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UIN - LIBHLIP21501V022021

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Cover		Description	Duration Limits
1	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 limitUpto 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 limitUpto 30 days
2	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 limitUpto 30 days
3	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.	Per event/ Hospitalization limitUpto 30 days

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		4	Double ICU Benefit (DIB) - Accident	Twice of the DHC/ DHC-Accident limit shall be payable for a Hospitalization >24 hrs. arising due to injury, 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	
		5	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.		
		6	Special care on Minor Surgeries (Threshold Limit Applicable of Rs. 50,000/-)	<p>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.</p> <p>List Of Minor Surgeries -</p> <ol style="list-style-type: none"> 1. Removal of Appendix 2. Removal of Renal Calculi 3. Haemorrhoidectomy 4. Removal of Gall Stone/Gall Bladder 5. All types of Hernia repair 		

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				6. Benign Prostatic Hypertrophy(TURP)			
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		7	Special care on Major Surgeries (Threshold Limit Applicable of Rs. 200000/-)	<p>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.</p> <p>List of Major Surgeries</p> <ol style="list-style-type: none"> 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 			
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				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			
		8	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		
		9	Wellness Program	Available and serviced by Us/Our Service Provider			

		10	AYUSH Treatment # (# Added pursuant to "Guidelines on providing AYUSH Coverage in Health insurance policies" dated 31 January, 2024 issued by the IRDAI effective 1st April 2024)	"AYUSH treatment" refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.	Upto Basic SI		
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6	Exclusions (What the policy does not cover)	<p>Standard Exclusions</p> <p>1. Pre- Existing Diseases a. Expenses related to the treatment of a Pre-Existing Disease (PED) and its direct complications shall be excluded as per the Plan mentioned in the Policy schedule i.e. until the expiry of 36 months of continuous coverage after the date of inception of the first policy with Us. b. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of sum insured increase. c. If the Insured person is continuously covered without any break as defined under the Portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to be extent of prior coverage. d. Coverage under the policy after the expiry of applicable months as per the Plan, for any Pre-existing Disease is subject to the same being declared at the time of application and accepted by the Insurer.</p> <p>2. Specified disease/procedure waiting period a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of below mentioned months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.</p> <p>3. 30-day waiting period a) Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered. b) This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months. c) The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.</p> <p>4. Investigation & Evaluation 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</p>	Part E of the policy
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		<p>incidental to the current diagnosis and treatment are excluded.</p> <p>5. Rest Cure, rehabilitation and respite care 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, dressing, moving around either by skilled nurses or assistant or non-skilled persons. ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.</p> <p>6. Obesity/ Weight Control 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</p> <p>following failure of less invasive methods of weight loss: i. Obesity-related cardiomyopathy ii. Coronary heart disease iii. Severe Sleep Apnea</p> <p>7. Change-of-Gender treatments Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.</p> <p>8. Cosmetic or plastic Surgery Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.</p>		
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		<p>supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.</p> <p>17. Sterility and Infertility Expenses related to Birth Control, 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, ICSI (iii) Gestational Surrogacy (iv) Reversal of sterilization</p> <p>18. Maternity i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy; ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.</p>		
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		<p>Specific Exclusions</p> <ol style="list-style-type: none"> 1. 90 days Waiting Period Exclusion: A waiting period of 90 days from the commencement date of the defirst Policy will apply to Critical Illness (es) contracted requiring Hospitalization. 2. Any condition directly or indirectly caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice & Trichomoniasis, Human T Cell Lymphotropic Virus Type III (HTLV-III or IITLB-III) or Lymphadinopathy Associated Virus (LAV) or the mutants derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind. 3. Any dental treatment or surgery unless requiring hospitalization arising out of an accident. 4. Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind of self-medication. 5. Charges incurred in connection with cost of spectacles and contactlenses, hearing aids, routine eye and ear examinations, dentures, artificial teeth and all other similar external appliances and /or devices whether for diagnosis or treatment. 6. Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walkers, belts, collars, caps, splints, braces, stockings of any kind, diabetic footwear, glucometer/thermometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous ambulatory peritoneal dialysis (C.P.A.D) and oxygen concentrator or asthmatic condition, cost of cochlear implants. 7. External Congenital Anomaly. 8. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident 9. Exclusions specific to AYUSH Treatment# <p>The Company shall not make payment in respect of claims arising directly or indirectly out of or attributable or traceable to any of the following:</p> <ul style="list-style-type: none"> • OPD treatment • Wellness and non-therapeutic treatment 		
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		<ul style="list-style-type: none"> • Any Pre-Hospitalization and Post-Hospitalization Expenses • All Preventive and Rejuvenation Treatments (non-curative in nature) including, without limitation, treatments that are not Medically Necessary. • Non- Prescribed medicines by treating physician, non-disclosed formulations & non-standardized preparations or Health Supplementary products will be excluded. • Any Pre or Post hospitalization AYUSH treatment taken before/pursuant to inpatient Allopathy treatment. <p>The above exclusions are in additions to the General exclusions listed under the Policy.</p> <p>#Added pursuant to “Guidelines on providing AYUSH Coverage in Health insurance policies” dated 31 January, 2024 issued by the IRDAI effective 1st April 2024</p> <p>10. Any OPD treatment except pre and post – hospitalization as covered under Scope of the Policy.</p> <p>11. Treatment received outside India</p> <p>12. War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defense, rebellion, revolution, insurrection, mutiny, military or usurped acts, seizure, capture, arrest, restraints and detainment of all kinds.</p> <p>13. Act of self-destruction or self-inflicted, attempted suicide or suicide while sane or insane or Illness or Injury attributable to consumption, use, misuse or abuse of tobacco, intoxicating drugs and alcohol or hallucinogens.</p> <p>14. Any charges incurred to procure any medical certificate, treatment or Illness related documents pertaining to any period of Hospitalization or Illness.</p> <p>15. Personal comfort and convenience items or services including but not limited to TV(wherever specifically charged separately), charges for access to telephone and telephone calls (wherever specifically charged separately), foodstuffs, (except patient’s diet), cosmetics, hygiene articles, body or baby care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies.</p> <p>16. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this</p>		
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		<p>exclusion:</p> <p>a. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/fusion material emitting a level of radioactivity capable of causing any illness, incapacitating disablement or death.</p> <p>b. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.</p> <p>c. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and /or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.</p> <p>In addition to the foregoing, any loss, claim or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, suppressing, minimizing or in any way relating to the above shall also be excluded.</p> <p>17. Drugs or treatment and medical supplies not supported by a prescription from a Medical Practitioner.</p>		
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7	Waiting period	<ul style="list-style-type: none"> · Pre-existing Diseases will be covered after a waiting period of 36 months. · Specified surgeries/treatments/diseases are covered after specific waiting period of 12 months · Specified surgeries/treatments/diseases are covered after specific waiting period of 24 months · Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident. · 90 days for listed Critical Illnesses contracted within 90 days of Policy with us. 	Part E.i.1 Part E.i.2 Part E.i.2 Part E.i.3 Part B.2.9 of the policy	
8	I. Sub-limit (It is pre-defined limit, and the insurance company will not pay any amount in excess of this limit)	Sub-limit - Sub-limit for this product is not applicable	NA	
	II. Co-Payment (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured).	Co-Payment - Co-Payment is not applicable for this product.		

