

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

Please Note: *This Customer Information Sheet provides information available under this Product. Kindly refer to the Policy Schedule to know exact details of coverage opted by You.*

SI No	Title	Description	Policy Clause Number
1	Name of Insurance Product/ Policy	Digit Donor Shield Policy (UIN: GODHLIP25038V012425)	
2	Policy number	Please refer Your Policy Schedule	
3	Type of Insurance Product/ Policy	<p>On Indemnity Basis:</p> <p>SECTION 1- IN PATIENT HOSPITALIZATION</p> <p>A. Surrogacy Cover</p> <p> A1. Pre / Post Hospitalization Expenses</p> <p> A2. Road Ambulance</p> <p> A3. Alternate Treatment (Ayush) Benefit</p> <p>B. Oocyte Donor</p> <p> B1. Pre / Post Hospitalization Expenses</p> <p> B2. Road Ambulance</p> <p> B3. Alternate Treatment (Ayush) Benefit</p> <p>SECTION 2 - CARDIAC AMBULANCE</p> <p>SECTION 3 - OPD CONSULTATION WITH GYNAECOLOGIST</p> <p>SECTION 4 - DAY CARE TREATMENT</p> <p>SECTION 5 - MODERN TREATMENT</p> <p>SECTION 6 - ROOM RENT RESTRICTION</p> <p>SECTION 7 - WELLNESS BENEFIT PROGRAM</p> <p> 1. Doctor On Call</p> <p> 2. Wellness Coach</p> <p> 3. Lab Services and Imaging (For Diagnostic Services)</p> <p> 4. Pharmacy (Home Delivery)</p> <p> 5. Vital/Physical Activity Monitoring Services</p>	C. Coverage under the Policy

		<p>6. Reminder Notifications 7. Medical Wallet 8. Report Aggregation 9. Home Care Services 10. Ambulance Arrangement Services 11. Pick-up and Drop services for consultations 12. Prioritizing Appointments 13. Mental Wellbeing 14. Physiotherapy 15. Childcare/Children’s Activity 16. Out -Patient (OPD) Services 17. Fitness</p>	
4	Sum Insured (Basis) (Along with amount)	<p>This product can be on “Individual Sum Insured”. Please refer Your Policy Schedule to know the Sum Insured basis applicable to Your Policy.</p> <p>Option 1: This policy is on Individual Sum Insured basis where each member has a separate sum insured under the policy</p> <p>Aggregate Sum Insured as per policy schedule</p> <p>Important Note: Please refer to your policy schedule for more details on section-wise sum insured.</p>	NA
5	Policy Coverage (What am I covered for?) (Policy Clause Number/s)	<p>Please find the below detailed of all coverages available under the Product. Coverages available under Your Policy will be as mentioned in Your policy schedule.</p> <p><u>There are 7 Sections under this policy. Detailed Coverages are listed below.</u></p> <p>SECTION 1 - IN PATIENT HOSPITALIZATION <u>A.Surrogacy Cover</u> If You have opted for this cover, We will pay reasonable and customary charges that are medically necessary and incurred in respect of Insured Person (Surrogate Mother) hospitalization in India, for complication arising during Surrogacy pregnancy & Postpartum delivery complications for the Surrogate Mother. The claim can be made under the following benefits and up to the Sum Insured mentioned in Your Policy Schedule against this Section.</p>	

Accommodation/Room Rent	Hospital accommodation in a ward, shared or private room, subject to per day limit of 1% of the Sum Insured. Note: If the Room Rent Rate exceeds the limits at the time of Hospitalization, our liability will be restricted to the same proportion as the Admissible Rate Per Day Limit Opted bears to the Actual Rate Per Day of Room Rent Charges, except for the cost of medicines and consumables, unless this condition is specifically waived off by Us and mentioned in Your Policy Schedule. <i>Example, if Your room rent limit is ₹2,000 per day but You go in for a room with a rent of ₹4,000 per day which is two times the allowed limit, when You claim, We will pay half of the Total bill amount and deduct the balance i.e. in the same proportion as it increased. This is because the other charges related to Your treatment like Doctor's fees, also increase with the room type. This deduction will not be applicable for the cost of medicines and consumables.</i>
ICU	Intensive Care Unit, subject to a per day limit of 2% of the Sum Insured.
Professional Fees	Fees for treatment by specialists, physicians, nurses, surgeons and anaesthetists.
Medication	Drugs, medicines prescribed by a specialist or medical practitioner. This also includes Anaesthesia, Blood, Oxygen, Patient's Diet, Surgical appliances & cost of prosthetic and other devices or equipment if implanted during the Surgical Procedure.
Diagnostic	Necessary diagnostic procedures expenses such as x-rays, pathology, body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment.
Theatre Fees	Operation Theatre Fees

