

HEALTH ELITE CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

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

S. No.	Title	Description	Policy Clause Number																																														
1	Name of Insurance Product /Policy	Health Elite	Not Applicable																																														
2	Policy Number	XXXXXXXXXX	Not Applicable																																														
3	Type of Insurance Product/Policy	Both Indemnity and benefit	Not Applicable																																														
4	Sum Insured (Basis)	<div> <div> • Plan Opted - << _____ >> </div> <div> • Individual Sum Insured – <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Insured Name</th> <th style="width: 40%;">Sum Insured (Rs.)</th> </tr> </thead> <tbody> <tr><td>Insured 01</td><td></td></tr> <tr><td>Insured 02</td><td></td></tr> <tr><td>Insured 03</td><td></td></tr> <tr><td>Insured 04</td><td></td></tr> <tr><td>Insured 05</td><td></td></tr> <tr><td>Insured 06</td><td></td></tr> <tr><td>Insured 07</td><td></td></tr> <tr><td>Insured 08</td><td></td></tr> <tr><td>Insured 09</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> </tbody> </table> </div> <div> • Floater Sum Insured – <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Insured Name</th> <th style="width: 40%;">Sum Insured (Rs.)</th> </tr> </thead> <tbody> <tr><td>Insured 01</td><td></td></tr> <tr><td>Insured 02</td><td></td></tr> <tr><td>Insured 03</td><td></td></tr> <tr><td>Insured 04</td><td></td></tr> <tr><td>Insured 05</td><td></td></tr> <tr><td>Insured 06</td><td></td></tr> </tbody> </table> </div> </div>	Insured Name	Sum Insured (Rs.)	Insured 01		Insured 02		Insured 03		Insured 04		Insured 05		Insured 06		Insured 07		Insured 08		Insured 09		Insured 10		Insured 11		Insured 12		Insured 13		Insured 14		Insured 15		Insured Name	Sum Insured (Rs.)	Insured 01		Insured 02		Insured 03		Insured 04		Insured 05		Insured 06		Not Applicable
Insured Name	Sum Insured (Rs.)																																																
Insured 01																																																	
Insured 02																																																	
Insured 03																																																	
Insured 04																																																	
Insured 05																																																	
Insured 06																																																	
Insured 07																																																	
Insured 08																																																	
Insured 09																																																	
Insured 10																																																	
Insured 11																																																	
Insured 12																																																	
Insured 13																																																	
Insured 14																																																	
Insured 15																																																	
Insured Name	Sum Insured (Rs.)																																																
Insured 01																																																	
Insured 02																																																	
Insured 03																																																	
Insured 04																																																	
Insured 05																																																	
Insured 06																																																	
5	Policy	Expenses in respect of:																																															

Coverage (What the Policy Covers?)	Hospitalization Expenses – Hospital admission longer than 24 Inpatient Care consecutive hours.	III.A Benefit 1
	Medical Treatment Abroad (Excluding USA & Canada) – Coverage for 20 Listed Critical Illnesses, Return airfare and Emergency Treatments	III.A Benefit 2
	Emergency Ambulance Expenses - Road and Air Ambulance charges covered within India and abroad.	III.A Benefit 3
	OPD Treatment Expenses Covered	III.A Benefit 4
	Patient Care - Charges for a Qualified Nurse immediately following the Insured Person's discharge from Hospital.	III.A Benefit 5
	Domiciliary Hospitalisation Expenses - Covered if treatment taken continues more than 3 days.	III.A Benefit 6
	Pre-Hospitalisation Medical Expenses – Related medical expenses incurred 60 days prior to hospitalization.	III.A Benefit 7
	Post-Hospitalisation Medical Expenses - Related medical expenses incurred within 180 days from date of discharge from the hospital.	III.A Benefit 8
	Maternity Expenses – Covered, inclusive of Pre-natal and Post-natal hospitalisation as per limits specified in Schedule of benefits.	III.A Benefit 9
	Organ Donor Expenses covered	III.A Benefit 10
	Day Care Treatment expenses - Specified / Listed procedures requiring less than 24 hours hospitalization (day care)	III.A Benefit 11
	Accidental Hospitalization- Additional Sum Insured in case of hospitalization due to Accident.	III.A Benefit 12
	Accompanying Person- Fixed benefit for Accompanying Person of hospitalized Insured Person (Dependent child below 12 years of age)	III.A Benefit 13
	Repatriation of mortal remains - covered	III.A Benefit 14
	Child Vaccination Benefits- covered up to 12 years of age.	III.A Benefit 15
	Newborn Baby Expenses- Medical expenses covered for treatment of the Insured's Newborn Baby.	III.A Benefit 16
	E-Opinion in respect of an Illness or Injury covered.	III.A Benefit 17
	Alternative Treatment - AYUSH treatment covered.	III.A Benefit 18
	Restoration of the Sum Insured- Additional Sum Insured (equal to 100% of the Base Sum Insured) will be Restored on exhaustion of Sum Insured and Cumulative Bonus (if any).	III.A Benefit 19
	Prosthetic Devices- Charges towards installation of an external prosthetics covered.	III.A Benefit 20
	Bariatric Surgery- Bariatric Surgery covered.	III.A Benefit 21
	Cumulative Bonus – 10% increase in Your current Sum Insured Sum Insured for every claim free year	III.A Benefit 22
	Wellness Benefits- Value Added Services like Tele Consulting, Vouchers, Health Check-ups, etc. Wellness Reward Points	III.A Benefit 23

