

## D.I.Y HEALTH CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY.

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

SI No.	Title	Description	Policy Clause Number																																									
1	Name of the Insurance Product/Policy	D.I.Y Health	Not Applicable																																									
2	Policy Number	XXXXXXXXXX	Not Applicable																																									
3	Type of Insurance Product/Policy	• Both Indemnity and benefit (where policy has elements of both the above)	Not Applicable																																									
4	Sum Insured (Basis)	<div>• Plan Opted &lt;&lt;_____&gt;&gt;</div> <div>• Individual Sum Insured –<table><tr><th>Insured Name</th><th>Sum Insured (Rs.)</th></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><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><tr><td>Insured 11</td><td></td></tr><tr><td>Insured 12</td><td></td></tr><tr><td>Insured 13</td><td></td></tr><tr><td>Insured 14</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</td><td rowspan="6"></td></tr><tr><td>Insured 2</td></tr><tr><td>Insured 3</td></tr><tr><td>Insured 4</td></tr><tr><td>Insured 5</td></tr><tr><td>Insured 6</td></tr></table></div>	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 11		Insured 12		Insured 13		Insured 14		Insured 15		Insured Name	Sum Insured (Rs.)	Insured 1		Insured 2	Insured 3	Insured 4	Insured 5	Insured 6	Not Applicable
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5		In-Patient Hospitalization – Admission in a hospital for a minimum period	3.1.1 (a)																																									

Policy Coverage (What the policy covers?)	of 24 inpatient Care consecutive hours.	
	Day Care Treatment Expenses- Specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours	3.1.1 (b)
	Other Expenses- i. Lasik Surgery for refractive error more than +7.5 dioptries. ii. Cataract Surgery	3.1.1 (c)
	Pre-Hospitalization Medical Expenses for number of days, as per the plan opted.	3.1.2
	Post-Hospitalization Medical Expenses within the number of days, from the date of discharge.	3.1.3
	Organ Donor Expenses – Medical Expense incurred for an organ donor's surgery for the harvesting of the organ donated.	3.1.4
	Mental / Psychiatric Conditions – Medical Expenses incurred for a Mental Illness contracted during the Policy period in accordance with The Mental Health Care Act, 2017, subsequent amendments and other applicable laws and Rules.	3.1.5
	HIV/AIDS Cover – Medical Expenses incurred in accordance with the Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Act, 2017 and amendments thereafter	3.1.6
	Bariatric Surgery – Covers medical expenses for undergoing bariatric surgery.	3.1.7
	Cumulative Bonus – The Sum Insured will be enhanced by 25% for each claim free policy year.	3.1.8
	Restoration of Sum Insured – Under this benefit a Restore Sum Insured (equal to 100% of the base Sum Insured excluding Cumulative Bonus-if any) will automatically be available for the particular Policy year for a second claim being reported during the Policy Year and accepted as payable by Us.	3.1.9
	OPD Treatment incurred for Outpatient treatment.	3.1.10
	Modern Treatment Methods and Advancement in Technologies for the listed treatments or procedures, as inpatient or as day care treatment.	3.1.11
	Wellness Benefits – Insured Person is eligible to avail below wellness benefits under the Policy –  a) Value Added Services – Tele Counselling / Health Contents / Webinars / Discount Vouchers / Health Check-up  b) Wellness Reward Points – Can be earned by participating into various wellness activities (Stress & Happiness Index score / Expert Wellness Assessment / participation in GCI organized events / Enrolment to wellness / Additional Medical Test / Fitness or Healthy Lifestyle tracking). The earned points can be burned for utilization of various benefits as mentioned in the Policy Wordings.	3.1.12
	Gender Reassignment Surgery a) Gender reassignment surgery (GRS) for Female to Male b) Gender reassignment surgery (GRS) for Male to Female	3.1.13
	Screening and Vaccinations for listed health conditions	3.1.14
	Optional Cover as below	

		<<Maternity Expenses - Medical expenses towards pregnancy (delivery/termination)>>	3.2.1
		<<Convalescence Benefit for the treatment of disease / illness / injury, for a continuous period exceeding 10 days >>	3.2.2
		<<Critical Illness Booster- additional amount in case the Insured Person is hospitalized due to any of the listed critical illness>>	3.2.3
		<<Cumulative Bonus Booster - A flat 100% increase in the Sum Insured on a cumulative basis. The accrued Cumulative Bonus Booster shall not exceed 500% of the available Sum Insured. In case of a claim, there will be no impact on the accrued cumulative bonus booster.>>	3.2.4
		<<Accident Booster - Additional amount in case the Insured Person is hospitalized due to an accident.>>	3.2.5
		<<Accompanying Person – Fixed per day payment towards the person accompanying the hospitalized Insured Person (Child who is 12 years of age or below)>>	3.2.6
		<<Alternative Treatment –expenses towards Hospitalization for Ayurveda, Yoga and Naturopathy, Unani, Siddha or Homoeopathy treatment.>>	3.2.7
		<<Hospital Daily Cash- fixed amount for each continuous and completed period of 24 hours of Hospitalization.>>	3.2.8
		<<Road Ambulance - up to amount incurred for transportation of an Insured Person by a Road Ambulance.>>	3.2.9
		<<Emergency Air Ambulance incurred towards Air Ambulance charges for transportation of an Insured person, by an Air Ambulance of a Hospital or of a registered Ambulance Service Provider>>	3.2.10
		<<Home Health Care Expenses – Medical Expenses incurred for Home Health Care Services, up to maximum of 20% of the Sum Insured.>>	3.2.11
		<<Non-Medical and Consumable Expenses Cover- expenses incurred towards consumables and non-medical expenses which are listed in “List I – Items for which coverage is not available in the Policy” under Annexure II>>	3.2.12
		<<Accidental Death Cover- Fixed benefit in the unfortunate event of death of the Policyholder or his / her insured spouse, directly due to an injury which is sustained in an Accident>>	3.2.13
		<<Voluntary Co-payment applied on the admissible claim amount on each claim>>	3.2.14
		<<Voluntary Deductible applicable for all the Insured Persons >>	3.2.15
		<i>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.</i>	
6	Exclusions (What the policy does not cover)	<ul style="list-style-type: none"> <li>Investigation &amp; Evaluation</li> <li>Rest Cure, rehabilitation and respite care.</li> <li>Obesity/ Weight Control</li> <li>Change-of-Gender treatments.</li> <li>Cosmetic or Plastic Surgery</li> <li>Hazardous or Adventure sports</li> <li>Breach of law</li> </ul>	Section 4

		<ul style="list-style-type: none"> <li>• Excluded Providers</li> <li>• Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.</li> <li>• 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.</li> <li>• Dietary supplements and substances that can be purchased without prescription.</li> <li>• Refractive Error</li> <li>• Unproven Treatments</li> <li>• Sterility and Infertility</li> </ul> <p><b>Specific Exclusion</b></p> <ul style="list-style-type: none"> <li>• War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints, and detainment of all kinds.</li> <li>• Nuclear, chemical, or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense.</li> <li>• Any expenses incurred on Domiciliary Hospitalization.</li> <li>• Treatment taken outside the Geographical limits of India.</li> <li>• Circumcision, unless necessary for treatment of an illness or necessitated due to an Accident.</li> <li>• Vaccination/ inoculation (except as post bite treatment)</li> <li>• 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.</li> <li>• Venereal /Sexually Transmitted disease other than HIV/AIDS.</li> <li>• External Congenital Anomaly and related illness/ defect.</li> <li>• Stem cell storage.</li> <li>• Non-prescribed drugs and medical supplies, hormone replacement therapy.</li> <li>• Personal comfort and convenience items or services such as television, telephone, barber or guest service and similar incidental services and supplies.</li> <li>• Outpatient diagnostic, medical and Surgical Procedures or treatments.</li> <li>• Dental Treatment or Surgery of any kind unless requiring Hospitalization as a result of Injury.</li> </ul>	
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7	<p>Waiting period</p> <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>	a) <b>Initial waiting period:</b> 30 days for all illnesses (not applicable in case of continuous renewal or for accidents)	4.1.3
		<p>b) <b>Specific waiting periods</b> (Not applicable for claims arising due to an accident)</p> <ul style="list-style-type: none"> <li>• &lt;&lt;24/12 months waiting period for &gt;&gt; <ol style="list-style-type: none"> <li>1. Cataracts</li> <li>2. Lasik Surgery.</li> <li>3. Benign Prostatic Hypertrophy</li> <li>4. Hernia of all types</li> <li>5. Deviated Nasal Septum</li> <li>6. Hypertrophied Turbinate</li> <li>7. All types of nasal and para nasal sinus related disorders</li> <li>8. Hydrocele</li> <li>9. Fistulae, hemorrhoids, fissure in ano</li> <li>10. Dysfunctional uterine bleeding, Fibromyoma, Endometriosis, Hysterectomy,</li> <li>11. All internal or external tumors/cysts/nodules/polyps of any kind including breast lumps with exception of malignant tumor or growth.</li> <li>12. Surgery for prolapsed inter vertebral disc unless arising from Accident.</li> <li>13. Surgery of varicose veins and varicose ulcers</li> <li>14. Any types of gastric or duodenal ulcers</li> <li>15. Stones in the urinary and biliary systems</li> <li>16. Surgery on ears and tonsils.</li> <li>17. Rheumatoid Arthritis</li> <li>18. Gout</li> </ol> </li> <li>• 36 months for Joint replacement Surgery due to degenerative condition, Age related Osteoarthritis and Osteoporosis unless such joint replacement Surgery is Medically Necessary due to Injury, Maternity Expenses</li> <li>• 36 months for Bariatric Surgery, Screening and Vaccination,</li> </ul>	4.1.2

