

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY – HEALTH

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

Sl No	Title	Description	Policy/ Clause Number
1.	Name of Insurance Product/Policy	IndusInd - GROUP HOSPI CASH INSURANCE - Plan B	
2.	Product Number	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Policy Schedule
3.	Type of Insurance Product/ Policy	Benefit	Policy Schedule
4.	Sum Insured (Basis) (Along with amount)	Policy Type: Non Floater Sum insured: Daily Cash Amount Ranging from Rs 500 to Rs 10000	Policy Schedule
5.	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	Coverages: a. In-Patient Treatment: This cover pays equal to Daily Cash Amount for the selected number of days, if the Insured Person requires In-patient Treatment for illness/ injury incurred during the Policy Period. This shall also cover AYUSH Treatment, maximum upto 15 days taken on Inpatient basis. b. ICU Cover: This cover pays Insured Person an additional 100% of Daily Cash Amount for the selected number of days for ICU Hospitalization. c. Day Care Treatment: This cover pays Insured Person a Lump sum amount equal to Daily Cash Amount towards the listed Day Care Procedures. Payment under this benefit is limited to five times in a Policy Period. Optional Covers d. Convalescence Cover: This cover pays Lump sum amount to Insured Person, if the Insured Person undergoes Hospitalization for a minimum period of 10 continuous and consecutive days. Payment under this benefit is limited to once in a Policy Period. e. Personal Accident Cover 1 Accidental Death: The benefit compensates the Nominee /Legal Heir/Assignee with the Lump sum Personal Accident Sum Insured in the event of death of the Insured Person solely due to an accident during the Policy Period 2 Permanent Total Disability: This cover compensates the Insured Person with the Lump sum Personal Accident Sum Insured for the Permanent Total Disability caused due to an Accident during the Policy Period. 3 Permanent Partial Disability: This cover compensates the Insured Person with a specified percentage of Personal Accident Sum Insured for the Permanent Partial Disability caused due to an Accident during the Policy Period. c. Accidental Medical Expenses: This cover indemnifies the Insured Person upto 20% of Personal Accident Sum Insured or Rs 5 lakhs whichever is lower towards the In Patient, Day Care or OPD treatment for the injuries sustained solely from an Accident. This cover has a deductible of Rs1000 for every claim under Out-Patient Treatment. g. Companion Cover: This Cover shall pay the Insured Person an additional 50% of Daily Cash Amount for the selected number of days, towards the expenses of a companion during Inpatient Treatment of the Insured Person. h. Maternity Cover: This Cover pays the Insured Person a lump sum payment of 5 times of Daily Cash amount or Rs35000, whichever is lower for Maternity Expenses incurred towards normal delivery or C-section as an Inpatient Treatment during the Policy Period.	3.1 3.2 3.3 3.4 3.5 3.5.1 3.5.2 3.5.3 3.6 3.7 3.8


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		i. Leave Compensation Benefit: This cover pays the Primary Insured Person per day compensation equal to 135% of: the daily basic salary before tax or the Daily Cash amount whichever is lower, if during the Policy Period, the Primary Insured Person undergoes Hospitalization for an Illness/Injury for a minimum period of 4 continuous and consecutive days.	3.9
		j. Time Deductible: Selected Time Deductible shall be applicable on each and every In-Patient Hospitalization claim Time Deductible Options: 24/48/72 hours	3.10
		k. Waiver of Waiting Period for Pre-Existing Disease: This Cover shall reduce the Waiting Period for Pre-Existing Diseases to zero months, 12 months or 24 months as the case may be	3.11
		l. Waiver of Waiting Period for Specific Disease/procedure: This Cover shall reduce the Waiting Period Condition for Specified disease/procedure listed in Section 4 (ii) of the Policy wording to zero months or 12 months as the case may be	3.12
		m. Waiver of 30 days Waiting Period: This cover shall waive off the Initial 30 Days Waiting Period Condition.	3.13
		n. Waiver of Waiting Period for Maternity Cover: This Cover shall waive off the Maternity Cover Waiting Period Condition.	3.14
6.	Exclusions (what the policy does not cover)	Exclusions: - Investigation & Evaluation (Code:Excl04) - Rest Cure, rehabilitation and respite care (Code:Excl05) - Obesity/ Weight Control (Code:Excl06) - Change-of-Gender treatments (Code:Excl07) - Cosmetic or Plastic Surgery (Code: Excl08) - Hazardous or Adventure sports (Code:Excl09) - Breach of law (Code: Excl10) - Excluded Providers (Code:Excl11) - Substance Abuse and Alcohol (Code: Excl12) - Wellness and Rejuvenation (Code:Excl13) - Dietary Supplements & Substances (Code: Excl14) - Refractive Error (Code: Excl15) - Unproven Treatments-Code (Code: Excl16) - Sterility and Infertility (Code: Excl17) - Maternity Expenses (Code: Excl 18) ,this exclusion shall not be apply if Benefit- Maternity Cover has been opted under the Policy - Dental Treatments - Domiciliary Hospitalization and Home Treatment - External Congenital Anomaly - Treatment other than Medically Necessary Treatment - Non-medical expenses - Nuclear and radiological emissions, acts of terrorism - Outpatient treatment - Overseas treatment - Charges other than Reasonable & Customary Charges - Self-injury or suicide - Treatment outside discipline - War - Wilful Act/Negligence: Specific Exclusions applicable to Benefit-Personal Accident Cover - Service in the armed forces, or any police organization, of any country at war or at peace or service in any force of an international body or participation in any of the naval, military or air force operation during peace time. - Any change of profession after inception of the Policy or any Renewal which results	5


