

VARISHTA BIMA 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	Varishta Bima	Not Applicable											
2	Policy Number	XXXXXXXXXXXXXXXXXX	Not Applicable											
3	Type of Insurance Product/Policy	Indemnity	Not Applicable											
4	Sum Insured (Basis)	• Individual Sum Insured – <table><tr><th>Insured Name</th><th>Sum Insured (Rs.)</th></tr><tr><td>Insured 1 to</td><td></td></tr><tr><td>Insured 15</td><td></td></tr></table> • Floater Sum Insured <table><tr><th>Insured Name</th><th>Sum Insured (Rs.)</th></tr><tr><td>Insured 1 to</td><td rowspan="2"></td></tr><tr><td>Insured 2</td></tr></table>	Insured Name	Sum Insured (Rs.)	Insured 1 to		Insured 15		Insured Name	Sum Insured (Rs.)	Insured 1 to		Insured 2	Not Applicable
Insured Name	Sum Insured (Rs.)													
Insured 1 to														
Insured 15														
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Insured 1 to														
Insured 2														
5	Policy Coverage (What the policy covers?)	Expenses in respect of: Hospitalization Medical Expenses – Admission in a hospital for a minimum period of 24 inpatient Care consecutive hours. Pre-Hospitalization Medical Expenses for up to 60 days immediately prior to date of admission of Insured Person into the Hospital. Post-Hospitalization Medical Expenses for up to 90 days after the date of discharge of Insured Person from the Hospital Day Care Treatment Expenses- Specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours. Road Ambulance Charges incurred for transportation of an Insured Person by a Road Ambulance Up to ₹ 1000/- per hospitalization. Free Annual medical check-up	Section B Section B.1,2&3 Section B.4 Section B.5 Section B.6 Section B.7 Section B.8											

6	Exclusions (What the policy does not cover)	Standard Exclusions • Obesity/ Weight Control • Change-of-Gender treatments • Cosmetic 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 • Birth control, Sterility and Infertility • Maternity Specific Exclusions • Circumcision, unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an Accident. • Vaccination/ inoculation (except as post bite treatment) • 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.	Section C-2
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		• Dental treatment or Surgery of any kind unless requiring Hospitalization as a result of accidental Bodily Injury. • Convalescence, general debility or rest cure, intentional self-Injury, venereal/ Sexually Transmitted disease other than HIV/AIDS. • Congenital External Illness/ disease/ defect anomaly. • Stem cell storage. • Expenses related to donor screening, treatment, including Surgery to remove organs from the donor in case of a transplant Surgery. We will also not pay donor's pre and post Hospitalization expenses or any other medical treatment for the donor consequent to Surgery. • Outpatient Diagnostic, Medical and Surgical Procedures or OPD treatments, non-prescribed drugs and medical supplies, Hormone replacement therapy, Sex change or treatment which results from or is in any way related to sex change. • Medical Practitioner's home visit charges during pre and post Hospitalization period, Attendant Nursing charges. • Domiciliary hospitalization, treatment received outside India. • 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). • Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons/ materials. • Personal comfort and convenience items or services such as television, telephone, barber or guest service and similar incidental services and supplies. • Standard list of excluded items as mentioned in Annexure 2 and on our website https://generalicentralinsurance.com • Any specific exclusion(s) applied by Us, specified in the Schedule and accepted by the insured.	
7	Waiting period • Time period during which specified diseases/ treatments are not covered.	• Initial waiting period: 30 days for all illnesses (not applicable in case of continuous renewal or accidents)	Section C-1. II
		• Specific waiting periods: (Not applicable for claims arising due to an accident) a) 24 months waiting period for Cataracts, Glaucoma, Diseases of the anterior segment and posterior segment of the eyes, Surgery on ears, Diseases related to Thyroid,	Section C-2

