DIGIT HEALTH CARE PLUS POLICY
POLICY SCHEDULE
UIN: GODHLIP25037V042425

Corporate office: Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru, Karnataka 560095

Details of Members Insured

Details of Proposer		Policy Details			
Proposer's Name		Policy Number			
Proposer's Address		Policy Issue Date	DMMYYYY		
Mobile No		Period of Insurance	From	DDMMYYYY	00:00 Midnight
Email ID			To	DDMMYYYY	23:59 Midnight
Partner Code and Name		Policy Type:	Individual / Floater		
Partner Contact and Email ID		Premium Payment Zone			
Family Composition		Co-payment for Geographical Limits Outside India			
First Policy Inception Date					
ABHA ID (If required)					

Member. No.	Full Name	Relationship with Proposer	Date of Birth (DD/MM/YY)	Age	Gender (M/F/TG)	Height	Weight	Occupation	Nominee/Assignee Name	Nominee/Assignee Relationship with Insured
1										
2										
3										
4										
5										

Coverage Details

Section with Benefits	Sum Insured (INR)	Limits	Waiting Periods	Deductible (INR) / Co-Payment (%)	Specific Conditions
SECTION 1-HOSPITALIZATION COVER					
A. Accidental & Illness Hospitalization Cover	INR _____	Accommodation/Room Rent: ___% of Section 1.A Sum Insured OR Room Type Opted _____	A. Initial Waiting Period: _____ Days B. Pre-existing Disease: _____Months C. Specific Waiting Period: _____Months		
A1. Day Care Procedures	*Inbuilt	NA			
A2. Pre-Hospitalization Expenses	*Inbuilt	Up to _____ Days			
A3. Post-Hospitalization Expenses	*Inbuilt	Up to _____ Days			
A4. Dental Treatment	*Inbuilt	NA			
A5. Road Ambulance	*Inbuilt	1% of Section 1.A Sum Insured Max up to the INR 5000			
A6. Bariatric Surgery Cover	*Inbuilt	____% of Section 1.A Sum Insured			
A7. Psychiatric Illness Cover	*Inbuilt	NA			
A8. Complimentary Health Check Up	Over and Above the Sum Insured	Up to 0.25% OR 0.5% of the Sum Insured (excluding any cumulative bonus) Subject to maximum of INR 5,000 Per Policy			
A9. Ayush Cover	*Inbuilt	NA			
A10. Daily Cash for Choosing Shared Accommodation	*Inbuilt	i.Per Day Cash Benefit – INR _____ ii.Maximum No. of days _____ Specific Condition: Per day room rent should not be more than INR 3000/			

B. Accidental Hospitalization Cover	INR	Accommodation/Room Rent: ___% of Section 1.B Sum Insured OR Room Type Opted _____	NA		
B1. Day Care Procedures	**Inbuilt	NA			
B2. Pre-Hospitalization Expenses	**Inbuilt	Up to _____ Days			
B3. Post-Hospitalization Expenses	**Inbuilt	Up to _____ Days OR			
B4. Dental Treatment	**Inbuilt	NA			
B5. Road Ambulance	**Inbuilt	1% of Section 1.B Sum Insured Max up to the INR 5000			
B6. Daily Cash for Choosing Shared Accommodation	**Inbuilt	i.Per Day Cash Benefit – INR _____ ii.Maximum No. of days _____ Specific Condition: Per day room rent should not be more than INR 3000/			
CUMULATIVE BONUS (if opted)	INR_____				
SECTION 2. POST- HOSPITALIZATION LUMPSUM BENEFIT	*Inbuilt and/or **Inbuilt	Onetime Lumpsum Benefit: _____% of the Claim Amount Approved under Section 1. A &B.			
SECTION 3. ORGAN DONOR	*Inbuilt	NA	As mentioned under Section 1. A.		Pre and Post upto 5% of claim amount
SECTION 4. EMERGENCY AIR AMBULANCE	*Inbuilt and/or **Inbuilt	NA	NA		
SECTION 5. HOME (DOMICILIARY) HOSPITALIZATION	*Inbuilt and/or **Inbuilt	NA	As mentioned under Section 1. A. and/or Section 1. B.		
SECTION 6. MATERNITY BENEFIT & NEW BORN BABY COVER	INR _____	Limit on Maternity Expenses of Your Second Child: _____% of the Sum Insured under this Section	_____Months		Pre and Post natal up to 100% of section 6 SI: Opted Yes __ /No___
SECTION 7. INFERTILITY TREATMENT COVER	*Inbuilt	10% of the Section 1.A Sum Insured	____ months		
SECTION 8. OUT-PATIENT (OPD) BENEFIT	INR	NA	As mentioned under Section 1. A. and/or Section 1. B.	Basis 1: Co-Payment of 25% in the First Year of this Section being opted, 10% on First Renewal this Section and No Co-payment from the Second Renewal of this Section Basis 2: Nil Co-payment	
SECTION 9. SECOND MEDICAL OPINION	*Inbuilt and/or **Inbuilt				
SECTION 10. CONSUMABLE COVER	*Inbuilt and/or **Inbuilt				
SECTION 11. UNUSED SUM INSURED BENEFIT	Yes/No				
SECTION 12. SUM INSURED REFILL BENEFIT	Yes/No	Once During Policy Period / Unlimited Times	NA		
SECTION 13. DAILY HOSPITAL CASH COVER					