		Optional Covers: <<Co-pay waiver- Waive off the mandatory Co-payment applicable under medical treatment taken abroad Benefit>>	III.A Benefit 24
		<<Treatment including USA & Canada- Extend the scope of Benefit 2, Benefit 3 and Benefit 14 to include USA and Canada as well.>>	III.A Benefit 25
<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)	Standard Exclusions <ul style="list-style-type: none"> Investigation & Evaluation Rest Cure, rehabilitation and respite care. Obesity/ Weight Control Change-of-Gender treatments. Cosmetics or Plastic Surgery Hazardous or Adventure sports 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 Sterility and Infertility Specific Exclusions <ul style="list-style-type: none"> Injury or Illness 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). Circumcision, unless necessary for treatment of an Illness not excluded hereunder or as may be necessitated due to an Accident. Vaccination/inoculation (except as post bite treatment) except to the extent covered under Benefit 15 (Child Vaccination Benefits) and Benefit 16 (Newborn Baby Expenses). Charges incurred in connection with cost of 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, 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. Venereal /Sexually Transmitted disease other than HIV/AIDS. External Congenital Anomaly and related illness/ defect. 	Section IV. B

		<ul style="list-style-type: none"> • Injury or Illness directly or indirectly caused by or contributed to by nuclear weapons/materials. • Stem cell storage. • Non-prescribed drugs and medical supplies, hormone replacement therapy. • Personal comfort and convenience items or services such as television, telephone, barber or guest service and similar incidental services and supplies. • Outpatient diagnostic, medical and Surgical Procedures or treatments. However, this exclusion will not be applicable to the extent of coverage mentioned under Benefit 4 (OPD Treatment) • Dental Treatment or Surgery of any kind unless requiring Hospitalization as a result of Injury. However, this exclusion will not be applicable to the extent of coverage mentioned under Benefit 4 (OPD Treatment). • A Medical Practitioner's home visit charges during pre and post Hospitalization period and attendant nursing charges, except to the extent covered under Benefit 4 (OPD Treatment) and Benefit 5 (Patient Care). • Intentional self-Injury. • Standard list of excluded items as mentioned in Annexure III and on our website: https://generalicentralinsurance.com Any specific exclusion(s) applied by Us, specified in the Schedule and accepted by the Insured Person. • Treatment outside India except as specified under Benefit 2 (Medical Treatment abroad), Benefit 3 (Emergency Ambulance Expenses) and Benefit 14 (Repatriation of mortal remains) 	
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 IV.A.c
		<ul style="list-style-type: none"> • Specific waiting periods: (Not applicable for claims arising due to an accident) <ol style="list-style-type: none"> a) 6 months waiting period for Dental OPD b) 24 months waiting period for, Cataracts, Benign Prostatic Hypertrophy, Hernia of all types, Deviated Nasal Septum, Hypertrophied Turbinate, Hydrocele, all types of sinus related disorders, Fistulae, haemorrhoids, fissure in ano, 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, Surgery for prolapsed inter vertebral disc unless arising from Accident, Surgery of varicose veins and varicose ulcers, any types of gastric or duodenal ulcers, stones in the urinary and biliary systems, Surgery on ears and tonsils, Genetic disorders. c) 36 months for Rheumatoid Arthritis, Gout, joint replacement Surgery due to degenerative condition, age related Osteoarthritis and Osteoporosis unless such joint replacement Surgery Medically Necessary due to Injury. 	IV.A.b
		<ul style="list-style-type: none"> • Pre-existing diseases: covered after 24 months. 	IV.A.a