C.I.
SECTION 1 -
IN PATIENT
HOSPITALIZ
ATION

A.1 Pre / Post Hospitalization Expenses

We will pay for consultations, investigations and the cost of medicines incurred for a period not exceeding the number of days as opted by You and mentioned in Your Policy Schedule against this Cover, immediately prior to Insured Person's admission in a hospital (pre-hospitalisation expenses) or immediately after discharge of the Insured Person from a hospital (post-hospitalisation expenses), provided that:

- a) Such Expenses recommended by the Hospital/Medical Practitioner were in fact incurred for the same condition for which subsequent Hospitalization was required or for which Insured Person was hospitalised.

b) We have accepted an Inpatient Hospitalization Claim under **Section 1.A. Surrogacy Cover** of this Policy for the Surrogate Mother.

Instead, You may also choose to opt for a onetime lumpsum benefit, which shall be a percentage of the claim amount approved under **Section 1A. Surrogacy Cover** towards Pre/Post Hospitalization Expenses, after Insured Person’s discharge from the Hospital. This percentage is mentioned in Your Policy Schedule. If we have paid a lump sum amount, then You won’t be eligible for any other payment under this benefit for that particular Hospitalization.

A.2 Road Ambulance

We will pay for the expenses incurred on Insured Person’s road transportation by a healthcare or an ambulance service provider to a hospital for the treatment following an emergency, provided that:

- a) We have accepted a claim under **Section 1. A. Surrogacy Cover**.
- b) The maximum liability per Hospitalization is restricted to the amount as mentioned in Your Policy Schedule against this Cover.
- c) The Coverage also Includes cost of road Transportation of the Insured Person from a Hospital to another nearest Hospital which is prepared to admit Insured Person and provide the necessary medical services, if such medical services cannot satisfactorily be provided at a Hospital where Insured Person is situated. Such road Transportation has to be prescribed by a Medical Practitioner and/or should be Medically Necessary.

A.3 Alternate Treatment (Ayush) Benefit

We will pay the Medical Expenses for In-patient Treatment for complication arising during Surrogacy pregnancy & Postpartum delivery complications for the Surrogate Mother, taken under Ayurveda, Unani, Siddha or Homeopathy. This is up to the Sum Insured mentioned in Your Policy Schedule against **Section 1. A. Surrogacy Cover**. This is paid provided that treatment has been undergone in an AYUSH Hospital.

You should also be aware what We won’t pay for:

- a) Outpatient Medical Expenses.
- b) All Preventive and Rejuvenation Treatments (non-curative in nature) including, without limitation, treatments that are not Medically Necessary.

Specific Conditions applicable to Alternate Treatment (Ayush) Benefit:

Claim will be payable under this section only if AYUSH Hospitals and AYUSH Day Care Centres have obtained pre-entry level certificate (or higher level of certificate) issued by National Accreditation Board for Hospitals and Healthcare Providers (NABH) or State Level Certificate (or higher level of

certificate) under National Quality Assurance Standards (NQAS), issued by National Health Systems Resources Centre (NHSRC).

This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

B. Oocyte Donor

If you have opted for this cover, We will pay reasonable and customary charges that are medically necessary and incurred in respect of Insured Person (Oocyte Donor) hospitalisation in India, for complications arising due to Oocyte retrieval in respect of the Oocyte Donor.

The claim can be made under the following benefits and up to the Sum Insured mentioned in Your Policy Schedule against this Section.

