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**New India Sixty Plus Mediclaim Policy**  
**Customer Information Sheet**

S No	Title	Description	Policy clause No.
1.	Product Name	<b>New India Sixty Plus Mediclaim Policy</b>	Page. No 1 of Policy Document
2.	What am I covered for	<ul style="list-style-type: none"> <li>You are covered for any Hospitalization during the period of Insurance for any Illness or Injury admissible under the policy.</li> <li>Hospitalization should be for a minimum period of 24 hours except for specified / listed procedures requiring less than 24 hours Hospitalization.</li> <li>Sum Insured options available are Rs. Two, Three &amp; Five Lakhs</li> <li>Room charges subject to 1% of sum insured per day and Intensive care unit (ICU) charges subject to 2% of sum insured per day (including nursing care, RMO charges, IV fluids / blood transfusion / injection administration charges) subject to the Maximum limit of 25% of the aggregate of Sum Insured and Cumulative Bonus Buffer per illness / injury.</li> <li>Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees subject to the Maximum limit of 25% of the aggregate of Sum Insured and Cumulative Bonus Buffer per illness / injury.</li> <li>Anesthesia, Blood, Oxygen, OT charges, Surgical appliances (any disposable surgical consumables), Medicines, drugs, Diagnostic material &amp; X-Ray, Dialysis, Chemotherapy, Radiotherapy, Artificial limbs and implants other than Orthopedic subject to the Maximum limit of 50% of the aggregate of Sum Insured and Cumulative Bonus Buffer per illness / injury.</li> </ul>	<ul style="list-style-type: none"> <li>Clause 1.0</li> <li>Clause 2.15 and Annexure I in the policy document</li> <li>Clause 3.1.1</li> <li>Clause 3.1.2</li> <li>Clause 3.1.3</li> </ul>
		<div style="border: 1px solid black; padding: 5px;"> <p>Claims in respect of the following Treatments/ Surgeries including all types of implants used in the surgery, will be subject to the following limits (including Pre &amp; Post Hospitalization expenses). Co-Payment/voluntary co-payment and sub limits mentioned in section 3.1 of the policy clause are not applicable if a claim is admissible under the below mentioned specified Treatments/Surgeries.</p> </div>	<ul style="list-style-type: none"> <li>Clause 3.2</li> </ul>

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		<ul style="list-style-type: none"> <li>• Medical Expenses For Organ Transplant: If treatment involves Organ Transplant to Insured Person, then We will also pay Hospitalization Expenses (excluding cost of organ) incurred on the donor, provided Our liability towards expenses incurred on the donor and the insured recipient will be limited to amount stated in section 3.2 of the Policy Clause.</li> <li>• Congenital Internal Diseases are covered up to the Sum Insured provided the Insured has Continuous Coverage of twenty four months.</li> <li>• Congenital External Diseases are covered up to 10% of Sum Insured provided the Insured has Continuous Coverage of forty eight months.</li> </ul>	<ul style="list-style-type: none"> <li>• Clause 4.4.7</li> <li>• Clause 4.4.7</li> </ul>
3.	What are the major exclusions in the policy	<ul style="list-style-type: none"> <li>• Injury / Illness directly or indirectly caused by or arising from or attributable to War, invasion, Act of Foreign enemy, War like operations (whether war be declared or not), nuclear weapon/ ionising radiation, contamination by Radioactive material, nuclear fuel or nuclear waste or from the combustion of nuclear fuel.</li> <li>• a. Circumcision unless Medically Necessary for treatment of an Illness not excluded hereunder or as may be necessitated due to an Accident</li> <li>• b. Change of life/sex change or cosmetic or aesthetic treatment (except for burns/Injury) of any description such as correction of eyesight, etc.</li> <li>• c. Plastic Surgery other than as may be necessitated due to an Accident or as a part of any Illness.</li> <li>• Vaccination and/or inoculation.</li> <li>• Cost of braces, equipment or external prosthetic devices, non-durable implants, eyeglasses, Cost of spectacles and contact lenses, hearing aids including cochlear implants, durable medical equipment.