

Sl. No.	Title	<b>CUSTOMER INFORMATION SHEET</b> <b>DESCRIPTION IS ILLUSTRATIVE AND NOT EXHAUSTIVE</b> *This document provides key information about your policy. You are also advised to go through your policy document. In case of any conflict, the terms and conditions mentioned in the Policy document shall prevail.			Policy Clause Number
1	Name of the Insurance Product/Policy	<b>CRITICAL CONNECT</b>			NA
2	Policy Number				NA
3	Type of Insurance Product/Policy	Benefit			NA
4	Sum Insured	Individual/Family Floater policy – Insured 1 Insured 2 Insured 3 Insured 4			NA
5	Policy Coverage (What the policy covers?)	You are covered with below benefits up to the limits as specified in your Policy Schedule. <b>Benefit Schedule for Plan A: Critical Illness Bundles</b> (Sum Insured amounts: 1 lac, 2, 3, 4, 5, 7.5, 10, 15, 20, 25, 30, 40, 50, or 75 lacs, 1 crore )			Part D of the Policy
		<b>9 Covers</b>	<b>25 Covers</b>	<b>43 Covers</b>	

### Critical Connect-CIS

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		1. Cancer of Specified Severity 2. Kidney Failure Requiring Regular Dialysis 3. Open Chest CABG 4. Major Organ / Bone Marrow Transplant 5. Multiple Sclerosis With Persisting Symptoms 6. Myocardial Infraction (First Heart Attack of Specified Severity) 7. Permanent Paralysis of Limbs 8. Stroke Resulting In Permanent Symptoms 9. Surgery to Aorta / Aorta Graft Surgery	1. Alzheimer's Disease 2. Benign Brain Tumor 3. Cancer of Specified Severity 4. Coma of Specified Severity 5. Deafness 6. End Stage Liver Failure 7. Kidney Failure Requiring Regular Dialysis 8. Loss of Speech 9. Major Organ / Bone Marrow Transplant 10. Medullary Cystic Disease 11. Motor Neuron Disease with Permanent Symptoms 12. Multiple Sclerosis with Persisting Symptoms 13. Muscular Dystrophy 14. Myocardial Infraction (First Heart Attack of Specified Severity)	1. Alzheimer's Disease 2. Apallic Syndrome 3. Aplastic Anemia 4. Bacterial Meningitis 5. Benign Brain Tumor 6. Blindness 7. Brain Surgery 8. Cancer of Specified Severity 9. Cardiomyopathy 10. Coma of Specified Severity 11. Creutzfeldt-Jakob Disease (CJD) 12. Deafness 13. Encephalitis 14. End-Stage Liver Failure 15. End-Stage Lung Failure 16. Fulminant Viral Hepatitis 17. Goodpasture's Syndrome 18. Kidney Failure Requiring Regular Dialysis 19. Loss of Speech 20. Loss of Limbs 21. Major Head Trauma 22. Major Organ / Bone Marrow Transplant 23. Medullary Cystic Disease 24. Motor Neuron Disease with Permanent Symptoms 25. Multiple Sclerosis with Persisting Symptoms 26. Multiple System Atrophy 27. Muscular Dystrophy 28. Myocardial Infraction (First Heart Attack of Specified Severity) 29. Open Chest CABG /	
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			15. Open Chest CABG 16. Open Heart Replacement or Repair of Heart Valves 17. Parkinson's Disease 18. Permanent Paralysis of Limbs 19. Pneumonectomy 20. Primary (Idiopathic) Pulmonary Hypertension 21. Pulmonary Artery Graft Surgery 22. Stroke Resulting In Permanent Symptoms 23. Surgery to Aorta / Aorta Graft Surgery 24. Systemic Lupus Erythematosus 25. Third-Degree Burns (Major Burns)	Coronary Artery Bypass Surgery 30. Open Heart Replacement or Repair of Heart Valves 31. Parkinson's Disease 32. Permanent Paralysis of Limbs 33. Pneumonectomy 34. Primary (Idiopathic) Pulmonary Hypertension 35. Progressive Supranuclear Palsy 36. Progressive Scleroderma 37. Pulmonary Artery Graft Surgery 38. Pulmonary-Renal Syndrome 39. Severe Rheumatoid Arthritis 40. Stroke Resulting In Permanent Symptoms 41. Surgery to Aorta / Aorta Graft Surgery 42. Systemic Lupus Erythematosus 43. Third-Degree Burns (Major Burns)	
		<b>Benefit Schedule for Plan B: Disease-Specific Bundles</b> (Sum Insured amounts: 1 lac, 2, 3, 4, 5, 7.5, 10, 15, 20, 25, 30, 40, 50, or 75 lacs, 1 crore)			