Accommodation/Room Rent	<p>Hospital accommodation in a ward, shared or private room subject to a per day limit of 1% of the Sum Insured. Note: If the Room Rent Rate exceeds the limits at the time of Hospitalization, our liability will be restricted to the same proportion as the Admissible Rate Per Day Limit Opted bears to the Actual Rate Per Day of Room Rent Charges except for the cost of medicines and consumables, unless this condition is specifically waived off and mentioned in Your Policy Schedule.</p> <p><i>Example, if You have opted a room rent limit of ₹2,000 per day but You go in for a room with a rent of ₹4,000 per day which is two times the allowed limit, when You claim, We will pay half of the Total bill amount and deduct the balance i.e. in the same proportion as it increased. This is because the other charges related to Your treatment like Doctor's fees, also increase with the room type. This deduction will not be applicable for the cost of medicines and consumables.</i></p>
ICU	Intensive Care Unit, subject to a per day limit of 2% of the Sum Insured.
Professional Fees	Fees for treatment by specialists, physicians, nurses, surgeons and anaesthetists.

Medication	Drugs, medicines prescribed by a specialist or medical practitioner. This also includes Anaesthesia, Blood, Oxygen, Patient's Diet, Surgical appliances & cost of prosthetic and other devices or equipment if implanted during the Surgical Procedure.
Diagnostic	Necessary diagnostic Procedures such as x-rays, pathology and body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment.
Theatre Fees	Operation Theatre Fees

B.1 Pre / Post Hospitalization Expenses

We will pay for consultations, investigations and the cost of medicines incurred for a period not exceeding the number of days as opted by You and mentioned in Your Policy Schedule against this Cover, immediately prior to Insured Person's admission in a hospital (pre-hospitalisation expenses) or immediately after discharge of the Insured Person from a hospital (post-hospitalisation expenses), provided that:

- a) Such Expenses recommended by the Hospital/Medical Practitioner were in fact incurred for the same condition for which subsequent Hospitalization was required or for which Insured Person was hospitalised.
- b) We have accepted an Inpatient Hospitalization Claim under **Section 1.B. Oocyte Donor** of this Policy for the Oocyte Donor.

Instead, You may also choose to opt for a onetime lumpsum benefit, which shall be a percentage of the claim amount approved under **Section 1B. Oocyte Donor**, towards Pre/Post Hospitalization Expenses, after Insured Person's discharge from the Hospital. This percentage is mentioned in Your Policy Schedule. If we have paid a lump sum amount, then You won't be eligible for any other payment under this benefit for that particular Hospitalization.

B.2 Road Ambulance

We will pay for the expenses incurred on Insured Person's road transportation by a healthcare or an ambulance service provider to a hospital for the treatment following an emergency, provided that:

- a) We have accepted a claim under **Section 1. B. Oocyte Donor**.
- b) The maximum liability per Hospitalization is restricted to the amount as mentioned in Your Policy Schedule against this Cover.
- c) The Coverage also Includes cost of road Transportation of the Insured Person from a Hospital to another nearest Hospital which is prepared to admit Insured Person and provide the necessary medical services, if such medical services cannot satisfactorily be provided at a

Hospital where Insured Person is situated. Such road Transportation has to be prescribed by a Medical Practitioner and/or should be Medically Necessary.

B.3 Alternate Treatment (Ayush) Benefit

We will pay the Medical Expenses for In-patient Treatment for complication arising due to Oocyte retrieval in respect of the Oocyte Donor, taken under Ayurveda, Unani, Siddha or Homeopathy. This is up to the Sum Insured mentioned in Your Policy Schedule against **Section 1. B. Oocyte Donor**. This is paid provided that treatment has been undergone in an AYUSH Hospital.

You should also be aware what We won't pay for:

- a) Outpatient Medical Expenses.
- b) All Preventive and Rejuvenation Treatments (non-curative in nature) including, without limitation, treatments that are not Medically Necessary.