	<p>III. Deductible (It is a specified amount – up to which an insurance company will not pay any claim, and which will be deducted from total claim amount (if claim amount is more than the specified amount))</p>	<p>Deductible - Deductible is not applicable in this product.</p>		
	<p>IV. Any other limit (as applicable)</p>			

9	Claims/Claims procedure	<p>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.</p> <p>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. TPA within 15 days of discharge from the hospital.</p> <p>Turn Around Time (TAT) for claim settlement:</p> <p>* TAT for preauthorization of cashless facility within 2 Hours.</p> <p>* TAT for cashless final bill authorization within 2 Hours.</p> <p>i. Network Hospital details – https://www.libertyinsurance.in/products/CPMigration/hospitalLocator</p> <p>ii. Helpline number – 1800 266 5844</p> <p>iii. Claim form – https://www.libertyinsurance.in/customer-support/download-forms.html</p> <p>iv. Hospitals which are blacklisted or from where no claims will be accepted by insurer – https://www.libertyinsurance.in/Docx/ExcludedHospitalLists.pdf</p> <p>Claim 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</p>	Part G.6. of the policy
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		<p>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.</p> <p>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.</p> <p>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.</p> <p>B) Documentation</p> <p>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.</p> <p>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 the control.</p> <p>C) Payment of Claim</p> <p>a. We shall be under no obligation to make any payment under this Policy unless We have received all the premium payments in full and all payments have been realised and We have been provided with the documentation and information We have requested to establish the circumstances of the claim, its quantum or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy</p> <p>b. This Policy only covers medical treatment taken in India, and payments under this Policy shall only be made in Indian Rupees within India</p> <p>c. We are not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured Person could reasonably have minimised the costs</p>		
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		<p>incurred, or that is brought about or contributed to by the Insured Person failing to follow the directions, advice or guidance provided by a Medical Practitioner</p> <p>For further details/checklist for claims documents, please read the Policy or Claims Manual.</p> <p>CHECK LIST OF ENCLOSURES FOR SUBMISSION OF CLAIM</p> <p>In-patient Treatment /Day Care Procedures</p> <ul style="list-style-type: none"> q Duly filled and signed Claim Form. q Photocopy of ID card / Photocopy of current year policy. q Attested copy of Detailed Discharge Summary / Day care summary from the hospital. q Attested copy of consolidated hospital bill with bill no and break up of each Item, duly signed by the insured. q Attested copy of payment Receipt of the hospital bill with receipt number. q First Consultation letter and subsequent Prescriptions. q Attested copy of bills, original payment receipts and Reports for investigation supported by the note from Attending Medical Practitioner / Surgeon demanding such test. q Surgeons certificate stating nature of Operation performed and Surgeons Bills and Receipts q Attending Doctors/ Consultants/ Specialist's/ Anesthetist Bill and receipt and certificate regarding same q Attested copy of medicine bills and receipts with corresponding Prescriptions. q Attested copy of invoice/bills for Implants (viz. Stent /PHS Mesh/ IOL etc.) with original payment receipts. <p>Road Traffic Accident</p> <p>In addition to the In-patient Treatment documents:</p> <ul style="list-style-type: none"> q Copy of the First Information Report from Police Department / Copy of the Medico-Legal Certificate <p><u>In Non Medico legal cases</u></p> <ul style="list-style-type: none"> q Treating Doctor's Certificate giving details of injuries (How, when and where injury sustained) <p><u>In Accidental Death cases</u></p> <ul style="list-style-type: none"> q Copy of Post Mortem Report (if conducted) & Death <p>For Death Cases</p>		
