

**CUSTOMER INFORMATION SHEET**

<b>S No.</b>	<b>TITLE</b>	<b>DESCRIPTION (Please refer to applicable Policy Clause Number in next column)</b>	<b>REFER TO POLICY CLAUSE NUMBER</b>
1	Name of the Product/Policy	IFFCO-TOKIO HOSPITAL DAILY CASH POLICY UIN: IFFHLIP21583V012021	
2	Policy Number		
3	Type of Insurance Product/Policy	Benefit	
4	Sum Insured(Basis)	Rs. XXXXXXX (Individual or Floater)	
5	<b>Policy Coverage(What Policy Covers?) (Policy Clause Number/s)</b>	<p>We will pay the amount as specified in the schedule as Hospital Daily Cash, for each continuous and completed period of 24 hours, upto the benefit period per year, that the Insured Person is Hospitalised during the policy period due to an illness or accidental bodily injury.</p> <p>In case of each continuous and completed period of 24 hours of hospitalization within the Intensive Care Unit (ICU), We will pay twice the benefit amount as specified in the schedule as Hospital Daily Cash. Admission in hospital beyond 24 hours</p> <p>Other Benefits –</p> <p>a) Day Care Surgeries – We will pay the One day Daily Cash benefit as mentioned in the schedule, for the Day care surgeries as listed in Annexure – “List of Day Care Procedures” of the policy document.</p> <p>b) Modern Treatment Methods and Advancement in Technologies We will pay the Daily cash benefit for each day of hospitalization or One day Daily Cash benefit (depending upon the nature of procedure), upto the benefit period specified in the policy schedule, during the policy period for the following procedures (wherever medically indicated):</p> <ul style="list-style-type: none"> <li>✓ Uterine Artery Embolization and HIFU (High intensity focused ultrasound)</li> <li>✓ Balloon Sinuplasty</li> <li>✓ Deep Brain stimulation</li> <li>✓ Oral chemotherapy</li> </ul>	<b>COVERAGE-“WHAT IS COVERED?”</b>

		<ul style="list-style-type: none"> <li>✓ Immunotherapy-Monoclonal Antibody to be given as injection</li> <li>✓ Intra vitreal injections</li> <li>✓ Robotic surgeries</li> <li>✓ Stereotactic radio surgeries</li> <li>✓ Bronchical Thermoplasty</li> <li>✓ Vaporisation of the prostate (Green laser treatment or holmium laser treatment)</li> <li>✓ IONM - (Intra Operative Neuro Monitoring)</li> <li>✓ Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.</li> </ul> <p>Note: The benefit period as specified in the policy schedule is cumulative of all hospitalizations, whether single or multiple, occurring in each policy year.</p>	
<p>6</p>	<p><b>Exclusions (what policy does not cover)</b></p>	<p>We will not pay for any claim caused by, based on, arising out of or attributable to any of the following:</p> <ul style="list-style-type: none"> <li>i. Refractive Error</li> <li>ii. Any claim of hospitalization for Dental treatment or other dental examination and/or tests not incidental to the treatment or diagnosis of an injury, sickness or disease.</li> <li>iii. Sterility and Infertility</li> <li>iv. Maternity</li> <li>v. Sleep disorder, Parkinson and Alzheimer’s disease, general debility or exhaustion (“rundown condition”); or growth hormone therapy.</li> <li>vi. Venereal disease, sexually transmitted disease or illness except for HIV/AIDS.</li> <li>vii. Change of Gender</li> </ul>	<p><b>COVERAGE-“WHAT IS NOT COVERED”-</b></p>