Specific Conditions applicable to Alternate Treatment (Ayush) Benefit:

Claim will be payable under this section only if AYUSH Hospitals and AYUSH Day Care Centres have obtained pre-entry level certificate (or higher level of certificate) issued by National Accreditation Board for Hospitals and Healthcare Providers (NABH) or State Level Certificate (or higher level of certificate) under National Quality Assurance Standards (NQAS), issued by National Health Systems Resources Centre (NHSRC).

This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

SECTION 2 - CARDIAC AMBULANCE

If You have opted for this Cover, We will pay for the expenses incurred on road transportation of the Insured Person by a Cardiac Ambulance to a hospital following an emergency arising out of Insured Person's cardiac arrest, provided that:

- a. This will be subject to availability of the Sum Insured under **Section 1. In Patient Hospitalization**.
- b. For this cover, Cardiac Ambulance shall mean special ambulances equipped with specialized equipment for patients with cardiac issues, such as defibrillators, cardiac monitors, and ventilators. These ambulances are staffed with specialized medical professionals who can provide immediate care to patients with cardiac emergencies.

This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

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SECTION 2 -
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SECTION 3 - OPD CONSULTATION WITH GYNAECOLOGIST

If You have opted for this Cover, We will indemnify the Insured Person for availing allopathic Out-patient consultation with Gynaecologist up to the sum insured / consultation limits as opted by and mentioned in Your Policy Schedule, during the Policy Year.

This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

SECTION 4 - DAY CARE TREATMENT

If You have opted for this Cover, we will indemnify the reasonable and customary charges, upto the Sum Insured mentioned in the Policy Schedule, for Medical Expenses incurred on the Insured Person's Day Care Treatment as prescribed by a medical practitioner in respect to:

- a. Complications arising out of pregnancy during Surrogacy and post-partum delivery complications for the Surrogate Mother or
- b. Complications arising due to oocyte retrieval with respect to the Oocyte Donor.

Note: We will not pay for OPD Treatment and Diagnostic Services under this Section
This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

SECTION 5 - MODERN TREATMENT

If You have opted for this cover, our maximum liability in respect of the following procedures or modern treatments will be up to 100% of the sum insured as opted under **Section 1 In Patient Hospitalization** of the policy. Kindly note that these modern treatments will be covered only if procedure is related to Surrogacy Complication or Oocyte retrieval:

- Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
- Balloon Sinuplasty
- Deep Brain stimulation
- Oral chemotherapy
- Immunotherapy- Monoclonal Antibody to be given as injection
- Intra vitreal injections
- Robotic surgeries
- Stereotactic radio surgeries
- Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- IONM - (Intra Operative Neuro Monitoring)
- Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological

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SECTION 3 -
OPD
CONSULTAT
ION WITH
GYNAECOL
OGIST

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SECTION 4 -
DAY CARE
TREATMENT

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SECTION 5 -
MODERN
TREATMENT

conditions to be covered.

This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

SECTION 6 - ROOM RENT MODIFICATION

If You have opted for this Cover, then the Room rent limit mentioned under **Section 1. In Patient Hospitalization** will stand modified which can be upto Single Private AC room as mentioned in your Policy schedule.

Note:

- a. The nomenclature of room categories may vary from one hospital to the other. Hence, the final consideration will be as per limit mentioned in your policy schedule.

This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

SECTION 7 - WELLNESS BENEFIT PROGRAM

If You have opted for this Cover, Wellness Benefit Program provides the benefits listed below and shall be available to the Insured Person as mentioned in the Policy Schedule/Certificate of Insurance. Through this Program, We intend to incentivize the Insured Person(s) for taking care of his/her health/fitness and maintaining healthy lifestyle through such preventative and wellness services.

There are total 17 services under Wellness Benefit Program. Services applicable for Your Policy are as shown in Your Policy Schedule / Certificate of Insurance. Only services mentioned in Your Policy Schedule/Certificate of Insurance are available for You.

1. Doctor on Call

Upon Your request, We will facilitate an appointment, through Our empanelled Service Provider, with a Medical Practitioner who can help You by providing round-the-clock medical helpline services through an online portal as a chat service, a call back service or a voice call service or a video call service.

