

Group Hospi-Cash Connect Policy Customer Information Sheet

Sr. No	Title	Description	Refer to Policy Clause No																					
1	Product Name	Group Hospi-Cash Connect Policy																						
2	Policy No																							
3	Type of Insurance Product / Policy	Benefit																						
4	Sum Insured Basis	Individual Sum Insured – Where each member has a separate sum insured under the policy. Family Floater – Where all eligible family members are covered under a single sum insured which will be the single maximum limit for the entire family. Sum Insured per person – As opted																						
5	Policy Coverage	This Policy offers selection of either of the cover as listed under ‘A. Basic Cover’ and also offer optional covers as listed under ‘B. Choose and Pick covers’ which are available and as specified so in the Schedule to the Policy. <table><tr><th></th><th>Cover</th><th>Description</th></tr><tr><td>A.</td><td colspan="2">Basic Cover</td></tr><tr><td></td><td>Daily Hospital Cash (DHC) Benefit(Rs./day)</td><td>DHC is payable for a Hospitalization > 24 hrs arising due to any illness/injury upto the limits as mentioned in the Policy Schedule. Per event/ Hospitalization limit- Upto 30 days</td></tr><tr><td>OR</td><td>Daily Hospital Cash (DHC)- Only Accidents Benefit(Rs./day)</td><td>DHC-Accident: is payable for a Hospitalization > 24 hrs. arising due to any injury upto the limits as mentioned in the Policy Schedule. Per event/ Hospitalization limit- Upto 30 days</td></tr><tr><td>B.</td><td colspan="2">Choose and Pick covers</td></tr><tr><td>1</td><td>Double Accident Benefit (DAB)</td><td>Twice of the DHC/DHC-Accident limit shall be payable if Hospitalization arising due to injury, exceeds 3 days, for every completed 24 hrs., upto the limits as mentioned in the Policy Schedule. We will then not pay separately for DHC or DHC-Accident. Per event/ Hospitalization limit- Upto 30 days</td></tr><tr><td>2</td><td>Double ICU Benefit (DIB) - Sickness</td><td>Twice of the DHC limit shall be payable for a Hospitalization >24 hrs arising due to any illness, payable for every completed 24 hrs., upto the limits as mentioned in the Policy Schedule. We will then not pay separately for DHC.</td></tr></table>		Cover	Description	A.	Basic Cover			Daily Hospital Cash (DHC) Benefit(Rs./day)	DHC is payable for a Hospitalization > 24 hrs arising due to any illness/injury upto the limits as mentioned in the Policy Schedule. Per event/ Hospitalization limit- Upto 30 days	OR	Daily Hospital Cash (DHC)- Only Accidents Benefit(Rs./day)	DHC-Accident: is payable for a Hospitalization > 24 hrs. arising due to any injury upto the limits as mentioned in the Policy Schedule. Per event/ Hospitalization limit- Upto 30 days	B.	Choose and Pick covers		1	Double Accident Benefit (DAB)	Twice of the DHC/DHC-Accident limit shall be payable if Hospitalization arising due to injury, exceeds 3 days, for every completed 24 hrs., upto the limits as mentioned in the Policy Schedule. We will then not pay separately for DHC or DHC-Accident. Per event/ Hospitalization limit- Upto 30 days	2	Double ICU Benefit (DIB) - Sickness	Twice of the DHC limit shall be payable for a Hospitalization >24 hrs arising due to any illness, payable for every completed 24 hrs., upto the limits as mentioned in the Policy Schedule. We will then not pay separately for DHC.	Part B of the Policy Wording
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		4	Double Critical Illness Benefit (DCI)-Listed Critical Illnesses	Twice of the DHC/ DHC-Accident limit shall be payable for a Hospitalization arising due to any of the listed Critical illness/s for the first time in lifetime, for >24 hrs, payable for every completed 24 hrs., upto the limits as mentioned in the Policy Schedule. We will then not pay separately for DHC/ DHC-Accident Per event/ Hospitalization limit- Upto 30 days <table><tr><th colspan="2">List of Critical Illnesses</th></tr><tr><td>C1</td><td>Cancer of specified severity</td></tr><tr><td>C2</td><td>Kidney Failure requiring regular Dialysis</td></tr><tr><td>C3</td><td>Multiple Sclerosis with persisting symptoms</td></tr><tr><td>C4</td><td>Major Organ/Bone marrow Transplant</td></tr><tr><td>C5</td><td>Open Heart Valve Replacement/Repair of Heart Valves</td></tr><tr><td>C6</td><td>Open Chest Coronary Artery Bypass Graft</td></tr><tr><td>C7</td><td>Stroke resulting in permanent symptoms</td></tr><tr><td>C8</td><td>Permanent Paralysis of Limbs</td></tr><tr><td>C9</td><td>First Heart Attack of specified Severity</td></tr><tr><td>C10</td><td>Benign Brain Tumor</td></tr><tr><td>C11</td><td>Parkinson's Disease</td></tr><tr><td>C12</td><td>Alzheimer's Disease</td></tr><tr><td>C13</td><td>End Stage Liver Disease</td></tr><tr><td>C14</td><td>Surgery of Aorta</td></tr><tr><td>C15</td><td>Major Burns</td></tr><tr><td>C16</td><td>Loss of Speech</td></tr><tr><td>C17</td><td>Deafness</td></tr><tr><td>C18</td><td>Coma of specified severity</td></tr></table>		List of Critical Illnesses		C1	Cancer of specified severity	C2	Kidney Failure requiring regular Dialysis	C3	Multiple Sclerosis with persisting symptoms	C4	Major Organ/Bone marrow Transplant	C5	Open Heart Valve Replacement/Repair of Heart Valves	C6	Open Chest Coronary Artery Bypass Graft	C7	Stroke resulting in permanent symptoms	C8	Permanent Paralysis of Limbs	C9	First Heart Attack of specified Severity	C10	Benign Brain Tumor	C11	Parkinson's Disease	C12	Alzheimer's Disease	C13	End Stage Liver Disease	C14	Surgery of Aorta	C15	Major Burns	C16	Loss of Speech	C17
