

Sr No			Title	CUSTOMER INFORMATION SHEET DESCRIPTION IS ILLUSTRATIVE AND NOT EXHAUSTIVE *This document provides key information about your policy. You are also advised to go through your policy document				Policy Clause Number
1			Name of the Insurance Product/Policy	Liberty Eternia Health Policy				NA
2			Policy no					NA
3			Type of Insurance Product/Policy	Indemnity				NA
4			Sum Insured	Individual/Family Floater policy – Insured 1 Insured 2 Insured 3 Insured 4				NA
			Policy Coverage (What the policy covers?)		Eternia Basic	Eternia Enhanced	Eternia Infinite	Policy Clause
			Basic Sum Insured (BSI)	Sum Insured options Applicable Per Year and Per Insured member in an Individual Sum Insured Policy and for all Insured members combined in a Family Floater Policy. Benefits are included within the Basic Sum Insured.	5L ,7.5L, 10L,	5L,7.5L,10L,15L, 20L,25L,30L,50L ,75L	1Cr, 2Cr, 3Cr	Part II: D of the policy
			Benefits	Description	Eternia Basic	Eternia Enhanced	Eternia Infinite	Policy clause
		In-Built Covers - Hospitalization	Hospitalisation Expenses					Part II: D of the policy
			In-Patient Treatment Expenses	Minimum 24 Hrs hospitalization as an In-patient care	Room Rent sub limit: 1 % of Sum Insured or maximum up to INR 6000/day whichever is lower ICU sub limit: 2 % of Sum Insured or maximum up to INR 12000/day whichever is lower	Single Private AC	No Capping	
			Day Care Treatment	Medical treatment, and/or surgical procedure undertaken in a hospital/day care center in less than 24 hours due to Technological advancement.	✓	✓	✓	
			2 hour hospitalisation	Medical expenses for for 2 hours or more for emergency care during the Policy Period	✓	✓	✓	
			AYUSH Treatment	Inpatient treatment covered up to Basic Sum Insured.	✓	✓	✓	
			Pre-hospitalization Expenses	Medical expenses incurred prior to the covered Hospitalization	30 days	60 days	120 days	
			Post-hospitalization Expenses	Medical expenses incurred after the covered Hospitalization	60 days	120 days	180 days	
			Domiciliary Hospitalization Treatment	Home hospitalization due to non- availability of hospital bed or because the patient is not in a condition to be moved to a hospital	10% of SI	10% of SI	10% of SI	
			Hospital Daily Cash Allowance	Daily cash Per day of hospitalization max up to 10th day of continuous hospitalization. A deductible of first 48 hours of hospitalization is applicable.	NA	Rs.1000/day	Rs.2000/day	
			Emergency Local Road Ambulance Charges	per hospitalization max Upto- (within the basic SI)	NA	Rs.7500	Rs.15000	
			Organ Donor Expenses	Included within the Basic SI	upto Basic SI	upto Basic SI	upto Basic SI	
		Recovery Benefit	A lump-sum amount in case of hospitalization for more than 10 days.	NA	Rs.5000/hospitalisation	Rs.10000/hospitalisation		