2. Wellness Coach

In order to educate, empower and engage You to become more aware of Your health and proactively manage it, We will, through periodic communications like e-mailers, blogs, videos, webinar and online platform provide You information on wellness coaching including but not limited to the areas as provided below:

C.I.
SECTION 6 -
ROOM RENT
MODIFICATI
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C.I.
SECTION 7 -
WELLNESS
BENEFIT
PROGRAM

- a) Weight Management
- b) Activity and Fitness
- c) Nutrition
- d) Tobacco Cessation
- e) Alcohol Abuse de-addiction Program
- f) Information on various diseases
- g) Dietary Plans

3. Lab Services and Imaging (For Diagnostic Services)

Upon Your request, We will facilitate, through Our empanelled Service Provider, Collection of test samples such as blood, urine, stool etc or imaging for further testing and analysis.

The cost of these tests and reports will have to be borne by You.

4. Pharmacy (Home Delivery)

Upon Your request, We will facilitate, through Our Empanelled Service Provider, home delivery of the Medications Prescribed by a Registered Medical Practitioner and nutritional supplement from the nearby Network Pharmacy, subject to copy of prescription being shared (where ever required) and availability of the medication with the Pharmacy.

The cost of the medication will have to be borne by You.

5. Vital/Physical Activity Monitoring Services

Upon Your request, We will facilitate, through Our Empanelled Service Provider, the integration of Your Health Device(s), or Digital Wearables or trackers such as Blood-Pressure Monitors, Glucometers, Wireless Pedometers, heart rate monitors, pulse oximeters, non-invasive wearable blood-sugar sensors, Smart Watches etc. to an online database that will track and asses Insured Person's vitals as reported by the device.

It can provide periodic updates and reports of Insured Person's health status. The cost of the device will have to be borne by You.

6. Reminder Notifications

Upon Your request, We will facilitate, through Our Empanelled Service Provider, routine notification messages via mail or a messaging portal or a follow-up call to You as a reminder to schedule Insured Person's medical appointments and/or take daily dosage of Insured Person's medicine as per the information shared by You.

7. Medical Wallet

Upon Your request, We will arrange, through Our Empanelled Service Provider, for a medical wallet. This will be a digital cloud service which will allow You to store all medical reports of Insured Person online. It will provide easy access of Medical history and reports to the treating Medical Practitioners and to any other person with whom You may share the login and access codes, easing Your need to physically carry documents with You.

8. Report Aggregation

Upon Your request, We will facilitate, through Our Empanelled Service Provider, for regular analysis of Insured Person’s health status as per the medical records/reports/information or data shared by You. It will highlight Insured Person’s wellbeing or any areas of concern or deterioration in Insured Person’s health, allowing You to take necessary calls about Insured Person’s health.

9. Home Care Services

Upon Your request, We will facilitate, through Our Empanelled Service Provider, Home Care Services for You in case You are in need of services, including but not limited to the following:

- a) Home Care Nursing
- b) Patient Assistant
- c) Physiotherapy
- d) Yoga Trainer
- e) Psychologist
- f) Palliative Care
- g) Renting Medical equipment. For Example - Wheel-Chair, Patient Bed, Oxygen Cylinder etc.
- h) Doctor Visit
- i) Elderly care and senior living assistance related to their health condition.

The cost of the Services/Equipment will have to be borne by You.

10. Ambulance Arrangement Services

Upon request, We will facilitate, through Our Empanelled Service Provider, ambulance services for Insured Person’s transportation subject to availability of ambulance in the area where such service needs to be arranged.

The cost of the transportation will have to be borne by You.

11. Pick-up and Drop Services for Consultation

Upon Your request, We will facilitate, through Our Empanelled Service Provider, Pick-up and Drop Service, for Insured Person’s transportation to the Health Care Facility for treatment/Diagnostics subject to availability of vehicle/taxi in the area where such service needs to be arranged.

The cost of the transportation will have to be borne by You.

