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 Secure Future Connect Group Policy
Customer Information Sheet

<table>
<tr><th>Sr. No</th><th>Title</th><th>Description</th><th>Refer to Policy Clause No</th></tr>
<tr><td>1</td><td>Product Name</td><td>Liberty Secure Future Connect Group Policy</td><td></td></tr>
<tr><td>2</td><td>Policy No</td><td></td><td></td></tr>
<tr><td>3</td><td>Type of Insurance Product / Policy</td><td>Benefit</td><td></td></tr>
<tr><td>4</td><td>Sum Insured Basis</td><td>Individual Sum Insured – Where each member has a separate sum insured under the policy.
Sum Insured per person – As opted</td><td></td></tr>
<tr><td>5</td><td>Policy Coverage</td><td>This Policy offers coverage under 3 sections

Section I – Critical Illness Options are as below:
Option as opted and mentioned in Certificate of Insurance.
<table>
<tr><th>List of Critical Illness</th><th>Option A</th><th>Option B</th><th>Option C</th><th>Option D</th><th>Option E</th></tr>
<tr><td>Cancer of Specified Severity</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td>First Heart Attack of Specified Severity</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td>Open Chest CABG</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td>Open Heart Replacement or Repair of Heart Valves</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td>End Stage Renal failure</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td>Stroke Resulting in Permanent Symptoms</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td>Major Organ/ Bone Marrow Transplant</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td>Permanent Paralysis of Limbs</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td>Multiple Sclerosis with Persisting Symptoms</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td>Coma of Specified Severity.</td><td></td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td>Motor Neurone Disease with Permanent Symptoms</td><td></td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td>Primary Pulmonary Arterial Hypertension</td><td></td><td></td><td>✓</td><td></td><td>✓</td></tr>
<tr><td>Pulmonary Artery Graft Surgery</td><td></td><td></td><td>✓</td><td></td><td>✓</td></tr>
<tr><td>Muscular Dystrophy</td><td></td><td></td><td>✓</td><td></td><td>✓</td></tr>
<tr><td>Systemic Lupus Erythematosis with Lupus Nephritis</td><td></td><td></td><td>✓</td><td></td><td>✓</td></tr>
</table></td><td>Part 2 of the Policy Wording</td></tr>
</table>

Pneumonectomy			✓		✓		
Medullary Cystic Disease			✓		✓		
End Stage Liver Disease				✓	✓		
Surgery of Aorta				✓	✓		
Benign Brain Tumor				✓	✓		
Parkinson's Disease				✓	✓		
Alzheimer's Disease				✓	✓		
Major Burns				✓	✓		
Deafness				✓	✓		
Loss of Speech				✓	✓		

Section II – Personal Accident – Option A is as below:

Coverage	Option A
Accidental Death	100% of CSI
Permanent Total Disability	100% of CSI
Performance of Funeral Ceremony	Rs. 5000

"Public Carrier" means shared passenger transportation service which is available for use by the general public and which operates on a scheduled timetable.
Listed public carriers: Bus, ferry, hovercraft, ship, taxi, train, tram, underground train, commercial helicopter or aircraft.

The geographical scope of this benefit will be worldwide; however the claims shall be settled in India in Indian rupees.

Section III – Involuntary Loss Of Job
Loss of job with benefit amount equal to three (3) equated monthly installments (EMIs) payable corresponding to the loan insured. However, if the Sum Insured opted is less than the Loan Amount, then the EMI payable will be in proportion to the Sum insured opted and will not be the actual EMI corresponding to the Loan amount. In any case, the EMI payable cannot exceed the actual EMI. 'Involuntary Loss of Job' cover is payable once during the policy period and is available only for salaried person employed in India.

Optional Covers:
Below optional cover(s) are available:

1. **30 days survival period under Critical Illness cover**
   The Policy is extended to apply 30 days survival period under Critical illness cover.

2. **Deletion of 'Involuntary Loss of Job' cover**

By opting this cover 'Involuntary Loss of Job' stands deleted.

3. Selection of Option B of Personal Accident cover

By selecting this Option Personal Accident it is agreed to pay 100% of CSI as available under Option A + 100% of CSI in case of Accidental death or Permanent Total Disability whilst the Insured Person/s is/are travelling as a fare paying passenger in any of the listed public carriers

4. Permanent Partial Disability cover under Personal Accident cover:

Under this optional cover if an Insured Person/s suffers an accident during the Policy Period and this is the sole and direct cause of his Permanent Partial Disability in one of the ways detailed in the table below, within 12 months of such accidental Bodily Injury sustained, then the Company will pay a percentage of the Sum Insured as mentioned in the table below:

Permanent Partial Disability – Table of Benefits	
Loss of	**% of CSI**
Each arm at the shoulder joint	70%
Each arm to a point above elbow joint	65%
Each arm below elbow joint	60%
Each hand at the wrist	55%
Each thumb	20%
Each index finger	10%
Each other finger	5%
Each leg above center of the femur	70%
Each leg up to a point below the femur	65%
Each leg to a point below the knee	50%
Each leg up to the center of tibia	45%
Each foot at the ankle.	40%
Each big toe	5%
Each other toe	2%
Each eye	50%
Hearing in each ear	30%

Sense of smell	10%
Sense of taste	5%
Any other Permanent Partial Disability	Percentage as assessed by Registered medical practitioner

The compensation under more than one event as stated above, for same period of disability shall not exceed the Capital Sum Insured stated under this cover.