5	Policy Coverage (What the policy covers?)	Expenses	Restoration of Basic Sum Insured (Injury and Sickness hospitalization both)	Restored Sum Insured under Restoration cover can be utilized for same illness.	NA	100% Basic SI	100% Basic SI
			Extended policy tenure	Extended policy tenure when out of country for a continuous period of more than 15 days maximum upto 180 days.	NA	✓	✓
			Wellness Program	Additional benefits which would help in preventing and/or bettering current Health condition/s	✓	✓	✓
			Cumulative Bonus	Increase in Sum insured irrespective of claim	10% of Basic SI upto maximum 50% of Basic SI	25% of Basic SI upto maximum 200% of Basic SI	25% of Basic SI upto maximum 200% of Basic SI
			Bariatric surgery	Surgical Procedure/treatment for Obesity covered upto Annual Sum Insured	✓	✓	✓
			Modern Surgeries	Below listed Technological Advancements and Treatments will be covered upto Annual Sum Insured	✓	✓	✓
			Ailment Submit	Disease wise sublimit as per Annexure below	✓	NA	NA
			Compulsory Co-Pay : Non network hospital	Compulsory 10% Copay incase Insured is hospitalised in a non-network hospital	✓	NA	NA
			Compulsory Co-Pay :Insured above 60 years: 10% Co-Pay	Compulsory 10% Copay incase Insured is aged above 60 years	✓	NA	NA
			Zero deduct cover	Now get your Non-medical expenses fully paid up to Basic SI without any deduction	NA	Optional	Inbuilt
			Specific disease waiting period -1 Year	Reduce the Waiting period applicable for specific diseases to 1 Policy year.	NA	Optional	Inbuilt
			Maternity Cover	Cover maternity expenses	NA	Optional	Inbuilt
			New Born baby day one cover	Covers New-Born baby charges from day 1 to 90 da	NA	Optional	Inbuilt
			Cataract Capping	Cataract per eye limit:	Rs.20000/eye	Rs.35000/eye	Rs.50000/eye
			Compassionate Travel	Cost of the economy class air ticket/railway ticket incurred by Your Immediate Family Member from and to the place of origin of such Family Member or the place of residence of the Family Member will be covered in event of continuous hospitalisation more than 10 consecutive days.	Maximum upto Rs.10000	Maximum upto Rs.20000	Maximum upto Rs.40000
			Domestic Travel Plus	Covers In-patient Hospitalization up to 2X of Basic SI for an injury arising due to Accidental event of a Common carrier in which the Insured is travelling as a fare paying passenger provided the accidental event is > 150 kms away from the residential address as mentioned in the Policy Schedule. The service will be offered on cashless mode.	NA	✓	✓
			Emergency Domestic Medical Evacuation	Expenses towards Air Ambulance covered upto Basic Sum Insured	NA	✓	✓
			EMI Protector Benefit for CI	Worry-free about your EMI's when any of your family members covered in the policy suffering from *** listed Terminal illness and/or when they are on end-of-life care treatment. In case of multiple loans of a single member or multiple members of a family insured under the policy having Loans, the sum of all EMI amount will be payable up to a selected no. of EMI's and/or the Actual outstanding loan amount, whichever is lesser. Waiting period of 90 days from inception of this Policy will be applicable. The cover will get ceased once the claim is accepted and paid. You may still renew the Policy with this cover excluding the claimed member.	NA	Option to select 3 EMI's/5 EMI's within a policy period, maximum up to 50% of Basic SI or 5 Lacs or loan outstanding amount, whichever is lower.	Option to select 3 EMI's/5 EMI's within a policy period, maximum up to 50% of Basic SI or 5 Lacs or loan outstanding amount, whichever is lower.