A. Accidental & Illness Hospitalization Cover	INR____ Per Day	Up to _____ Days	Initial Waiting Period: _____ Days Pre-existing Disease: _____Months Specific Waiting Period: _____Months		Time Excess: _____ Days
B. Accidental Hospitalization Cover	INR____ Per Day	Up to _____ Days	NA		Time Excess: __ Days
SECTION 14. DAILY CASH FOR ACCOMPANYING AN INSURED CHILD	INR _____	No. of days_____			
SECTION 15. LONG HOSPITALIZATION CASH BENEFIT	INR _____	Minimum _____ Days Hospitalization	-		
SECTION 16. LOSS OF INCOME COVER	INR _____	Block of days _____			Maximum number of times payable ___
SECTION 17. CRITICAL ILLNESS BENEFIT COVER	INR _____	NA	Initial Waiting Period: ____ Days		
SECTION 18. CRITICAL ILLNESS HOSPITALIZATION COVER	INR _____	Accommodation/Room Rent: ___% of Section 18 Sum Insured OR Room Type Opted _____	Initial Waiting Period: _____ Days		
CUMULATIVE BONUS (if opted)	**INR_____**				
SECTION 19. CANCER BENEFIT COVER	INR _____	NA	Initial Waiting Period: ____ Days		
SECTION 20. CANCER HOSPITALIZATION COVER	INR _____	Accommodation/Room Rent: ___% of Section 20 Sum Insured	Initial Waiting Period: _____ Days		
CUMULATIVE BONUS (if opted)	**INR_____**				
SECTION 21. WOMAN CANCER BENEFIT	INR_____	NA	Initial Waiting Period: ____ Days		List of women specific cancer to be covered:
SECTION 22. HEALTH CHECKUP COVER FROM DAY ONE	INR_____				Health Check up Package Opted:
SECTION 23. ADVANCE HEART AMBULANCE	*Inbuilt and/or **Inbuilt				
SECTION 24. ADVANCE CARE	*Inbuilt and/or **Inbuilt				Upto 100% of SI
SECTION 25. SI MULTIPLIER	*Inbuilt and/or **Inbuilt				Enhanced SI: Multiple times If opted: First Claim Only – Yes/No
SECTION 26. SUPPORT PLUS	*Inbuilt and/or **Inbuilt				Per day amount payable _____ Maximum Number of days
SECTION 27. FASTRACK	*Inbuilt		Initial Waiting Period : 30 Day		Disease/ illness/ condition covered: 1.Asthma 2.Chronic Obsutructive Pulmonary Disease (COPD) 3.Diabetes 4.Hypertension 5.Hyperlipidemia 6.Obesity 7.Coronary Artery Disease (PTCA done prior to 1 year) 8.Thyroid

<table>
<tr><td>SECTION 28. CUMULATIVE BONUS PROTECTOR COVER</td><td></td><td>INR _____ cumulative bonus protection cover amount</td><td></td><td></td><td>% of Cumulative Bonus as per base cover</td></tr>
<tr><td>SECTION 29. SMART SAVE</td><td>*Inbuilt</td><td>Capping of SI:
<table><tr><th>Ailments</th><th>SI Limit</th></tr><tr><td>Eye Diseases / Cataract</td><td></td></tr><tr><td>Knee Replacement - per knee</td><td></td></tr><tr><td>Angiography</td><td></td></tr><tr><td>Angioplasty</td><td></td></tr><tr><td>All types of Hernia</td><td></td></tr><tr><td>CABG</td><td></td></tr><tr><td>Hysterectomy</td><td></td></tr><tr><td>Kidney / Bladder Stone</td><td></td></tr><tr><td>Oral Chemotherapy</td><td></td></tr><tr><td>Hip replacement</td><td></td></tr></table></td><td></td><td></td><td></td></tr>
<tr><td>SECTION 30. WELLNESS BENEFIT PROGRAM</td><td></td><td></td><td></td><td></td><td>Service as opted will only appear here:
1. Doctor On Call
2. Wellness Coach
3. Lab Services and Imaging (For Diagnostic Services)
4. Pharmacy (Home Delivery)
5. Vital/Physical Activity Monitoring Services
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</td></tr>
</table>

***Inbuilt – Sum Insured for these Benefits are not separately available but are a part of Section 1. A. Accidental & Illness Hospitalization Cover Sum Insured.**
****Inbuilt– Sum Insured for these Benefits are not separately available but are a part of Section 1. B. Accidental Hospitalization Cover Sum Insured.**
Insured

No Claim Bonus Benefit	_____% / INR_____	**Option opted:** **A.** Cumulative Bonus: ☐ **B.** No Claim Discount: ☐ **Other condition:** Maximum Limit on Benefit Accrued: _____ Any other conditions _____

Special Terms and Exclusions

"Cumulative Bonus and No claim discount" [Applicable for section 1A, 1B, 18 and 20 only]
Premium Payment Frequency: Yearly/Half-yearly/Quarterly/Monthly
Zone Details:

- **If You have availed choice of Zone B at the time of Policy Inception and availing treatment in a Hospital which is situated in Zone A, 10% Co-pay would be applicable on admissible claim amount.**
- **If You have availed choice of Zone C at the time of Policy Inception and availing treatment in a Hospital which is situated in Zone B, 10% co-payment will be applicable. on admissible claim amount.**
- **If You have availed choice of Zone C at the time of Policy Inception and availing treatment in a Hospital which is situated in Zone A, 20% Co-pay would be applicable on admissible claim amount.**
- **Zone based Co-pay as mentioned above will not be applicable in case of accidental injury.**

Premium Payment Frequency – Yearly/Half Yearly/Quarterly/Monthly
In case Unlimited Sum Insured is opted, it means Sum Insured more than INR 3 crore without any limitation. Premium for Unlimited Sum Insured is calculated by multiplying 1.15 to the premium of Sum Insured INR 3 crore.

Underwriting Warranty:

1. xxxxxxxxxxxxxxxxxxxxxx
2. xxxxxxxxxxxxxxxxxxxxxx

Customer Bank Details

Bank Account No.	Branch	IFSC Code	Bank Name

Premium and Payment Details

GST State Code		**GSTIN**	
Receipt No.		**Receipt Date**	
Invoice No.		**Invoice Date**	
Premium Payment Term: Yearly / Half Yearly / Quarterly / Monthly			

Description	Amount (INR)	Description	Amount (INR)
Base Premium		CGST rate and amount (INR)	
		SGST/UTGST rate and Amount (INR)	
Underwriting Loading (INR)		IGST rate and Amount (INR)	
Total Net Premium (INR)		**Gross Premium** (INR)	

Important Notice

1. ***Cheque dishonor / Non-receipt of payment:** The policy is void ab-initio in case of non-receipt of premium or dishonor of Cheque issued towards premium payment
2. This policy is subject to the standard policy wordings, warranties, exclusions and conditions as per "Digit Health Care Plus Policy" Wordings. In case of dispute, the terms and conditions detailed in the policy document and policy schedule shall prevail.
3. The coverage has been provided basis information provided by you/proposer to us and we will not be liable under the insurance contract if it is found that any of your statements or particulars or declarations in the proposal form or other documents are incorrect /misleading /Fraudulent in any respect on any matter to the grant of a cover or submission of claim in future.
4. The Policy Wording attached herewith includes all the standard coverage offered by Go Digit General Insurance Ltd. to its customers. Your entitlement for coverage/benefits shall be restricted to the Coverage/Benefits as mentioned in this Policy Schedule. For any clarification, please call our Call Center Number 1800 103 4448.

Some Fields are optional

Instalment Schedule

Premium Due Date	Amount Due (INR)
< Yearly/Half yearly / Quarterly / Monthly >	INR _____

80 D Certificate

This is to certify that Mr./ Ms._____ has paid Rs. _____ towards "Digit Health Care Plus" Policy for Period from DD/MM/YYYY to DD/MM/YYYY and Policy Number: Deductions for premium paid under this approved product can be claimed subject to eligibility and conditions prescribed under Section 80D of The Income Tax Act, 1961. Tax laws are subject to amendments from time to time. Kindly check with your Tax consultant for eligibility / impact analysis.

Claim Administrator Details	
Third-Party Administrator Name	**Medi Assist Insurance TPA Pvt. Ltd**
Contact Details	**1800-103-4448**
Email Id	**Healthclaims@godigit.com**

For & On Behalf of Go Digit General Insurance Ltd.

Consolidated Stamp Duty is Deposited with Department of Stamps, Bengaluru

Authorized Signatory
Printed, Signed and Executed at Bangalore

GST Reg. No.: XXXXX
HSN:9971/General Insurance Services

In case of any claim, please contact our 24-Hour Call Centre at 1800 103 4448 or email us at 'hello@godigit.com'.
Go Digit General Insurance Ltd, Address Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru, Karnataka 560095, IRDAI Reg No. 158, CIN U66010PN2016PLC167410, GST Reg. No: XXXXXXXXX , GSTIN Address: Go Digit General Insurance Ltd , XXXXXXXXXX. Website: www.godigit.com