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		6	Recovery Benefit	If hospitalization for any illness/injury exceeds more than 15 consecutive days, then a onetime lump sum payment as mentioned in the Schedule to the Policy is payable.																	
		7	Convalescence Benefit	If in case 2 or more family members covered under this Policy are hospitalized due to the same accident for more than 24 consecutive hours, then a one-time lump sum payment upto the limits mentioned in the Policy Schedule shall be payable individually and separately to each member hospitalized.																	
		8	Special care on Minor Surgeries (Threshold Limit Applicable of Rs. 50,000/-)	Hospitalization for more than 24 consecutive hours or less than 24 hours due to technological advancement and has incurred expenses more than the threshold limit of Rs 50,000 due to any illness or accidental injury involving minor Surgical Procedure as listed below, then a onetime lump sum payment upto the limits mentioned in the Policy Schedule shall be payable. <table><tr><th colspan="2">List of Minor Surgeries</th></tr><tr><th>S.No</th><th>Minor Surgeries</th></tr><tr><td>1</td><td>Removal of AppendixAppendectomy</td></tr><tr><td>2</td><td>Removal of Renal Calculi</td></tr><tr><td>3</td><td>Haemorrhoidectomy</td></tr><tr><td>4</td><td>Removal of Gall Stone//Gall Bladder</td></tr><tr><td>5</td><td>All types of Hernia repair</td></tr><tr><td>6</td><td>Benign Prostatic Hypertrophy (TURP)</td></tr></table>	List of Minor Surgeries		S.No	Minor Surgeries	1	Removal of AppendixAppendectomy	2	Removal of Renal Calculi	3	Haemorrhoidectomy	4	Removal of Gall Stone//Gall Bladder	5	All types of Hernia repair	6	Benign Prostatic Hypertrophy (TURP)	
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				Hospitalization for more than 24 consecutive hours or less than 24 hours due to technological advancement and has incurred expenses more than the threshold limit of Rs 2,00,000 due to any illness or accidental injury involving major Surgical Procedure as listed below, then a onetime lump sum payment upto the limits mentioned in the Policy Schedule shall be payable. <table><tr><th colspan="2">List of Major Surgeries</th></tr><tr><th>S.No</th><th>Major Surgeries</th></tr><tr><td>1</td><td>CABG- Coronary Artery Bypass Grafting</td></tr><tr><td>2</td><td>Angioplasty – PTCA</td></tr><tr><td>3</td><td>Brain surgery including Craniotomy, tumor removal and intracranial drainage</td></tr><tr><td>4</td><td>Major organ transplant (Heart, Lung, Liver, Pancreas, kidney)</td></tr><tr><td>5</td><td>Bone marrow transplant Surgery</td></tr><tr><td>6</td><td>Post traumatic Surgeries including Skull fracture, amputation of upper and / or lower limb, pelvis fracture / hip fracture, compound communicated fracture of any part where ORIF is required.</td></tr><tr><td>7</td><td>Knee replacement (traumatic / septic arthritis, severe irreparable knee injury)</td></tr><tr><td>8</td><td>Knee ligament surgery -trauma related</td></tr><tr><td>9</td><td>Hip replacement (traumatic hip injury- both partial and total)</td></tr><tr><td>10</td><td>Spinal surgeries</td></tr><tr><td>11</td><td>Heart valve replacement</td></tr><tr><td>12</td><td>Surgery of Aorta</td></tr><tr><td>13</td><td>Thyroidectomy</td></tr></table>	List of Major Surgeries		S.No	Major Surgeries	1	CABG- Coronary Artery Bypass Grafting	2	Angioplasty – PTCA	3	Brain surgery including Craniotomy, tumor removal and intracranial drainage	4	Major organ transplant (Heart, Lung, Liver, Pancreas, kidney)	5	Bone marrow transplant Surgery	6	Post traumatic Surgeries including Skull fracture, amputation of upper and / or lower limb, pelvis fracture / hip fracture, compound communicated fracture of any part where ORIF is required.	7	Knee replacement (traumatic / septic arthritis, severe irreparable knee injury)	8	Knee ligament surgery -trauma related	9	Hip replacement (traumatic hip injury- both partial and total)	10	Spinal surgeries	11	Heart valve replacement	12	Surgery of Aorta	13	Thyroidectomy	
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		9	Special care on Major Surgeries (Threshold Limit Applicable of Rs. 200000/-)																																
		10	Restore Benefit	The Policy provides, an equivalent additional Sum Insured for the future claims, if the Sum Insured selected is exhausted completely. Restore SI once per Policy Year																															
		11	Wellness & Assistance Program	Available and serviced by Us/ Our Service Provider																															
		12	Special Limit	Option to select lower DHC limit (minimum 0.5% of the Sum Insured)																															

		13	Special Care	Policy without any Duration limits	
6	Exclusions (What the policy does not cover)	1. Pre-Existing Diseases [Excl 01] 2. Specified disease/procedure waiting period [Excl 02] 3. 30-day waiting period [Excl 03] 4. Investigation & Evaluation [Excl 04] 5. Rest Cure, rehabilitation and respite care [Excl 05] 6. Obesity/ Weight Control Code [Excl 06] 7. Change-of-Gender treatments [Excl 07] 8. Cosmetic or plastic Surgery [Excl 08] 9. Hazardous or Adventure sports [Excl 09] 10. Breach of law [Excl 10] 11. Excluded Providers [Excl 11] 12. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof [Excl 12] 13. 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 [Excl 13] 14. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. [Excl14] 15. Refractive Error [Excl 15] 16. Unproven Treatments [Excl 16] 17. Sterility and Infertility [Excl 17] 18. Maternity [Excl 18] 19. 90 days Waiting Period Exclusion: A waiting period of 90 days from the commencement date of the first Policy will apply to Critical Illness (es) contracted other than accidental bodily Injury requiring Hospitalization. 20. Any dental treatment Surgery which is corrective, cosmetic or of aesthetic procedure, unless it requires Hospitalization and is carried out under general anesthesia and is necessitated by Illness or Accidental Injury. 21. Any OPD treatment 22. Treatment received outside India 23. Suicide, attempted suicide or willfully self-inflicted injury or illness 24. 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 or caused during service in the armed forces of any country) including Chemical & Biological. civil war, public defense, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, radiation of any kind			Part C of the Policy Wording

		a) "Chemical" shall mean any compound which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants or material property. b) "Biological" shall mean any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants. Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons/materials" 25. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an Accident. 26. Any treatment/loss required arising from Insured Person's participation in any hazardous activity including but not limited to scuba diving, engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parachuting, hang gliding, rock or mountain climbing, winter sports, mountaineering (where ropes or guides are customarily used), caving or potholing, hunting or equestrian, ski diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), polo, snow and ice sports, professional sports or any other potentially dangerous sport. 27. We shall not be deemed to provide cover and shall not be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose us to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.	
7.	Waiting Period	1. 30 days for all illnesses (except accident) contracted in the first 30 days of Policy with us 2. 90 days for listed Critical illnesses (except accident) contracted within 90 days of Policy with Us. 3. 12 months for specific illness and treatments in the first year of Policy with us. 4. 24 months for specific illness and treatments in the first two years of Policy with us. 5. Pre-existing Diseases will be covered after a waiting period of 36 months	Part C.1.a,b,c&d of the Policy Wording
8.	Financial Limits of Coverage i. Sublimit ii. Co-payment iii. Deductible	A. Basic Cover Daily Hospital Cash (DHC) Benefit - Rs_____ per day OR Daily Hospital Cash (DHC)- Only Accidents Benefit – Rs_____ per day B. Choose and Pick covers 1. Double Accident Benefit (DAB) – Covered Rs_____ per day 2. Double ICU Benefit (DIB) -Sickness – Covered Rs_____ per day 3. Double ICU Benefit (DIB) -Accident – Covered Rs_____ per day 4. Double Critical Illness Benefit (DCI)-Listed Critical Illnesses – Covered Rs_____ per day 5. Day Care Procedure cash- Listed Procedures – Covered Rs_____ per day, max up to 5 Day Care Procedures	

		6. Recovery Benefit – Covered Rs_____ onetime lump sum if hospitalization for any illness/injury exceeds more than 15 consecutive days. 7. Convalescence Benefit – Covered Rs_____ onetime lump sum if If in case 2 or more family members covered under this Policy are hospitalized due to the same accident for more than 24 consecutive hours. 8. Special care on Minor Surgeries - (Threshold Limit Applicable of Rs. 50,000/-) – Covered Rs_____ onetime lump sum payment 9. Special care on Major Surgeries - (Threshold Limit Applicable of Rs. 200000/-) – Covered Rs_____ onetime lump sum payment 10. Restore Benefit – Covered / Not covered 11. Wellness & Assistance Program – Covered up to Rs_____ 12. Special Limit – Covered / Not Covered 13. Special Care – Covered / Not Covered	
9.	Claims / Claims Procedure	A) Notification and Submission of Claim Upon the happening of any event giving rise or likely to give rise to a claim under this Policy, a notice of claim with particulars relating to Policy numbers, name of the Insured Person in respect of whom claim is made, nature of Illness/Injury and name and address of the attending Medical Practitioner/ Hospital/ Nursing Home should be given to Us immediately or not later than 7 days from the date of Hospitalization /Injury/death. Please ensure to send the claim form duly completed in all respects along with all the following documents within 15 days from the date of discharge from Hospital. The Company may accept claims where documents have been provided after a delayed interval in case such delay is proved to be for reasons beyond the control of the Insured Person/s. The Insured Person/s shall tender to the Company all reasonable information, assistance and proofs in connection with any claim hereunder. The Company shall settle claims, including its rejection, within thirty working days of receipt of the last required documents. i. Helpline number – 1800 266 5844 ii. Claim form – https://www.libertyinsurance.in/customer-support/download-forms.html B) Documentation a. You shall deliver to Us, within 15 days from the date of discharge a detailed statement in writing as per the claim form together with bills, vouchers and any other material particular, relevant to the making of such claim. b. We may accept claims where documents have been provided after a delayed interval in case such delay is proved to be for reasons Your beyond control. C) Claim Settlement (provision for Penal Interest) The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of last necessary document. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.	Part D. of the Policy Wording