</li> <li>• Dental treatment or Surgery of any kind unless necessitated by Accident and requiring Hospitalisation.</li> <li>• Convalescence, general debility, 'Run-down' condition or rest cure, obesity treatment and its complications, treatment relating to all psychiatric and psychosomatic disorders, infertility, sterility, Venereal disease, intentional self-Injury and Illness or Injury caused by the use of intoxicating drugs/alcohol.</li> <li>• Congenital Internal and External Disease or Defects or anomalies. However, the exclusion for Congenital <b>Internal</b> Disease or Defects or anomalies shall not apply after <b>twenty-four</b> months of Continuous Coverage, if it was unknown to You or to the Insured Person at the commencement of such Continuous Coverage.  The exclusion for Congenital <b>External</b> Disease or Defects or anomalies shall not apply after <b>forty eight</b> months of Continuous Coverage, but such cover for Congenital External Disease or</li> </ul>	Clause 4.4.1 to 4.4.23

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		<p>Defects or anomalies shall be limited to <b>10% of the Sum Insured of the Insured Person.</b></p> <ul style="list-style-type: none"> <li>• Bodily Injury due to wilful or deliberate exposure to danger (except in an attempt to save human life), intentional self-inflicted Injury, attempted suicide.</li> <li>• Treatment of any Bodily Injury or Illness sustained whilst or as a result of active participation in the following hazardous sports. Bobsledding; Bungee Jumping; Canopying; Hang Gliding; Heli-skiing; Horseback Riding; Jet, Snow, and Water Skiing; Kayaking; Martial Arts; Motorcycling; Mountain Biking; Mountain Climbing (under 14,000 feet); Paragliding; Parasailing; Safari; Scuba Diving, Skydiving; Snowboarding; Snowmobiling; Spelunking; Surfing; Snorkeling Trekking; White water Rafting; Wind Surfing; Zip Lining, Equestrian; Fencing; Rugby.</li> <li>• Treatment of any Injury or Illness sustained whilst or as a result of participating in any criminal act.</li> <li>• Sexually Transmitted Diseases, any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus Type III (HTLB - III) or lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency Syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.</li> <li>• Charges incurred at Hospital primarily for diagnosis, x-ray or Laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of positive existence or presence of any Illness or Injury for which confinement is required at a Hospital.</li> <li>• Expenses on vitamins and tonics unless forming part of treatment for Injury or Illness as certified by the attending Medical Practitioner.</li> <li>• Maternity Expenses, except abdominal operation for extra uterine pregnancy (Ectopic Pregnancy), which is proved by submission of Ultra Sonographic Report and Certification by Gynaecologist that it is life threatening one if left untreated.</li> <li>• Naturopathy, Siddha Treatments and AYUSH treatments are not covered in this policy.</li> <li>• External and or durable Medical / Non-medical equipment of any kind used for diagnosis and or treatment including CPAP (Continuous Positive Airway Pressure), CPAD (Continuous Peritoneal Ambulatory Dialysis), Oxygen Concentrator for Bronchial Asthmatic condition, Infusion pump etc. Ambulatory devices i.e., walker, crutches, Collars, Caps, Splints, Elasto crepe bandages, external orthopaedic pads, sub cutaneous insulin pump, Diabetic foot wear, Glucometer / Thermometer and similar related items etc., and also any medical equipment, which is subsequently used at home and outlives the</li> </ul>	
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		<p>use and life of the Insured Person.</p> <ul style="list-style-type: none"> <li>Any expenses relating to cost of items detailed in Annexure II.</li> <li>Stem cell implantation/Surgery.</li> <li>Domiciliary Hospitalisation.</li> <li>Acupressure, acupuncture, magnetic therapies</li> <li>Experimental or unproven treatments/ therapies.</li> <li>Any kind of Service charges, Surcharges, Luxury Tax and similar charges levied by the Hospital.</li> <li>Treatment for Age Related Macular Degeneration (ARMD) , Treatment for Sleep Apnoea Syndrome, treatments such as Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy and CPAD (Continuous Peritoneal Ambulatory Dialysis)</li> </ul>	
