

SURROGACY HEALTH COVER CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

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

Sr No	TITLE	DESCRIPTION	POLICY CLAUSE NUMBER				
1.	Name of Insurance Product/ Policy Name	Surrogacy Health Cover	NA				
2.	Policy Number	XXXXXXXXX	NA				
3.	Type of Insurance Product/Policy	Indemnity	NA				
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</td><td></td></tr></table>	Insured Name	Sum Insured (Rs.)	Insured 1		NA
Insured Name	Sum Insured (Rs.)						
Insured 1							
5.	Policy Coverage (What the policy covers?)	Expenses in respect of:					
		In-Patient Hospitalization — Covers for medical expenses incurred by the <<Insured Person who is a Surrogate Mother, towards hospitalization for treatment of complications arising out of pregnancy and post-partum delivery complications >> OR <<Insured Person who is an Oocyte Donor, towards hospitalization for treatment of complications arising due to Oocyte retrieval>>	Section 4.1				
		Pre-Hospitalization Medical Expenses- – Covers medical expenses up to 15 days prior to Hospitalization.	Section 4.2				
		Post- Hospitalization Medical Expenses- Covers medical expenses up to 30 days from the date of discharge from the Hospital.	Section 4.3				
		Day Care Treatment	Section 4.4				
		Robotic surgeries - Covers medical expenses incurred towards robotic surgeries either as In-Patient Hospitalization or as part of Day Care Treatment up to 50% of Sum Insured.	Section 4.5				
		Emergency Ground Ambulance - Covers expenses up to Rs 3000 per hospitalization event.	Section 4.6				

6.	What are the major exclusions in the policy	<p>Standard Exclusions</p> <ul style="list-style-type: none"> • Investigation & Evaluation • Rest Cure, rehabilitation and respite care • 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. • Unproven Treatments 	Section 6.1
		<p>Specific Exclusions</p> <ul style="list-style-type: none"> • Commercial Surrogacy / Traditional surrogacy • Expenses incurred for Delivery (both for Normal & C-Section) • Assisted reproductive technology procedures & any complications arising out of these procedures except for complications arising due to Oocyte retrieval. • Regular antenatal or post-natal treatment check-ups. • Nuclear damage caused by, contributed to, by or arising from ionizing radiation or contamination by radioactivity from: <ul style="list-style-type: none"> a. any nuclear fuel or from any nuclear waste b. from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission) c. nuclear weapon material d. nuclear equipment or any part of that equipment • 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. • Treatment Experimental or any other treatment such as acupuncture, acupressure, magnetic, osteopath, 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. • All preventive care, vaccination/inoculation (except as post bite treatment), vitamins and tonics Convalescences, general debility, "Run Down" condition, rest cure, congenital external illness/disease/ defect. 	Section 6.2

		<ul style="list-style-type: none"> • Outpatient diagnostic, medical and Surgical Procedures or treatment, non -prescribed drugs and medical supplies, hormone replacement therapy and expenses related to domiciliary hospitalization shall not be covered. • Stem Cell storage. • Any kind of service charge, surcharge levied by the hospital. • Personal comfort and convenience items or services such as television, telephone, barber or guest service and similar incidental services and supplies. • Any medical treatment taken outside India. • 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. • Expenses incurred towards any disease / illness / injury other than the contingencies mentioned in clause 4.1.a or 4.1.b. 	
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"> • First 30 Days Waiting Period -Code- Excl03 Expenses related to treatment of Surrogate Mother or Oocyte donor as mentioned under the clause 4.1.a or 4.1.b, within 30 days from the policy commencement date shall be excluded. 	Section 5

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.	Section 4								
	i. Sub Limits- (It is a predefined limit, and the insurance company will not pay any amount in excess of this limit)	<table><tr><td>Normal Room Rent</td><td>Up to maximum of 1% of SI, per day.</td></tr><tr><td>ICU charges</td><td>At Actuals</td></tr><tr><td>Robotic Surgeries</td><td>Up to 50% of the Sum Insured.</td></tr><tr><td>Emergency Ambulance Ground</td><td>maximum of Rs.3000/- per hospitalization event.</td></tr></table>	Normal Room Rent	Up to maximum of 1% of SI, per day.	ICU charges	At Actuals	Robotic Surgeries	Up to 50% of the Sum Insured.	Emergency Ambulance Ground	maximum of Rs.3000/- per hospitalization event.	
	Normal Room Rent	Up to maximum of 1% of SI, per day.									
	ICU charges	At Actuals									
Robotic Surgeries	Up to 50% of the Sum Insured.										
Emergency Ambulance Ground	maximum of Rs.3000/- per hospitalization event.										
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)	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> <p>i. TAT for preauthorization of cashless facility -2 hours (from the time of receipt of last necessary documents)</p> <p>ii. TAT for cashless final bill authorization: 2 hours (from the time of receipt of last necessary documents)</p> <p>the details /web link as follow:</p> <p>i. Network hospital details- https://generalicentralinsurance.com/hospital-locator</p>	Section 8								

		<p>ii. Helpline Number (toll free) - 1800 209 1016 / 1800-103-8889</p> <p>iii. 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</p>	
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 7.1.14
11.	Grievances/ Complaints	<p>Details of -Grievance Redressal Officer of the Insurer: https://www.generalicentralinsurance.com/customer-service/grievance-redressal -Insurance Company grievance portal / Department: <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</p>	Section 7.1.1.14
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 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 	Section 7.1.1.13

		c) Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.			
		• 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.	Not Applicable		
		• 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 7.1.I.8 and Section 7.1. I.10		
		• 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.	Not Applicable		
		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 7.1. I.9		
13.	Your Obligations	<div>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.</div> <table><tr><td>Name of the Insured Person/s</td><td>Pre-Existing Condition/ Deformity</td></tr></table>	Name of the Insured Person/s	Pre-Existing Condition/ Deformity	Section 7.1. I.1
Name of the Insured Person/s	Pre-Existing Condition/ Deformity				

			Insured 1								
14.	Premium illustration										
	Premium Illustration in respect of policies offered on individual basis for Surrogate Mother										
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.)	
27	96,615	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. 96,615 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 Oocyte Donor										
Age of the members insured (in	Coverage opted on individual basis covering each member of the family separately (at a		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)					

Years)	single point in time)									
	Premi um (Rs.)	Sum Insured in Lakhs (Rs.)	Prem ium (Rs.)	Famil y Disco unt (if any)	Premi um after discou nt (Rs.)	Sum Insur ed in Lakh s (Rs.)	Premium or consolid ated premium for all family member s of the family (Rs.)	Float er disco unt (if any)	Premi um after discou nt (Rs.)	Sum Insured in Lakhs (Rs.)
25	51,49 2	300,00 0	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. 51,492 excl. GST. Sum Insured available for each individual is Rs. 3 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 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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ISO No: GCH/HP/SUR/CIS/001