Optional Covers	EMI Protector Benefit for prolonged admission	The Company will pay EMI (s) falling due in respect of the Loan obtained by the Insured member in case the continuous hospitalisation exceeds for the period as stated in the policy schedule, provided a valid claim is admissible under Part II 1.a (In-patient Treatment Expenses) of the Policy. In case of multiple loans of a single member or multiple members of a family insured under the policy having Loans the sum of all EMI amount will be payable up to eligible no. of EMI's and/or outstanding Number of EMI's and/or Actual outstanding Loan amount whichever is lesser. Waiting period of 90 days from inception of this Policy will be applicable. The cover will get ceased once the claim is accepted and paid. You may still renew the Policy with this cover excluding the claimed member. No. of EMIs covered would depend on the number of completed days of inpatient hospitalisation as below, 8-10 days continuous hospitalisation: 1 EMI; 11-12 days continuous hospitalisation: 2 EMI; 12-15 days continuous hospitalisation: 3 EMI; Above 15 days continuous hospitalisation: 5 EMI;	NA	✓ Maximum payable up to 50% of Basic SI or 5 Lacs or loan outstanding amount, whichever is lower	✓ Maximum payable up to 50% of Basic SI or 5 Lacs or loan outstanding amount, whichever is lower	Part III of the policy
	Global Cover for Emergency Hospitalization	Coverage for emergency care Medical Expenses incurred outside India limited upto Basic Sum Insured	NA	✓	✓	
	Green Channel Benefit	Avail discount in premium for opting treatment at our Green Channel Hospitals	✓	✓	✓	
	Maternity waiting period reduction to 1 year	Reduce the Waiting period applicable for maternity to 1 Policy year.	NA	✓	✓	
	Nursing at home	Post Hospitalization for the medical services of a Qualified Nurse	NA	Rs.1500/day	Rs.3000/day	
	OPD cover	Expenses related to consultations, relevant Lab investigation and pharmacy on advice of a medical practitioner taken on Out-patient basis shall be covered. Options : 5000 for 3 medical practitioner visits 10000 for 5 medical practitioner visits 15000 for 7 medical practitioner visits 20000 for 10 medical practitioner visits Dr Visit charges restricted upto Rs. 1000/- per visit	NA	✓	✓	
	Pause the age	No change in Premium even if your age band changes	NA	✓	✓	
	PED Protector	Reduce the Long Waiting period applicable for declared ailments and its consequences to 2 / 1 Policy year. Entry age: 50 years and below can opt for this Optional cover	NA	✓	✓	
	Room Type Modifier (Twin Sharing)	Opt Room rent limit of twin sharing and get discount on premium &	✓	✓	✓	
	Super Booster	Get 100% auto increase in Sum Insured for every claim free year up to max. of 500% of Basic SI.	NA	✓	✓	
	Unlimited Claim	One selected claim in a lifetime without any limits on the Annual Sum Insured.	NA	✓	✓	
	Vector Borne Disease Benefit	Get a lump sum amount of INR 5000/member once in a year & up to INR 10000 /family floater policy(per person limit max INR 5000) towards treatment of **listed Vector borne diseases diagnosed within the Policy period.	NA	✓	✓	
	Voluntary Co-Pay	Avail equal discount on opting 5%, 10%, 15% and 20%	✓	✓	✓	

		Voluntary Deductibles	Avail premium discount on opting voluntary deductible	✓	✓	✓	
	Standards discounts in the product	Family Floater Discount	Get a discount as per the family size in case of Family Floater policy.	✓	✓	✓	Part VI A ii 8 of the policy
		Long term discount	Avail discount for longer policy period	✓	✓	✓	
		Direct /Employee Discount	Direct discount of 10% if policy purchased from Company's web-portal or if an Insured is a employee of the Company	✓	✓	✓	
		Complete Insurance Package Discount	Avail discount of 1% per active policy with Liberty's Motor Insurance Policy, Critical Connect policy, Individual Personal Accident Policy & Health Connect Supra Policy	✓	✓	✓	
		Discount for Female Insured	Avail discount for each Female Insured	✓	✓	✓	
		Liberty's Group Policyholder Cover Discount	Avail discount if you are also actively covered in Liberty's Group mediclaim	✓	✓	✓	
	Renewal Features	Healthy Year Bonus	A Healthy Year Bonus (Discount), reducing by 5% per claim paid (up to 2 claims; nil for 3 or more), shall apply at renewal only during the first 3 continuous policy years. This discount feature is over and above the Renewal Premium discount option.	✓	✓	✓	Part IV of the policy
		Cumulative Bonus / Renewal Premium discount Option	Option to chose Auto increase in Sum Insured for every year as mentioned in section for Cumulative Bonus above, or Renewal Premium discount in event if the expiring policy was claim free.	✓	✓	✓	
		Change in Plan/Enhancement of Sum Insured	Change in Plan and/or enhancement in Sum Insured can be done subject to approval by the Company.	✓	✓	✓	
	Waiting Period	30 days Exclusion	Yes	✓	✓	✓	Part V- A. i. II & III of the policy
		2 Years Exclusion	Waiting period of 2 Years applicable for the specified diseases/illnesses from the inception Date of the Policy	✓	✓	✓	
		Pre- existing Diseases Waiting Period	Waiting period applied for PED's for the specified number of years from inception Date of the Policy	3 Years	3 Years	3 Years	
		i. Pre- Existing Diseases – Code –Excl01 i. Expenses related to the treatment of a Pre-Existing Disease (PED) and its direct complications shall be excluded as per the Plan In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of sum insured increase. ii. If the Insured person is continuously covered without any break as defined under the Portability norms of the extant IRDAI (Health iii. Coverage under the policy after the expiry of applicable months as per the Plan, for any Pre-existing Disease is subject to the same ii. Specified disease/procedure waiting period- Code- Excl02 i. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of below ii. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase. iii. If any of the specified disease/procedure falls under the waiting period specified for Pre-Existing diseases, then the longer of the two iv. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific v. If the Insured Person is continuously covered without any break as defined under the applicable norms on Portability stipulated by vi. List of specific diseases/procedures Two Year (24 months) Waiting Period Cataract Calculus diseases of Gall bladder and Urogenital system Benign Prostatic Hypertrophy Joint Replacement due to Degenerative condition, Hernia Surgery for prolapsed inter vertebral disc unless arising from accident Hydrocele Age related Osteoarthritis and Osteoporosis Fistula in anus Spondylosis / Spondylitis Piles Surgery of varicose veins and varicose ulcers. Sinusitis and related disorders Treatment for correction of eyesight (laser surgery) due to refractive error Fissure Maternity (if opted) Gastric and Duodenal ulcers Gout and Rheumatism Internal tumors, cysts, nodules, polyps , breast lumps (unless malignant) Hysterectomy/ myomectomy for menorrhagia or fibromyoma or Polycystic ovarian diseases Skin tumours (unless malignant) Benign ear, nose and throat (ENT) disorders and surgeries, adenoidectomy, mastoidectomy, tonsillectomy and tympanoplasty Dilatation					