12. Prioritizing Appointments

Upon Your request, We will facilitate, through Our Empanelled Service Provider, prioritization of Insured Person’s appointment, based on the urgency, with the Network Facilitator offering the necessary consultation / treatment / diagnostics / packages /memberships / risk assessment / procedures subject to availability of the service(s). The cost of the Consultancy/Diagnostic will have to be borne by You. These may include the following but not limited to:-

- Doctors’ services

- Nursing services
- Dietitian services

- 13. Mental wellbeing** - Upon Your request, We will facilitate, through Our empanelled Service Provider, self-assessments, therapy sessions, activities and educational/awareness blogs, videos and webinars. The cost of these sessions will have to be borne by You.
- 14. Physiotherapy** - Upon Your request, We will facilitate, through Our empanelled Service Provider, consultation and treatment sessions/packages, pain management sessions, ergonomics sessions The cost of these services will have to be borne by You.
- 15. Childcare/Children's activities** - Upon Your request, We will facilitate, through Our empanelled Service Provider, recreational/developmental activities for children of different age groups. The cost of these services will have to be borne by You.
- 16. Out-Patient (OPD) Services** - Upon Your request, We will facilitate, through Our empanelled Service Provider, outpatient care services like doctor consultation, pharmacy and diagnostics, both online and onsite. The cost of these services will have to be borne by You.
- 17. Fitness** – Upon your request, we will facilitate, through our empanelled service provider, access to membership or classes of fitness activities like but not limited to sports, yoga, Zumba, Pilates, dance, fitness coach services at gymnasiums, health studios, fitness centres, sports centres and playgrounds. The cost of these services will have to be borne by You.

Terms and Conditions applicable to Wellness Benefit Program

1. Any Information provided by You shall be kept confidential.
2. For services which are provided through Our Empanelled Service Provider/Medical Experts/Centres, We are acting only as a facilitator, hence We would not be liable for any incremental costs or the services. We will not charge any premium amount for the services. You need to pay directly to the Service Provider/Medical Experts/Centres for the services availed.
3. All medical services are being provided by Empanelled Service Provider/Medical Experts/Centres who are empanelled after full due diligence. Insured Person may however consult their Personal/Family Doctor before availing the medical services. The decisions to utilise the services will solely be at the discretion of the Insured Person.
4. We/Company/Us or its Group Entities, affiliates, officers, employees, agents, are not responsible for or liable for any actions, claims, demands, losses, damages, costs, charges, and expenses which an Insured Person/You may claim to have suffered or sustained or incurred by way of or on account of utilization of any benefits specified herein.
5. This shall not be deemed to substitute the Insured Person's visit or consultation to an Independent Medical Practitioner. The Insured Person is free to choose whether or not to undergo the same and if done whether or not to act on it.

		<p>12. Treatment Of mental retardation, arrested or incomplete development of mind of a person, subnormal intelligence or mental intellectual disability.</p> <p>13. Expenses incurred for</p> <p>14. War</p> <p>15. Act of self-destruction or self-inflicted Injury</p> <p>16. Any charges incurred to procure documents</p> <p>17. Personal comfort and convenience items or services</p> <p>18. Expenses related to any kind</p> <p>19. Nuclear, chemical or biological attack or weapons, contributing concurrently or in any other sequence to the loss, claim or expense</p> <p>20. Any treatment taken in a clinic, rest home, convalescent home detoxification center, sanatorium, home for the aged, remodelling clinic or similar institutions.</p> <p>21. Expenses which are not Reasonable and customary and treatments which are not Medically Necessary.</p> <p>22. Expenses related to any kind of Advance Technology Methods other than mentioned in the Policy.</p> <p>23. Any other exclusion as specified in the Policy Schedule, as mutually agreed by You and Us.</p>					
<p>7</p>	<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><u>Waiting Periods</u> as applicable to Your policy will be mentioned in your policy schedule)</p> <p>Following are the waiting period options available under this product. Waiting Period applicable to Your policy will be as mentioned in Your Policy Schedule.</p> <table border="1" data-bbox="448 1332 1809 1428"> <thead> <tr> <th data-bbox="448 1332 922 1380">Description</th> <th data-bbox="922 1332 1809 1380">Waiting Period Options</th> </tr> </thead> <tbody> <tr> <td data-bbox="448 1380 922 1428">Initial Waiting Period Option</td> <td data-bbox="922 1380 1809 1428">0 day, 7 days, 15 days, 30 days</td> </tr> </tbody> </table>	Description	Waiting Period Options	Initial Waiting Period Option	0 day, 7 days, 15 days, 30 days	
Description	Waiting Period Options						
Initial Waiting Period Option	0 day, 7 days, 15 days, 30 days						

