Liberty General Insurance Ltd.
Unit 1501&1502, 15th Floor, Tower 2, One International Center,
Senapati Bapat Marg, Prabhadevi, Mumbai – 400013,
Phone: +91 226700 1313 Fax: +91 226700 1606
IRDAI of India Reg. No.150, CIN: U66000MH2010PLC269656
Website Link: www.libertyinsurance.in

Liberty Group Health Policy
Customer Information Sheet

Sr. No	Title	Description	Refer to Policy Clause No
1	**Product Name**	**Liberty Group Health Policy**	
2	**Policy No**		
3	**Type of Insurance Product / Policy**	Indemnity	
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**	1. Inpatient Hospitalisation Expenses (Including AYUSH)aPre and Post Hospitalisation expenses 2. Day Care Procedure 3. Emergency Ambulance Charges 4. Domiciliary Hospitalisation Treatment 5. Coverage for Modern Treatments 6. Group Super Top Up #Added pursuant to "Guidelines on providing AYUSH Coverage in Health insurance policies" dated 31 January, 2024 issued by the IRDAI effective 1st April 2024. You can opt for Coverage under (1) In Patient Hospital Service or (7) Group Super Top up or both (1) and (7). **<u>Available Extensions</u>** 1. Family Floater 2. Enhanced Pre & Post Hospitalisation expenses 3. Reimbursement of Organ donor expenses. 4. Maternity Expenses from day one of policy period. 5. Maternity Expenses with a waiting period of nine months from inception of the policy period 6. Pre-existing Conditions coverage 7. 30 days waiting period waiver. 8. First Year waiting period waiver 9. Baby Day one cover 10. Critical Illness Buffer 11. Listed Critical Illness cover (Lump sum / Reimbursement)	**Part II: of the policy wording**

		12. Evacuation & Repatriation Expenses 13. Top up cover 14. Top up Only 15. Out-patient / OPD Treatment 16. Medical aids extension 17. OPD Treatment - Dental 18. Personal Accident cover 19. Health Checkup 20. Wellness Assistance Services 21. Disease-wise Capping 22. Room Rent Capping 23. Air Ambulance 24. Voluntary Co-Payment 25. External Congenital Disease 26. Hospital Cash Allowance 27. Lasik Surgery cover for refractive error 28. Infertility Treatment 29. Restoration/Reinstatement of Sum Insured 30. Coverage Limits for Modern Treatments (A. 25% of SI B. 50% of SI C.75% of SI) 31. Family Transportation Benefit 32. Animal Attack Cover 33. Snake bite / Insect bite Cover 34. Inclusion of Nursing Allowance 35. Inclusion of Attendant charges 36. Corporate Buffer 37. Inclusion of Surrogacy Hospitalisation Expenses (Including Day Care Procedure / Treatment) a. Complications b. Procedure and Complications" 38. Bariatric Surgery 39. Gender Reassignment Surgery The Policy also has the following provisions: - Addition/deletion of members on pro rata premium basis - Premium payment on Installment basis -	
6.	**Exclusions (What the policy does not cover)**	The Company shall not be liable to make any payment directly or resultantly arising out of the following events unless expressly stated elsewhere in the policy: **1. Pre-Existing Diseases** **2. Specified disease/procedure waiting period** **3. 30-day waiting period**	**Part III: of the policy wording**

		4. Investigation & Evaluation **5. Rest Cure, rehabilitation and respite care** **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** **12. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof [Excl 12]** **13. Treatments received in heath 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]**Expeses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres. **16. Unproven Treatments [Excl 16]** **17. Sterility and Infertility [Excl 17]** **18. Maternity** **19.** Charges incurred in connection with cost of spectacles and contact lenses, hearing aids, durable medical/non-medical equipment including but not limited to Wheel chair, Walker, Crutches, Belts, Collars, Caps, Splints, Slings , Braces, Stocking, Diabetic foot wear, Glucometer/Thermometer and the like, namely that equipment used externally from the human body which can withstand repeated usage eg: CPAP,CAPD, Infusion pump etc.; is not designed to be disposable; is used to serve a medical purpose; is generally not useful in absence of an Illness or Injury and is usable outside of a Hospital **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.** Personal comfort and convenience items or services including but not limited to television/ telephone (wherever specifically charged for), barber or beauty service guest service body care products and bath additive, internet, foodstuffs, hygiene articles and similar incidental services and supplies. **22.** Suicide, attempted suicide or willfully self-inflicted injury or illness **23.** Injury or disease directly or resultantly 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 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 resultantly caused by or contributed to by nuclear weapons/materials **24.** Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an Accident. **25.** 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. **26.** 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. **27.** **<u>Exclusions specific to AYUSH Treatment#</u>** 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: 1. OPD / Day care treatment 2. Wellness and non-therapeutic treatment 3. Any Pre-Hospitalization and Post-Hospitalization Expenses 4. All Preventive and Rejuvenation Treatments (non-curative in nature) including, without limitation, treatments that are not Medically Necessary. 5. Non- Prescribed medicines by treating physician, non-disclosed formulations & non-standardized preparations or Health Supplementary products will be excluded. 6. Any Pre or Post hospitalization AYUSH treatment taken before/pursuant to inpatient Allopathy treatment. The above exclusions are in additions to the General exclusions listed under the Policy. **28.** Vaccination and inoculation except in case of post-bite treatment or when it is medically necessary and part of the treatment. **29.** External Congenital anomaly. **30.** Expenses related to donor screening, treatment, including Surgery to remove organs from the donor in case of a transplant Surgery **31.** Any OPD treatment ***Note: The above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing.***	
7.	**Waiting Period**	1. Initial Waiting Period : 30 days for all Illnesses (not applicable on renewal or for accidental related claims requiring Hospitalisation) 2. First year waiting period applicable for listed ailments (as per Policy wordings)	**Part III – of the policy wording**

		3. Pre-existing diseases: Pre existing conditions & any complications arising from the same will not be covered until 36 months of continuous coverage have elapsed, since inception of your first Policy with Us.	
8.	**Financial Limits of Coverage** **i. Sublimit** **ii. Co-payment** **iii. Deductible**	1. Hospitalisation Expenses - _____Sum Insured 2. Pre and Post Hospitalisation expenses- Pre Hospitalisation upto _____ Days and Post Hospitalisation upto ____Days 3. Day Care Procedure 4. Emergency Ambulance Charges – Covered up to _____ 5. Domiciliary Hospitalisation Treatment – Covered up to _____Sum Insured 6. Coverage for Modern Treatments – Covered up to _____Sum Insured 7. Group Super Top Up – Covered up to _____Sum Insured and Deductible applicable _____ You can opt for Coverage under (1) In Patient Hospital Service or (7) Group Super Top up or both (1) and (7). **<u>Available Extensions</u>** 8. Family Floater – Yes / NO 9. Enhanced Pre & Post Hospitalisation expenses - Pre Hospitalisation upto _____ Days and Post Hospitalisation upto ____Days 10. Reimbursement of Organ donor expenses - Covered up to _____Sum Insured 11. Maternity Expenses from day one of policy period - Covered up to _____for Normal and _____ for C section. 12. Maternity Expenses with waiting period of 9 months - Covered up to _____for Normal and _____ for C section. 13. Pre-existing Conditions coverage – Covered / Not Covered 14. 30 days waiting period waiver- Applicable / Waived 15. First Year waiting period waiver - Applicable / Waived 16. Baby Day one cover – Covered up to <u>Maternity Limit / Eligible Family Floater Limit</u> 17. Critical Illness Buffer - Covered up to _____Sum Insured with per person / per family limit of _____ 18. Listed Critical Illness cover (Lump sum / Reimbursement)- Covered up to _____Sum Insured 19. Evacuation & Repatriation Expenses - Covered up to _____Sum Insured 20. Top up cover - Covered up to _____Sum Insured and Deductible _____Sum Insured 21. Top up Only - Covered up to _____Sum Insured and Deductible _____Sum Insured 22. Out-patient / OPD Treatment - Covered up to _____Sum Insured 23. Medical aids extension - Covered up to _____Sum Insured 24. OPD Treatment – Dental - Covered up to _____Sum Insured 25. Personal Accident cover - Covered up to _____Sum Insured 26. Health Checkup - Covered up to _____Sum Insured 27. Wellness Assistance Services - Covered up to _____Sum Insured 28. Disease-wise Capping – Applicable as per list 29. Room Rent Capping – Covered upto ___% of SI or Rs. _____for Normal and __% of SI or Rs._____for ICU. 30. Air Ambulance - Covered up to _____Sum Insured 31. External Congenital Disease - Covered up to _____Sum Insured 32. Hospital Cash Allowance - Covered up to _____Sum Insured	**Part II: Policy**

		33. Lasik Surgery cover for refractive error - Covered up to _____Sum Insured 34. Infertility Treatment - Covered up to _____Sum Insured 35. Restoration/Reinstatement of Sum Insured - Covered up to _____Sum Insured 36. Coverage Limits for Modern Treatments – Covered up to ____ Sum Insured 37. Family Transportation Benefit– Covered up to ____ Sum Insured 38. Animal Attack Cover– Covered up to ____ Sum Insured and Deductible applicable ____ 39. Snake bite / Insect bite Cover– Covered up to ____ Sum Insured and Deductible applicable _____ 40. Inclusion of Nursing Allowance– Covered up to ____days for ____per day and Deductible applicable ____ days. 41. Inclusion of Attendant charges– Covered up to ____ Sum Insured 42. Corporate Buffer -Covered up to _____Sum Insured with per person / per family limit of _____ 43. Inclusion of Surrogacy Hospitalisation Expenses (Including Day Care Procedure / Treatment) Covered up to _____Sum Insured with per person / per family limit of _____ a. Complications b. Procedure and Complications" 44. Bariatric Surgery Covered up to _____Sum Insured with per person / per family Gender Reassignment Surgery Covered up to _____Sum Insured with per person / per family	
9.	**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 Company website www.libertyinsurance.in to know the list of empaneled Hospitals. b. b. For Reimbursement of Claim: 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. 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. Link to be provided below for the said details - 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 us https://www.libertyinsurance.in/Docx/ExcludedHospitalLists.pdf **1. Claim Procedure:** Notification of Claim-. a. Upon the happening of any event giving rise or likely to give rise to a claim under this Policy:	**Part IV of the policy wording**

1) If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation then We or Our TPA must be informed immediately and in any event at least 48 hours prior to the Insured Person's admission to the Hospital.

2) If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation in an Emergency then We or Our TPA must be informed within 24 hours of the insured Person's admission to the Hospital.

b. The Insured shall deliver to the Company, 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.
c. 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/ Insured Person/s.
d. The Insured shall tender to the Company all reasonable information, assistance and proofs in connection with any claim hereunder.
e. The Company shall settle claims, including its rejection, within 15 of receipt of the last required documents.

• ***For opting Cashless Facility***: *(applicable where the* Insured Person/s *has opted for cashless facility in a Network Hospital)* - The Insured Person must call the helpline and furnish membership no and Policy Number and take an eligibility number to confirm communication. The same has to be quoted in the claim form. The call must be made 48 hours before admission to Hospital and details of Hospitalization like diagnosis, name of the Hospital, duration of stay in the Hospital should be given. In case of emergency hospitalization the call should be made within 24 hours of admission.

• ***Reimbursement Claims*** - 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 on Hospitalization /Injury/ death, failing which admission of claim would be based on the merits of the case at Our discretion.

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 the Hospital. In event of any claim for Pre – Post Hospitalization expenses incurred, all claim related documents needs to be submitted within 7 days from the date of completion of treatment or eligible Post Hospitalization period as mentioned in the Policy Schedule whichever is earlier
The Claim Procedure would be in full compliance with relevant provisions of applicable Circulars and Regulations issued by IRDAI from time to time.
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.

- 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/s must give consent to obtain Medical opinion from any Medical Practitioner at Our expense.
- If required, the Insured person/s must agree to be examined by a medical practitioner of our choice at Our expenses.

		No person other than the Insured /Insured Person(s) and/ or nominees named in the Proposal can claim or sue us under this Policy. **Claim Settlement (provision for Penal Interest)** i. 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. ii. 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. iii. 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. iv. 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)	
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	**Part VI: of the Policy wording**

11.	**Grievances / Complaints**	Grievance–In case you are not satisfied with our services or resolutions, please follow the below steps for redressal. **Step-1** Contact us on Toll free:1800166584 (8:00 AM to 8:00 PM, 7 days of the week) Email us at: care@libertyinsurance.in Senior Citizens can email us at: seniorcitizen@libertyinsurance.in **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 or Courier to us at: Liberty General Insurance Limited, Unit 1501&1502, 15th Floor, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai – 400013 An acknowledgement will be sent on receipt of your concern, we would then investigate the matter internally and respond with a suitable resolution. Please share your contact details to enable us to get in touch with you. 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 the 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 VI - Grievance Redressal Procedure**
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 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.	**Part IV: General Terms and Conditions 6, 8 , 9, 10, 7 and 12.**

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 at least 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. Change in Sum Insured:

The provision for increase in Capital Sum Insured is available at the time of renewal of the Policy and subject to specific approval & acceptance by the Company.

6. 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 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; **7.** 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 affect the claim settlement. • 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)