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		<b>Heart Protect</b>	<b>Cancer Protect</b>	<b>RenoLiv Protect</b>	<b>Brain Protect</b>	
		<b>Major Conditions:</b> 1. Cardiomyopathy 2. Heart Transplant 3. Open Chest CABG 4. Open Heart Replacement or Repair of Heart Valves 5. Myocardial Infraction (First Heart Attack of Specified Severity) 6. Primary (Idiopathic) Pulmonary Hypertension 7. Pulmonary Artery Graft Surgery 8. Surgery to Aorta / Aorta Graft Surgery	<b>Major Conditions:</b> 1. Cancer of Specified Severity	<b>Major Conditions:</b> 1. End-Stage Liver failure 2. Kidney Failure Requiring Regular Dialysis 3. Kidney Transplant 4. Liver Transplant 5. Medullary Cystic Disease 6. Pulmonary-Renal Syndrome	<b>Major Conditions:</b> 1. Apallic Syndrome 2. Bacterial Meningitis 3. Benign Brain Tumor 4. Brain Surgery 5. Coma of Specified Severity 6. Creutzfeldt-Jakob disease (CJD) 7. Encephalitis 8. Stroke Resulting In Permanent Symptoms 9. Motor Neuron Disease With Permanent Symptoms 10. Multiple Sclerosis With Persisting Symptoms 11. Progressive Supranuclear Palsy 12.	

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Liberty General Insurance Ltd.  
15th Floor, Unit-1501&1502, Tower 2, One International Center,  
Senapati Bapat Marg, Prabhadevi, Mumbai- 400013  
Email: [care@libertyinsurance.in](mailto:care@libertyinsurance.in)  
IRDA registration number: 150 • CIN: U66000MH2010PLC209656



					Permanent Paralysis of Limbs	
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		<b>Minor Conditions:</b> 9. Angioplasty 10. Balloon Valvotomy or Valvuloplasty 11. Carotid Artery Surgery 12. Implantable Cardioverter Defibrillator 13. Implantation of Pacemaker of Heart 14. Infective Endocarditis 15. Minimally Invasive Surgery of Aorta 16. Pericardiectomy 17. Pulmonary Thromboembolism 18. Surgery for Cardiac Arrhythmia 19. Surgery to Place Ventricular Assist Devices or Total Artificial Hearts	<b>Minor Conditions:</b> 2. Early-Stage Cancers 3. Carcinoma in- Situ			
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		<p><b>C. AYUSH Treatment#-</b>“AYUSH treatment” refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.</p> <p>The Company will indemnify Reasonable and customary charges up to the limit specified in the Policy Schedule, for the Medical Expenses incurred for Inpatient hospitalization treatment taken under Ayurveda, Unani, Sidha and Homeopathy provided that the hospitalization is not for evaluation and/or investigation purpose only and treatment is availed in India and provided the treatment has undergone in:</p> <p>i) Government hospital or in any institute recognized by government and/or accredited by Quality Council of India or National Accreditation Board on Health;</p> <p>ii) Teaching hospitals of AYUSH colleges recognized by Central Council of Indian Medicine (CCIM) and Central Council of Homeopathy (CCH);</p> <p>iii) AYUSH Hospitals as defined hereinabove (# Added pursuant to “Guidelines on providing AYUSH Coverage in Health insurance policies” dated 31 January, 2024 issued by the IRDAI effective 1st April 2024)</p> <p><b>Optional Cover(s)</b> The Policy offers below Optional Covers only if the same is specifically mentioned in your Policy Schedule and available on payment of additional premium as applicable.</p> <p><b>a) Loan Protector Cover</b> After the first diagnosis of one of the conditions in the Benefit Schedule, we will pay once during the Policy period, the lower of either:</p> <p>* The Equated Monthly Installment (EMI) of a loan obtained through a Financial Institution/Bank, for 12 months; or</p> <p>* The lump sum amount as specified in the Policy Schedule (3 percentage of Sum Insured amount) and</p> <p>* After the commencement of the Insured Event till the Principal Outstanding loan amount or expiry of Policy Period, whichever is earlier/lower.</p> <p>This is subject to submission of sanction letter, repayment</p>	
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		<p>track record, and bank account statement reflecting EMI or Loan account statement.</p> <p><b>b) Option to Waive 30-Day Survival Period</b> A 30 days survival period from the date of diagnosis of the listed Critical illness as listed in your policy schedule, will be waived off and a claim can be valid and payable if you opt this Optional feature.</p>	
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6	Exclusions (What the policy does not cover)	<p><b>General Exclusions – When We Will Not Pay</b> We will not pay you for any claim directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this Policy.</p> <p><b>Standard Exclusions -</b></p> <p><b>1. Pre-Existing Diseases -</b> a. Expenses related to the treatment of a Pre-Existing Disease (PED) and its direct complications shall be excluded as per the Plan mentioned in the Policy schedule i.e. until the expiry of 36 months or 24 months of continuous coverage after the date of inception of the first policy with Us. b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of sum insured increase. c. 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 be extent of prior coverage. d. Coverage under the policy after the expiry of applicable months as per the Plan, for any Pre-existing Disease is subject to the same being declared at the time of application and accepted by the Insurer.</p> <p><b>2. Hazardous or Adventure Sports -</b> Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.</p> <p><b>3. Breach of law -</b> Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.</p> <p><b>4. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.</b></p> <p><b>5. Unproven Treatments -</b> 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</p>	Part E.i. of the policy
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		<p>documentation to support their effectiveness.</p> <p><b>6. Maternity -</b>          (i) Medical treatment expenses traceable to childbirth (including complicated deliveries and caesareansections incurred during hospitalization) except ectopic pregnancy.</p> <p>(ii) Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.</p>	
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		<p><b>Specific Exclusions</b></p> <p><b>Part A: Medical Exclusions:</b></p> <p>1) Certain types of treatment, defined illnesses / conditions / supplies as otherwise specified in the Policy:</p> <p>* Congenital external diseases, defects or anomalies</p> <p>2) Time bound exclusion(s) applied by us and specified in the Policy Schedule and accepted by you, as per the board approved underwriting policy of the Company</p> <p>a) Any insured condition or critical illness diagnosed within the first 90 days of the date of commencement of the Policy is excluded. This exclusion will not apply to you if your coverage has been renewed, without a break, for subsequent years.</p> <p>b) Any insured condition or critical illness for which care, treatment, or advice was recommended by or received from a Physician, or which diagnosed before the start of the Policy Period, or for which a claim has or could have been made under any earlier policy.</p> <p>c) 48- months Waiting Period for Insured conditions Related to HIV/AIDS, shall apply from the policy commencement date.</p> <p>d) Survival Period: A claim for an insured condition becomes valid and payable if you survive for 30 days after the insured condition. For an additional price on the premium payable, we will waive this 30-day survival period.</p> <p>e) 24-months waiting period shall apply between the occurrences of the Insured condition i.e. between the first and second insured condition, or between the second and third Insured condition and so on.</p> <p>3) Medical procedure or treatment, which is not medically necessary or not performed by a medical practitioner as specified under each insured condition.</p> <p>4) Treatment by a family member, self-medication or experimental.</p> <p>5) Exclusions specific to AYUSH Treatment#</p> <p>The Company shall not make payment in respect of claims arising directly or indirectly out of or attributable or traceable to any of the following:</p> <ul style="list-style-type: none"> <li>• OPD / Day care treatment</li> <li>• Wellness and non-therapeutic treatment</li> <li>• Any Pre-Hospitalization and Post-Hospitalization Expenses</li> <li>• All Preventive and Rejuvenation Treatments (non-curative in</li> </ul>	Part E.ii. Of the policy
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		<p>nature) including, without limitation, treatments that are not Medically Necessary.</p> <ul style="list-style-type: none"> <li>• Non- Prescribed medicines by treating physician, non-disclosed formulations &amp; non-standardized preparations or Health Supplementary products will be excluded.</li> <li>• Any Pre or Post hospitalization AYUSH treatment taken before/pursuant to inpatient Allopathy treatment.</li> </ul> <p>The above exclusions are in additions to the General exclusions listed under the Policy.</p> <p>#Added pursuant to “Guidelines on providing AYUSH Coverage in Health insurance policies” dated 31 January, 2024 issued by the IRDAI effective 1st April 2024</p> <p><b>Part B: Non-Medical Exclusions</b></p> <p>1. Natural peril, storm, tempest, avalanche, earthquake, volcanic eruptions, hurricane, natural hazard.</p> <p>2. War: Treatment directly or indirectly arising from or consequent upon war or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation.</p>				
7	Waiting period	<b>Waiting Period(s)</b>		<b>Plan A</b>	<b>Plan B</b>	Section E.ii.Part A.2. of the policy
		90 Days	Applies at the start of the policy.	√	√	
		30 Days	30 days of Survival Period after the diagnosis of CI	√	√	
		Pre-existing Diseases (PED)	3 Years	√	√	