4.	Waiting Period	<ul style="list-style-type: none"> <li>Treatment of any Pre-existing Condition / Disease, until forty-eight months of Continuous Coverage of such Insured Person has elapsed.</li> <li>Any Illness contracted by the Insured person during the first thirty days of the commencement date of this Policy. This exclusion shall not however, apply if the Insured person has Continuous Coverage for more than twelve months.</li> <li>Unless the Insured Person has Continuous Coverage in excess of twenty-four months, expenses on treatment of the following Illnesses are not payable. <ul style="list-style-type: none"> <li>1. All internal and external benign tumors, cysts, polyps of any kind, including benign breast lumps</li> <li>2. Benign ear, nose, throat disorders</li> <li>3. Benign prostate hypertrophy</li> <li>4. Cataract and age related eye ailments</li> <li>5. Gastric/ Duodenal Ulcer</li> <li>6. Gout and Rheumatism</li> <li>7. Hernia of all types</li> <li>8. Hydrocele</li> <li>9. Infective Arthritis</li> <li>10. Piles, Fissures and Fistula in anus</li> <li>11. Pilonidal sinus, Sinusitis and related disorders</li> <li>12. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from Accident</li> <li>13. Skin Disorders</li> <li>14. Stone in Gall Bladder and Bile duct, excluding malignancy</li> <li>15. Stones in Urinary system</li> <li>16. Treatment for Menorrhagia/Fibromyoma, Myoma and Prolapsed uterus</li> <li>17. Varicose Veins and Varicose Ulcers</li> <li>18. Renal Failure</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Clause 4.1 to 4.3 (4.3.1 - 4.3.2)</li> </ul>

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		<p>Note: Even after twenty four months of Continuous Coverage, the above Illnesses will not be covered if they arise from a Pre-existing Condition, until forty eight months of Continuous Coverage have elapsed since inception of the first policy with the company.</p> <ul style="list-style-type: none"> <li>• Unless the Insured Person has Continuous Coverage in excess of forty eight months with us, the expenses related to treatment of the following Illnesses are not payable: <ol style="list-style-type: none"> <li>1. Joint Replacement due to Degenerative Condition</li> <li>2. Age-related Osteoarthritis &amp; Osteoporosis</li> </ol> </li> </ul>	
5.	Payout basis	<ul style="list-style-type: none"> <li>• Cashless / Reimbursement for Hospitalization claims</li> <li>• In case of Hospital Cash the amount will be paid to the Insured.</li> </ul>	
6.	Loss Sharing	<ul style="list-style-type: none"> <li>• 10% co-pay is mandatory.</li> <li>• Voluntary Extra co-pay of 10% i.e a total co-pay of 20%</li> <li>• Expenses exceeding the following: <ul style="list-style-type: none"> <li>○ Room Rent exceeding 1% of Sum Insured</li> <li>○ ICU/ICCU exceeding 2% of Sum Insured</li> <li>○ Treatments/Surgeries as mentioned in section 3.2 of the Policy Clause.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Clause 3.5</li> <li>• Clause 3.5</li> <li>• Clause 3.1</li> <li>• Clause 3.2</li> </ul>
7.	Renewal Conditions	<ul style="list-style-type: none"> <li>• The company shall renew this Policy if you shall remit the requisite Premium prior to expiry of the Period of Insurance stated in the Schedule.</li> <li>• The company shall be entitled to decline renewal if: <ol style="list-style-type: none"> <li>1. Any fraud, misrepresentation or suppression by You or any one acting on Your behalf is found either in obtaining insurance or subsequently in relation thereto, or non-cooperation of the Insured Person; or</li> <li>2. We have discontinued issue of the Policy, in which event You shall however have the option for renewal under any similar Policy being issued by Us, provided however, benefits payable shall be subject to the terms contained in such other Policy; or</li> <li>3. You fail to remit Premium for renewal before expiry of the Period of Insurance. We may accept renewal of the Policy if it is effected within thirty days of the expiry of the Period of Insurance. On such acceptance of renewal, We, however shall not be liable for any claim arising out of Illness contracted or Injury sustained or Hospitalization commencing in the interim period after expiry of the earlier Policy and prior to date of commencement of subsequent Policy.</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>• Clause 5.10</li> </ul>

