

HOSPICASH 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	Hospicash	Not Applicable																				
2	Policy Number	XXXXXXXXXX	Not Applicable																				
3	Type of Insurance Product/ Policy	<ul style="list-style-type: none">Benefit (Where an Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event)	Not Applicable																				
4	Sum Insured (Basis)	<ul style="list-style-type: none">Plan Opted<< _____ >>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></table>Floater 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></table>	Insured Name	Sum Insured (Rs.)	Insured 1		Insured 2		Insured 3		Insured 4		Insured Name	Sum Insured (Rs.)	Insured 1		Insured 2		Insured 3		Insured 4		Not Applicable
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5	Policy Coverage (What the policy covers?)	<ul style="list-style-type: none">Hospital Cash benefit for each continuous and completed period of 24 hours of Hospitalisation. ORtwo times the Hospital Cash benefit for each continuous and completed period of 24 hours required to be spent by the Insured in the Intensive Care Unit of a Hospital situated in the Home city of the Insured. ORthree times the Hospital Cash benefit for each continuous and completed period of 24 hours required to be spent by the Insured in the Intensive Care Unit of a Hospital situated in a city other than Home city of the Insured.	Section B. I, II & III																				
		<ul style="list-style-type: none">Convalescence for Hospitalization beyond 10 consecutive days	Section B. IV																				

6	Exclusions (What the policy does not cover)	<p>Standard Exclusions</p> <ul style="list-style-type: none"> • Investigation & Evaluation • Change-of-Gender treatments. • Cosmetic or Plastic Surgery • Hazardous or Adventure sports • 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 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. • Refractive Error • Unproven Treatments • Birth control, Sterility and Infertility • Maternity <p>Specific Exclusions</p> <ul style="list-style-type: none"> • 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). • Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an Accident. • Vaccination (unless post bite treatment), inoculation • Dental Treatment or Surgery of any kind unless requiring Hospitalisation as a result of accidental bodily Injury. • Hospitalisation for General debility, "Run-down" condition or rest cure, sexually transmitted disease other than HIV/AIDS, intentional self-Injury. • The treatment of obesity (including morbid obesity) and other weight control programs, services and supplies. • Hospitalisation arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus type III (HTLB-III) or Lymphadenopathy Associated Virus (LAV) and its variants or mutants. • Congenital external Illness/disease/defect anomaly • Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons/ materials. • Genetic disorders and stem cell implantation/surgery/storage. • Hormone replacement therapy. • Any treatment including Surgery to remove organs from the donor in case of a transplant surgery. • Any Hospitalisation received out of India. 	Section C
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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. I.5
		<ul style="list-style-type: none"> Specific Waiting periods: <ul style="list-style-type: none"> 12 months for any types of gastric or duodenal ulcers, stones in the urinary and biliary systems, Surgery on ears/ tonsils/ adenoids. 24 months for cataracts, benign prostatic hypertrophy, hernia of all types, hydrocele, all types of sinuses, fistulae, hemorrhoids, fissure in ano, dysfunctional uterine bleeding, fibromyoma, endometriosis, hysterectomy, all internal or external tumors/ cysts/ nodules/ polyps of any kind including breast lumps (except malignant conditions), Surgery for prolapsed inter vertebral disc unless arising from Accident, Surgery of varicose veins and varicose ulcers. 36 months for joint replacement Surgery due to degenerative condition, Age related osteoarthritis and Osteoporosis unless such joint replacement. 	Section C. I.2,3, &4
		<ul style="list-style-type: none"> Pre-existing diseases: Covered after 36 months 	Section C. I.1
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>ii. Co-payment –(It is a specified amount /percentage of the admissible claim amount to be paid by policy holder/Insured)</p> <p>iii. Deductible- (It is a</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>	

	<p>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)</p> <p>iv. Any other limit (as applicable)</p>		
9	Claims / Claims Procedure	<p>Please find below the details /web link for following:</p> <ul style="list-style-type: none"> i. Network hospital details- https://generalcentralinsurance.com/branch-locator ii. Helpline Number - 1800 209 1016 / 1800-103-8889 iii. Hospitals which are blacklisted or from where no claims will be accepted by Insurer. - https://generalcentralinsurance.com/branch-locator • Downloading/getting claim form - https://generalcentralinsurance.com/customer-service/downloads 	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: <<As appearing on the Policy Schedule>></p>	Not Applicable
11	Grievance/ Complaints	<p>Details of -Grievance Redressal Officer of the Insurer: https://www.generalcentralinsurance.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@generalcentral.com • Website: https://generalcentralinsurance.com 	Section D. I.11

		-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	
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) 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. 8
		<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 D. I.4
		<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, 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.	Section D. I. 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></table>	Name of the Insured Person/s	Pre-Existing Condition/ Deformity	Insured 1		Insured 2		Insured 3		Insured 4		Section D.I.1
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Premium Illustration
Premium Illustration in respect of policies offered on individual basis and floater basis
Plan A, Daily Hospicash of Rs. 1000 per day for 30 days

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.)
40 years	971	Daily Hospital cash of Rs 1000/ day for 30 days	971	NA	971	Daily Hospital cash of Rs 1000/ day for 30 days	971		971	Daily Hospital cash of Rs 1000/ day for 30 days
37 years	971	Daily Hospital cash of Rs 1000/ day for 30 days	971	NA	971	Daily Hospital cash of Rs 1000/ day for 30 days	971	486	486	
12 years	486	Daily Hospital cash of Rs 1000/ day for 30 days	486	NA	486	Daily Hospital cash of Rs 1000/ day for 30 days	486	243	243	
10 years	486	Daily Hospital cash of Rs 1000/ day for 30 days	486	NA	486	Daily Hospital cash of Rs 1000/ day for 30 days	486	243	243	
8 years	486	Daily Hospital cash of Rs 1000/ day for 30 days	486	NA	486	Daily Hospital cash of Rs 1000/ day for 30 days	486	243	243	
Total Premium for all members of the family is Rs. 3,400/-, when each member is covered separately.			Total Premium for all members of the family is Rs. 3,400/-, when they are covered under a single policy.			Total Premium when policy is opted on floater basis is Rs. 2,185/-.				

	Sum insured available for each individual is Daily Hospital cash of Rs 1000/day for 30 days	Sum insured available for each family member is Daily Hospital cash of Rs 1000/day for 30 days.	Sum insured available for the entire family is Daily Hospital cash of Rs 1000/day for 30 days.
<p>Note:</p> <ol style="list-style-type: none"> 1. This is just an illustration of premium calculation. 2. Premiums may vary with respect to Plan and Sum Insured opted by the insured. 3. 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. Insurer shall provide web- link where the product related documents including the Customer Information sheet are available on the website of the insurer <https://generalicentralinsurance.com/customer-service/downloads>
In case of any conflict, the terms and conditions mentioned in the policy documents shall prevail.
- ii. **Insurer to take confirmation of the policyholder regarding receiving of the Customer Information Sheet.**



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