		<p>viii. Circumcisions unless required as a part of treatment of an illness or injury.</p> <p>ix. Cosmetic or Plastic Surgery</p> <p>x. Rest Cure, Rehabilitation and respite care</p> <p>xi. Obesity/ Weight Control</p> <p>xii. Intentional self-injury, suicide or attempted suicide.</p> <p>xiii. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.</p> <p>xiv. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense.</p> <p>xv. Breach of Law</p> <p>xvi. Treatment of alcoholism, drug or substance abuse or any addictive condition and consequences thereof.</p> <p>xvii. Hazardous or Adventure Sports</p> <p>xviii. Participation in a naval, military, airforce or law enforcement operation.</p> <p>xix. Any sporting risk in so far as they involve, the training or participation in competitions of professional or semi professional sportsmen or women or riding or driving in any</p>	
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		<p>form of race or competition.</p> <p>xx. Participation by the Insured Person in any flying activity, except as a bona fide, farepaying passenger, pilot or crew of a recognized airline on regular routes and on a scheduled timetable.</p> <p>xxi. Unproven Treatments</p> <p>xxii. Investigation, Prevention &amp; Evaluation</p> <p>xxiii. Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner</p> <p>xxiv. Excluded Providers</p> <p>xxv. Any external congenital anomaly or external birth defects.</p> <p>xxvi. Treatments received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons.</p> <p>xxvii. Hospitalisation for treatment with, Accupuncture, Accupressure, Osteopath, , Chiropractic, Reflexology or Aroma Therapy or any other non-allopathic or non-AYUSH treatment.</p> <p>xxviii. Hospitalizations which are not followed by active treatment/management during the hospitalization period and which could have been treated on outpatient basis</p>	
7	<p><b>Waiting period</b></p> <p>• <b>Time period during which specified diseases/treatments are not covered</b></p>	<p>a) First Thirty days waiting period: 30 days for all illnesses (not applicable on renewal or for accidents)</p> <p>b) Specific waiting periods (Not</p>	<p><b>COVERAGE-“WHAT IS NOT COVERED”- CLAUSE 2</b></p> <p><b>COVERAGE-“WHAT IS</b></p>

	<ul style="list-style-type: none"> <li>It is counted from the beginning of the policy coverage</li> </ul>	<p>applicable for claims arising due to an accident) :</p> <ul style="list-style-type: none"> <li>i. 24 months for certain diseases</li> <li>ii. 48 months for certain diseases</li> </ul> <p>c) Pre-existing diseases: Covered after 48 months of continuous coverage.</p>	<p><b>NOT COVERED”- CLAUSE 3</b></p> <p><b>COVERAGE-“WHAT IS NOT COVERED”- CLAUSE 1</b></p>
<p>8</p>	<p><b>Financial Limits of Coverage</b></p> <ul style="list-style-type: none"> <li>i. Sub-limit(It is a pre-defined limit and the insurance company will not pay any amount excess of this limit)</li> <li>ii. Co-payment(It is the specified amount /percentage of the admissible claim amount to be paid by the policyholder/insured)</li> <li>ii. Deductible(It is the specified amount:             <ul style="list-style-type: none"> <li>Up to which an insurance company will not pay any claim, and</li> <li>Which will be deducted from total claim amount (if claim amount is more than specified amount)</li> </ul> </li> <li>v. Any other limit(as applicable)</li> </ul>	<p>Not Applicable</p> <p>Not Applicable</p> <p>Not Applicable</p> <p>Not applicable</p>	
<p>9</p>	<p><b>Claims/Claims Procedure</b></p>	<p>i. NOTIFICATION OF CLAIM: An event, which gives rise to a claim or might become a claim under the Policy, must</p>	<p><b>CLAIM PROCEDURE</b></p>

