

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

SI No	Title	Description	Policy Clause Number
1	Name of the Insurance Product/Policy	<u>JAN AROGYA BIMA POLICY</u>	Page 1
2	Policy Number		
3	Type of Insurance Product/Policy	Indemnity	
4	Sum Insured Basis	Individual Sum insured 5000 Rs	3
5	Policy Coverage (What Policy Covers?)	Expense in respect of:	
		Admission in hospital beyond 24 hours	2.18
		Pre-hospitalisation- 30 days	2.34
		Post-Hospitalisation- treatment within 60 days from date of discharge.	2.35
		A. Room rent B. Associate Medical Expenses; C. Cost of Pharmacy and Consumables	3.1
		• SPECIFIC COVERAGES	3.1.D(1) to 3.1.D(7)
		• COVERAGE FOR 12 MODERN TREATMENTS	3.1.E(1).1 to 3.1.E(12)
		• Congenital Internal Disease. • Congenital External Disease • Coverage under AYUSH treatment Upto 100% of Sum Insured	3.1.F 3.1.G
6	Exclusion (What Policy does not cover)	Standard Exclusions and Specific Exclusion (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 impatient treatment Acupressure, acupuncture, magnetic therapies, Any	Policy clause 4.4.1 to 4.4.29

		expenses incurred on Domiciliary Hospitalization, Stem cell implantation/Surgery for other than those treatments mentioned in clause 3.1.E.12 etc...	
7	Waiting period	Initial Waiting period: First 30 days from date of Inception(not applicable renewal or accidents)	4.3
		PRE-EXISTING DISEASES (Code- Excl01)-36 Months	4.1
		SPECIFIC WAITING PERIOD (Code- Excl02) Ninety Days / 12 / 36 months	4.2
8	Financial Limit of Coverage	The Policy will pay only up to the limits specified hereunder for the following disease/procedures:	
	i. Sub-limit	Company's liabilities in respect of all claims admitted during the period of insurance shall not exceed the Sum Insured of Rs. 5,000 per person mentioned in the schedule)	3.1.1
	ii.Co-Payment/ Deductible/Any Other limit as applicable	Not Applicable	
9	Claims/Claim Procedure	Cashless Service and Reimbursement-Available i. Network hospital details -Available on website and on policy schedule ii. Helpline number: 1800-209-1415 iii. Downloading the claim form- https://www.newindia.co.in/cms/24b38b03-6b17-42e8-b047-43c7784c6528/Claim_Form.pdf?guest=true iv. Pre-authorisation -Within 1 hour of request v. Final Authorization for Discharge from the Hospital within 3 hours of hospital request	
10	Policy Servicing	Call center number of the insurer-1800-209-1415 Company Officials- https://www.newindia.co.in/ Policy Issuing Office	
11	Grievances/Complaints	Details of GRO: https://www.newindia.co.in/portal/readMore/Grievances Seniour citizens may write to – Seniorcitizencare.ho@newindia.co.in For Ombudsman's contact details	Annexure II
12	Things to Remember	Free look Period:	5.5
		Policy Renewal:.	5.4

		Migration and Portability	5.8
		Moratorium period: 5 years	5.9
		Grace Period	2.16
13	Your Obligation	Please disclose all pre-existing disease/s or conditions before buying a policy. Non-disclosure may affect the claim settlement.	5.1

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.