8	<div>Financial Limits of Coverage</div> <div>i.Sub Limits- (It is a predefined limit, and the insurance company will not pay any amount in excess of this limit)</div>	<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><th>Benefit</th><th>Sub-Limits applicable</th></tr><tr><td>Medical Treatment Abroad (Excluding USA & Canada)</td><td></td></tr><tr><td>a) Listed Critical Illnesses Treatment</td><td>50% of Sum Insured in 1st Policy year, 100% thereafter</td></tr><tr><td>b) Return airfare</td><td>Once Per Policy Year Covered Up To Rs 3,00,000;</td></tr><tr><td>Medical Treatment Abroad (Excluding USA & Canada) - Emergency Treatments</td><td>Up To 100% Of Sum Insured From 1st Policy Year For Emergency Purposes.</td></tr><tr><td>Emergency Ambulance Expenses (Within India and outside India) – Road Ambulance</td><td>Maximum up to Rs.50,000</td></tr><tr><td>Emergency Ambulance Expenses (Within India and outside India) – Air Ambulance</td><td>Maximum up to Rs.5,00,000</td></tr><tr><td>OPD Treatment</td><td>Up To Rs. 50,000 Per Policy Per Year</td></tr><tr><td>Patient Care</td><td>1. Up to Rs 1000/ Day and 2. Up to 10 Days after discharge (Limited to a maximum of 30 Days per policy year)</td></tr><tr><td>Domiciliary Hospitalization Expenses</td><td>Covered up to 10% of SI</td></tr><tr><td>Mental Healthcare / Psychiatric illness Cover</td><td>For Sum Insured 75 L – 100% of SI For Sum Insured 1 Cr and above – Maximum upto Rs. 1 Cr</td></tr><tr><td>Maternity Expenses: Normal Delivery +Pre Natal+ Post Natal expenses</td><td>Maximum up to Rs. 1,00,000</td></tr><tr><td>Maternity Expenses: Caesarean Delivery +Pre Natal+ Post Natal expenses</td><td>Maximum up to Rs. 2,00,000</td></tr><tr><td>Accidental Hospitalization</td><td>Available Balance Sum Insured increases by 25%, maximum up to Rs 10,00,000 (Excluding Cumulative Bonus)</td></tr><tr><td>Accompanying Person</td><td>Rs. 500 Per Day; Maximum up to 30 Days Per Policy Year</td></tr><tr><td>Repatriation of mortal remains</td><td>Maximum up to Rs. 1,00,000</td></tr><tr><td>Child Vaccination Benefits</td><td>Maximum up to Rs. 10,000</td></tr><tr><td>Newborn Baby Expenses – For Vaccination Benefit</td><td>Maximum up to Rs. 10,000</td></tr></table>	Benefit	Sub-Limits applicable	Medical Treatment Abroad (Excluding USA & Canada)		a) Listed Critical Illnesses Treatment	50% of Sum Insured in 1st Policy year, 100% thereafter	b) Return airfare	Once Per Policy Year Covered Up To Rs 3,00,000;	Medical Treatment Abroad (Excluding USA & Canada) - Emergency Treatments	Up To 100% Of Sum Insured From 1st Policy Year For Emergency Purposes.	