		<p>be reported to Us as soon as possible.</p> <p>ii. <b>CLAIM PROCEDURE AND REQUIREMENTS:</b> A written statement of the claim will be required and a Claim Form will be provided. This written statement of claim along with supporting documentation must be delivered to Us within 30 (thirty) days of date of discharge.</p> <p><b>Weblink/Details for the following:</b></p> <p>i. <b>Helpline Number</b> 1800-103-5499</p> <p>ii. <b>Hospitals which are blacklisted or from where no claims will be accepted by Insurer</b> <a href="https://www.iffcotokio.co.in/content/dam/iffcotokio/iffco-pdf/sites/default/files/download_forms/ExcludedHospitals.pdf">https://www.iffcotokio.co.in/content/dam/iffcotokio/iffco-pdf/sites/default/files/download_forms/ExcludedHospitals.pdf</a></p> <p>iii. <b>Downloading/getting claim form</b> <a href="https://www.iffcotokio.co.in/content/dam/iffcotokio/iffco-pdf/sites/default/files/download_forms/Health%20Claim%20Form.pdf">https://www.iffcotokio.co.in/content/dam/iffcotokio/iffco-pdf/sites/default/files/download_forms/Health%20Claim%20Form.pdf</a></p>	
10.	<b>Policy Servicing</b>	<p>Call Centre Number of the Insurer 1800-103-5499</p> <p>Details of Company Official</p>	
11.	<b>Grievances/Complaints</b>	<p>Details of:</p> <ul style="list-style-type: none"> <li>Grievance Redressal Officer Address-Chief Grievance Officer IFFCO-Tokio General Insurance Co Ltd IFFCO Tower, Plot no. 3 Sector -29, Gurgaon – 122001 Mail ID- <a href="mailto:chiefgrievanceofficer@iffcotokio.co.in">chiefgrievanceofficer@iffcotokio.co.in</a></li> <li>Insurance Company Grievance Portal</li> </ul>	<b>GENERAL CONDITIONS-31</b>

		<p><a href="https://www.iffcotokio.co.in/contact-us/customer-services/grievance-redressal">https://www.iffcotokio.co.in/contact-us/customer-services/grievance-redressal</a>                  MailID- <a href="mailto:support@iffcotokio.co.in">support@iffcotokio.co.in</a>                  Toll free Number-1800-103-5499</p> <ul style="list-style-type: none"> <li>• Ombudsman  <a href="https://www.cioins.co.in/Ombudsman">https://www.cioins.co.in/Ombudsman</a></li> </ul>	
<p>12</p>	<p><b>Things to remember</b></p>	<ul style="list-style-type: none"> <li>• <b>Free Look period</b>                      The Free Look Period shall be applicable at the inception of the Policy and not on renewals or at the time of porting the policy.                      You/the insured shall be allowed a period of fifteen days from date of receipt of the Policy document to review the terms and conditions of the Policy, and to return the same if not acceptable</li> <li>• <b>Renewal of Policy</b>                      The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by You/the insured person.</li> <li>• <b>Migration and Portability</b>                      When the policy is due for renewal ,you may migrate to another policy with us or port your policy to another insurer.  <b>Process for Migration</b>                      You/the Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by Us by applying for migration of the policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by Us, the Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.</li> </ul> <p><b>Process for Portability</b>                      You/the Insured Person will have the</p>	<p><b>GENERAL CONDITIONS-21</b></p> <p><b>GENERAL CONDITIONS-17</b></p> <p><b>GENERAL CONDITIONS-15&amp;16</b></p>

		<p>option to port the Policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance plan with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.</p> <ul style="list-style-type: none"> <li>• <b>Change of Cash Benefit Amount/Benefit Period</b> Midterm revision of Daily Cash benefit amount/ benefit period shall not be available in the policy</li> </ul>	<p><b>GENERAL CONDITIONS-23</b></p>
<p>13</p>	<p><b>Your Obligations</b></p>	<p><b>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</b></p> <p><b>Disclosure of other material information during the policy period.</b> Material Information includes:</p> <ul style="list-style-type: none"> <li>i. Any change in health condition may/may not needing an active line of treatment.</li> <li>ii. Any change in Demographic Details</li> </ul>	<p><b>GENERAL CONDITIONS-4</b></p>

Declaration by Policy Holder:

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

Place:

Date:

Signature of the Policy Holder

To access your CIS, please login to your account in our website:

<https://www.iffcotokio.co.in/>



LEGAL DISCLAIMER NOTE: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document the terms and conditions mentioned in the policy document shall prevail.