In case of multiple claims under Permanent Partial Disability arising due to multiple events during the Policy period, the total claim payable amount shall not exceed the Capital Sum Insured stated under this cover.

5. Child Education Benefit:

Under this extension, if a claim under either Death or Permanent Total Disability of the Insured Person has been accepted, then the Company will pay the child education benefit up to the chosen amount for up to 2 dependent children who are under 25 years of age. The benefit chosen should be in the range of INR 25,000 to INR 500,000 in multiples of INR 25,000. This benefit will be payable till the end of the policy term.

6	**Exclusions (What the policy does not cover)**	**General Exclusions:** The Company shall not be liable for any loss or damage under this Policy: 1. Breach of law: Code- Excl10 Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent. 2. Due to, or arising out of, or directly or indirectly connected with or traceable to, War, invasion, act of foreign enemy, hostilities (whether war be declared or not) Civil War, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainment of all Heads of State and citizens of whatever nation and of all kinds and acts of Terrorism, Riots, Strike, Malicious Acts etc. 3. Directly or indirectly caused by or contributed to by or arising from ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission. 4. Directly or indirectly caused by or contributed to by or arising from nuclear weapon materials. 5. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12 6. Arising out of or as a result of any act of self-destruction or self-inflicted Injury, attempted suicide or suicide. 7. 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, ICSI	**Part 3 of the Policy Wording**

		iii. Gestational Surrogacy iv. Reversal of sterilization 8. Maternity: Code Excl18 a) Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy; b) Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period. 9. Arising out of or resulting directly or indirectly while serving in any branch of the Military or Armed Forces of any country during War or warlike operations. 10. "10. Arising out of or resulting directly or indirectly caused by, resulting from or in connection with any act of terrorism/sabotage regardless of any other cause or event contributing concurrently or in any other sequence to the loss. The Policy also excludes loss, damage, cost or expenses of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to action taken in respect of any act of Terrorism/sabotage. 11. Due to Any Claim of the Insured Person/s while driving any vehicle without a valid Driving License. 12. For complete list of exclusions please refer the Policy Wordings or contact your group administrator.	
7.	**Waiting Period**	1. 90 Days waiting Period 2. Pre-Existing Diseases - Code- Excl01	
8.	**Financial Limits of Coverage** **i. Sublimit** **ii. Co-payment** **iii. Deductible**	**Section I – Critical Illness** 1. Plan ___ 2. Sum Insured _____ **Section II – Personal Accident – Sum Insured _____** **Coverage** / **Option A** Accidental Death / 100% of CSI Permanent Total Disability / 100% of CSI Performance of Funeral Ceremony / Rs. 5000 **Section III – Involuntary Loss Of Job** 1. EMI Amount _____ **Optional Covers:** **Below optional cover(s) are available:** 1. 30 days survival period under Critical Illness cover – Applicable / Not applicable 2. Deletion of 'Involuntary Loss of Job' cover 3. Selection of Option B of Personal Accident cover 4. Permanent Partial Disability cover under Personal Accident cover	

9.	**Claims / Claims Procedure**	**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. i. Helpline number – 1800 266 5844 ii. Claim form – https://www.libertyinsurance.in/customer-support/download-forms.html iii. Hospitals which are blacklisted or from where no claims will be accepted by us – To be included (https://www.libertyinsurance.in/Docx/ExcludedHospitalLists.pdf) **Claim Procedure** It is a condition precedent to the Company's liability that upon the discovery or happening of any loss that may give rise to a claim under this Policy, the Insured/Insured Person/s shall undertake the following: The claim has to be intimated to any of the Company's offices or through agents in writing. The following information should be furnished by the Insured/Insured Person/s while intimating a claim: 1. Insured Person's/Nominee's contact numbers 2. Policy Number 3. Location, Date and Time of Accident 4. Nature and cause of loss 5. Whether Police authorities has been informed The claim documents to be dispatched at below address: Liberty General Insurance Limited, The Capitol, 4th Floor, New D.P.Road, Near Ashoka Hotel, Vishal Nagar, Pimple Nilakh, Pune- 411027, Maharashtra. Alternatively, claim documents can also be sent to your nearest branch. Claim Settlement (provision for Penal Interest) (a) 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. (b) In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate. (c) 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 the claim within 45 days from the date of receipt of last necessary document.	**Part 4.30 & 4.31 of the Policy Wording**

		(d) In case of delay beyond stipulated 45 days the company shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.	
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.	**Part 4.32. of the Policy Wording**

		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/	
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. **2. 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. **3. 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.	**Part 4, 19, 20, 21, 23, 24 & 27 of the Policy Wording**

		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. **4. 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. **5. 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. **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. **7. 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.	
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)