

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/COI to know exact details of coverage opted by You.*

SI No	Title	Description	Policy Clause Number
1	Name of Insurance Product/ Policy	Digit Illness Group Insurance (UIN: GODHLGP21488V022021)	
2	Policy number	As per the Policy Schedule	
3	Type of Insurance Product/ Policy	On Indemnity Basis: Section 1- Hospitalization Cover On Benefit Basis: Virus Detection & Quarantine Allowance	C.Benefit Covered under the Policy I. Coverage
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/COI to know the Sum Insured basis applicable to Your Policy.</p> <ul style="list-style-type: none"> • Individual Sum Insured -Where each member has a separate sum insured under the policy) • Floater Sum Insured-Where all members under the policy have a single sum insured limit which may be utilised by any or all members <p>Aggregate Sum Insured as per policy schedule/COI (Including cumulative bonus, if any)</p> <p>Important Note: Please refer to your policy schedule for more details on section-wise sum insured.</p>	NA

<p>5</p>	<p>Policy Coverage (What am I covered for?) (Policy Clause Number/s)</p>	<p><u>COVERAGE</u></p> <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/COI.</p> <p><u>SECTION 1. HOSPITALIZATION COVER</u></p> <p><u>A. Hospitalization Cover</u></p> <p>If You have opted for this cover and if You were Hospitalized due to Illness, as an inpatient, during the Policy Period, solely because You were Infected and Tested Positive due to the below mentioned Disease/s and/or Conditions as opted by You and stated in Your Policy Schedule / Certificate of Insurance, We will pay You all Reasonable and Customary Charges that are Medically Necessary and Incurred by You, in respect of an admissible claim.</p> <p><u>List of Disease/s and/or Conditions:</u></p> <ol style="list-style-type: none"> 1. Cholera 2. Amoebiasis 3. Typhoid 4. Viral Hepatitis 5. Tuberculosis 6. Plague 7. Diphtheria 8. Typhus 9. Leptospirosis 10. Dengue 11. Malaria 12. Filariasis 13. Kala Azar 14. Chikungunya 15. Japanese Encephalitis 16. HIV 17. Zika Virus 18. Nipah Virus 19. EBOLA 20. Swine Influenza Virus 21. H1N1 Virus 22. COVID-19 	<p>C. Section 1.</p>
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23. SARS
24. MERS

Important Note: The Disease/s and/or Conditions opted by You are stated in the Your Policy Schedule / Certificate of Insurance and any claim will be paid only in respect of the Disease/s and/or Conditions opted by You and stated in the Your Policy Schedule / Certificate of Insurance subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

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

<p>Accommodation/ Room Rent</p>	<p>Hospital accommodation in a ward, shared or private room will be subject to a Daily Limit as opted and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover. The Daily Limit options available to Insured are Nil, 1%, 1.5% and 2%.</p> <p>Note: If there is a Limit on “Accommodation/Room Rent” and the Room Rent Rate exceeds the limits at the time of Hospitalization then 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 / Certificate of Insurance.</p> <p><i>Example, if there is a room rent limit of ₹1,500 per day but You go in for a room with a rent of ₹4,500 per day which is three times the allowed limit, when You claim, We will pay one-third 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>
<p>ICU</p>	<p>Intensive Care Unit</p>

Professional Fees	Fees for treatment by specialists, physicians, nurses, surgeons and anaesthetists.
Medication	Drugs, medicines, consumables including disposable kits, 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 Procedures such as x-rays, pathology, brain and body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment.
Theatre Fees	Operation Theatre Fees

A1. Pre-Hospitalization Expenses

We will pay for consultations, investigations and the cost of medicines incurred. This will be paid for a period not exceeding 30 or 60 or 90 days as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance, prior to the date of Your admission in a hospital, provided that:

- a) Such Expenses recommended by the Hospital/Medical Practitioner were in fact incurred for the same condition for which Your Subsequent Hospitalization was required.
- b) We have accepted a Claim under **Section 1.A. Hospitalization Cover** of this Policy.

A2. Post-Hospitalization Expenses

We will pay for consultations, investigations and the cost of medicines incurred. This will be paid for a period not exceeding 30 or 60 or 90 days as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance, from the date of Your Discharge from the hospital, provided that:

- a) The expenses are recommended by the Hospital/Medical Practitioner and are for the same condition for which you were hospitalized.
- b) We have accepted an Inpatient Hospitalization Claim under **Section 1.A. Hospitalization Cover** of this Policy.

A3. Road Ambulance

We will pay for the expenses incurred on Your road transportation by a Healthcare or an Ambulance Service Provider to a Hospital for treatment following an Emergency, provided that:

- a) We have accepted a claim under **Section 1. A. Hospitalization Cover**.

- b) The maximum liability per Hospitalization is restricted to 1% of Sum Insured up to INR 5,000.
- c) The Coverage also Includes Your cost of road Transportation from a Hospital to another nearest Hospital which is prepared to admit You and provide the necessary medical services, if such medical services cannot satisfactorily be provided at a Hospital where You are situated. Such road Transportation has to be prescribed by a Medical Practitioner and/or should be Medically Necessary.

A4. Second Medical Opinion

If You are required to get hospitalized in a tertiary care facility during the Policy Period, We will arrange and bear the cost for a Second Opinion provided that:

- 1. We have received Your request to arrange for Second Opinion.
- 2. We will not provide more than one Opinion for the same Medical Condition within a Policy Period.
- 3. Medical Practitioner has Certified that You were Infected and Tested Positive due to the Conditions and/ or Disease defined and stated in the Policy Schedule / Certificate of Insurance

SECTION 2. VIRUS DETECTION & QUARANTINE ALLOWANCE

If You have opted for this Section, We will pay you:

- a) **Full Fixed Benefit if Result is Positive (bad news i.e.):** 100% of the Sum Insured mentioned in the Policy Schedule / Certificate of Insurance. You can find this mentioned against this Section in respect of the Insured Person(s) whose test result are Positive during the Policy Period for the below mentioned Virus(es) as opted by You and stated in Your Policy Schedule / Certificate of Insurance. Make sure the Insured Person(s) claiming has a Certificate from a Registered Medical Practitioner along with a Positive Virology Report from ICMR - National Institute of Virology Pune, India or Any other Laboratory Authorised by ICMR, confirming the Insured Person(s) has been infected with the Virus(es) as opted and stated in the Policy Schedule / Certificate of Insurance; or
- b) **Part Fixed Benefit if result is negative (the relatively better news!):** Up to _____%, (Options are 0%, 5%, 10%, 15%, 20%, 25%, 30%,35%, 40%, 45% & 50%) mentioned in the Policy Schedule / Certificate of Insurance, of the Sum Insured will be paid to the Insured Person(s) if the Insured Person(s) is quarantined, during the Policy Period, in dedicated Government Authorized Hospital for a minimum of 7 or 10 or 14 or 21 consecutive (continuous) days, as opted and stated in the Policy Schedule / Certificate of Insurance, for observation and investigation of the below mentioned Virus(es) and the test results are negative (**though you must have been troubled, that is a good news, right:**). This benefit will be paid only once during Policy Period in respect of the Insured Person(s) against whom claim has been admitted.

Provided always that:

C. Section 2.

		<p>a) We will not pay for any self-Quarantine in any facility other than Government Authorised Hospital. For example, if You're feeling under the weather and feel You've caught a disease covered in Your Policy and You stay at home for the number of consecutive days mentioned, You will not be covered, as the Quarantine has to be at a Government Authorised Hospital. Sum insured is always the max You'll get: Regardless of one or more claims during the policy period, the maximum amount payable under the policy for all the benefits under this Section put together shall be restricted to the Sum Insured as mentioned in the Policy Schedule / Certificate of Insurance against this Section in respect of the Insured Person(s). The Benefit under this Section will cease on payment of 100% of the Sum Insured for the respective Insured Person(s) against whom claim has been paid. Basically, once we've paid you an amount equal to your Sum Insured, no more claims.</p> <p>List of Virus(es):</p> <ol style="list-style-type: none"> 1. Zika Virus 2. Nipah Virus 3. EBOLA 4. Swine Influenza Virus 5. H1N1 Virus 6. COVID-19 7. SARS 8. MERS <p>Important Note: The Coverage for Virus(es) opted by You are stated in the Your Policy Schedule / Certificate of Insurance and any claim will be paid only in respect of the Virus(es) opted by You and stated in the Your Policy Schedule / Certificate of Insurance subject to Policy Terms & Conditions.</p> <p>This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.</p>	
6	Exclusions (what the policy does not cover)	<p>There are 3 types of exclusions:</p> <p>I. <u>STANDARD EXCLUSIONS (Please refer below for brief headers, for detail exclusions, please refer to the policy wordings)</u></p> <ol style="list-style-type: none"> 1. Pre-Existing Diseases - Code- Excl01 2. 30-day waiting period/Initial Waiting Period- Code- Excl03 3. Rest Cure, rehabilitation and respite care- Code- Excl05 	D.I Standard Exclusion

	<p>4. 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- Excl14</p> <p>5. Unproven Treatments: Code- Excl16</p> <p>6. Maternity: Code Excl18</p> <p>II.SPECIFIC EXCLUSIONS ((Please refer below for brief headers, for detail exclusions, please refer to the policy wordings)</p> <ol style="list-style-type: none"> 1. Geographical Limits 2. Non-Medical Expenses 3. Insufficient Document 4. Preventive Treatment 5. Unjustified or Unwarranted Hospitalization 6. Substance abuse and Addictions by Insured 7. Artificial Life Maintenance 8. Sexually Transmitted Infections & Disease 9. Sleep Disorders and Sleep Problems 10. Spectacles, Hearing aids & other Expenses 11. War and hazardous substances 12. Legal Liability 13. Prosthetic and other devices 14. Specific Treatments 15. Dental Treatment 16. Organ Donor 17. Accidental Injury <p>III.Any other specific exclusions mentioned in the policy schedule/COI.</p>	<p>D.II Specific Exclusion</p>
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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>(Waiting Periods as applicable to Your policy will be mentioned in your policy schedule) - NA</p> <table border="1" data-bbox="392 738 1872 818"> <thead> <tr> <th data-bbox="392 738 1137 778">Waiting Period options</th> <th data-bbox="1137 738 1872 778">Period</th> </tr> </thead> <tbody> <tr> <td data-bbox="392 778 1137 818">Initial Waiting Period</td> <td data-bbox="1137 778 1872 818">30 days, 15 days, 7 days, 48 hours and NIL</td> </tr> </tbody> </table>	Waiting Period options	Period	Initial Waiting Period	30 days, 15 days, 7 days, 48 hours and NIL	
Waiting Period options	Period						
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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</p>	<p>Sub – Limit, Co-payment and Deductible as applicable to Your policy will be mentioned in your policy schedule/COI.</p> <p>Sub- Limit</p> <table border="1" data-bbox="392 1106 1827 1447"> <thead> <tr> <th data-bbox="392 1106 831 1145">Section Details</th> <th data-bbox="831 1106 1827 1145">Sub Limits (Options)</th> </tr> </thead> <tbody> <tr> <td data-bbox="392 1145 831 1222">SECTION 1- HOSPITALIZATION COVER</td> <td data-bbox="831 1145 1827 1222">Accommodation/Room Rent: 1%, 1.5% or 2% (as a % of Section 1.A Sum Insured) or No Limit</td> </tr> <tr> <td data-bbox="392 1222 831 1299">A1. Pre-Hospitalization Expenses</td> <td data-bbox="831 1222 1827 1299">NA</td> </tr> <tr> <td data-bbox="392 1299 831 1375">A2. Post-Hospitalization Expenses</td> <td data-bbox="831 1299 1827 1375">NA</td> </tr> <tr> <td data-bbox="392 1375 831 1415">A3. Road Ambulance</td> <td data-bbox="831 1375 1827 1415">1% of Section 1.A Sum Insured Max up to the INR 5000</td> </tr> <tr> <td data-bbox="392 1415 831 1447">A4. Second Medical Opinion</td> <td data-bbox="831 1415 1827 1447">NA`</td> </tr> </tbody> </table>	Section Details	Sub Limits (Options)	SECTION 1- HOSPITALIZATION COVER	Accommodation/Room Rent: 1%, 1.5% or 2% (as a % of Section 1.A Sum Insured) or No Limit	A1. Pre-Hospitalization Expenses	NA	A2. Post-Hospitalization Expenses	NA	A3. Road Ambulance	1% of Section 1.A Sum Insured Max up to the INR 5000	A4. Second Medical Opinion	NA`	
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A2. Post-Hospitalization Expenses	NA														
A3. Road Ambulance	1% of Section 1.A Sum Insured Max up to the INR 5000														
A4. Second Medical Opinion	NA`														

of this limit).

Section 2-Virus detection & Quarantine allowance

Under Section 2.b. Group Manager will be provided an option to select a benefit which is a Percentage of Section 2. Sum Insured from the below Options: 0%, 5%, 10%, 15%, 20%, 25%, 30%,35%, 40%, 45% & 50%

II.Co-payment (It is a specified amount /percentage of the admissible claim amount to be paid by policyholder/insured).

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
SECTION 1- Hospitalization Cover	No	NA		Yes	0%-20%	
SECTION 2- Virus Detection & Quarantine Allowance	No	NA		No	NA	

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

	<p>- 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>1. Claims Notification and Procedure 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:</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. Request for cashless authorization shall be decided immediately but not more than one hour of receipt of request. [SK1] [DA2] 3. For Cashless Facility You shall follow the below Procedure: <ol style="list-style-type: none"> 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. 	<p>E.II.21</p>

- 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 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.
 - c) However, where the circumstances of a claim warrant an investigation in the opinion of the company, it shall initiate and complete such investigation at the earliest, in any case not later than 15 days from the date of receipt of last necessary document. In such cases, the company shall settle or reject the claim within 15 days from the date of receipt of last necessary document.
 - d) 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.
 - e) In case of Your Death, We shall reimburse the claim amount to Your Nominee as named in Your Policy Schedule / Certificate of Insurance or Your Legal representative holding a valid succession certificate.

Sr. No	List of Documents / Information	Section 1. Hospitalization Claim	Section 2. Virus Detection And Quarantine Allowance
1	Duly Filled and Signed Claim form	√	√
2	Discharge Summary	√	√
3	Medical Records (Optional Documents may be asked on need basis: Indoor case papers, OT notes, PAC notes etc.)	√	√
4	Original Hospital Main Bill	√	x
5	Original Hospital Bill Break Up	√	x
6	Original Pharmacy Bills	√	x
7	Prescriptions for the Medicines purchased (except hospital supply) and investigations done outside the Hospital	√	x
8	Consultation Papers	√	√
9	Investigation Reports	√	√
10	Positive Diagnostic Report for the Conditions and/ or Disease defined and stated in the Policy Schedule / Certificate of Insurance	√	√
11	Digital Images/CDs of the Investigation Procedures (if required)	√	x
12	Original Invoice/Sticker (If applicable)	√	x
13	Attending Physician Certificate (If applicable)	√	x
14	Death Certificate (If applicable)	√	x
15	*KYC (Photo ID card) (If applicable)	√	√
16	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

		<p>conditions A.1, B.1 and B.2.a may be considered where the reason for delay is proved to our satisfaction.</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>	
10	Policy Servicing	<p><u>Call Centre Details of the Insurer</u> 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</p> <p><u>Details of Company Officials:</u> 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>	E.I.14
11	Grievance s/Complaints	<p><u>Customer Grievance Redressal Policy</u> 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 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: https://www.godigit.com/claim/grievance-redressal-procedure 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</p> <p>The contact details of the Insurance Ombudsman Centers are mentioned in the Policy Wordings.</p>	E.I.14

<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 based insurance sections</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><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 any grounds of non-disclosure</p>	<p>E.I.12</p> <p>E.I.13</p>
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		<p>and/or misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract. The accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium period.</p>	<p>E.I.6</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. Please Disclose any change in 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>	