

**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.*

<b>SI No</b>	<b>Title</b>	<b>Description</b>	<b>Policy Clause Number</b>
1	Name of Insurance Product/ Policy	<b>Digit Group Hospital Cash Policy (UIN: GODHLGP21147V012021)</b>	
2	Policy number	<b>As per the Policy Schedule</b>	
3	Type of Insurance Product/ Policy	<b>On Indemnity Basis: None</b> <b>On Benefit Basis:</b> <b>Section 1. Accidental Hospitalization Cash Allowance Cover</b> <b>Section 2. Accidental &amp; Illness Hospitalization Cash Allowance Cover</b> <b>Section 3. Critical Illness Hospitalization Cash Allowance Cover</b> <b>Section 4. Companion Benefit Cover</b> <b>Section 5. Parent Accommodation</b> <b>Section 6. Day Care Procedure Benefit</b> <b>Section 7. Maternity Benefit</b>	<b>Benefit Covered under the Policy Coverage</b>
4	Sum Insured (Basis) (Along with amount)	<p>This product can be on “Individual Sum Insured” as well as on “Floater Sum Insured” basis. Please refer Your Policy Schedule to know the Sum Insured basis applicable to Your Policy.</p> <ul style="list-style-type: none"> <li>Individual Sum Insured -Where each member has a separate sum insured under the policy)</li> <li>Floater Sum Insured-Where all members under the policy have a single sum insured limit which may be utilised by any or all members.</li> </ul> <p>Aggregate Sum Insured as per policy schedule (Including cumulative bonus, if any)</p> <p><b>Important Note:</b> Please refer to your policy schedule for more details on section-wise sum insured.</p>	NA
5	Policy Coverage (What am I	<p><b><u>COVERAGE</u></b></p> <p><b>Please find the below detailed of all coverages available under the Product.</b></p>	<b>C.I. Coverage</b>

<p>covered for?) (Policy Clause Number/s)</p>	<p><b>Coverages available under Your Policy will be as mentioned in Your policy schedule.</b></p> <p><b><u>SECTION 1. ACCIDENTAL HOSPITALIZATION CASH ALLOWANCE COVER</u></b></p> <p>This Cover protects You in case of Your Hospitalization as an inpatient due to an Accidental Injury during the Policy Period, We will pay You as per the Sum Insured Basis Opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover.</p> <p><b>A. Sum Insured Basis Option:</b> You would have chosen one among the following two 'Basis' of payment. Please check your Policy Schedule/ Certificate of Insurance for the chosen 'Basis':</p> <p><b>Basis 1- Per Day Benefit</b> If You have opted for this Basis We will pay You a Daily Cash Allowance, amount for this is mentioned in Your Policy Schedule / Certificate of Insurance against this Section. This will be paid for each continuous and completed period of 24 hours of Hospitalisation arising out of accidental bodily injury for a maximum number of days as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.</p> <p>If You are hospitalised in the <b>Intensive Care Unit (ICU)</b> of a hospital for each continuous and completed period of 24 hours, We will pay an amount equivalent to the percentage of the Daily Cash Allowance as opted by You and mentioned in the Policy Schedule / Certificate of Insurance against this Basis.</p> <p><b>Basis 2 – Fixed Lump Sum Benefit</b> If You have opted for this Basis We will pay You a Fixed Cash Allowance, amount for this is mentioned in Your Policy Schedule / Certificate of Insurance against this Section. This will be paid for each continuous and completed period of the number of days of Hospitalisation arising out of accidental bodily injury for a maximum number of days as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.</p> <p><b>B. Conditions Applicable to both Basis 1 &amp; 2:</b></p> <ul style="list-style-type: none"> <li>• In case of Individual Sum Insured basis, maximum number of days will be Per Policy Year Per Insured Person and in case of Floater Policy the maximum number of days will be Per Policy Year on Floater Sum Insured basis.</li> <li>• For this cover, completion of every 24 Hours of In-patient Hospitalization from the time of Admission is considered to be a day.</li> </ul>	<p><b>Section 1.</b></p>
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- Payment of claim under this benefit is subject to the time excess as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Section.
- This Cover is subject to terms, conditions, limitations, deductible and exclusions mentioned in the Policy.