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		2 Years	2 Years between two claims	√	X	
		HIV/AIDS	3 Years	√	√	
			2 Years between two claims	√	√	
8	I. <b>Sub-limit</b> (It is pre-defined limit, and the insurance company will not pay any amount in excess of this limit)	<b>Sub-limit</b> - Sub-limit is not applicable for this product.				NA
	II. <b>Co-Payment</b> (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured).	<b>Co-Payment</b> - Co-Payment is not applicable to this product				NA
	III. <b>Deductible</b> (It is a specified amount	<b>Deductible</b> - Deductible is not applicable in this product.				NA
	– 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)					

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9	Claims/Claims procedure	<p><b>b. For Cashless Service:</b> You may call to our Customer care number for obtaining Cashless facility. You may also visit to our Company website <a href="http://www.libertyinsurance.in">www.libertyinsurance.in</a> to know the list of empaneled Hospitals.</p> <p><b>b. For Reimbursement of Claim:</b> You need to intimate Us immediately on hospitalization/ injury/ death, further submit all claim documents with supporting details/documents at your own expense to the TPA within 15 days of discharge from the hospital. TPA within 15 days of discharge from the hospital.</p> <p><b>Turn Around Time (TAT) for claim settlement:</b></p> <p>* TAT for preauthorization of cashless facility within 2 Hours.</p> <p>* TAT for cashless final bill authorization within 2 Hours.</p> <p>i. Network Hospital details – <a href="https://www.libertyinsurance.in/products/CPMigration/hospitalLocator">https://www.libertyinsurance.in/products/CPMigration/hospitalLocator</a></p> <p>ii. Helpline number – 1800 266 5844</p> <p>iii. Claim form – <a href="https://www.libertyinsurance.in/customer-support/download-forms.html">https://www.libertyinsurance.in/customer-support/download-forms.html</a></p> <p>iv. Hospitals which are blacklisted or from where no claims will be accepted by insurer – <a href="https://www.libertyinsurance.in/Docx/ExcludedHospitalLists.pdf">https://www.libertyinsurance.in/Docx/ExcludedHospitalLists.pdf</a></p> <p><b>a) Summary of Claim Procedure:</b> * You, or someone claiming on your behalf, must inform us in writing immediately within 48 hours of diagnosis of any of the listed insured conditions / critical illnesses. See “How Do I Notify You of a Claim?” below.</p>	Part G.10 of the policy
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		<p>* You must immediately consult a Doctor / Medical Practitioner and follow the advice and treatment that he/she recommends.</p> <p>* You or someone claiming on your behalf must promptly, within 30 days of diagnosis of any of the listed insured conditions (or discharge from the hospital, if admitted), give us the following documents specified in “Supporting Documentation” below.</p> <p>* You must have yourself examined by our medical advisors, if we ask of this, and as often as we consider this to be necessary (at our cost). See “Examination” below.</p> <p><b>b) How Do I Notify You of a Claim?</b></p> <p>* You must immediately inform us of any event or occurrence that may give rise to a claim under this Policy within 30 days of the diagnosis of the first occurrence of the insured condition.</p> <p>* You can intimate us through letter, email, fax or telephone. The details of it have been given on the Health Card provided to you.</p> <p>* Please include the details below:</p> <ul style="list-style-type: none"> <li>o Policy Number / Health Card Number</li> <li>o Your name (i.e. the Insured person availing treatment)</li> <li>o Details of the insured condition / critical illness (see Supporting Documentation, below) and any other relevant information</li> </ul> <p><b>c) Supporting Documentation:</b></p> <p>* You, or someone acting on your behalf, must provide us with all documentation, information and medical records. We may request to establish the circumstances of the claim, its quantum or our liability for the claim within 45 days of completion of survival period (if applicable) for the insured condition against which the claim is made. In the event of any request by us for specific information, you must submit the same within 15 days of our request.</p> <p>* In case you are covered under multiple policies which provide fixed benefits, on the occurrence of the insured condition, we shall make the claim payments as per terms and conditions of this policy, independent of payments received by you under other similar policies.</p> <p>* We may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond your control. Such documentation</p>	
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		<p>are as following:</p> <ul style="list-style-type: none"> <li>o Our claim form duly completed and signed by / on behalf of you</li> <li>o Original Discharge Summary / Discharge Certificate</li> <li>o Copy of Final Hospital Bill</li> <li>o A medical certificate confirming the diagnosis of critical illness from a specialist doctor as mentioned under each Critical illness.</li> <li>o Medical certificate for the duration of illness.</li> <li>o An Investigation reports / other related documents reflecting the critical illness diagnosis</li> <li>o First consultation letter and subsequent prescription</li> <li>o Original cancelled cheque with payee name printed on the cheque. If the name of the payee is not printed on the cheque please provide copy of first page of bank passbook</li> <li>o A precise diagnosis of the treatment for which a claim is made</li> <li>o Certificate from treating doctors regarding the duration &amp; etiology (i.e. the cause, set of causes or manner of causation of the disease or condition)</li> <li>o KYC documents</li> </ul> <p><b>Second Medical Opinion (Additional documents required)</b></p> <ul style="list-style-type: none"> <li>o Request for seeking second Medical opinion</li> <li>o All medical records and investigation reports done for the ailment</li> </ul> <p><b>Loan Protection Cover (Additional documents required)</b></p> <ul style="list-style-type: none"> <li>o Submission of sanction letter from the Financial Institute or Bank from where loan is applied</li> <li>o Repayment track record from the Financial Institute or Bank</li> <li>o Bank account statement reflecting EMI for the loan</li> <li>o Loan account statement</li> </ul> <p><b>d) Examination:</b>          You will have to undergo medical examination by our authorized Medical Practitioner, as and when we may reasonably require, to obtain an independent opinion for the purpose of processing any claim. We will bear the cost towards performing such a medical examination of you (at the specified location).</p> <p><b>e) Payment of Claims:</b>          * You agree that we only need to make payment when you or</p>	
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		<p>someone claiming on your behalf has provided us with necessary documentation and information.</p> <p>* We will make payment to you or your Nominee or Assignee. If there is no nominee or assignee and you are incapacitated or deceased, we will pay your heir, executor or validly appointed legal representative and any payment we make in this way will be a complete and final discharge of our liability to make payment.</p> <p>* All claims will be processed in accordance with the applicable regulatory guidelines, including IRDAI (Protection of Policyholders Regulation), 2017. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per policy terms and conditions, we shall offer within a period of 30 days a settlement of the claim to you. In the case of delay in the payment of a claim, We shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate. 'bank rate' means 'Bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due'</p> <p>* However, where the circumstances of a claim warrants an investigation in the Our opinion, We shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary documents. In such cases, We shall settle/reject the claim within 45 days from the date of receipt of last necessary documents. In case of delay beyond stipulated 45 days, We shall be liable to pay interest at a rate 2% above bank rate from the date of receipt of last necessary document to the date of payment of claim.</p> <p>* If we, for any reasons, decide to reject the claim under the policy, the reasons regarding the rejection shall be communicated to you in writing within 30 days of the receipt of complete set of documents, in accordance with the provisions of 'Protection of Policyholders' Interest Regulations, 2017'. You may take recourse to the Grievance Redressal procedure stated in Section F.i.14</p> <p><b>f) Currency of Payment:</b> All claims shall be payable in India and in Indian Rupees only.</p> <p><b>g) Dishonest or Fraudulent Claims:</b> If any claim is in any manner dishonest or fraudulent, or is supported by any dishonest or fraudulent means or devices</p>	
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		<p>(whether by you or anyone acting on your behalf), then this policy will be:</p> <ul style="list-style-type: none"> <li>o Cancelled ab-initio from inception date or the renewal date (as the case may be), or modified by us, as per the board approved underwriting policy of the Company, upon 30 day notice by sending an endorsement to your address show in the schedule without refunding the premium amount; and</li> <li>o All benefits payable, if any, under such policy shall be forfeited with respect to such claim.</li> </ul>	
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10	Policy Servicing	<p><b>Step - 1</b></p> <p>Call center number - 1800-266-5844          (8:00 AM to 8:00 PM, 7 days of the week) or</p> <p>Email us at: <a href="mailto:care@libertyinsurance.in">care@libertyinsurance.in</a></p> <p>Senior Citizens can email us at –  <a href="mailto:seniorcitizen@libertyinsurance.in">seniorcitizen@libertyinsurance.in</a></p> <p>or</p> <p>Write to us at:          Customer Service          Liberty General Insurance Ltd.          15th Floor, Unit-1501&amp;1502, Tower 2, One International          Center,          Senapati Bapat Marg, Prabhadevi, Mumbai- 400013</p> <p><b>Step - 2</b></p> <p>If our response or resolution does not meet your          expectations, you can escalate at -  <a href="mailto:Manager@libertyinsurance.in">Manager@libertyinsurance.in</a></p> <p><b>Step - 3</b></p> <p>If you are still not satisfied with the resolution provided, you          can further escalate at - <a href="mailto:ServiceHead@libertyinsurance.in">ServiceHead@libertyinsurance.in</a></p>	Part F.14 of the policy.