	It is counted from the beginning of the policy coverage	Varicose veins and Varicose ulcers, All diseases of Prostate, Stricture Urethra, All types of Hernia,Varicocele,HydroceleFistula / Fissure in Ano, Hemorrhoids Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence, Gall bladder and Pancreatic diseases, Gastric and duodenal ulcers and all treatments (conservative, interventional, laparoscopic and open) related to Hepatopancreatic-biliary disease including Gall bladder and Pancreatic calculi, All types of management for Kidney and Genito-urinary tract calculi All treatments (conservative, interventional, laparoscopic and open) related to all diseases of Uterus, Fallopian tubes, Cervix and Ovaries, Dysfunctional Uterine bleeding, Pelvic inflammatory disease Conservative, operative treatment and all types of intervention for diseases related to Tendon, Ligament, Fascia, Bones and Joint [other than caused by accident Degenerative disc and Vertebral diseases including replacement of Bones and Joints, Prolapse of intervertebral disc (other than caused by accident)Degenerative diseases of the Musculo-skeletal system, All internal or external tumors/ cysts/ nodules/ polyps of any kind including breast lumps with exception of malignant tumor or growth																																									
		Pre-existing diseases: covered after 12 months	Section -C.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)	The Policy will pay only up to the Sub limits specified hereunder for the following diseases/procedures. In case of claim, this policy requires you to share the following costs: Expenses exceeding the following Sub-limits. <table><tr><th>S no</th><th>Procedure/ Treatment</th><th>2 L</th><th>3 L</th><th>4 L</th><th>5 L</th><th>7.5 L</th><th>10 L</th></tr><tr><td>1</td><td>Coronary Artery Bypass Grafting (CABG)</td><td>150 000</td><td>2000 00</td><td>2250 00</td><td>2750 00</td><td>3000 00</td><td>3500 00</td></tr><tr><td>2</td><td>Percutaneous Transluminal Coronary Angioplasty (PTCA)</td><td>150 000</td><td>2000 00</td><td>2250 00</td><td>2750 00</td><td>3000 00</td><td>3500 00</td></tr><tr><td>3</td><td>Cataract surgery (per eye)</td><td>150 00</td><td>1800 0</td><td>2000 0</td><td>2150 0</td><td>2300 0</td><td>2500 0</td></tr><tr><td>4</td><td>Total Knee Replacement (per knee)</td><td>150 000</td><td>2000 00</td><td>2250 00</td><td>2750 00</td><td>3000 00</td><td>3500 00</td></tr></table>	S no	Procedure/ Treatment	2 L	3 L	4 L	5 L	7.5 L	10 L	1	Coronary Artery Bypass Grafting (CABG)	150 000	2000 00	2250 00	2750 00	3000 00	3500 00	2	Percutaneous Transluminal Coronary Angioplasty (PTCA)	150 000	2000 00	2250 00	2750 00	3000 00	3500 00	3	Cataract surgery (per eye)	150 00	1800 0	2000 0	2150 0	2300 0	2500 0	4	Total Knee Replacement (per knee)	150 000	2000 00	2250 00	2750 00	3000 00	3500 00	Section D. II.1 (ii) and Annexure 1
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		5	Total Hip Replacement (per hip)	150 000	2000 00	2250 00	2750 00	3000 00	3500 00	
		Modern Treatment Methods and Advancement in Technologies are restricted to the applicable sublimit or 50% of Sum Insured whichever is lower.								
	ii. Co-payment – (It is a specified amount /percentage of the admissible claim amount to be paid by policy holder/ Insured)	Co-Payments Applicable under the Policy - For claims of pre-existing conditions –50% of Co-payment on the admissible hospitalization bill, excluding claim related to pre and post hospitalization. The Insured will have no option to waive off this co-payment. - For claims other than pre-existing conditions –25% of Co-payment on the admissible hospitalizations bill, excluding claim related to pre and post hospitalization. However, the Insured have an option to waive off this co-payment on payment of additional loading of 20% on the standard premium.								Section D. II.1 (i)
	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)	Voluntary Deductible –Not Applicable								Not Applicable
	v. Any other limit (as applicable)	Not 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: - TAT for preauthorization of cashless facility -1 hour (from the time of receipt of last necessary documents) - TAT for cashless final bill authorization: 1 hour (from the time of receipt of last necessary documents) Provide the details /web link for following: - Network hospital details - https://generalcentralinsurance.com/hospital-locator - Helpline Number - 1800 209 1016 / 1800-103-8889 - Hospitals which are blacklisted or from where no claims will be accepted by Insurer. - https://generalcentralinsurance.com/hospital-locator Downloading/getting claim form - https://generalcentralinsurance.com/customer-service/downloads	Section D.II. 3. A
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>>	Not Applicable
11	Grievances /Complaints	Details of -Grievance Redressal Officer of the Insurer: https://generalcentralinsurance.com/customer-service/grievance-redressal -Insurance Company grievance portal / Department: - Helplines: 1800-220-233/ 1860-500-3333/ (022) 67837800 - Email: GCicare@generalcentral.com - Website: https://generalcentralinsurance.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 D. II. 3. F.

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 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 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
		• 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. 4.i
		• 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 & 5

		• 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 D. II. 4.i.i).m																																									
		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.1.10																																									
13	Your Obligations	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. <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></table>	Name of the Insured Person/s	Pre-Existing Condition/ Deformity	Insured 1		Insured 2		Insured 3		Section D. I. 1																																	
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14	Premium illustration Premium Illustration in respect of policies offered on individual basis and floater basis. <table><tr><td rowspan="2">Age of the members insured</td><td colspan="2">Coverage opted on individual basis covering each member of the family separately (at a single point in time)</td><td colspan="3">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)</td><td colspan="6">Coverage opted on family floater basis with overall Sum Insured (Only one sum insured is available for the entire family)</td></tr><tr><td>Premium (Rs.)</td><td>Sum insured (Rs.)</td><td>Premium (Rs.)</td><td>Discount, if any</td><td>Premium after discount (Rs.)</td><td>Sum insured (Rs.)</td><td>Premium or consolidated premium for all members of family (Rs.)</td><td>Floater discount, if any</td><td>Premium after discount (Rs.)</td><td>Sum insured (Rs.)</td></tr><tr><td>73 years</td><td>32,100</td><td>500000</td><td>32,100</td><td>3210</td><td>28,890</td><td>500000</td><td>48,150</td><td>0</td><td>48,150</td><td>500000</td></tr></table>											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.)	73 years	32,100	500000	32,100	3210	28,890	500000	48,150	0	48,150	500000
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)																																						
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73 years	32,100	500000	32,100	3210	28,890	500000	48,150	0	48,150	500000																																		

67 years	26,324	500000	26,324	2632	23,692					
Total Premium for all members of the family is Rs. 58,424/-, when each member is covered separately.			Total Premium for all members of the family is Rs. 52,582/-, when they are covered under a single policy.			Total Premium when policy is opted on floater basis is Rs. 48150/-.				
Sum insured available for each individual is Rs.500000			Sum insured available for each family member is Rs. 500000.			Sum insured of Rs. 500000 is available for the entire family.				

Note:

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 specified in the above illustration are the standard premium rates without considering any loading and/or discounts like – Online (Website) Sales discount etc.
4. In case premium is paid on instalment basis, the loading will be applicable accordingly.
5. 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-

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