**SECTION 2. ACCIDENTAL & ILLNESS HOSPITALIZATION CASH ALLOWANCE COVER**

This Cover protects You in case of Your Hospitalization as an inpatient due to an Accidental bodily Injury or Illness during the Policy Period. We will pay You as per the Sum Insured Basis Opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover.

**Section 2**

**A. Sum Insured Basis Option:**

You would have chosen one among the following two ‘Basis’ of payment. Please check your Policy Schedule/ Certificate of Insurance for the chosen ‘Basis’:

**Basis 1 - Per Day Benefit**

If You have opted for this Basis We will pay a Daily Cash Allowance, amount for this is mentioned in Your Policy Schedule / Certificate of Insurance against this Section. This will be paid for each continuous and completed period of 24 hours of Hospitalisation arising out of accidental bodily injury or illness for a maximum number of days as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

If You are hospitalised in the Intensive Care Unit (ICU) of a Hospital for each continuous and completed period of 24 hours, We will pay an amount equivalent to the percentage of the Daily Cash Allowance as opted by You and mentioned in the Policy Schedule / Certificate of Insurance against this Basis.

**Basis 2 – Fixed Lump Sum Benefit**

If You have opted for this Basis We agree to pay a Fixed Cash Allowance, amount for this is mentioned in Your Policy Schedule / Certificate of Insurance against this Section. This will be paid for each continuous and completed period of the number of days of Hospitalisation arising out of accidental bodily injury or illness for a maximum number of days as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

**B. Conditions Applicable to both Basis 1 & 2:**

- In case of Individual Sum Insured basis, maximum number of days will be Per Policy Year Per Insured Person and in case of Floater Policy the maximum number of days will be Per Policy Year on Floater Sum Insured basis.
- For this cover, completion of every 24 Hours of In-patient Hospitalization from the time of Admission is considered to be a day.

- Payment of claim under this benefit is subject to the time excess as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Section.
- This Cover is subject to terms, conditions, limitations, deductible and exclusions mentioned in the Policy.

**SECTION 3. CRITICAL ILLNESS HOSPITALIZATION CASH ALLOWANCE COVER**

This cover protects You in case of Your Hospitalization as an inpatient due to a Critical Illnesses or undergoing related Surgical Procedures during the Policy Period, as per the Plan Opted by You and mentioned in Your Policy Schedule/Certificate of Insurance. We will pay You as per the Sum Insured Basis Opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover.

The above is provided that,

- a) This Critical illness or Covered Surgical Procedure has happened to You for the first time in Your life.
- b) The diagnosis of the Critical Illness or Covered Surgical Procedure and hospitalization should have happened after the Critical Illness Initial Waiting Period mentioned in Your Policy Schedule/Certificate of Insurance against this section.
- c) No Claim under this option shall be admissible if the Critical Illness or the Surgical Procedure is a result of any pre-existing condition/disease.

**A. Sum Insured Basis Option:**

You would have chosen one among the following two 'Basis' of payment. Please check your Policy Schedule/ Certificate of Insurance for the chosen 'Basis':

**Basis 1 - Per Day Benefit**

If You have opted for this Basis, We will pay a Daily Cash Allowance, amount for this is mentioned in Your Policy Schedule / Certificate of Insurance against this Section. This will be paid for each continuous and completed period of 24 hours of Hospitalisation arising out of the Critical Illnesses or Surgical Procedures mentioned in Your Plan, for a maximum number of days as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

If You are hospitalised in the Intensive Care Unit (ICU) of a Hospital for each continuous and completed period of 24 hours, We will pay an amount equivalent to the percentage of the Daily Cash Allowance as opted by You and mentioned in the Policy Schedule / Certificate of Insurance against this Basis.

**Section 3**

**Basis 2 – Fixed Lump Sum Benefit**

If You have opted for this Basis, We will pay a Fixed Cash Allowance, amount for this is mentioned in Your Policy Schedule / Certificate of Insurance against this Section. This will be paid for each continuous and completed period of the number of days of Hospitalisation arising out of the Critical Illnesses or Surgical Procedures mentioned in Your Plan, for a maximum number of days as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

**B. Conditions Applicable to both Basis 1 & 2:**

- In case of Individual Sum Insured basis, maximum number of days will be Per Policy Year Per Insured Person and in case of Floater Policy the maximum number of days will be Per Policy Year on Floater Sum Insured basis.
- For this cover, completion of every 24 Hours of In-patient Hospitalization from the time of Admission is considered to be a day.
- Payment of claim under this benefit is subject to the time excess as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Section.
- This Cover is subject to terms, conditions, limitations, deductible and exclusions mentioned in the Policy.

**Plan wise Covered Critical Illnesses**

Sr. No	Category	Critical Illness	Plan A	Plan B	Plan C
1	<b>Malignancy</b>	Cancer of Specified Severity	Covered	Covered	Covered
2	<b>Cardiovascular system</b>	Myocardial Infarction	Covered	Covered	Covered
3		Open Heart Replacement or Repair of Heart Valves	Covered	Covered	Covered
4		Surgery to Aorta	Covered	Covered	Covered
5		Primary (Idiopathic) Pulmonary Hypertension	Not Covered	Covered	Covered
6		Aneurysm of Abdominal Aorta	Not Covered	Not Covered	Covered
7		Cardiomyopathy	Not Covered	Not Covered	Covered
8		Pulmonary artery graft surgery	Not Covered	Not Covered	Covered
9		Open Chest CABG	Covered	Covered	Covered
10		<b>Major Organ</b>	End Stage Lung Failure	Covered	Covered
11	End Stage Liver Failure		Covered	Covered	Covered

		12	<b>Damage/Transplant</b>	Kidney Failure Requiring Regular Dialysis	Covered	Covered	Covered		
		13		Major Organ Damage or Transplant / Bone Marrow Transplant	Covered	Covered	Covered		
		14	<b>Nervous System</b>	Apallic Syndrome	Not Covered	Covered	Covered		
		15		Benign Brain Tumour	Covered	Covered	Covered		
		16		Coma of Specified Severity	Covered	Covered	Covered		
		17		Major Head Trauma	Covered	Covered	Covered		
		18		Permanent Paralysis of Limbs	Covered	Covered	Covered		
		19		Stroke Resulting in Permanent Symptoms	Not Covered	Covered	Covered		
		20		Motor Neurone Disease with Permanent Symptoms	Not Covered	Covered	Covered		
		21		Parkinson's Disease	Not Covered	Not Covered	Covered		
		22		Muscular Dystrophy	Not Covered	Not Covered	Covered		
		23		Progressive Supranuclear Palsy	Not Covered	Not Covered	Covered		
		24		Creutzfeldt-Jakob disease (CJD)	Not Covered	Not Covered	Covered		
		25		Bacterial Meningitis	Not Covered	Not Covered	Covered		
		26		Alzheimer's disease	Not Covered	Not Covered	Covered		
		27		Encephalitis	Not Covered	Not Covered	Covered		
		28	Multiple Sclerosis with Persisting Symptoms	Covered	Covered	Covered			
		29	<b>Others</b>	Loss of Independent Existence	Not Covered	Covered	Covered		
		30		Systemic lupus erythematosus	Not Covered	Not Covered	Covered		
		31		Goodpasture's syndrome	Not Covered	Not Covered	Covered		
		32		Fulminant Viral Hepatitis	Not Covered	Not Covered	Covered		
		33		Pneumonectomy	Not Covered	Not Covered	Covered		
		34		Aplastic Anaemia	Not Covered	Covered	Covered		

**SECTION 4. COMPANION BENEFIT COVER**

We will pay towards the expenses incurred on one of Your attendants, accompanying You at the Hospital/Nursing Home, in case of Your Hospitalization as an inpatient due to an Accidental bodily Injury and/or Illness during the Policy Period. We will pay You as per the **Sum Insured Basis Opted by You** and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover.