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8.	<ul style="list-style-type: none"> <li>• Renewal Benefits</li> </ul>	<p>The Cumulative Bonus Buffer accrued under any of our policies, on migration to New India Sixty Plus Mediclaim Policy is protected. But for claim free renewal after migration to New India Sixty Plus Mediclaim Policy No accrual would be made to the Cumulative Bonus Buffer. The Cumulative Bonus Buffer will be available until it is completely used in case of a claim.</p>	<ul style="list-style-type: none"> <li>• Clause 5.12</li> </ul>
9.	Cancellation	<ul style="list-style-type: none"> <li>• The Company may at any time cancel this Policy on grounds of misrepresentation, fraud, non-disclosure of material fact by Insured by sending 15 days' notice by registered letter at the Insured's last known address and in such event the Company shall not refund any premium.</li> <li>• The Insured may at any time cancel this Policy and in such event the Company shall allow refund of premium at Company's short period rate only provided no claim has occurred up to the date of cancellation however the company shall remain liable for any claim/ claims arising prior to such cancellation.</li> <li>• In case of death, the refund of premium will be on pro-rata basis provided there has been no claim for that member in that policy period.</li> </ul>	<ul style="list-style-type: none"> <li>• Clause 5.13</li> </ul>
10.	Claims	<ul style="list-style-type: none"> <li>• Cashless Service: Contact the TPA or visit our Website at <a href="https://www.newindia.co.in/portal/#/readMore/HospitalsList">https://www.newindia.co.in/portal/#/readMore/HospitalsList</a> for the list of Hospitals where cashless facility is available.</li> <li>• Reimbursement of Claim: <ul style="list-style-type: none"> <li>○ Intimate the TPA within twenty four hours from the time of Hospitalization.</li> <li>○ Submit the Claim Document within seven days from the date of Discharge from Hospital.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Clause 5.3</li> <li>• Clause 5.5</li> </ul>
11.	Policy Servicing/ Grievances /Complaints	<ul style="list-style-type: none"> <li>• In the event of Your having any grievance relating to the Insurance or any Claim thereunder, You may contact any of the Customer Care Cells at Regional Offices of the Company or Office of the Insurance Ombudsman under the jurisdiction of which the Policy Issuing Office falls. The contact detail of the office of the Insurance Ombudsman is provided in the Annexure III of Policy Document.</li> </ul>	<ul style="list-style-type: none"> <li>• Clause 5.19</li> </ul>
12.	Insured's Rights	<ul style="list-style-type: none"> <li>• You will be allowed a period of fifteen days from the date of receipt of the Policy to review the terms and conditions of the Policy and to return the same if not acceptable.</li> <li>• Renewal of the Policy if You remit the Premium to Us prior to expiry of the Policy or within 30 days from expiry of Policy.</li> <li>• This policy is subject to portability guidelines issued by IRDA</li> </ul>	<ul style="list-style-type: none"> <li>• Clause 5.14</li> <li>• Clause 5.10</li> <li>• Clause 5.18</li> </ul>

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		and as amended from time to time.	
13.	Insured's Obligations	<ul style="list-style-type: none"><li>• The policy shall be null and void, and no benefits shall be payable in the event of misrepresentation, misdescription or nondisclosure of any material fact / particular if such claim be in any manner fraudulent or supported by any fraudulent means or device whether by the Insured Person or by any other person acting on his / her behalf</li></ul>	<ul style="list-style-type: none"><li>• Clause 5.8</li></ul>