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		<p>In addition to the In-patient Treatment documents:</p> <ul style="list-style-type: none"> q Attested copy of Death Summary from the hospital. q Attested copy of of the Death certificate from treating doctor or the hospital authority. q Attested copy of of the Legal heir certificate, if the claim is for the death of the principle insured. <p>We may call for additional documents/ information as relevant to the claim.</p> <p>Applicable to all claims under the Policy:</p> <ul style="list-style-type: none"> · 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. · 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 - excludes the Standard List of excluded items - attached in the Policy document. · No person other than the Insured /Insured Person(s) and/ or nominees named in the proposal can claim or sue us under this Policy. 		
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10	Policy Servicing	<p>Step - 1</p> <p>Call center number - 1800-266-5844 (8:00 AM to 8:00 PM, 7 days of the week) or</p> <p>Email us at: care@libertyinsurance.in</p> <p>Senior Citizens can email us at – seniorcitizen@libertyinsurance.in</p> <p>or</p> <p>Write to us at: Customer Service Liberty General Insurance Ltd. 15th Floor, Unit-1501&1502, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai- 400013</p> <p>Step - 2</p> <p>If our response or resolution does not meet your expectations, you can escalate at - Manager@libertyinsurance.in</p> <p>Step - 3</p> <p>If you are still not satisfied with the resolution provided, you can further escalate at - ServiceHead@libertyinsurance.in</p>	Part F.i.14 Of the policy	
11	Grievances/Complaints	<ul style="list-style-type: none"> • 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/ 	Annexure-B	

		<ul style="list-style-type: none"> • Insurance Ombudsman - For the latest details of Ombudsman offices, please visit the Insurance Ombudsman website at the following link: https://www.cioins.co.in/Ombudsman <p>Insurance Ombudsman – The contact details of the Insurance Ombudsman offices have been provided as Annexure-B of Policy document.</p>		
12	Things to remember	<p>Free Look Cancellation: The insured person shall be allowed free look period of 30 days from date of receipt of the policy document to review the terms and conditions of the policy. If he/she is not satisfied with any of the terms and conditions, he/she has the option to cancel his/her policy. The Free Look Period shall be applicable only for new individual health insurance policies, except for those policies with tenure of less than a year and not on renewals.</p> <p>If the insured has not made any claim during the Free Look Period, the insured shall be entitled to -</p> <ul style="list-style-type: none"> 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; <p>Policy Renewal: The policy shall ordinarily be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured person.</p> <ul style="list-style-type: none"> 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 	Part F.i.13 of the policy	Part F.i.9 of the policy

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		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.		
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Liberty Hospi-Cash Connect– CIS

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		<p>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 atleast 30 days before the policy renewal date as per the IRDA Guidelines on Migration. If such person is presently covered and has been continuously covered without any lapse under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDA Guidelines on Migration.</p>	Part F.i.7 of the policy	
		<p>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.</p>	Part F.i.8 of the policy	
		<p>Change in Sum Insured: For Hospi-Cash Connect plans, the Sum Insured can be enhanced only at the time of renewal, subject to no claim having been lodged/ paid under the earlier policy/ies and with the specific approval and acceptance by the Company. In all such case of increase in the Sum Insured, waiting period will apply afresh in relation to the amount by which the Sum Insured has been enhanced.</p>	Part G.2. of the policy	
		<p>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</p>	Part F.i.11 of the policy	

		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	Your Obligations	<p>* Please disclose all pre-existing disease/s or condition/s before buying a policy.</p> <p>* Disclosure of Material Information during the policy period that relates to questions in the Proposal Form and which is important to the Company in order to accept the risk of insurance. Such information need to be provided to us in the form named as 'Alteration in Risk form' available on our Company website www.libertyinsurance.in before the Renewal, extension, variation, endorsement or reinstatement of the contract.</p>	F.i.1,2	

For Policy related documents visit our website-

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

Declaration by the Policy Holder:

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

Place:

Date:

Signature of the Policyholder: