

(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	VATSALYA HEALTH POLICY(COVER FOR SURROGATE MOTHER AND OOCYTE DONOR)	
2	Policy Number		
3	Type of Insurance Product/Policy	Indemnity	3.1
4	Sum Insured Basis	Individual Sum insured.	
5	Policy Coverage (What Policy Covers?)	Expense in respect of:	
		Surrogate Mother Cover Complications	3.1 Option I
		Oocyte Donor Cover complications	3.1 Option II
		Admission in hospital beyond 24 hours	2.17
		Pre-hospitalisation (treatment prior to admission in hospital) of 30 days	2.36 & 3.1(e)
		Post-Hospitalisation within 60 days from date of discharge	2.37 & 3.1(f)
		Proportionate Deduction is applicable on the Associate Medical Expenses as per policy clause.	3.2
		Coverage for Ayush Treatment is up to 100% of the Sum Insured.	3.3
		<u>AMBULANCE CHARGES:</u> Up to 1% of the Sum Insured	3.1.g
6	Exclusion (What Policy does not cover)	Standard Exclusions and Specific Exclusion (including but not limited to the following) <ul style="list-style-type: none"> Investigation and evaluation (Code- Excl 04): Unproven Treatments (Code- Excl16) Sterility and Infertility (Code- Excl17) Any illness, sickness or disease other than complications arising out of pregnancy and post-partum delivery for the surrogate mother or complications arising out of oocyte retrieval for the oocyte donor. Medical Expenses incurred towards: <ul style="list-style-type: none"> i. Delivery Expenses ii. Surrogacy Treatment Procedure cost including but not limited to Injection, tests, Ultra Sound, Embryo transfer, Ovum pickup; iii. The Newborn Baby through Surrogacy to the Surrogate Mother. Treatment taken on OPD basis 	4.1 to 4.39

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7	Waiting period	Initial Waiting period: : First 30 days from date of inception	4.1
8	Financial Limit of Coverage	The Policy will pay only up to the limits specified here under for the following disease/procedures:	
	I. Sub-limit	<ul style="list-style-type: none"> Room rent not exceeding Rs.8000 per day. Intensive Care Unit (ICU) – Actuals 	3.1(a) and 3.1(b)
9	Claims/Claim Procedure	Cashless Service and Reimbursement-Available <ul style="list-style-type: none"> 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 Senior citizens may write to – Seniorcitizencare.ho@newindia For Ombudsman's contact details	5.13 Annexure II
12	Things to remember	Free look Period-	5.6
		Moratorium Period- 5 years	5.8
		Nomination	5.8
13	Your Obligation	Please disclose all pre-existing disease/s or conditions before buying a policy. Non-disclosure may affect the claim settlement.	5.4

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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.