Emergency Ambulance Expenses (Within India and outside India) – Road Ambulance	Maximum up to Rs.50,000	Emergency Ambulance Expenses (Within India and outside India) – Air Ambulance	Maximum up to Rs.5,00,000	OPD Treatment	Up To Rs. 50,000 Per Policy Per Year	Patient Care	1. Up to Rs 1000/ Day and 2. Up to 10 Days after discharge (Limited to a maximum of 30 Days per policy year)	Domiciliary Hospitalization Expenses	Covered up to 10% of SI	Mental Healthcare / Psychiatric illness Cover	For Sum Insured 75 L – 100% of SI For Sum Insured 1 Cr and above – Maximum upto Rs. 1 Cr	Maternity Expenses: Normal Delivery +Pre Natal+ Post Natal expenses	Maximum up to Rs. 1,00,000	Maternity Expenses: Caesarean Delivery +Pre Natal+ Post Natal expenses	Maximum up to Rs. 2,00,000	Accidental Hospitalization	Available Balance Sum Insured increases by 25%, maximum up to Rs 10,00,000 (Excluding Cumulative Bonus)	Accompanying Person	Rs. 500 Per Day; Maximum up to 30 Days Per Policy Year	Repatriation of mortal remains	Maximum up to Rs. 1,00,000	Child Vaccination Benefits	Maximum up to Rs. 10,000	Newborn Baby Expenses – For Vaccination Benefit	Maximum up to Rs. 10,000	Annexure 1 and Part V.2.C.
Benefit	Sub-Limits applicable																																						
Medical Treatment Abroad (Excluding USA & Canada)																																							
a) Listed Critical Illnesses Treatment	50% of Sum Insured in 1st Policy year, 100% thereafter																																						
b) Return airfare	Once Per Policy Year Covered Up To Rs 3,00,000;																																						
Medical Treatment Abroad (Excluding USA & Canada) - Emergency Treatments	Up To 100% Of Sum Insured From 1st Policy Year For Emergency Purposes.																																						
Emergency Ambulance Expenses (Within India and outside India) – Road Ambulance	Maximum up to Rs.50,000																																						
Emergency Ambulance Expenses (Within India and outside India) – Air Ambulance	Maximum up to Rs.5,00,000																																						
OPD Treatment	Up To Rs. 50,000 Per Policy Per Year																																						
Patient Care	1. Up to Rs 1000/ Day and 2. Up to 10 Days after discharge (Limited to a maximum of 30 Days per policy year)																																						
Domiciliary Hospitalization Expenses	Covered up to 10% of SI																																						
Mental Healthcare / Psychiatric illness Cover	For Sum Insured 75 L – 100% of SI For Sum Insured 1 Cr and above – Maximum upto Rs. 1 Cr																																						
Maternity Expenses: Normal Delivery +Pre Natal+ Post Natal expenses	Maximum up to Rs. 1,00,000																																						
Maternity Expenses: Caesarean Delivery +Pre Natal+ Post Natal expenses	Maximum up to Rs. 2,00,000																																						
Accidental Hospitalization	Available Balance Sum Insured increases by 25%, maximum up to Rs 10,00,000 (Excluding Cumulative Bonus)																																						
Accompanying Person	Rs. 500 Per Day; Maximum up to 30 Days Per Policy Year																																						
Repatriation of mortal remains	Maximum up to Rs. 1,00,000																																						
Child Vaccination Benefits	Maximum up to Rs. 10,000																																						
Newborn Baby Expenses – For Vaccination Benefit	Maximum up to Rs. 10,000																																						