		However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it 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 document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim. ("Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due) CHECK LIST OF ENCLOSURES FOR SUBMISSION OF CLAIM In-patient Treatment /Day Care Procedures 1. Duly filled and signed Claim Form. 2. Photocopy of ID card / Photocopy of current Year policy. 3. Attested copy of Detailed Discharge Summary / Day care summary from the Hospital. 4. Attested copy of consolidated Hospital bill with bill no and break up of each Item, duly signed by the insured. 5. Attested copy of payment Receipt of the Hospital bill with receipt number. 6. First Consultation letter and subsequent Prescriptions. 7. Attested copy of bills, original payment receipts and Reports for investigation supported by the note from Attending Medical Practitioner / Surgeon demanding such test. 8. Surgeons certificate stating nature of Operation performed and Surgeons Bills and Receipts 9. Attending Doctors/ Consultants/ Specialist's/ Anesthetist Bill and receipt and certificate regarding same 10. Attested copy of medicine bills and receipts with corresponding Prescriptions. 11. Attested copy of invoice/bills for Implants (viz. Stent /PHS Mesh/ IOLetc.) with original payment receipts. Road Traffic Accident In addition to the In-patient Treatment documents: • Copy of the First Information Report from Police Department / Copy of the Medico-Legal Certificate In Non Medico legal cases • Treating Doctor's Certificate giving details of injuries (How, when and where Injury sustained) In Accidental Death cases • Copy of Post Mortem Report (if conducted) & Death Certificate For Death Cases In addition to the In-patient Treatment documents: 1. Attested copy of Death Summary from the Hospital. 2. Attested copy of the Death certificate from treating doctor or the Hospital authority. 3. Attested copy of the Legal heir certificate, if the claim is for the death of the principle insured.	
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		We may call for additional documents/ information as relevant to the claim. Applicable to all claims under the Policy: • In the event of the original documents being provided to any other Insurance Company or to a reimbursement provider, We shall accept verified photocopies of such documents attested by such other Insurance Company/ reimbursement provider. • The Insured Person must give Us at his expense, all the information We ask for about the claim and he must help Us to take legal action against anyone if required. • We are entitled to verify medical records of the case retained by the Hospital as and when required for verification of claim. • If required, the Insured Person must give consent to obtain Medical opinion from any Medical Practitioner at Our expense. • If required, the Insured person must agree to be examined by a medical practitioner of our choice at our expenses. • The Policy would generally exclude the Standard List of excluded items as may be stipulated by the Authority from time to time unless otherwise agreed upon by the Company and specified so in the Policy document. • We shall make the payment of claim that has been admitted as payable by Us under the Policy terms and conditions within 30 days of submission of all necessary documents / information and any other additional information required for the settlement of the claim. All claims will be settled in accordance with the applicable regulatory guidelines, including IRDA (Protection of Policyholders Regulation), 2002. In case of delay in payment of any claim that has been admitted as payable by Us under the Policy terms and condition, beyond the time period as prescribed under IRDA (Protection of Policyholders Regulation), 2002, we shall pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial Year in which the claim is reviewed by Us For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate. • In an event claim event falls within two Policy Period then We shall settle claim by taking into consideration the available Sum Insured and applicable deductible in the two Policy Periods. Such eligible claim amount to be payable to the Insured shall be reduced to the extent of premium to be received for the renewal /due date of the premium of health insurance policy, if not received earlier.	
10.	Policy Servicing	Step - 1 Call center number - 1800-266-5844 (8:00 AM to 8:00 PM, 7 days of the week) or Email us at: care@libertyinsurance.in Senior Citizens can email us at - seniorcitizen@libertyinsurance.in or	

		Write to us at: Customer Service Liberty General Insurance Limited, Unit 1501&1502, 15th Floor, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai – 400013 Step - 2 If our response or resolution does not meet your expectations, you can escalate at - Manager@libertyinsurance.in Step - 3 If you are still not satisfied with the resolution provided, you can further escalate at - ServiceHead@libertyinsurance.in	
11.	Grievances / Complaints	In case of any grievance, the Insured Person may contact the Company through Website: www.libertyinsurance.in Toll free: 1800166584 Email: care@libertyinsurance.in Courier: Unit 1501&1502, 15th Floor, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai – 400013 Senior Citizens can email us at: seniorcitizen@libertyinsurance.in Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at gro@libertyinsurance.in For grievance redressal mechanism and details of grievance office of the Company, kindly refer the link - https://www.libertyinsurance.in/customer-support/grievance-redressal. If Insured Person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2021. For the latest details of Ombudsman offices, please visit the Insurance Ombudsman website at the following link: https://www.cioins.co.in/Ombudsman Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://igms.irda.gov.in/	Part G. of the Policy Wording
12.	Things to Remember	1. Cancellation (i) The policyholder may cancel his/her policy at any time during the term, by giving 7 days notice in writing. The Company shall	Part F General Terms and Condition 5, 6,

		a. refund proportionate premium for unexpired policy period, if the term of policy upto one year and there is no claim (s) made during the policy period. b. refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced. (ii) The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud. 2. Migration 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 at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration. 3. Portability 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. 4. Renewal of Policy The policy shall ordinarily be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured person. i. The Company shall give notice for renewal atleast 30 days prior to expiry of the policy 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. iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period. 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. 5. Free look period (If applicable) 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	7, 8, 9 & 11 of the Policy Wording
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		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. If the insured has not made any claim during the Free Look Period, the insured shall be entitled to - 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 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 iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period. 6. 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. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract. Note :The accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium period.	
13.	Insured's Obligations	• Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid. • Disclosure of Material Information during the policy period that relates to questions in the Proposal Form and which is relevant 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 www.libertyinsurance.in before the Renewal, extension, variation, endorsement or reinstatement of the contract.	
Legal Disclaimer Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail. *This document provides key information about your policy. You are also advised to go through your policy document.			

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 and confirm having noted the details:

Place:

Date:

(Signature of the Policy Holder)