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CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

SI No	Title	Description	Policy Clause Number
1	Name of the Insurance Product/Policy	SENIOR CITIZEN MEDICLAIM POLICY	
2	Policy Number		
3	Type of Insurance Product/Policy	Indemnity	
4	Sum Insured Basis	Individual Sum insured. Member name A – Sum Insured Member name A – Sum Insured	
5	Policy Coverage	Expense in respect of:	
	(What Policy Covers?)	Admission in hospital beyond 24 hours	2.19
		Pre-hospitalisation- 30 days, subject to maximum 5% of hospital bill.	2.35 & 3.2
		Post-Hospitalisation -up to 60 days, subject to maximum of 10% of hospital bill.	2.36 & 3.3
		Specified / Listed procedures requiring less than 24 hours of hospitalization (day care)	2.17
		Coverage for AYUSH Treatment: up to 100% of the S.I	3.4
		Expenses incurred towards Ambulance: maximum of Rs.1000/-	3.5
		Medical expenses for Organ Transplant:	3.6
		Congenital Internal Disease	3.9
		Congenital External Disease	3.9
		Specific Coverages:	3.7(a) to 3.7(g)
		Coverage for 12 modern treatments	3.8.1 to 3.8.12
		Room rentUp to 1% of Sum Insured per day. (Overall limit: 25% of the Sum Insured.)	3.1
		Intensive Care Unit (ICU)- Up to 2% of Sum Insured per day (Overall limit: 25% of the Sum Insured.)	
		Professional fees of Surgeon, Anaesthetist, Consultant, Specialist- Overall limit: 25% of the Sum Insured.	

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6	Exclusion (What Policy does not cover)	Standard Exclusions and Specific Exclusion (including but not limited to the following) Investigation & Evaluation, Rest Cure, Weight Control, Change- Of-Gender Treatments, Cosmetic Surgery, Unproven Treatments, Sterility And Infertility, Treatment and/or services taken outside the India, Vaccination, Cost of braces, equipment or external prosthetic devices, eyeglasses, Cost of spectacles and contact lenses, hearing aids including cochlear implants, Acupressure, acupuncture, magnetic therapies, Any expenses incurred on Domiciliary Hospitalization, Stem cell implantation/Surgery for other than those treatments mentioned in clause 3.8.12 etc	4.4.1 to 4.4.30
7	Waiting period	Initial Waiting period : First 30 days from date of inception (not applicable for Accidents & renewals)	4.3
		PRE-EXISTING DISEASES (Code- Excl01)-18 Months	4.1
		Specific waiting period (Code- Excl02) 90 days , 18 and 36 months for listed illnesses (not applicable for renewals and accident)	4.2
8	Financial Limit of Coverage		
	i. Sub-limit	The Policy will pay only up to the limits specified hereunder for the following disease/procedures:	3.1.1
		As per Policy clause 3.1.1	3.1.2
		Diseases with sub limits as per Policy clause 3.1.2	
	ii. Co- Payment	10%	5.16
	iii. Deductible/ Any Other limit as applicable	Not applicable	
9	Claims/Claim Procedure	 Cashless Service and Reimbursement-Available i. Network hospital details -Available on website and on policy schedule ii. Helpline number: 1800-209-1415 iii. Downloading the claim form- https://www.newindia.co.in/cms/24b38b03- 6b17- 42e8-b047- 43c7784c6528/Claim Form.pdf?guest=true iv. Pre-authorisation -Within 1 hour of request v. Final Authorization for Discharge from the Hospital within 3 hours of hospital request 	

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	Call center number of the insurer-1800-209-1415 Company Officials- <u>https://www.newindia.co.in/</u>	
	Policy Issuing Office :	
Grievances/Comp	Details of GRO:	5.7
laints	https://www.newindia.co.in/portal/readMore/Grievances	
		Annexure IV
	Seniour citizens may write to –	
	Seniorcitizencare.ho@newindia.co.in	
Things to	Free look Period	5.3
Remember	Policy Renewal	5.5
	Migration and Portability:	5.6
	Moratorium Period: 5 years	
Your Obligation	Please disclose all pre-existing disease/s or conditions before	2.14
-	buying a policy. Non-disclosure may affect the claim settlement.	
	Grievances/Comp laints Things to Remember	Policy Issuing Office : Grievances/Comp laints Details of GRO: https://www.newindia.co.in/portal/readMore/Grievances Seniour citizens may write to – Seniorcitizencare.ho@newindia.co.in For Ombudsman's contact details Things to Remember Free look Period Policy Renewal Migration and Portability: Moratorium Period: 5 years Your Obligation Please disclose all pre-existing disease/s or conditions before buying a policy. Non-disclosure may affect the claim

Declaration by the Policy Holder;

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

Place:

Date :

(Signature of the Policy Holder)

Note:

- i. web-link where the product related documents including the Customer information sheet are available on <u>https://www.newindia.co.in/health/all-products</u>
- ii. In case of any conflict, the terms and condition mentioned in the policy document shall prevail.

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