The above is provided that:

1. Claim for Hospitalisation in respect of the Insured Person has been admitted;
2. Insured Person's attendant should be his/her spouse, siblings, Children above age of 18 years, parents or parents in law.

**Sum Insured Basis Option:**

You would have chosen one among the following two 'Basis' of payment. Please check your Policy Schedule/ Certificate of Insurance for the chosen 'Basis':

**1. Basis 1 - Per Day Benefit**

If You have opted for this Basis, We will pay a Daily Cash Allowance, amount for this is mentioned in Your Policy Schedule / Certificate of Insurance against this Section. This will be paid for each continuous and completed period of 24 hours of Insured Person's Hospitalisation arising out of accidental bodily injury and/or illness for a maximum number of days as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

**2. Basis 2 – Fixed Lump Sum Benefit**

If You have opted for this Basis, We will pay a Fixed Cash Allowance, amount for this is mentioned in Your Policy Schedule / Certificate of Insurance against this Section. This will be paid for each continuous and completed period of the number of days of Insured Person's Hospitalisation arising out of accidental bodily injury and/or illness for a maximum number of days as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

**Conditions Applicable to both Basis 1 & 2:**

- In case of **Individual Sum Insured basis**, maximum number of days will be Per Policy Year Per Insured Person and in case of Floater Policy the maximum number of days will be Per Policy Year Per Family on **Floater Sum Insured basis**.
- For this cover, completion of every 24 Hours of In-patient Hospitalization from the time of Admission is considered to be a day.
- Payment of claim under this benefit is subject to the **time excess as opted by You** and mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

**Section 4**



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

**SECTION 5. PARENT ACCOMODATION**

We will pay towards expenses incurred on accommodation of parents at the Hospital/Nursing Home, in case of Your Hospitalization as an inpatient due to an Accidental bodily Injury and/or Illness during the Policy Period. We will pay You as per the Sum Insured Basis Opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover.

The above is provided that:

1. Claim for Hospitalisation in respect of the Insured Person has been admitted;
2. The Insured Person hospitalized is a Child aged 16 Years or below, unless specifically agreed otherwise and mentioned in Your Policy Schedule / Certificate of Insurance.

**Sum Insured Basis Option:**

You would have chosen one among the following **two 'Basis' of payment**. Please check your Policy Schedule/ Certificate of Insurance for the chosen 'Basis':

**1. Basis 1 - Per Day Benefit**

If You have opted for this Basis, We will pay a Daily Cash Allowance, amount for this is mentioned in Your Policy Schedule / Certificate of Insurance against this Section. This will be paid for each continuous and completed period of 24 hours of Insured Person's Hospitalisation arising out of accidental bodily injury or illness for a maximum number of days as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

**2. Basis 2 – Fixed Lump Sum Benefit**

If You have opted for this Basis, We will pay a Fixed Cash Allowance, amount for this is mentioned in Your Policy Schedule / Certificate of Insurance against this Section. This will be paid for each continuous and completed period of the number of days of Insured Person's Hospitalisation arising out of accidental bodily injury or illness for a maximum number of days as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

**Conditions Applicable to both Basis 1 & 2:**

- In case of Individual Sum Insured basis, maximum number of days will be Per Policy Year Per Insured Person and in case of Floater Policy the maximum number of days will be Per Policy Year Per Family on Floater Sum Insured basis.
- For this cover, completion of every 24 Hours of In-patient Hospitalization from the time of

**Section 5**



Admission is considered to be a day.

- Payment of claim under this benefit is subject to the **time excess as opted by You** and mentioned in Your Policy Schedule / Certificate of Insurance against this Section.
- This Cover is subject to terms, conditions, limitations, deductible and exclusions mentioned in the Policy.

**SECTION 6. DAY CARE PROCEDURE BENEFIT**

We will pay the Sum Insured Opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Section, in case You require to undergo a Day Care Procedure as an inpatient for less than 24 hours in a Hospital or Day Care Centre during the Policy Period as a result of Accidental bodily Injury and/or Illness during the Policy Period.

**Conditions Applicable**

- We shall be liable to make payment under this cover in respect of an Insured Person only once during the Policy Year, unless specifically agreed otherwise and mentioned in Your Policy Schedule / Certificate of Insurance.
- This benefit is applicable on an Individual Sum Insured basis irrespective of type of Policy (Individual/Floater).
- This Cover is subject to terms, conditions, limitations and exclusions mentioned in the Policy.

**SECTION 7. MATERNITY BENEFIT**

This Cover protects You in case of Your Hospitalization as an inpatient under the Maternity Benefit, for the delivery of the Insured Person's child (including caesarean section) or for the Medically necessary and lawful termination of pregnancy during this Policy Period. We will pay You as per the Sum Insured Basis Opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover.

The above is provided that:

- a. The treatment is taken as an In-patient in a Hospital
- b. "Maternity Benefit Waiting Period" as mentioned in the Policy Schedule/Certificate of Insurance against this Section is applicable

**Sum Insured Basis Option:**

You would have chosen one among the following two 'Basis' of payment. Please check your Policy Schedule/ Certificate of Insurance for the chosen 'Basis':

**1. Basis 1 - Per Day Benefit**

**Section 6**

**Section 7**

		<p>If You have opted for this Basis, We will pay a Daily Cash Allowance, amount for this is mentioned in Your Policy Schedule / Certificate of Insurance against this Section. This will be paid for each continuous and completed period of 24 hours of Insured Person’s Hospitalisation under the Maternity Benefit, for the delivery of the Insured Person's child (including caesarean section) or for the Medically necessary and lawful termination of pregnancy for a maximum number of days as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.</p> <p><b>2. Basis 2 – Fixed Lump Sum Benefit</b></p> <p>If You have opted for this Basis, We will pay a Fixed Cash Allowance, amount for this is mentioned in Your Policy Schedule / Certificate of Insurance against this Section. This will be paid for each continuous and completed period of the number of days of Insured Person’s Hospitalisation under the Maternity Benefit, for the delivery of the Insured Person's child (including caesarean section) or for the Medically necessary and lawful termination of pregnancy for a maximum number of days as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.</p> <p><b><u>conditions Applicable to both Basis 1 &amp; 2:</u></b></p> <ul style="list-style-type: none"> <li>• Permanent “<b>Exclusion No. 11 Reproductive Medicine &amp; Other Maternity Expenses</b>” of the Policy Wordings stands partially deleted to the extent of the Coverage provided under this Section.</li> <li>• For this cover, completion of every 24 Hours of In-patient Hospitalization from the time of Admission is considered to be a day.</li> <li>• We shall be liable to make payment under this cover in respect of an Insured Person only once during the Policy Year, unless specifically agreed otherwise and mentioned in Your Policy Schedule / Certificate of Insurance.</li> <li>• This benefit is applicable on an Individual Sum Insured basis irrespective of type of Policy (Individual/Floater).</li> <li>• This Cover is subject to terms, conditions, limitations, deductible and exclusions mentioned in the Policy.</li> </ul>	
6	Exclusions (what the policy does not cover)	<p><b><u>There are 3 types of exclusions:</u></b></p> <p><b><u>I. WAITING PERIOD EXCLUSIONS</u></b></p> <ol style="list-style-type: none"> <li>1. Pre-Existing Waiting Period – Excl 01</li> <li>2. Specific illness waiting period – Excl 02</li> <li>3. Initial Waiting Period</li> <li>4. Maternity Benefit waiting period</li> </ol> <p><b><u>II. SPECIFIC EXCLUSIONS (CAN'T BE WAIVED)</u></b></p> <ol style="list-style-type: none"> <li>1. Artificial Life Maintenance</li> </ol>	<p><b>D. Exclusions</b></p> <p><b>Specific Ones</b></p>

		<ol style="list-style-type: none"> <li>2. Breach of Law with Criminal Intent, Suicide and Self-Injury</li> <li>3. Behavioural and Neurodevelopment Disorders</li> <li>4. Cosmetic, Aesthetic and Re-Shaping Treatment &amp; Surgeries</li> <li>5. Dental Treatment</li> <li>6. External Congenital Anomaly</li> <li>7. Ear, Eyesight &amp; Optical services</li> <li>8. Geographical Limits</li> <li>9. Hazardous Activities / Defence Operation</li> <li>10. Home Care Nursing</li> <li>11. Insufficient Document</li> <li>12. Legal Liability</li> <li>13. Non- Allopathy treatment</li> <li>14. Organ Donor</li> <li>15. Out-Patient (OPD) Treatment</li> <li>16. Preventive Treatment,</li> <li>17. Professional Sports</li> <li>18. Prosthetics and other devices</li> <li>19. Reproductive Medicine &amp; Other Maternity Expenses</li> <li>20. Sexually Transmitted Infections &amp; Disease</li> <li>21. Sleep Disorders and Sleep Problems</li> <li>22. Spectacles, Hearing aids &amp; other Expenses</li> <li>23. Specific Treatments</li> <li>24. Substance abuse and Addictions by the Insured</li> <li>25. Unjustified or Unwarranted Hospitalization</li> <li>26. Unproven or Experimental treatment</li> <li>27. Vitamins/ Nutritional Supplements</li> <li>28. War and hazardous substances</li> <li>29. Weight loss Surgery</li> </ol> <p><b>III. Any other specific exclusions mentioned in the policy schedule.</b></p>				
7	Waiting period • Time period during which	<p><b>(Waiting Periods as applicable to Your policy will be mentioned in your policy schedule)</b></p> <p><b>Following are the waiting period options available under this product. Waiting Period applicable to Your policy will be as mentioned in Your Policy Schedule.</b></p> <table border="1" data-bbox="477 1412 1756 1489"> <thead> <tr> <th data-bbox="477 1412 981 1489">Particulars</th> <th data-bbox="981 1412 1205 1489">Applicable To Sections</th> <th data-bbox="1205 1412 1756 1489">Number of Days/Months/Years Options</th> </tr> </thead> </table>	Particulars	Applicable To Sections	Number of Days/Months/Years Options	
Particulars	Applicable To Sections	Number of Days/Months/Years Options				

specified diseases/ treatments are not covered. • It is counted from the beginning of the policy coverage	<b>Initial Waiting Period</b>	2, 4, 5, and 6	0 Day / 7 Days / 15 Days / 30 Days
	<b>Critical Illness Initial Waiting Period</b>	3	0 Day / 30 Days / 60 Days / 90 Days
	<b>Pre-existing Disease Waiting Period</b>	2, 4, 5, 6 and 7	0 Year / 1 Year / 2 Years / 3 Years
	<b>Specific Illness Waiting Period</b>	2, 4, 5, and 6	0 Year / 1 Year / 2 Years
	<b>Maternity Benefit Waiting Period</b>	7	0 Month / 9 Months / 1 Year / 2 Years

<b>8</b>	Financial limits of coverage  I.Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit).	<p><b>Sub – Limit, Co-payment and Deductible as applicable to Your policy will be mentioned in your policy schedule.</b></p> <p><b>Sub- Limit: Not Applicable</b></p>
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II.Co-payment (It is a specified amount /percentage of the admissible claim amount to be paid by policyholder/insured).

