619 | 62 | 557 | 500000 | | | | |
| 8 years | 619 | 500000 | 619 | 62 | 557 | 500000 | | | | |
| Total Premium for all members of the family is Rs. 5,928/-, when each member is covered separately. Sum insured available for each individual is Rs. 500000 with Deductible of Rs. 500000 | | | Total Premium for all members of the family is Rs. 5,928/-, when each member is covered separately. Sum insured available for each individual is Rs. 500000 with Deductible of Rs. 500000 | | | Total Premium when policy is opted on floater basis is Rs. 3,554/-. Sum insured of Rs. 500000 is available for the entire family with Deductible of Rs. 500000 | | | | |

Note:

- This is just an illustration of premium calculation.
- Premiums may vary with respect to Plan and Sum Insured opted by the insured.
- 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.
- In case premium is paid on instalment basis, the loading will be applicable accordingly.
- Premium rates are exclusive of Goods and Services Tax applicable.

Declaration by the Policy Holder:

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

Place _____

Date _____ (Signature of the Policy)

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>
- ii. In case of any conflict, the terms and conditions mentioned in the policy documents shall prevail.
- iii. **Your confirmation, being the policyholder, regarding receiving of the Customer Information Sheet is necessary**



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ISO No: GCH/HP/FAT/CIS/001