HIV & DISABILITY SURAKSHA, 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.

<table>
<tr><th>Sl No</th><th>Title</th><th>Description</th><th>Policy Clause Number</th></tr>
<tr><td>1</td><td>Name of Insurance Product /Policy</td><td>HIV & Disability Suraksha, Generali Central Insurance Company Limited</td><td>Not Applicable</td></tr>
<tr><td>2</td><td>Policy Number</td><td>XXXXXXXXXXX</td><td>Not Applicable</td></tr>
<tr><td>3</td><td>Type of Insurance Product/Policy</td><td>Indemnity</td><td>Not Applicable</td></tr>
<tr><td>4</td><td>Sum Insured (Basis)</td><td>• Individual Sum Insured –<table><tr><th>Insured Name</th><th>Sum Insured (Rs.)</th></tr><tr><td>Insured 1</td><td></td></tr></table></td><td>Not Applicable</td></tr>
<tr><td>5</td><td>Policy Coverage (What the policy covers?)</td><td>Expenses in respect of:
Inpatient Care- Admission in a hospital for a minimum period 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
Cataract Treatment subject to a limit Rs.40000/-, per each eye in one policy year.
Modern Treatment up to 50% of Sum Insured.
AYUSH Treatment expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha, and Homeopathy systems medicines during each Policy Year up to Sum Insured
Pre-Hospitalisation Medical Expenses for a fixed period 30 days prior to the date of admissible Hospitalization,
Post-Hospitalization Medical Expenses for a fixed period 60 days from the date of discharge from the Hospital
Emergency Ground Ambulance subject to a maximum of Rs. 2000/- per hospitalization.</td><td>Section 4</td></tr>
<tr><td>6</td><td>Exclusions (What the policy does not cover)</td><td>Standard Exclusions
• Investigation & Evaluation
• Rest Cure, rehabilitation and respite care
• Obesity/ Weight Control
• Change-of-Gender treatments
• Cosmetic or Plastic Surgery
• Hazardous or Adventure sports
• Breach of law
• Excluded Providers</td><td>Section 8</td></tr>
</table>

		• Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. • Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or a hospital where the Hospital has effectively become the Insured Person's home or permanent abode or where admission is arranged wholly or partly for domestic reasons. • Dietary supplements and substances which are available naturally and that can be purchased without prescription. • Refractive Error • Unproven Treatments • Sterility and Infertility • Maternity Expenses	
		Specific Exclusions • Any medical treatment taken outside India. • Hospitalization for donation of any body organs by an Insured including complications arising from the donation of organs. • Nuclear damage caused by, contributed to, by or arising from ionizing radiation or contamination by radioactivity. • War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority. • Injury or Disease caused by or contributed to by nuclear weapons/ materials. • Circumcision, unless necessary for treatment of a disease, Illness or injury not excluded hereunder, or as may be necessitated due to an Accident. • Treatment with alternative medicines or Treatment, experimental or any other treatment such as acupuncture, acupressure, magnetic, osteopath, naturopathy, chiropractic, reflexology and aromatherapy • Suicide, Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) and any violation of law or participation in an event / activity that is against law with a criminal intent. • Vaccination/ inoculation except as post bite treatment for animal bite • . Convalescences, general debility, "Run Down" condition, rest cure, congenital external illness/disease/ defect. • Outpatient diagnostic, medical and Surgical Procedures or treatments, non-prescribed drugs and medical supplies, hormone replacement therapy and expenses related to domiciliary hospitalization shall not be covered. • Dental Treatment or Surgery of any kind unless requiring Hospitalization as a result of any illness or accidental bodily Injury. • Venereal /Sexually Transmitted disease other than HIV/AIDS • Stem Cell storage. • Any kind of service charge, surcharge levied by the hospital.	Section C.3

<table>
<tr><td></td><td></td><td>• Personal comfort and convenience items or services such as television, telephone, barber or guest service and similar incidental services and supplies.
• Non –Payable items: The expenses that are not covered in this policy are placed under List-I of Annexure II
• Any medical procedure or treatment, which is not medically necessary or not performed by a Medical Practitioner.</td><td></td></tr>
<tr><td rowspan="3">7</td><td rowspan="3">Waiting period
• Time period during which specified diseases/ treatments are not covered.
• It is counted from the beginning of the policy coverage</td><td>• Initial waiting period: 30 days for all illnesses (not applicable in case of continuous renewal or accidents)</td><td>Section 7.2</td></tr>
<tr><td>• Specific waiting periods: (Not applicable for claims arising due to an accident)
(a) 24 months waiting period for Benign ENT disorders, Tonsillectomy, Adenoidectomy, Mastoidectomy, Tympanoplasty, Hysterectomy, All internal and external benign tumours, 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.</td><td>Section 7.3</td></tr>
<tr><td>• Pre-existing diseases: covered after 24 months for pre-existing disability for all pre-existing conditions other than HIV/ AIDS and Disability.</td><td>Section 7.1</td></tr>
<tr><td rowspan="2">8</td><td>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)</td><td>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.

