

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

SI No	Title	Description	Policy Clause Number
1	Name of the Insurance Product/Policy	Atmanirbhar Health Policy	Page 1
2	Policy Number		
3	Type of Insurance Product/Policy	Indemnity	4
4	Sum Insured Basis	Individual Member name1 – Sum insured Member name 2 – sum insured	11 (table of benefit)
5	Policy Coverage (What Policy Covers?)	Expense in respect of: Admission in hospital beyond 24 hours	Section 4
		Pre-hospitalisation (treatment prior to admission in hospital) of 30 days.	
		Post-Hospitalisation treatment within 60 days from date of discharge.	
		Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating Medical Practitioner/ surgeon or to the hospital	
		Coverage for AYUSH Treatment: up to 100% of Sum Insured.	
		Expenses incurred on hospitalisation for Modern Treatment listed procedures	
		Expenses on road Ambulance are subject to a maximum of Rs. 2000/- per hospitalization	
		Specified / Listed procedures requiring less than 24 hours of hospitalization (day care)	Annexure 3
		Coverage for 12 Modern Treatments	4.7
6	Exclusion (What Policy does not cover)	Standard and Specific Exclusions (Including but not limited to the following) Investigation & Evaluation, Rest Cure, Weight Control, Change-Of-Gender Treatments, Cosmetic Surgery, Unproven Treatments, Sterility And Infertility, Treatment and/or services taken outside the India, Vaccination, Cost of braces, equipment or external prosthetic devices, eyeglasses, Cost of spectacles and contact lenses, hearing aids including cochlear implants, Dental treatment unless arising out of accident and requiring inpatient treatment, Acupressure, acupuncture, magnetic therapies, Any expenses incurred on Domiciliary Hospitalization, Stem cell implantation/Surgery for other than those treatments mentioned in clause 3.20.12 etc.	8.1.1 to 8.1.15 and 8.2.1 to 8.2.21

7	Waiting period	<p>Initial Waiting period: First 30 days from policy inception(Not applicable to accidents & renewals)</p> <p>Specific Waiting Period (Excl 02) (Not applicable for claims arising due to accident): 24 months for listed illnesses</p> <p>a. Pre-Existing Diseases (other than pre-existing HIV/AIDS and Disability) will be covered after a waiting period of Thirty-Six (36) months of continuous coverage.</p> <p>b. Expenses related to the treatment of Pre-existing Disability covered after 24 months of continuous coverage from date of commencement of policy.</p>	Section 5
8	Financial Limit of Coverage	The Policy will pay only up to the limits specified hereunder for the following disease/procedures	
	i. Sub-limit	Upto 1 % & 2% of the Sum Insured per day for Room rent and ICU respectively	4.1(i) & (ii)
	ii. Co-Payment	Yes,20%. This co-payment can be waived off by paying an additional premium (optional)	10.5
	iii. Deductible/ Any Other limit as applicable	Not applicable	
9	Claims/Claim Procedure	<p>Cashless Service and Reimbursement-Available</p> <p>i. Network hospital details -Available on website and on policy schedule</p> <p>ii. Helpline number: 1800-209-1415</p> <p>iii. Downloading the claim form- https://www.newindia.co.in/cms/24b38b03-6b17-42e8-b047-43c7784c6528/Claim_Form.pdf?guest=true</p> <p>iv. Pre-authorisation -Within 1 hour of request</p> <p>v. Final Authorization for Discharge from the Hospital within 3 hours of hospital request</p>	
10	Policy Servicing	<p>Call center number of the insurer-1800-209-1415</p> <p>Company Officials- https://www.newindia.co.in/</p> <p>Policy Issuing Office:.....</p>	
11	Grievances/Complaints	<p>Details of GRO: https://www.newindia.co.in/portal/readMore/Grievances</p> <p>For Ombudsman's contact details</p>	Annexure I
12	Things to Remember	Free look Period	14
		Policy Renewal:	10
		MIGRATION	8
		PORTABILITY	9
		Moratorium period: 5 years	12

13	Your Obligation	Please disclose all pre-existing disease/s or conditions before buying a policy. Non-disclosure may affect the claim settlement	
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Declaration by the Policy Holder:

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

Place:

Date : _____ (Signature of the Policy Holder)

Note:

- i. web-link where the product related documents including the Customer information sheet are available on <https://www.newindia.co.in/health/all-products>
- ii. In case of any conflict, the terms and condition mentioned in the policy document shall prevail.

LEGAL DISCLAIMER) NOTE: The information must be read in conjunction with the Prospectus 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