Exclusions (What the policy does not cover)	Treatment of Obesity i. 30-day waiting period- Code- Excl03 a) Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except b) 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 ii. Investigation & Evaluation – Code-Excl04 a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded. b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded. iii. Rest Cure, rehabilitation and respite care- Code- Excl05 Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes: i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs. iv. Obesity/ Weight Control: Code- Excl06 Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions: 1) Surgery to be conducted is upon the advice of the Doctor 2) The surgery/Procedure conducted should be supported by clinical protocols 3) The member has to be 18 years of age or older and 4) Body Mass Index (BMI); a) greater than or equal to 40 or b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of i. Obesity-related cardiomyopathy ii. Coronary heart disease iii. Severe Sleep Apnea iv. Uncontrolled Type 2 Diabetes v. Change-of-Gender treatments: Code- Excl07 Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex. vi. Cosmetic or plastic Surgery: Code- Excl08 Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, vii. Hazardous or Adventure sports: Code- Excl09 Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not viii. Breach of law: Code- Excl 10 Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law ix. Excluded Providers: Code-Excl11 Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the x. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl 12 xi. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing xii. Dietary supplements and substances that can be purchased without prescription including but not limited to Vitamins, minerals and xiii. Refractive error: Code – Excl15 Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries. xiv. Unproven Treatments: Code- Excl16 Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are xv. Sterility and Infertility: Code- Excl17 Expenses related to sterility and infertility. This includes: (i) Any type of contraception, sterilization (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, (iii) Gestational Surrogacy (iv) Reversal of sterilization xvi. Maternity: Code Excl18 iii. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during iv. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period v. Specific Exclusions (Exclusions other than those mentioned under E(i) above) a. Any condition directly or indirectly caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, b. Dental treatment, dentures or Surgery of any kind unless necessitated due to accident and requiring minimum 24 hours c. Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline d. Charges incurred in connection with cost of spectacles and contactlenses, hearing aids, routine eye and ear examinations, dentures, e. Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walkers, f. External Congenital Anomaly. g. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident. h. Any OPD treatment except pre and post – hospitalization as covered under Scope of the Policy unless specifically mentioned in your i. Treatment received outside India unless specifically mentioned in your policy schedule. j. 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 k. Act of self-destruction or self-inflicted, attempted suicide or suicide while sane or insane or Illness or Injury attributable to l. Any charges incurred to procure any medical certificate, treatment or Illness related documents pertaining to any period of m. Cost of issuance of medical certificates and examinations required for employment or travel or any other such purpose n. Personal comfort and convenience items or services including but not limited to TV(wherever specifically charged separately),
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Part V- A & B
Sections of the
policy

		o. Expenses related to any kind of RMO charges, service charge, surcharge, admission fees, registration fees, night charges levied by p. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event a. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, b. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical c. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) In addition to the foregoing, any loss, claim or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused q. Alopecia, wigs and/or toupee and all hair or hair fall treatment and products. r. Drugs or treatment and medical supplies not supported by a prescription from a Medical Practitioner. s. This policy shall not cover expenses incurred on medicines or pharmaceuticals sourced from outside India, regardless of where the	
	7	Waiting period i. Pre- Existing Diseases – Code –Excl01 i. Expenses related to the treatment of a Pre-Existing Disease (PED) and its direct complications shall be excluded as per the Plan In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of sum insured increase. ii. If the Insured person is continuously covered without any break as defined under the Portability norms of the extant IRDAI (Health iii. Coverage under the policy after the expiry of applicable months as per the Plan, for any Pre-existing Disease is subject to the same ii. Specified disease/procedure waiting period- Code- Excl02 i. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of below ii. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase. iii. If any of the specified disease/procedure falls under the waiting period specified for Pre-Existing diseases, then the longer of the two iv. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific v. If the Insured Person is continuously covered without any break as defined under the applicable norms on Portability stipulated by vi. List of specific diseases/procedures Two Year (24 months) Waiting Period Cataract Calculus diseases of Gall bladder and Urogenital system Benign Prostatic Hypertrophy Joint Replacement due to Degenerative condition, Hernia Surgery for prolapsed inter vertebral disc unless arising from accident Hydrocele Age related Osteoarthritis and Osteoporosis Fistula in anus Spondylosis / Spondylitis Piles Surgery of varicose veins and varicose ulcers. Sinusitis and related disorders Treatment for correction of eyesight (laser surgery) due to refractive error Fissure Maternity (if opted) Gastric and Duodenal ulcers Gout and Rheumatism Internal tumors, cysts, nodules, polyps , breast lumps (unless malignant) Hysterectomy/ myomectomy for menorrhagia or fibromyoma or Polycystic ovarian diseases Skin tumours (unless malignant) Benign ear, nose and throat (ENT) disorders and surgeries, adenoidectomy, mastoidectomy, tonsillectomy and tympanoplasty Dilatation Treatment of Obesity i. 30-day waiting period- Code- Excl03 a) Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except b) 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	
		I. Sub-limit (It is pre-defined limit, and the insurance company will not pay any amount in excess of this limit) There is no specific Sublimit unless opted by insured as optional cover to avail discount	Part II D & Part III of the policy
		II. Co-Payment (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured) There is no specific Co-payment unless opted by insured as optional cover to avail discount	
	8	III. Deductible (It is a specified amount)	Part II D & Part III

