

Liberty Surro Assure-CIS
UIN-LIBHLIP24117V012324
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by the Insured Person as an inpatient in less than 24 hours in a Hospital or standalone day care center but not in the Outpatient department of a Hospital for hospitalization due to complications arising out of oocyte retrieval with respect to the Oocyte Donor or complications arising out of pregnancy during Surrogacy and post-partum delivery complications for the Surrogate Mother.

Conditions applicable to Section 1

1. The Policy must have been available before the commencement of the Surrogacy or Oocyte retrieval Procedure.
2. The treatment under Section 1(a) has been taken in a registered Clinics, Surrogacy Clinics, Hospitals under the supervision of a Registered Medical Practitioner as per the respective Act.
3. The coverage shall be available if all the provisions as specified in “The Surrogacy Regulation Act, 2021” and “Assisted Reproductive Technology (Regulation) Act, 2021” and the relevant rules thereunder are fulfilled.

Part –II.2

2. Emergency Local Road Ambulance Charges

The Company will indemnify expenses incurred on an ambulance offered by a healthcare or ambulance service provider used to transfer the Insured Person to the nearest Hospital with adequate emergency facilities for the provision of health services during the Policy Period., provided that:

- i) There is a valid claim admissible under Part II 1.a (In-patient Treatment Expenses) or 1.b. (Day Care Procedure / Treatment) of the Policy.
- ii) Our maximum liability shall be as specified in the Schedule to this Policy.
- iii) The coverage also includes the cost of the transportation of the Insured Person from one Hospital to another nearest Hospital which is prepared to admit the Insured Person and provide necessary medical services if such medical services cannot satisfactorily be provided at a Hospital where the Insured Person was first admitted, provided that the transportation has been prescribed by a Medical Practitioner and is Medically Necessary.

6	Exclusions (what the policy does not cover)	<p>The Company shall bear no liability to make the payment in respect of claims arising directly or indirectly out of or attributable or traceable to any of the following:</p> <p>Standard Exclusions</p> <ol style="list-style-type: none"> 1. Investigation & Evaluation: Code-Excl04 <ol style="list-style-type: none"> Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded. 2. Rest Cure, rehabilitation and respite care: Code- Excl05 Expenses related to any admission primarily for enforced bed rest and 	Part V. E
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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.

3. 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 weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type2 Diabetes

4. 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.

5. Cosmetic or Plastic Surgery: Code- Excl08

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.

6. 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 limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

7. 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 with criminal intent.

8. Excluded Providers: Code-Excl11

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

9. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **Code- Excl 12**

10. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. **Code - Excl 13**

11. 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. **Code-Excl 14**

12. **Refractive Error: Code -Excl15**

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.

13. **Unproven Treatments: Code- Excl16**

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

14. **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
- iii. Reversal of sterilization

15. **Maternity: Code Excl18**

1. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
2. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

• **Specific Exclusions (Exclusions other than those mentioned under E(i) above)**

1. **60 days Waiting Period**

Expenses related to the treatment of any complications arising due to oocyte retrieval with respect to the Oocyte Donor or

complications arising out of pregnancy during Surrogacy and post-partum delivery complications for the Surrogate Mother incurred within 60 days from the policy commencement date shall be excluded, except claims arising due to accident, provided the same are covered under the Policy.

2. Complications of pregnancy to the Surrogate Mother, which is:
 - i. Other than Altruistic Surrogacy
 - ii. For second Surrogacy
 - iii. If the Surrogate Mother donates her own gametes
3. Newborn baby through Surrogacy to the Surrogate Mother.
4. Miscarriage/Medical termination other than in case of Life-Threatening condition to the Surrogate Mother
5. Pre and Post Hospitalization Expenses.
6. Treatment taken on OPD basis.
7. Domiciliary Treatment
8. Surrogacy Treatment Procedure Cost from Policy Commencement Date till completion of embryo implantation process.
9. Surrogacy which is for Commercial Purposes
10. Treatment or Complications arising out of any Pre-Existing conditions/ disease.
11. 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 Lymphadenopathy Associated Virus (LAV) or the mutants derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind.
12. Any dental treatment or surgery unless requiring hospitalization arising out of an accident.
13. 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.
14. Charges incurred in connection with cost of spectacles and contact lenses, hearing aids, routine eye and ear examinations, dentures, artificial teeth and all other similar external appliances and /or

devices whether for diagnosis or treatment.