		Gender Reassignment Surgery											
		c) <b>Pre-existing diseases</b> -Covered after <<12/24/36 months.>>	4.1.1										
8	Financial Limits of Coverage  i. Sub Limits- (It is a predefined limit and the insurance company will not pay any amount in excess of this limit)	<div>The Policy will pay only up to the 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.</div> <table><tr><td>Cataract</td><td>20% of Sum Insured subject to maximum of ₹ 1,00,000</td></tr><tr><td>Modern Treatment Methods and Advancement in Technologies</td><td>50% of the Sum Insured, subject to maximum of ₹ 5 Lac</td></tr><tr><td>Lasik’s Surgery</td><td>&lt;&lt;₹30,000 / ₹50,000 for both eyes&gt;&gt; &lt;&lt;₹50,000 / ₹75,000 for both eyes&gt;&gt; &lt;&lt;₹75000 / ₹1,00,000 for both eyes&gt;&gt;</td></tr><tr><td>Bariatric Surgery</td><td>50% of the Sum Insured, subject to maximum of ₹ 5 Lac.</td></tr><tr><td>Home Health Care</td><td>Covered up to 20% of the Sum Insured</td></tr></table>	Cataract	20% of Sum Insured subject to maximum of ₹ 1,00,000	Modern Treatment Methods and Advancement in Technologies	50% of the Sum Insured, subject to maximum of ₹ 5 Lac	Lasik’s Surgery	<<₹30,000 / ₹50,000 for both eyes>> <<₹50,000 / ₹75,000 for both eyes>> <<₹75000 / ₹1,00,000 for both eyes>>	Bariatric Surgery	50% of the Sum Insured, subject to maximum of ₹ 5 Lac.	Home Health Care	Covered up to 20% of the Sum Insured	Annexure II
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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)	<b>Voluntary Co-Payment:</b> <<10%/20%/30%>> per claim <b>Mandatory Co-Pay:</b> Any Insured Person aged 61 years and above, being covered for the first time in a D.I.Y Health Policy, shall bear 20% of each and every admissible claim and Our liability, if any, shall only be in excess of that sum. This Co-payment will be continued in all the subsequent renewal policies.	3.2.14 5.2.1.b.ix										
	iii. Deductible- (It is a	<b>Deductible</b> of <<₹10,000/ ₹25,000/₹50,000>> per year <<₹50,000 /₹75,000/₹100,000>> per year	3.2.15										

	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)		
	iv. Any other limit (as 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.</p> <p>Turn Around Time (TAT) for claims settlement:</p> <ul style="list-style-type: none"> <li>i. TAT for preauthorization of cashless facility -1 hour (from the time of receipt of last necessary documents)</li> <li>ii. TAT for cashless final bill authorization: 1 hour (from the time of receipt of last necessary documents)</li> </ul> <p>Please find below details /web link</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></li> <li>ii. Helpline Number - 1800 209 1016 / 1800-103-8889</li> <li>iii. 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> </ul> <p>Downloading/getting claim form - <a href="https://generalicentralinsurance.com/customer-service/downloads">https://generalicentralinsurance.com/customer-service/downloads</a></p>	5.2.1
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>	5.1.13
11	Grievance/	Details of	5.1.13



