

## CRITICARE 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	Criticare	Not Applicable						
2	Policy Number	XXXXXXXXXXXXXXXXXX	Not Applicable						
3	Type of Insurance Product/Policy	Benefit	Not Applicable						
4	Sum Insured (Basis)	<div>• Individual Sum Insured</div> <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>	Insured Name	Sum Insured (Rs.)	Insured 1 to		Insured 15		Not Applicable
Insured Name	Sum Insured (Rs.)								
Insured 1 to									
Insured 15									
5	Policy Coverage (What the policy covers?)	<div>Expenses in respect of:</div> <div>The Insured Event whose signs or symptoms first commence more than 90 days after the commencement of period of Insurance and shall include only.</div> <div>a) First Diagnosis of the below-mentioned Illnesses more specifically described below:<div>1. Cancer (cancer of specified severity)</div><div>2. Kidney failure requiring regular dialysis.</div><div>3. Primary (Idiopathic) pulmonary hypertension</div><div>4. End Stage Liver failure</div><div>5. Multiple sclerosis with persisting symptoms</div></div> <div>Or</div> <div>b) Undergoing for the first time of the following surgical procedures, more specifically described below:<div>1. Major organ/bone marrow transplant</div><div>2. Open chest CABG (coronary artery bypass graft)</div><div>3. Aorta graft surgery</div></div> <div>Or</div> <div>c) Occurrence for the first time of the following medical events more specifically described below:<div>1. Stroke resulting in permanent symptoms.</div><div>2. First heart attack (myocardial infarction)- of specified severity</div><div>3. Coma of specified severity</div><div>4. Total blindness.</div></div>	Section B						
6	Exclusions (What the policy does not cover)	<div>Standard Exclusions</div> <div><div>• Change-of-Gender treatments</div><div>• Cosmetic or Plastic Surgery</div><div>• Unproven Treatments</div></div>	Section C-i						

		<ul style="list-style-type: none"> <li>• Hazardous or Adventure sports</li> <li>• Birth control, Sterility and Infertility</li> <li>• Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.</li> <li>• Hazardous or Adventure sports</li> </ul> <p>Specific Exclusions</p> <ul style="list-style-type: none"> <li>• Any medical procedure or treatment, which is not medically necessary or not performed by a Doctor.</li> <li>• Any treatment relating to birth defects and external.</li> <li>• Hormone replacement therapy.</li> <li>• Treatment by a Family member and self-medication</li> <li>• Ayurvedic, Homeopathy, Unani, naturopathy, reflexology, acupuncture, bone-setting, herbalist treatment, hypnotism, rolfing, massage therapy, aroma therapy or any other treatments including Alternative treatments other than Allopathy / western medicines.</li> <li>• Attempted suicide (whether sane or insane) or intentionally self inflicted Injury or Illness, nervous disorder or sexually transmitted conditions, other than Acquired Immune Deficiency Syndrome (AIDS), Human Immune deficiency Virus (HIV) infection.</li> <li>• War, civil War, invasion, insurrection, revolution, act of foreign enemy, hostilities (whether War be declared or not), rebellion, mutiny, use of military power or usurpation of government or military power.</li> <li>• Participation in winter sports, , participation in any Professional Sports, any bodily contact sport or any other hazardous or potentially dangerous sport for which You are untrained.</li> <li>• Loss caused directly or indirectly, wholly or partly by infections (except pyogenic infections which shall occur through an Accidental cut or wound) or any other kind of Disease.</li> <li>• Diagnosis outside India; unless reaffirmed by Physician in India and subject to presentation of all Claim documents in English</li> </ul>	Section C-ii
7	Waiting period	<ul style="list-style-type: none"> <li>• <b>Initial waiting period:</b> 90 days for all illnesses (not applicable in case of continuous renewal or accidents)</li> </ul>	Section C .2
	<ul style="list-style-type: none"> <li>• Time period during which specified diseases/ treatments are not covered.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Specific waiting periods:</b> (Not applicable for claims arising due to an accident) – Not Applicable</li> </ul>	
	<ul style="list-style-type: none"> <li>• It is counted from the beginning of the policy coverage</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Pre-existing diseases:</b> Benefits will not be available for Any Pre-Existing conditions or related condition</li> </ul>	Section -C .1

8	Financial Limits of Coverage	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.	Not Applicable
	i. Sub Limits- (It is a predefined limit, and the insurance company will not pay any amount in excess of this limit)	Not Applicable	
	ii. Co-payment – (It is a specified amount /percentage of the admissible claim amount to be paid by policy holder/ Insured)	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)	<b>Deductible</b> –<<Not Applicable>>	Not Applicable
	iv. Any other limit (as applicable)	Not Applicable	Not Applicable