		E-Opinion in respect of an Illness or Injury	2 per policy year	
		Prosthetic Devices	Limited to a maximum of Rs. 10,00,000	
		Cataract	Limited to a maximum of Rs.1,00,000 per eye	
		Bariatric Surgery	Maximum up to Rs.10,00,000	
	ii. Co-payment – (It is a specified amount /percentage of the admissible claim amount to be paid by policy holder/ Insured)	<p>The following Co-payment shall be applicable for claims under all Benefits other than Benefit 4 (OPD Treatment):</p> <ul style="list-style-type: none"> Any Insured Person aged 61 years to 65 years - 20% of each and every admissible claim. All claims admitted under “Medical Treatment Abroad” Benefit - 20% Co-payment. (The Insured has an option to waive off this co-payment on payment of additional premium under Co-pay waiver “optional Cover.”) 		Section V.4
	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
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"> i. TAT for preauthorization of cashless facility -1 hour (from the time of receipt of last necessary documents) ii. TAT for cashless final bill authorization: 1 hour (from the time of receipt of last necessary documents) 		Section V.2.C.

		<p>Please find below details /web link for following:</p> <ol style="list-style-type: none"> Network hospital details- https://generalicentralinsurance.com/hospital-locator Helpline Number (toll free) - 1800 209 1016 / 1800-103-8889 Hospitals which are blacklisted or from where no claims will be accepted by Insurer. - https://generalicentralinsurance.com/hospital-locator Downloading/getting claim form - https://generalicentralinsurance.com/customer-service/downloads 	
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>	Section V.1.11
11	Grievances /Complaints	<p>Details of -Grievance Redressal Officer of the Insurer: https://generalicentralinsurance.com/customer-service/grievance-redressal</p> <p>-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 • 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 	Section V.1.11
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. 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 <ol style="list-style-type: none"> 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 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 Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period. 	Section V.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 V.2.12																						
		<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 For Detailed Guidelines on migration and portability, kindly refer the link https://generalicentralinsurance.com/portability-and-migration	Section V.2.1, V.2.2																						
		<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 V.2.12. ix																						
		<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 V.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><th>Name of the Insured Person/s</th><th>Pre-Existing Condition/Deformity</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></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		
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									

14	Premium Illustration										
Premium Illustration in respect of policies offered on an individual and family floater basis Sum Insured ₹1,00,00,000:											
Age of the members insured	Coverage opted on an individual basis covering each member of the family separately (at a single point in time)		Coverage opted on an 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 members of family (in ₹)	Floater discount, if any	Premium after discount (in ₹)	Sum insured (in ₹)	
50 years	136,908	10,000,000	136,908	13691	123,217	10,000,000	136,908	54763	82,145	10,000,000	
42 years	106,300	10,000,000	106,300	10630	95,670	10,000,000	106,300	42520	63,780		
17 years	70,986	10,000,000	70,986	7099	63,887	10,000,000	70,986	42592	28,394		
20 years	72,619	10,000,000	72,619	7262	65,357	10,000,000	72,619	39940	32,679		
27 years	75,209	10,000,000	75,209	7521	67,688	10,000,000	75,209	37605	37,605		
27 years	75,209	10,000,000	75,209	7521	67,688	10,000,000	75,209	37605	37,605		
32 years	84,740	10,000,000	84,740	8474	76,266	10,000,000	84,740	38133	46,607		
35 years	84,740	10,000,000	84,740	8474	76,266	10,000,000	84,740	38133	46,607		
36 years	92,411	10,000,000	92,411	9241	83,170	10,000,000	92,411	41585	50,826		
40 years	92,411	10,000,000	92,411	9241	83,170	10,000,000	92,411	41585	50,826		
52 years	172,264	10,000,000	172,264	17226	155,038	10,000,000	172,264	68906	103,358		
57 years	209,222	10,000,000	209,222	20922	188,300	10,000,000	209,222	73228	135,994		
65 years	267,764	10,000,000	267,764	26776	240,988	10,000,000	267,764	93717	174,047		
65 years	267,764	10,000,000	267,764	26776	240,988	10,000,000	267,764	93717	174,047		
70 years	327,756	10,000,000	327,756	32776	294,980	10,000,000	327,756	0	327,756		
Total Premium for all members of the family is ₹2,136,303/-, when			Total Premium for all members of the family is ₹1,922,673/-when they are covered under a single policy.				Total Premium when policy is opted on floater basis is ₹1,392,275/-				

each member is covered separately.		
Sum insured available for each individual is ₹1,00,00,000	Sum insured available for each family member is ₹1,00,00,000	Sum insured of ₹1,00,00,000 is available for the entire family.
<p>Note</p> <ul style="list-style-type: none"> • This is just an illustration of premium calculation. Persons entered the Policy before the age of 61 years (premium considered is without co-payment). • Premiums may vary with respect to 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 –Website discount etc. • 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 Policyholder)

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.**



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 | Email ID: gccicare@generalicentral.com | Toll-free Phone: 1800 220 233 / 1860 500 3333/ 022 6783 7800
ISO No.: GCH/HP/FHE/CIS/001