<p>8</p>	<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>Not Applicable</p>	
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	<p>- upto 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>IV. Any other limit (as applicable)</p>		
<p>9</p>	<p>Claims/Claims Procedure</p>	<p>Claims Notification and Procedure In the event of any accidental injury or illness or condition that may result in a claim under this policy, it is a condition precedent to Our liability under the Policy that below procedure should be followed depending on the type of claim:</p> <p>A. Cashless Claim Process: Cashless Facility can be availed from our network hospitals only. This is facilitated by our Service Provider / Third Party Administrator (TPA), and we would make a direct payment to the Network Hospital to the extent of Our Liability provided that:</p> <ol style="list-style-type: none"> 1. We are given a notice at least 72 hours before any planned hospitalization or within 24 Hours of hospitalization in case of an emergency situation. 2. For Cashless Facility You shall follow the below Procedure: 	<p>E.II.21</p>

- a. Share the Health Card/Copy of E-Cards along with ID Proof with the Hospital Authority & Obtain the Pre-Authorization Form from the Hospital.
- b. Submit Duly filled & Signed Pre-Authorization Form to the Hospital Counter.
- c. Ensure that the Hospital shares the Duly filled & Signed Pre-Authorization Form to Service Provider / Third Party Administrator (TPA) for further Processing.
- d. Service Provider / Third Party Administrator (TPA) will inform the decision and may issue authorization letter depending on the Policy Terms and Conditions to the Hospital directly.
- e. Once the request for Pre-Authorization has been granted, the treatment must take place within 15 days of the Pre-Authorization Approval Date or the Policy Expiry Date whichever is earlier and shall be valid only if all the details of the Authorised details, Hospital and Location including Dates match with the details of the Actual Treatment Received.
- f. We reserve the right to modify, add or restrict any Network Provider for Cashless Facility in Our sole discretion. Before availing Cashless Facility, please check the applicable updated list of Network Providers.
- g. For any queries designated Service Provider / Third Party Administrator (TPA) may be contacted on the contact details mentioned on the Health Card/Copy of E-Cards issued to You.

B. Reimbursement Claim Process:

Reimbursement Facility can be availed from any hospital within India (except for Section 5 – Worldwide coverage where treatment can be taken outside India) of Your Choice Wherein You will have to make payment directly to the Hospital and submit the documents to Service Provider / Third Party Administrator (TPA) for processing the reimbursement of the claim amount provided that:

1. We or Our Service Provider / Third Party Administrator (TPA) should be intimated within 48 hours of date of admission.
2. For Reimbursement Claim You shall follow the below Procedure:
 - 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 case the claim is not settled within the specified timelines, then the claimant is entitled for interest at bank rate plus 2 percent from the date of receipt of intimation to till the date of payment.
“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.
 - c. In case of Your Death, We shall reimburse the claim amount to Your Nominee as named in Your Policy Schedule or Your Legal representative holding a valid succession certificate.

Sr. No	List of Documents / Information	Hospitalization Claim
1	Duly Filled and Signed Claim form	√
2	Discharge Summary	√
3	Medical Records (Optional Documents may be asked on need basis: Indoor case papers, prescription of doctor, OT notes, PAC notes etc.)	√
4	Original Hospital Main Bill	√
5	Original Hospital Bill Break Up	√
6	Original payment receipt	√
7	Original Pharmacy Bills	√
8	Prescriptions for the Medicines purchased (except hospital supply) and investigations done outside the Hospital	√
9	Consultation Papers	√
10	Investigation Reports	√
11	Digital Images/CDs of the Investigation Procedures (if required)	√
12	MLC/FIR Report (If applicable)	√
13	Original Invoice/Sticker (If applicable)	√
14	Post Mortem Report (If applicable)	√
15	Disability Certificate (If applicable)	√
16	Attending Physician Certificate (If applicable)	√
17	Ante-natal Record (If applicable)	√
18	Birth discharge Summary (If applicable)	√
19	Death Certificate (If applicable)	√
20	Burial Certificate	x
21	Attested Copy of Statement of Witness, if any lodged with police authorities	x
22	Attested Copy of FIR / Panchnama / Inquest Panchnama	x
23	Attested Copy of Viscera report if any (Only if Post-mortem is conducted)	x

