

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.

SI. NO.	TITLE	DESCRIPTION	Refer to Policy Clause Number
1.	Name of Insurance Product/Policy	IndusInd “Mashak Rakshak” - Group	
2.	Policy number	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	Policy Schedule
3.	Type of Insurance Product/ Policy	Benefit	Policy Schedule
4.	Sum Insured (Basis) (Along with amount)	Policy Type: Floater/Non Floater Sum insured: Minimum Sum Insured available is Rs 10000 and Maximum Sum Insured available is Rs 2 lakhs (in multiples of 10000)	Policy Schedule
5.	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	a. Lump sum benefit equal to 100% of the Sum Insured (excluding the amount paid under diagnosis cover, if any) shall be payable on positive diagnosis (through laboratory examination and confirmed by the medical practitioner) of any of the following vector borne disease (s) if insured is hospitalized for a minimum period of seventy-two (72) consecutive hours. • Dengue fever • Malaria • Filaria (Lymphatic Filariasis) • Kala-azar • Chikungunya • Japanese Encephalitis • Zika Virus	4.1
		a. Diagnosis Cover: 2% of the sum insured shall be payable on positive diagnosis (through laboratory examination and confirmed by the medical practitioner) of every covered vector borne disease on the first diagnosis during the Cover Period, subject to policy terms and conditions. The Policyholder is entitled for payments under “diagnosis cover” for each disease only once in each of the policy year.	4.2
6.	Exclusions (what the policy does not cover)	a. Claim for any illness/disease other than for vector borne diseases covered under the policy.	6.1 (i)
		b. Diagnosis /Treatment outside the geographical limits of India	6.1 (ii)
		c. Any laboratory test not recognized/ approved by the state or central government.	6.1 (iii)
		d. Unproven Treatments: Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.	6.1 (iv)
		e. Domiciliary Hospitalization, Day Care and OPD treatment	6.2 (i)
		f. Admission primarily for investigation & evaluation	6.2 (ii)
		g. Admission primarily for rest Cure, rehabilitation and respite care	6.2 (iii)
Note:- For detailed description of Exclusions, kindly refer policy wordings			

