

(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.

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

SI No	Title	Description	Policy Clause Number
1	Name of the Insurance Product/Policy	New India Premier Mediclaim Policy	
2	Policy Number		
3	Type of Insurance Product/Policy	Indemnity	3.1.1
4	Sum Insured Basis	<ul style="list-style-type: none"> Individual/Floater Sum insured. If Floater, then – Print Floater sum insured If Individual, then member wise sum insured. 	
5	Policy Coverage (What Policy Covers?)	Expense in respect of:	
		Admission in hospital beyond 24 hours	2.17
		Pre Hospitalisation -60 days	3.1.1 & 2.38
		Post Hospitalisation within 90 days from the date of discharge.	3.1.1 & 2.39
		Specified / Listed procedures requiring less than 24 hours of hospitalization (day care)	Annexure 1
		Coverage under AYUSH treatment: Up to 100% of the Sum Insured	3.1.2
		Hospital cash - Rs. 2,000 per day for Plan A and Rs. 4,000 per day for Plan B for each day of Hospitalisation	3.1.3
		OPD cover:	3.1.10
		Expenses incurred towards Ambulance	3.1.4
		Maternity and Child Care	3.1.6
		Expenses incurred necessarily for treatment of Infertility	3.1.8
		Critical Care Benefit.	3.1.9
		Sexually Transmitted Diseases,	3.1.11
		Second opinion	3.1.13
		Coverage for Hazardous Sports	3.1.14
		Obesity cover for Plan B.	3.2.2
		Congenital Internal Diseases and Congenital External Diseases	3.1.5

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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 expenses incurred on Domiciliary Hospitalization, Stem cell implantation/Surgery for other than those treatments mentioned in clause 3.1.17.12 etc...	Policy Clause 4.4.1 to 4.4.26
7	Waiting Period	Initial Waiting period: First 30 days from date of inception (not applicable for Accidents & renewals) Pre-existing Diseases (Code- Excl01) 36 months	4.2 4.1
		Specific waiting period (Code- Excl02) 90 days , 24 and 36 months for listed illnesses (not applicable for renewals and accident)	4.3
8	Financial Limit of Coverage	The Policy will pay only up to the limits specified hereunder for the following disease/procedures:	
	i. Sub-limit	Room Rent and ICU expenses actually incurred.	3.1.1 (1) & 3.1.1(2)
		Cataract: Our liability for any claim of Cataract shall not exceed Rs. 75,000 for Plan A and Rs. 1,00,000 for Plan B.	3.1.12
	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?quest=true iv. Pre-authorisation -Within 1 hour of request v. Final Authorization for Discharge from the Hospital within 3 hours of hospital	

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		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 Senior citizens may write to – Seniorcitizencare.ho@newindia.co . For Ombudsman's contact details	Policy clause 5.23 Annexure IV
	Things to Remember	Free look period	5.13
		Policy Renewal	5.10
		Migration and Portability:	5.17& 5.19
		Moratorium period: 5 years	5.16
13	Your Obligation	Please disclose all pre-existing disease/s or conditions before buying a policy. Non-disclosure may affect the claim settlement.	

Declaration by the Policy Holder:

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

Place:

Date : _____ (Signature of the Policy Holder)

Note:

- web-link where the product related documents including the Customer information sheet are available on <https://www.newindia.co.in/health/all-products>
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