24	*KYC (Photo ID card) (If applicable)	√
25	Address Proof	
26	Bank Details with Cancelled Cheque	√

Note: There are times when You or any other person who could claim on Your behalf, may be in such a state of hardship, that You or Such other person is unable to give us a notice or file a claim within the prescribed time limit. In such cases, condonation of delay can be done by waiver of conditions A.1, B.1 and B.2.a may be considered where the reason for delay is proved to our satisfaction.

Network Hospitals details: <https://www.godigit.com/health-insurance/digit-cashless-network-hospitals-list>

Helpline no. - 1800-258- 4242

Hospitals which are blacklisted or from where no claims will be accepted by insurer:

List of Non-Preferred Hospital

<https://www.godigit.com/health-insurance/digit-cashless-network-hospitals-list/non-preferred-hospitals>

Downloading/getting claim form: <https://www.godigit.com/health-insurance/file-a-claim>

10 Policy Servicing

Call Centre Details of the Insurer

Toll Free: 1800-258- 4242

Email: healthclaims@godigit.com

Senior citizens can now contact us on 1-800-258-4242 or write to us at seniors@godigit.com

Website: <https://www.godigit.com>

Details of Company Officials: NA

With intent to provide better and fast service to our customers, our claims process is paperless.

You may get in touch with the above email id and call centre number we assist you in case of any Policy Servicing issues.

E.I.16

11 Grievances/ Complaints

Customer Grievance Redressal Policy

In case of any grievance the insured person may contact the company through

Website: <https://www.godigit.com>

Toll Free: 1-800-258- 4242

Email: hello@godigit.com

Senior citizens can now contact us on 1-800-258-4242 or write to us at seniors@godigit.com

E.I.16

		<p>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 grievance@godigit.com For updated details of grievance officer, kindly refer the link: Click Here https://www.godigit.com/claim/grievance-redressal-procedure</p> <p>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 2017 Grievance may also be lodged at IRDAI Integrated Grievance Management System- https://irdai.gov.in/igms1 The contact details of the Insurance Ombudsman Centres are mentioned in Annexure B.</p>	
<p>11</p>	<p>Things you need to know</p>	<p><u>Policy Renewal</u> Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.</p> <p><u>Migration and Portability:</u></p> <p>When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.</p> <p><u>Portability</u> In case of Indemnity Policies:</p> <ol style="list-style-type: none"> A Policyholder has the choice to port his/ her policies from one Insurer to another. The Acquiring and the Existing Insurers shall jointly, ensure that the entire underwriting details and claim history of the Policyholders are seamlessly transferred. The existing insurer shall provide the information sought by the Acquiring insurer immediately but not more than 72 hours of receipt of request through Insurance Information Bureau of India (IIB) https://iib.gov.in/ portal. The Acquiring insurer shall decide and communicate on the proposal immediately but not more than 5 days of receipt of information from Existing insurer. The policyholder is entitled to transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, specific waiting periods, waiting period for pre-existing disease, Moratorium period etc from the Existing Insurer to the Acquiring Insurer in the previous policy. 	<p>E.I.14</p>

		<p><u>Migration</u> In case of migration of one policy to another with the same Insurer, the policyholder (including all members under family cover and group insurance policies) can transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting periods, waiting period for pre-existing diseases, Moratorium period etc. in the previous policy to the migrated policy.</p> <p><u>Change in Sum Insured:</u> Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.</p> <p><u>Moratorium Period</u> 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.</p> <p>After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.</p>	<p>E.I.15</p> <p>E.I.8</p>
<p>12</p>	<p>Your Obligations</p>	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p>Disclosure of other material information during the policy period. Material Information for the purpose of this policy shall mean all relevant information sought by the Company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk.</p>	