9	Claims/ Claims Procedure	<ul style="list-style-type: none"> <li>You or someone claiming on Your behalf must give Notification of Claim to us in writing immediately, and in any event within 60 days of the aforesaid Illness/ condition/ surgical event but after the Survival Period of 28 days.</li> <li>The Company shall make payment under this Policy in the name of or the benefit of the Insured by delivering the same to the Insured/Proposer in case of minors/ Nominee in case of the death of the Insured.</li> </ul> <p>Please find below the details /web link for following:</p> <ol style="list-style-type: none"> <li>Helpline Number - 1800 209 1016 / 1800-103-8889</li> <li>Downloading/getting claim form - <a href="https://generalicentralinsurance.com/customer-service/downloads">https://generalicentralinsurance.com/customer-service/downloads</a></li> </ol>	Not Applicable
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: &lt;&lt;As appearing on the Policy Schedule&gt;&gt;</p>	Not Applicable
11	Grievances /Complaints	<p>Details of -Grievance Redressal Officer of the Insurer: <a href="http://generalicentralinsurance.com/customer-service/grievance-redressal">http://generalicentralinsurance.com/customer-service/grievance-redressal</a></p> <p>-Insurance Company grievance portal / Department:</p> <ul style="list-style-type: none"> <li>Helplines: 1800-220-233/ 1860-500-3333/ (022) 67837800 Email: <a href="mailto:GCicare@generalicentral.com">GCicare@generalicentral.com</a></li> <li>Website: <a href="https://generalicentralinsurance.com">https://generalicentralinsurance.com</a></li> </ul> <p>-Ombudsman: The guidelines of taking up a complaint in ombudsman and the addresses of ombudsman are available on: <a href="http://www.policyholder.gov.in/Ombudsman.aspx">http://www.policyholder.gov.in/Ombudsman.aspx</a></p>	Grievance Redressal Procedure
12	Things to remember	<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.</li> </ul> <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"> <li>a refund of the premium paid less any expenses incurred by the Company on medical examination of the Insured Person and the</li> </ol>	Section D.i.3

		<p>stamp duty charges or</p> <p>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</p> <p>c) Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period</p>	
		<ul style="list-style-type: none"> <li>• 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.</li> </ul>	Section D.ii.16
		<ul style="list-style-type: none"> <li>• Migration &amp; 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 Ltd. 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></li> </ul> <p>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></p>	Section D. II. 4 &5
		<ul style="list-style-type: none"> <li>• 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.</li> </ul>	Not Applicable
		<ul style="list-style-type: none"> <li>• 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.</li> </ul>	Section D. I.6

13	Your Obligations	Please disclose all Pre-Existing Disease/s, or condition/s before buying a policy. Non-disclosure may affect claim settlement.								Section D.i.1		
		Disclosure of other material information during the policy period.										
		Name of the Insured Person/s				Pre-Existing Condition/ Deformity						
		Insured 1										
		Insured 2										
		Insured 3										
14	Premium Illustration Premium Illustration in respect of policies offered on individual and family 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.)	
	42 years	4,485	500000	4,485	NA	4,485	500000	4,485	0	4,485	500000	
	39 years	3,009	500000	3,009	NA	3,009	500000	3,009	903	2,106		
	17 years	1,160	500000	1,160	NA	1,160	500000	1,160	580	580		
	14 years	1,160	500000	1,160	NA	1,160	500000	1,160	580	580		
	Total Premium for all members of the family is Rs. 9,814/-, when each member is covered separately.			Total Premium for all members of the family is Rs. 9,814/-, when they are covered under a single policy.  Sum insured available for each family member is Rs. 500000.				Total Premium when policy is opted on floater basis is Rs. 7,751/-.  Sum insured of Rs. 500000 is available for the entire family.				

Sum insured available for each individual is Rs. 500000.		
<p><b>Note:</b></p> <ol style="list-style-type: none"> <li>1. This is just an illustration of premium calculation.</li> <li>2. Premiums may vary with respect to Sum Insured opted by the insured.</li> <li>3. Premium rates specified in the above illustration are the standard premium rates without considering any loading.</li> <li>4. Premium rates are exclusive of Goods and Services Tax applicable.</li> </ol>		

Declaration by the Policy Holder:

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

Place \_\_\_\_\_

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

**Note-**

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.
- Your confirmation, being the policyholder, regarding receiving of the Customer Information Sheet is necessary**



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