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		in the enhancement of the Company's risk, if not accepted and endorsed by the Company on the Policy Schedule. - Taking or absorbing, accidentally or otherwise, any intoxicating liquor, drug, narcotic, medicine, sedative or poison, except as prescribed by a Medical Practitioner other than the Policyholder or an Insured Person. - Body or mental infirmity or any Illness except where such condition arises directly as a result of an Accident during the Policy Period. - Participation in aviation/marine activities (including crew) other than as a passenger in an aircraft/watercraft that is authorized by the relevant regulations to carry such passengers between established airports or ports. - Participation in winter sports, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sports, or any other hazardous or potentially dangerous sport for which the Insured Person is untrained. - No claim shall be payable under Personal Accident Cover against any Pre-Existing Disability/Accidental Injury. Pre-Existing Disability/Accidental Injury means any disability or Injury present prior to the commencement of Policy Period or resulting from an Accident which occurred prior to the commencement of Policy Period; whether or not the same has been treated, and any Illness, complication or ailment arising out of or connected to such disability, Injury or Accident. Specific Exclusions applicable Benefit - Leave Compensation Benefit - Apart from the basic pay, no other component of the salary including but not limited to the allowances, perks, variable pay, bonuses or any other component of the salary is payable - It is imperative that the Primary Insured Person stays employed as on the Date of Discharge. If the Primary Insured is not employed on the Date of Discharge, then no compensation is payable under this benefit. - No consequential loss due to the leave availed during Hospitalization apart from as provided above is payable under this cover. - Loss of Employment is not covered under this benefit Note: For detailed description of Exclusions, kindly refer policy wordings.	
7.	Waiting period Time period during which specified diseases/treatments are not covered It is counted from the beginning of the policy coverage.	30-day waiting period- - Expenses related to the treatment of any illness within 30 days (and treatment of Covid-19 within 15 days) from the first policy commencement date shall be excluded except claims arising due to an Accident, provided the same are covered.. - This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months. - The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently. Waiting Period for Specified disease/procedure 24 months Specified disease/procedure waiting period Condition for Specified disease/procedure listed in Section 4 (ii) of the Policy wording Pre-Existing Diseases - - Expenses related to the treatment of a Pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months (as specified in Policy Schedule) of continuous coverage after the date of inception of the first Policy with Insurer - In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase. - If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage - Coverage under the Policy after the expiry of 24/36 months (as specified in Policy	


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		Schedule) for any Pre-Existing Disease is subject to the same being declared at the time of application and accepted by Insurer	
		Maternity Cover - The claim under Benefit-8 Maternity Cover (if opted) shall become payable only after the expiry of 12 months from the date of inception of the first Policy with the Company Covid-19 related claims - 15 Days waiting period for Covid-19 related claims Note: For detailed information on waiting period, kindly refer policy schedule / policy copy mentioned below under coverage section and policy wordings	
8.	Financial limits of coverage i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit) ii. Co-payment (It is a specified amount/ percentage of the admissible claim amount to be paid by policyholder/ 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) iv. Any other limit (as applicable)	Please refer the policy schedule / policy copy mentioned below under coverage section for all financial limits. a. Sub limits - In-Patient Treatment: AYUSH Treatment, maximum upto 15 days of In-Patient Treatment b. Deductible - Accidental Medical Expenses: Deductible of Rs. 1000 applicable on each and every OPD claim - Leave Compensation Benefit: Franchise Deductible of 4 days - Time Deductible(if opted): 24/48/72 hours	3
9.	Claims/Claims Procedure	1. TPA to intimate the claim to IndusInd General Insurance Company Ltd. 2. Upon receiving the required documents, processing team adjudicates each case basis policy T&C 3. After the claim is verified and found legitimate, the claim is processed 4. If the Claim is approved, payment shall be made to claimant as per the policy T&C within 7 working days 5. If the Claim is under Query, email communication shall be sent to insured/TPA for submission of required documents 6. If the Claim is Rejected, email communication shall be sent to insured/TPA mentioning the reason for rejection Documents Required for Claim Submission i. A duly filled and signed claim form ii. All original bills, receipts etc., iii. A medical certificate, case file and other documentation which should be signed by treating doctor iv. Pharmacy bills, Investigation reports	6


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		v. Discharge card, summary report and all clearance documents vi. Cancelled cheque **Any other document as required by the Company to process the claim	
10.	Policy Servicing	Policy Servicing Any issues related with respect to policy, kindly E-mail us at services@indusindinsurance.com and for correspondence contact us IndusInd General Insurance Company Limited, Winway Building 2nd and 3rd Floor, 11/12, Block No. 4, Old No. 67, South Tukogani, Indore (M.P) - 452001. Contact No. 022-41112600	
11.	Grievances/ Complaints	While the company takes utmost care to ensure all our touchpoints are trained to ensure qualitative delivery, in case of any lapse from our members, we request you to report it to our front-end unit: - Call us on phone number: +91 22 4890 3009 or writing email at: services@indusindinsurance.com - Writing to us at : IndusInd General Insurance, Correspondence Unit, 2nd & 3rd Floor, Winway Building, 11/12, Block No. 4, Old No. 67, South Tukoganj, Near Madhumilan Square, Indore, Madhya Pradesh, India - 452001 In case you are not pleased with the response received from one of the above mentioned touch points or there is a delay, you may contact Grievance officer at grievances@indusindinsurance.com Even after this, If you are not satisfied with the response received from our Grievance Officer, you may write to Our Head of Grievance at headgrievances@indusindinsurance.com Still, if you are not happy with the response received from the company, You may contact Insurance Ombudsman for redressal of grievance as per Insurance Ombudsman rules 2017. List of Ombudsman offices is mentioned in annexure attached to the policy shedule or you may visit its website @https://cioins.co.in/ombudsman Grievances can also be registered at IRDAI's Bima Bharosa Portal (https://bimabharosa.irdai.gov.in/) or by calling Toll Free Number 155255 (or) 18004254 732 or by sending an e-mail at complaints@irdai.gov.in or by writing to General Manager, Insurance Regulatory and Development Authority of India (IRDAI), Consumer Affairs Department - Grievance Redressal Cell, Sy.No.115/1, Financial District, Nanakramguda, Gachibowli, Hyderabad - 500032.	7.26
12.	Things to remember	Free Look cancellation: The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the Policy. If the Insured has not made any claim during the Free Look Period, the Insured shall be entitled to - 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; The Insured Person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the Policy, and to return the same if not acceptable. 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 Migration and Portability: another policy with us or port your policy to another insurer. Insurer to specify the process for migration and portability When your policy is due for renewal, you may migrate to	7(25)
			7(13)


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		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.	7(19)
		Moratorium Period: After completion of Five continuous years under the policy no look back to be applied. This period of Five years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of Five continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract	7(3)
13.	Your Obligations	Disclosure of other material information during the policy period.) Insurer to specify the material information	7(1)

Declaration by the Policyholder;

I have read the above and confirm having noted the details.

Place: _____

Date: _____

(Signature of the Policyholder)

Note: The product related documents including the Customer Information sheet are available on our Company website at:

- I. indusindinsurance.com/insurance/about-us/downloads.aspx
- II. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.
- III. Insurer to take confirmation of the Policyholder regarding receiving of the Customer Information Sheet.