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11	Grievances/Complaints	<ul style="list-style-type: none"> <li>• For Grievance Redressal, please refer:  <a href="https://www.libertyinsurance.in/customer-support/grievance-redressal.html">https://www.libertyinsurance.in/customer-support/grievance-redressal.html</a></li> <li>• Bima Bharosa (Grievance Redressal Portal), IRDAI  <a href="https://bimabharosa.irdai.gov.in/">https://bimabharosa.irdai.gov.in/</a></li> <li>• Insurance Ombudsman - For the latest details of Ombudsman offices, please visit the Insurance Ombudsman website at the following link:  <a href="https://www.cioins.co.in/Ombudsman">https://www.cioins.co.in/Ombudsman</a></li> </ul> <p>Insurance Ombudsman – The contact details of the Insurance Ombudsman offices have been provided as Annexure-B of Policy document.</p>	Annexure-B
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12	Things to remember	<p><b>Free Look Cancellation:</b> The insured person shall be allowed free look period of 30 days from date of receipt of the policy document to review the terms and conditions of the policy. If he/she is not satisfied with any of the terms and conditions, he/she has the option to cancel his/her policy. The Free Look Period shall be applicable only for new individual health insurance policies, except for those policies with tenure of less than a year and not on renewals.</p> <p>If the insured has not made any claim during the Free Look Period, the insured shall be entitled to -</p> <ul style="list-style-type: none"> <li>i. 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</li> <li>ii. 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</li> <li>iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;</li> </ul> <p><b>Policy Renewal:</b> The policy shall ordinarily be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured person.</p> <ul style="list-style-type: none"> <li>i. The Company shall give notice for renewal atleast 30 days prior to expiry of the policy.</li> <li>ii. Renewal of a health insurance policy shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years, except for benefit based policies where the policy terminates following payment of the benefit covered under the policy.</li> <li>iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.</li> <li>iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.</li> </ul>	<p>Part F iii.13 of the policy</p> <p>Part F.iii.9. of the policy</p>
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		<p><b>Migration:</b>          The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company by applying for migration of the policy atleast 30 days before the policy renewal date as per the IRDA Guidelines on Migration. If such person is presently covered and has been continuously covered without any lapse under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDA Guidelines on Migration.</p> <p><b>Portability:</b>          The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability</p> <p><b>Change in Sum Insured:</b> Your Sum Insured can be enhanced only at the time of renewal subject to Company approval. In case of increase in sum insured, all waiting periods will apply afresh in relation to the amount by which the sum insured has been increased. In case of a claim during the applied waiting periods, the claim payout would be as per the basic (or previous) sum insured.</p>	<p>Part F.i.7. of the policy</p> <p>Part F.i.8. of the policy</p> <p>Part G.3. of the policy</p>
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		<p><b>Moratorium Period</b> - 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. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.</p> <p>Note :The accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium period.</p>	Part F.iii.11. of the policy
13	Your Obligations	<p>* Please disclose all pre-existing disease/s or condition/s before buying a policy.</p> <p>* Disclosure of Material Information during the policy period that relates to questions in the Proposal Form and which is important to the Company in order to accept the risk of insurance. Such information need to be provided to us in the form named as 'Alteration in Risk form' available on our Company website <a href="http://www.libertyinsurance.in">www.libertyinsurance.in</a> before the Renewal, extension, variation, endorsement or reinstatement of the contract.</p>	Part F of the policy

For Policy related documents visit our website-

<https://www.libertyinsurance.in/customer-support/download-forms.html>

**Declaration by the Policy Holder:**

I have read the above Customer Information Sheet along with Policy documents and confirm having noted the details:

Place:

Date:

Signature of the Policyholder:

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