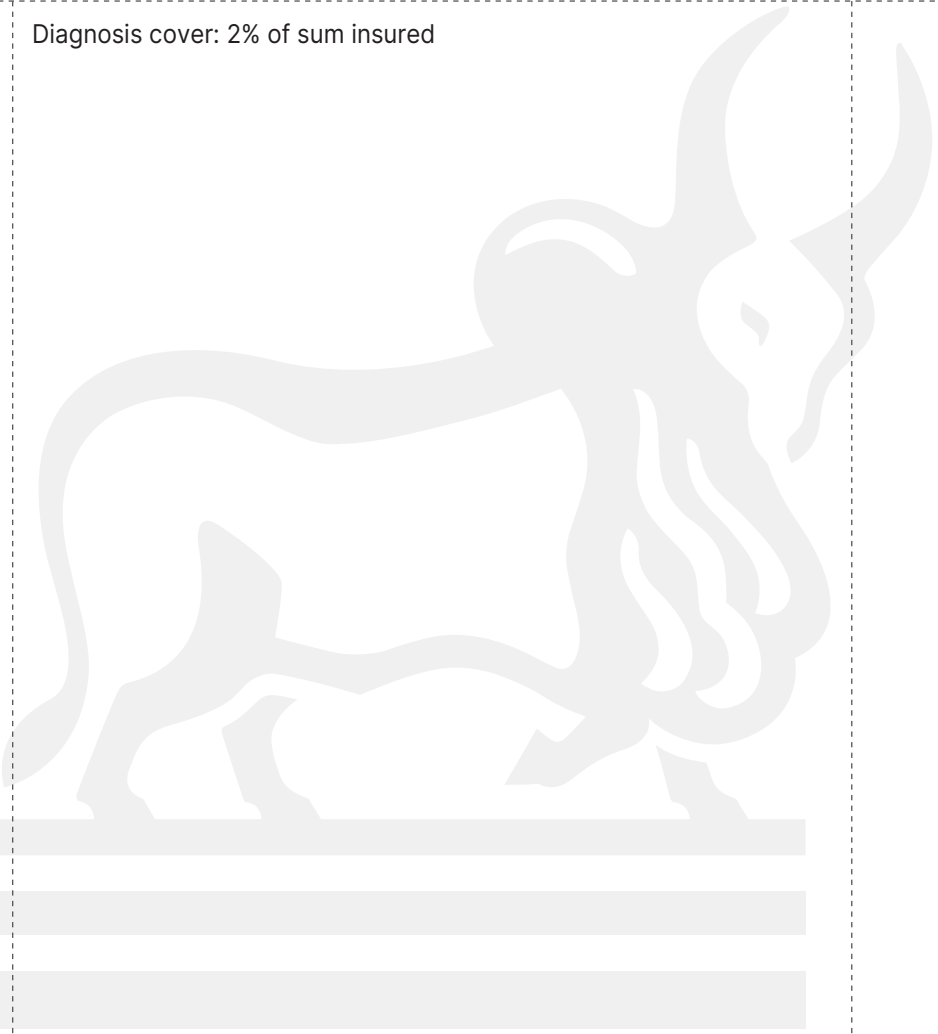

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7.	Waiting period Time period during which specified diseases/treatments are not covered It is counted from the beginning of the policy coverage.	The Company shall not be liable to make any payment under the policy if the covered vector borne disease is diagnosed or hospitalization takes place during within 15 days from the policy commencement date. If the Policy is renewed within 30 days from the date of discharge of the previously paid claim for the named insured a 30 days cooling off period shall apply for the same ailment in the renewed Policy. However, there would be no waiting period for other listed vector borne diseases.	5.1 5.2
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)	Diagnosis cover: 2% of sum insured 	
9.	Claims/Claims Procedure	Notification of claim Notice with full particulars shall be sent to the Company/TPA (if applicable) as under: A. Within 24hours from the date of emergency hospitalization B. At least 48 hours prior to admission in Hospital in case of a planned Hospitalization. For Reimbursement of Claim: For reimbursement of claims the insured person may submit the necessary documents to TPA/Company within the prescribed time limit as specified hereunder.	7.2



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		<table><tr><th>Sr. No</th><th>Type of claim</th><th>Prescribed Time Limit</th></tr><tr><td>1.</td><td>Hospitalization Benefit</td><td>Within thirty days (30 days) from date of discharge from hospital following positive diagnosis of covered vector borne disease</td></tr><tr><td>2.</td><td>Diagnosis Cover</td><td>Within Fifteen days (15 days) of Diagnosis of the covered vector borne disease</td></tr></table> For details on claim procedure please refer the policy document.	Sr. No	Type of claim	Prescribed Time Limit	1.	Hospitalization Benefit	Within thirty days (30 days) from date of discharge from hospital following positive diagnosis of covered vector borne disease	2.	Diagnosis Cover	Within Fifteen days (15 days) of Diagnosis of the covered vector borne disease	
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10.	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 3rdFloor, 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 by: - Calling on phone number: +91 22 4890 3009 or writing email at: services@indusindinsurance.com - Visiting any of our nearest branch - 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 Details of our Grievance Redressal Officers is available at – https://www.indusindinsurance.com/downloads/GRO_details_of_active_branches_Final.pdf 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 schedule or you may visit its website@ https://cioins.co.in/ombudsman. Grievances can also be registered at IRDAI's Bima Bharosa portal at 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, Nana-kramguda, Gachibowli, Hyderabad-500032	9									


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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. The Insured Person shall be allowed free look period of Thirty 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. 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; Free-look shall not apply at Master Policy level.	
		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	8.10
		Migration and Portability: Not Applicable.	
		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.	8.17
		Moratorium Period: Not Applicable.	
13.	Your Obligations	The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the Policyholder. Disclosure of other material information during the policy period.) Insurer to specify the material information	8.1
Declaration by the Policyholder; I have read the above and confirm having noted the details. Place: _____ Date: _____ _____ (Signature of the Policyholder)			
Note: I. The product related documents including the Customer Information sheet are available on our Company website at: https://www.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.			



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