	Complaints	<p>-Grievance Redressal Officer of the Insurer: generalcentralinsurance.com/customer-service/grievance-redressal-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: GCicare@generalicentral.com</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>	
12	Things to remember	<ul style="list-style-type: none"> <li>• <b>Free Look Cancellation:</b> 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> </ul>	5.1.3
		<ul style="list-style-type: none"> <li>• <b>Policy Renewal:</b> 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>	5.2.9
		<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: GCicare@generalicentral.com 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>	5.1.9 & 5.1.10
		<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,</li> </ul>	5.2.9.i



		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.																																	
		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.	5.1.8																																
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><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><tr><td>Insured 11</td><td></td></tr><tr><td>Insured 12</td><td></td></tr><tr><td>Insured 13</td><td></td></tr><tr><td>Insured 14</td><td></td></tr><tr><td>Insured 15</td><td></td></tr></table>	Name of the Insured Person/s	Pre-Existing Condition/ Deformity	Insured 1		Insured 2		Insured 3		Insured 4		Insured 5		Insured 6		Insured 7		Insured 8		Insured 9		Insured 10		Insured 11		Insured 12		Insured 13		Insured 14		Insured 15		5.1.1
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14	<b>Premium Illustration in respect of policies offered on individual and family floater basis</b>																																		
	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 (in ₹)	Sum insured (in ₹)	Premium (in ₹)	Discount, if any	Premium after discount (in ₹)	Sum insured (in ₹)	Premium or consolidated premium for all member	Float or discount, if any	Premium after discount (in ₹)	Sum insured (in ₹)																								

							family (in ₹)			
50 years	13,822	500,000	13,822	1382	12,440	500,000	13,822	5529	8,293	500000
42 years	10,288	500,000	10,288	1029	9,259	500,000	10,288	4115	6,173	
17 years	5,864	500,000	5,864	586	5,278	500,000	5,864	3518	2,346	
20 years	7,951	500,000	7,951	795	7,156	500,000	7,951	4373	3,578	
27 years	8,640	500,000	8,640	864	7,776	500,000	8,640	4320	4,320	
27 years	8,640	500,000	8,640	864	7,776	500,000	8,640	4320	4,320	
32 years	9,014	500,000	9,014	901	8,113	500,000	9,014	4056	4,958	
35 years	9,014	500,000	9,014	901	8,113	500,000	9,014	4056	4,958	
36 years	9,514	500,000	9,514	951	8,563	500,000	9,514	4281	5,233	
40 years	9,514	500,000	9,514	951	8,563	500,000	9,514	4281	5,233	
52 years	21,020	500,000	21,020	2102	18,918	500,000	21,020	8408	12,612	
57 years	27,541	500,000	27,541	2754	24,787	500,000	27,541	9639	17,901	
65 years	46,454	500,000	46,454	4645	41,809	500,000	46,454	16259	30,195	
65 years	46,454	500,000	46,454	4645	41,809	500,000	46,454	16259	30,195	
70 years	65,372	500,000	65,372	6537	58,835	500,000	65,372	0	65,372	
Total Premium for all members of the family is ₹299101/-, when each member is covered separately.			Total Premium for all members of the family is ₹269191/-, when they are covered under a single policy.				Total Premium when policy is opted on floater basis is ₹205686/-			
Sum insured available for each individual is ₹500000			Sum insured available for each family member is ₹500000				Sum insured of ₹500000 is available for the entire family.			

Note - premium illustration is based on S.I of ₹ 500,000, OPD limit of ₹ 3000 and Lasik limit ₹ 30,000 with waiting period of 2 year for PED and listed illness, no capping for room rent and pre & post hospitalization of 30 and 90 days respectively.

- 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 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.**



**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: [gcicare@generalicentral.com](mailto:gcicare@generalicentral.com) | Toll-free Phone: 1800 220 233 / 1860 500 3333/ 022 6783 7800  
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