III.Deductible (It is a specified amount: - upto which an insurance company will not pay any claim, and - which will be deducted from total claim amount (if

**Details of Section Wise Deductible and Co-payment available under the product are mentioned below:**

Name of the Benefit	Whether Deductible allowed	If Yes, range of Deductible		Whether Co-Pay allowed	If yes, range of Co-Pay	
		Minimum	Maximum		Minimum	Maximum
<b>Section 1. Accidental Hospitalization Cash Allowance Cover</b>	Yes	Basis 1 - 0 Day Basis 2 – 0 Interval	Basis 1- 10 Days / Basis 2- 3 Intervals	NA	NA	
<b>Section 2. Accidental &amp; Illness Hospitalization Cash Allowance Cover</b>	Yes	Basis 1 - 0 Day Basis 2 – 0 Interval	Basis 1- 10 Days / Basis 2- 3 Intervals	NA	NA	
<b>Section 3. Critical Illness Hospitalization Cash Allowance Cover</b>	Yes	Basis 1 - 0 Day Basis 2 – 0 Interval	Basis 1- 10 Days / Basis 2- 3 Intervals	NA	NA	
<b>Section 4. Companion Benefit Cover</b>	Yes	Basis 1 - 0 Day Basis 2 – 0 Interval	Basis 1- 10 Days / Basis 2- 3 Intervals	NA	NA	
<b>Section 5. Parent Accommodation</b>	Yes	Basis 1 - 0 Day Basis 2 – 0 Interval	Basis 1- 10 Days / Basis 2- 3 Intervals	NA	NA	
<b>Section 6. Day Care Procedure Benefit</b>	No	NA	NA	NA	NA	
<b>Section 7. Maternity Benefit</b>	Yes	Basis 1 -	Basis 1-	NA	NA	

	<p>claim amount is more than the specified amount)</p> <p>IV.Any other limit (as applicable)</p>			<p>0 Day Basis 2 – 0 Interval</p>	<p>10 Days / Basis 2- 3 Intervals</p>			
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<p><b>9</b></p>	<p>Claims/Claims Procedure</p>	<p><b>1. Claims Notification and Procedure</b>                  In the event of any 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:  <b>A. Reimbursement Claim Process:</b>                  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. Within 15 Days from the date of discharge, You should submit all original documents pertaining to the hospitalization as mentioned is the List of Claim Documents.                  b. On receipt of intimation from You regarding a claim under the Policy, We are entitled to investigate and obtain information on the alleged injury or illness requiring hospitalization, if required,                  c. All Claims shall be settled/repudiated within 15 days from the date of receipt of the last necessary claim document subject to the Policy Terms and Conditions. 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.                  d. In case of Your Death, We shall reimburse the claim amount to Your Assignee / Nominee as named in Your Policy Schedule / Certificate of Insurance or Your Legal representative holding a valid succession certificate.</p> <table border="1" data-bbox="667 1353 1854 1497"> <thead> <tr> <th data-bbox="667 1353 857 1409">Sr. No</th> <th data-bbox="857 1353 1854 1409">List of Documents / Information</th> </tr> </thead> <tbody> <tr> <td data-bbox="667 1409 857 1457">1</td> <td data-bbox="857 1409 1854 1457">Duly Filled and Signed Claim form</td> </tr> <tr> <td data-bbox="667 1457 857 1497">2</td> <td data-bbox="857 1457 1854 1497">Discharge Summary</td> </tr> </tbody> </table>	Sr. No	List of Documents / Information	1	Duly Filled and Signed Claim form	2	Discharge Summary	<p>24. Claim Notification &amp; Procedure</p>
Sr. No	List of Documents / Information								
1	Duly Filled and Signed Claim form								
2	Discharge Summary								