FDAI of India Reg. No.150, CIN: U66000MH2010PLC269656		of the policy	
	– 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)	There is no specific Deductible unless opted by insured as optional cover to avail discount	
	IV. Any other limit (as applicable)	Not Applicable	
Claims/ Claims procedure		a. For Cashless Service: You may call to our Customer care number for obtaining Cashless facility. You may also visit to our b. For Reimbursement of Claim: You need to intimate Us immediately on hospitalization/ injury/ death, further submit all claim c. Turn Around Time (TAT) for claim settlement: * TAT for preauthorization of cashless facility within 1 Hours. * TAT for cashless final bill authorization within 3 Hours. i. Network Hospital details – https://www.libertyinsurance.in/products/CPMigration/hospitalLocator ii. Helpline number – 1800 266 5844 iii. Claim form – https://www.libertyinsurance.in/customer-support/download-forms.html iv. Hospitals which are blacklisted or from where no claims will be accepted by insurer – https://www.libertyinsurance.in/Docx/ExcludedHospitalLists.pdf "We shall settle the claim in accordance with the provisions of the 'Protection of Policyholders' Interest Regulations, 2024." 6. Claim Procedure: a. Notification of claim: Upon the happening of any event giving rise or likely to give rise to a claim under this Policy, the Insured i. Policy Number / Health Card No ii. Name of the Insured / Insured Person availing treatment iii. Details of the disease/illness/injury iv. Name and address of the Hospital v. Any other relevant information Intimation must be given atleast 48 hours prior to planned hospitalization and within 24 hours of hospitalization in case of emergency The Company may accept claims where documents have been provided after a delayed interval in case such delay is proved to be for b. For opting Cashless Facility: (applicable where the Insured Person/s has opted for cashless facility in a Network Hospital) - The i. The company may provide Cashless facility for Hospitalisation expenses either directly or through the TPA if treatment is undergone at ii. For the purpose of considering Pre-Authorisation and Cashless facility, the Insured Person/s shall submit to the TPA complete iii. If the claim for treatment appears admissible, the Company either directly or through the TPA shall issue Pre-Authorisation to the iv. Cashless facility will not be available in Non-network Hospital and may be declined even for treatment at a network hospital where the v. The list of Network hospitals where we are having cash less arrangement would be made available to the Policy holder and c. Reimbursement Claims - Notice of claim with particulars relating to Policy numbers, name of the Insured Person in respect of whom i. Claim form duly completed in all respects ii. Original Bills, Receipt and Discharge certificate / card from the Hospital. iii. Original Cash Memos from Hospital(s)/Chemist(s), supported by proper prescriptions. iv. Original Receipt and Pathological test reports from a Pathologist supported by the note from the attending Medical Practitioner / v. Surgeon's certificate stating nature of operation performed and Surgeons' original bill and receipt. vi. Attending Doctor's / Consultant's / Specialist's / - Anesthetist's original bill and receipt, and certificate regarding diagnosis. vii. Medical Case History / Summary. viii. Original bills & receipts for claiming Ambulance Charges ix. Any additional documents or information, as may be deemed necessary by the Company or TPA. The Insured Person/s shall at any time as may be required authorize and permit the TPA and/or Company / or its associated The Company may accept claims where documents have been provided after a delayed interval in case such delay is proved to be for	Part VI -B.9 . a.b.c of the policy

		Applicable Taxes prevailing at the time of claim will be considered as part of the Claim Amount and the aggregate liability of the	
		No person other than the Insured /Insured Person(s) and/ or nominees named in the proposal can claim or sue us under this Policy.	
10	Policy Servicing	Step - 1 Call us on Toll free 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 Maharashtra 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 Step 4 If your issue remains unresolved or if you are not satisfied with the resolution provided, you may escalate your grievance to our For GRO details, please refer https://www.libertyinsurance.in/customer-support/grievance-redressal.html Step 5 If you are still not satisfied with the resolution provided, you may further escalate your grievance to our Chief Grievance Redressal Chief GRO: Mr. Sachin Joshi Email us at gro@libertyinsurance.in	Part VI -A.i.16 of the policy
11	Grievance s/Complaints	: For Grievance Redressal, please refer: https://www.libertyinsurance.in/customer-support/grievance-redressal.html : Bima Bharosa (Grievance Redressal Portal), IRDAI :https://bimabharosa.irdai.gov.in/ : Insurance Ombudsman - For the latest details of Ombudsman offices, please visit the Insurance Ombudsman website at the following Insurance Ombudsman – The contact details of the Insurance Ombudsman offices have been provided as Annexure-B of Policy	Part VI -A.i.16 & Annexure B of the policy
12	Things to remember	Free Look Cancellation: The insured person shall be allowed free look period of 30 days from date of receipt of the policy document to 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 ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance Policy Renewal: The policy shall ordinarily be renewable except on grounds of established fraud or non-disclosure or misrepresentation 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 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 Migration: The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company by 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 Change in Sum Insured: Basic Sum Insured can be enhanced and/or existing Policy Plan may be changed only at the time of renewal Moratorium Period: After completion of sixty continuous months of coverage (including portability and migration) in health insurance Note :The accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium	Part VI A. i. 7,8,9,10, 12, 15 of the policy
13	Your Obligation	* Please disclose all pre-existing disease/s or condition/s before buying a policy. * Disclosure of Material Information during the policy period that relates to questions in the Proposal Form and which is important to the	Part VI A. i. 1 & 2 of the policy

Declaration for the Policyholders:

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

Place:

Date:

(Signature of the policy holder)

Note:

- You may visit our website at <https://www.libertyinsurance.in/customer-support/download-forms.html> to refer the product related documents.
- In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.