<table><tr><td>Room Rent</td><td>Up to maximum of1% of SI, per day</td></tr><tr><td>ICU charges</td><td>Up to maximum of 2 % of SI per day</td></tr><tr><td>Cataract</td><td>up to Rs. 40,000/- per each eye in one policy year</td></tr><tr><td>Modern treatment methods and Advancements in technology</td><td>Up to 50% of the Sum Insured.</td></tr><tr><td>Emergency Ground Ambulance</td><td>maximum of Rs.2000/- per hospitalization</td></tr></table></td><td>Section 4</td></tr>
<tr><td>ii. Co-payment – (It is a specified amount /percentage of the admissible claim amount to be paid by</td><td>Co-payment – 20 % Co-payment applicable to Each and every claim.
This copayment can be waived of by paying an additional premium (optional).</td><td>Section 10.5</td></tr>
</table>

	policy holder/ Insured)		
	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	
	iv. Any other limit (as applicable)	Not Applicable	
9	Claims/ Claims Procedure	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: i. TAT for preauthorization of cashless facility - Within 1 hour of receipt of preauthorization request. ii. TAT for cashless final bill authorization: Within 3 hours of the receipt of discharge authorization request from the Hospital. Please fine below the details /web link for following: i. Network hospital details https://generalicentralinsurance.com/hospital-locator ii. Helpline Number (toll free) - 1800 209 1016 / 1800-103-8889 iii. Hospitals which are blacklisted or from where no claims will be accepted by Insurer. - https://generalicentralinsurance.com/hospital-locator iv. Downloading/getting claim form - https://generalicentralinsurance.com/customer-service/downloads	Section 10
10	Policy Servicing	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 b) Details of company officials Policy Servicing Office: <<As appearing on the Policy Schedule>>	

11	Grievances /Complaints	Details of -Grievance Redressal Officer of the Insurer: • https://generalicentralinsurance.com/customer-service/downloads -Insurance Company grievance portal / Department: • Helplines: 1800-220-233/ 1860-500-3333/ (022) 67837800 • Email: GCIcare@generalicentral.com • Website: https://generalicentralinsurance.com -Ombudsman: The guidelines of taking up a compliant in ombudsman and the addresses of ombudsman are available on: https://www.cioins.co.in/ombudsman	Section 9.1.15
12	Things to remember	• 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 though 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 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 9.1.I.14
		• 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 9.1.I.10
		• 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 Ltd. 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 9.1.I.8 & 9

		• 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 9.2 I. a
		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 9.1.I.12
13	Your Obligation	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. Name of the Insured Person/s | Pre-Existing Condition/ Deformity Insured 1 |	Section 9.1.1
14	Premium Illustration		

Premium Illustration in respect of policies offered on individual basis for Category 1.

Age of the members insured (In Years)	**Coverage opted on 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 (Rs.)	Sum Insured in Lakhs (Rs.)	Premium (Rs.)	Family Discount (if any)	Premium after discount (Rs.)	Sum Insured in Lakhs (Rs.)	Premium or consolidated premium for all family members of the family (Rs.)	Floater discount (if any)	Premium after discount (Rs.)	Sum Insured in Lakhs (Rs.)
25	46,792	500,000	Not Applicable as the Sum Insured under this product is only on Individual Basis				Not Applicable as the Sum Insured under this product is only on Individual Basis			
Total premium for member is Rs. 46,792 excl. GST. Sum Insured available for each individual is Rs. 5 Lakhs.			Not Applicable as the Sum Insured under this product is only on Individual Basis				Not Applicable as the Sum Insured under this product is only on Individual Basis			

Premium Illustration in respect of policies offered on individual basis for Category 3.										
Age of the members insured (in Years)	**Coverage opted on 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 (Rs.)	Sum Insured in Lakhs (Rs.)	Premium (Rs.)	Family Discount (if any)	Premium after discount (Rs.)	Sum Insured in Lakhs (Rs.)	Premium or consolidated premium for all family members of the family (Rs.)	Floater discount (if any)	Premium after discount (Rs.)	Sum Insured in Lakhs (Rs.)
25	99,316	500,000	Not Applicable as the Sum Insured under this product is only on Individual Basis				Not Applicable as the Sum Insured under this product is only on Individual Basis			
Total premium for member is Rs. 99,316 excl. GST. Sum Insured available for each individual is Rs. 5 Lakhs.			Not Applicable as the Sum Insured under this product is only on Individual Basis				Not Applicable as the Sum Insured under this product is only on Individual Basis			

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
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**.