		<table border="1"> <tr> <td>3</td> <td>Medical Records (Optional Documents may be asked on need basis: Indoor case papers, OT notes, PAC notes etc.)</td> </tr> <tr> <td>4</td> <td>Copy of Hospital Main Bill</td> </tr> <tr> <td>8</td> <td>Investigation Reports &amp; Consultation Papers</td> </tr> <tr> <td>9</td> <td>Positive Diagnostic Report for the Critical Illness and/or Surgical procedures as per the plan opted and stated in the Policy Schedule / Certificate of Insurance</td> </tr> <tr> <td>10</td> <td>Attending Physician Certificate (If applicable)</td> </tr> <tr> <td>11</td> <td>Document to Confirm Relationship with the Patient for Companion Benefit / Parent Benefit</td> </tr> <tr> <td>14</td> <td>Death Certificate (If applicable)</td> </tr> <tr> <td>15</td> <td>*KYC (Photo ID card) (If applicable)</td> </tr> <tr> <td>16</td> <td>Bank Details with Cancelled Cheque</td> </tr> </table> <p><b>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 1 and 2.a may be considered where the reason for delay is proved to our satisfaction.</b></p> <p>*KYC documents shall be required at the claim settlement stage where claims pay-out to the Insured Member exceeds a threshold limit of Rs. 1 Lakhs per claim.</p>	3	Medical Records (Optional Documents may be asked on need basis: Indoor case papers, OT notes, PAC notes etc.)	4	Copy of Hospital Main Bill	8	Investigation Reports & Consultation Papers	9	Positive Diagnostic Report for the Critical Illness and/or Surgical procedures as per the plan opted and stated in the Policy Schedule / Certificate of Insurance	10	Attending Physician Certificate (If applicable)	11	Document to Confirm Relationship with the Patient for Companion Benefit / Parent Benefit	14	Death Certificate (If applicable)	15	*KYC (Photo ID card) (If applicable)	16	Bank Details with Cancelled Cheque	
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10	Policy Servicing	<p><b><u>Call Centre Details of the Insurer</u></b> Toll Free: 1800-258- 4242 Email: <a href="mailto:healthclaims@godigit.com">healthclaims@godigit.com</a> Senior citizens can now contact us on 1-800-258-4242 or write to us at <a href="mailto:seniors@godigit.com">seniors@godigit.com</a> Website: <a href="https://www.godigit.com">https://www.godigit.com</a></p> <p><b><u>Details of Company Officials:</u></b> 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.</p>																			
11	Grievance s/Complaints	<p><b><u>Customer Grievance Redressal Policy</u></b> In case of any grievance the insured person may contact the company through Website: <a href="https://www.godigit.com">https://www.godigit.com</a></p>	<b>E.I.10</b>																		



		<p>Toll Free: 1-800-258- 4242          Email: <a href="mailto:hello@godigit.com">hello@godigit.com</a>          Senior citizens can now contact us on 1-800-258-4242 or write to us at <a href="mailto:seniors@godigit.com">seniors@godigit.com</a>          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 <a href="mailto:grievance@godigit.com">grievance@godigit.com</a>          For updated details of grievance officer, kindly refer the link:  <a href="https://www.godigit.com/claim/grievance-redressal-procedure">https://www.godigit.com/claim/grievance-redressal-procedure</a>          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-  <a href="https://irdai.gov.in/igms1">https://irdai.gov.in/igms1</a></p>	
11	Things you need to know	<p><b><u>Policy Renewal</u></b>          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><b><u>Migration and Portability:</u></b>          When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.</p> <p><b><u>Portability</u></b>          In case of Indemnity based insurance sections</p> <ol style="list-style-type: none"> <li>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.</li> <li>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)  <a href="https://iib.gov.in/">https://iib.gov.in/</a> portal.</li> <li>The Acquiring insurer shall decide and communicate on the proposal immediately but not more than 5 days of receipt of information from Existing insurer.</li> <li>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</li> </ol>	E.I.26