15. 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.
16. External Congenital Anomaly.
17. AYUSH Treatment
18. Treatment received outside India unless specifically mentioned in your policy schedule.
19. Any illness, sickness or disease other than the complications arising out of pregnancy and post-partum delivery for the Surrogate mother or any complications arising out of Oocyte retrieval for the Oocyte donor.
20. Complications arising due to Surrogacy procedure, if the Insured is undergoing the Surrogacy procedure for second time.
21. Complications arising due to Oocyte retrieval, if the Insured is donating for second time.
22. Any claim with respect to abandon or disown or exploit or cause to be abandoned, disowned or exploited in any form, the child or children born through Surrogacy.
23. 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.
24. 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.
25. Any charges incurred to procure any medical certificate, treatment or Illness related documents pertaining to any period of Hospitalization or Illness.
26. 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,

		<p>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>27. Expenses related to any kind of RMO charges, service charge, surcharge, admission fees, registration fees, night charges levied by the hospital under whatever head.</p> <p>28. 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 exclusion:</p> <ol style="list-style-type: none"> 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. 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. 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>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>29. Drugs or treatment and medical supplies not supported by a prescription from a Medical Practitioner.</p>	
7	<p>Waiting Period</p> <ul style="list-style-type: none"> Time period during which specified diseases / Treatments are not covered It is counted from the beginning of the policy coverage 	<p>60 days Waiting Period : Expenses related to the treatment of any complications arising due to oocyte retrieval with respect to the Oocyte Donor or complications arising out of pregnancy during Surrogacy and post-partum delivery complications for the Surrogate Mother incurred within 60 days from the policy commencement date shall be excluded, except claims arising due to accident, provided the same are covered under the Policy.</p>	Part V.E. ii (1)

8	<p>Financial limits of coverage</p> <p>i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>ii. Co-payment (It is a specified amount / percentage of the admissible claim amount to be paid by policyholder / insured)</p> <p>iii. Deductible (It is a specified amount:</p> <p>b. -upto which an insurance company will not pay any claim, and</p> <p>c. - which will be deducted from total claim amount (if claim amount is more than the specified amount)</p> <p>iv. Any other limit (as applicable)</p>	<p>No Sub-limits , Co-payment and Deductibles applicable under the product.</p>	
9	<p>Claims / Claim Procedure</p>	<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</p>	<p>Part IV G (4)</p>

		<p>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>	
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<p>Liberty General Insurance Limited Unit 1501&1502, 15th Floor, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai – 400013, Phone: +91 226700 1313 Fax: +91 226700 1606 Email: care@libertyinsurance.in IRDA registration number: 150 • CIN: U66000MH2010010009351</p>	<p>7</p> <p>Policy Servicing</p>	<p>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, Phone: +91 226700 1313 Fax: +91 226700 1606</p>	<p>Step 2 If our response or resolution does not meet your expectations, you can escalate at Manager@libertyinsurance.in</p> <p>Step 3 you are still not satisfied with the resolution provided, you can further escalate at ServiceHead@libertyinsurance.in</p>	<p>Part VI F(i)(11)</p>
<p>11</p>	<p>Grievances / Complaints</p>	<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/ 	<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>	<p>Part VI F(i)(11)</p>

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12	Things to Remember	<p>Free Look cancellation: You may cancel the insurance policy if the terms and conditions of the policy are not acceptable, within 30 days from the beginning of the policy.</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 i. 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 not be renewable at the end of respective Policy Period and/or on grounds of fraud, misrepresentation by the Insured Person/ Proposer.</p> <p>Migration and Portability: Not applicable under the said product</p> <p>Change in Sum Insured: Option not available under the said product.</p> <p>Moratorium Period: Not applicable for the said product</p>	<p>Part VI (i) (10)</p> <p>Part VI (ii) (7)</p>
13	Your Obligations	<p>Please disclose all Pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p>	

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: