

Policy No. :HTO-30-24-0000519-00-000

Date : 04/06/2024

Mr. RAJ PATEL

POST - KUMTHHI JEELA KHANDWA, TEH-PANDHANA BANDARAL PANDHANA EAST NIMAR MADHYA  
PRADESH, EAST NIMAR, MADHYA PRADESH, INDIA, 450661  
Telephone(Mob) :9303413746

Email :vamikapatel74@gmail.com

Intermediary Name :SQUARE INSURANCE BROKERS PVT LTD-F13

Dear Mr. RAJ PATEL

Welcome to the Future Generali Experience. We thank you for choosing us for your insurance requirements. Your Policy No. is **HTO-30-24-0000519-00-000**.

Our initiatives will provide you with the highest standards of service, convenience and quality in insurance and it is our endeavour to constantly better your experience by innovating and evolving our basket of conveniences.

The policy has been issued on the basis of the proposal form. A copy has been enclosed for your reference. We would request you to peruse the policy and satisfy yourself that it meets your requirements fully. Please confirm that the proposal form contains the correct information and is signed by you.

In case of any service requirement, do call our care lines below:

1800-220-233, 1860-500-3333, 022-67837800

The claims would be serviced through our In-House Health Administrator, Future Generali Health(FGH ). Cashless facility can be availed on producing the FGH - Health ID Card along with a photo identification proof. In case cashless facility is not availed, the claim documents can be submitted directly to the below mentioned address, for reimbursement.

**Note: The Customer Information Sheet is a part of this policy document. It tells you about the basic features in your policy and provides necessary information on it. Please read its contents for easy and quick understanding of your policy and send us your acknowledgement for it, by clicking on**  
<https://online.fggeneral.in/CustomerDeclaration/CustomerCareWeb/index?policyno=HTO-30-24-0000519-00-000&Source=TCS>

Future Generali Health (FGH)  
Future Generali India Insurance Company Ltd  
Office No. 3, 3rd Floor, Building A, G - O - Square  
Sr. No. 249 + 250, Near Mankar Chowk  
Aundh Hinjewadi Link Road, Wakad  
Pune, Maharashtra - 411 057

**For any claim related queries please call :**

Toll free number - 1800 209 1016 / 1800 103 8889

Toll free Fax - 1800 209 1017 / 1800 103 9998

Email ID - [fgf@futuregenerali.in](mailto:fgf@futuregenerali.in)

We would like to assure you that the electronic copy of your policy is as authentic and valid as the physical copy and it can be used as a proof of insurance wherever required.

Once again, thank you for choosing to insure with Future Generali and we look forward to being of service to you.

Assuring you of our best services at all times.

If undelivered, please return to:

Future Generali India Insurance Company Limited  
2Nd Floor, Royal World Opp. City Center Sansar Chandra Road,  
JAIPUR,  
RAJASTHAN - 302001

For Future Generali India Insurance Co. Ltd.



( Authorized Signatory )

Download the **FG Insure App** for  
seamless policy management.



Get the app

Download on the  
App Store

GET IT ON  
Google play

Please review the communication address, email or contact nos. noted on this letter for correctness. In case of any change please contact our nearest branch or call our care lines mentioned above. This will ensure you do not miss out on 'Service Updates' and 'Renewal Reminders'.

Now you can buy Health, Personal Accident, Travel, Home, Motor insurance & also renew your Future Generali Private Car Insurance policy online. Visit us at [www.futuregenerali.in](http://www.futuregenerali.in)



## Tax Invoice

INSURED DETAILS			
<b>Policy Number</b>	: HTO-30-24-0000519-00-000	<b>Address of Service Provider</b>	: 2Nd Floor, Royal World Opp. City Center Sansar Chandra Road, JAIPUR, RAJASTHAN - 302001
<b>Invoice Number</b>	: 082406I000001988	<b>Area Code</b>	: JAIPUR, Branch Office,
<b>Reverse Charge</b>	: No	<b>FGI State Code</b>	: 08
<b>Name of Insured/Proposer</b>	: Mr. RAJ PATEL	<b>FGI GSTIN Number</b>	: 08AABCF0191R1Z9
<b>Address</b>	: POST - KUMTHHI JEELA KHANDWA, TEH- PANDHANA BANDARAL PANDHANA EAST NIMAR MADHYA PRADESH, EAST NIMAR, MADHYA PRADESH, INDIA, 450661	<b>FGI Pan Number</b>	: AABCF0191R
<b>Place of Supply (State Code)</b>	: NA	<b>Intermediary Name/Code</b>	: SQUARE INSURANCE BROKERS PVT LTD- 60076644
<b>GSTIN / UIN Number</b>	: NA	<b>Date of Issue/Invoice date</b>	: 04/06/2024
<b>Pan Number</b>	: IASPP9145K	<b>HSN</b>	: 997133
<b>Period of Insurance</b>	: From 00:00 hours of 04/06/2024 To Midnight of 03/06/2025	<b>Nature of Service</b>	: Health Insurance Service

Received with thanks from Mr. RAJ PATEL a sum of Rs 8489.00 towards Premium on the above mentioned policy.

PARTICULARS	TAX ( % )	PREMIUM (Rs)
Gross Premium		7194.39
Add : IGST	18%	1294.99
<b>Total (Rounded to the nearest rupee)</b>		<b>8489</b>

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under subrule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

**NOTE:**

1. In case of payment by cheque, in the event of dishonour of cheque for any reason whatsoever, insurance cover provided under this receipt automatically stands cancelled from the inception irrespective of whether a separate communication is sent or not.
2. Excess amount, if any, will be adjusted against subsequent policies, or will be refunded on demand.

For Future Generali India Insurance Co. Ltd.

  
( Authorized Signatory )

**Note: This document is digitally signed by Mr. Vaibhav Risbud, Authorised Signatory of Future Generali India Insurance Company Limited on 04/06/2024 .**



## HEALTH TOTAL - INDIVIDUAL POLICY SCHEDULE

<b>Policy Servicing Office</b>	: 2Nd Floor, Royal World Opp. City Center Sansar Chandra Road, JAIPUR, RAJASTHAN - 302001				
<b>Policy No.</b>	: HTO-30-24-0000519-00-000	<b>Period of Insurance</b>	: From 00:00 hours of 04/06/2024 To Midnight of 03/06/2025		
<b>Name of Insured/ Proposer</b>	: Mr. RAJ PATEL	<b>Policy Term</b>	: 1 Year		
<b>CKYC No.</b>	: NA	<b>Renewal Due Date</b>	: 04/06/2025		
<b>Address</b>	: POST - KUMTHHI JEELA KHANDWA, TEH- PANDHANA BANDARAL PANDHANA EAST NIMAR MADHYA PRADESH, EAST NIMAR, MADHYA PRADESH, INDIA, 450661	<b>Intermediary Name/ Code</b>	: SQUARE INSURANCE BROKERS PVT LTD-60076644		
<b>GSTIN Number</b>	: NA	<b>Telephone (Mob,Hom)</b>	: 1412375675		
		<b>Email Id</b>	: INFO@SQUAREINSURANCE.IN		
		<b>Previous Policy No</b>	: NA		
		<b>First Inception Date</b>	: 04/06/2024		
		<b>FGI GSTIN Number</b>	: 08AABCF0191R1Z9		

### Details of Insured Person(s)

Name of the Insured Person/s	Age	Gender	Relation of the Insured with the Proposer	Plan Name	Sum Insured (Rs.)	Voluntary Deductible (Rs.)	Cumulative Bonus (Rs.)	Pre-Existing Condition	Underwriting Loading	Specific Conditions
MR RAJ PATEL	18 Y	Male	Self	Vital Plan	500000	0.00	0.00	NIL	NIL	NIL

### Nominee Details

Name of the insured person's	Nominee Name	Relation with the Insured Person/s
RAJ PATEL	KRISHNA PATEL	Father

### Policy Loadings and Discount

### Schedule of Premium

Installment Loading (%)	0.00	Gross Premium	(Rs.) 7194.39
Long Term Discount (%)	0.00	Goods and Services Tax	(Rs.) 1294.99
Family Discount (%)	0.00	Total Premium	(Rs.) 8489
Discount (%)	0.00		

### Special Clauses, Conditioms, Exclusion and Warranties

NA	NA
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.For each member, waiting periods for time bound exclusions will be waived off for continuous period of cover.

.This is applicable for the Sums Insured + Cumulative Bonus(if any).

.For any enhancement of sum insured, waiting periods will apply afresh according to the respective dates of enhancement.

.If the sum insured opted is lesser than the previous sum insureds then the continuity will be offered to the lesser Sum Insured +Cumulative Bonus(if any).

### Important:

- In case of premium payment by cheque, in the event of dishonor of cheque for any reason whatsoever cover provided under this document automatically stands cancelled from the inception irrespective of whether a separate communication is sent or not.
- The above records the information of pre-existing illness/ hospitalization etc. details given by the insured, pursuant to Clause 8(2) of the IRDAI (Protection of Policyholder's interest) Regulations, 2017. If the information shown above is found to be either incomplete or incorrect at the time of claim, the same shall be construed as non-disclosure of material information
- This Policy of Insurance is a Contract between the Company and the Insured Person(s). The Insured Person(s) shall not transfer, assign, alienate or in any way pass the benefits and /or liabilities to any other person, institution, hospital, company or body corporate without specific approval in writing by a duly authorized officer of the company. However, if the Insured Person(s) is permanently incapacitated or deceased, the legal heirs of the insured may represent him in respect of claim under the policy.
- All terms, conditions and exclusions as per standard Policy Wordings and Endorsement wordings attached with this schedule.
- Kindly refer to the attached policy wording for sub limits, Co-pay limits, Voluntary Deductible, if any.
- In case of change in Goods and Services tax the premiums will stand revised.
- For complete terms, conditions and exclusions, please visit <https://general.futuregenerali.in/customer-service/downloads/>
- For any redressal of grievance and for escalation matrix <https://general.futuregenerali.in/customer-service/grievance-redressal>

**Claims Assistance**

This policy is administered by:-  
In-house Administrator - Future Generali Health ( FGH )  
Future Generali India Insurance Co. Ltd.  
Office No.3, 3rd Floor  
Building-A, G-O-Square,  
Sr. No. 249+250, Near Mankar Chowk,  
Aundh Hinjewadi Link Road, Wakad,  
Pune, Maharashtra - 411 057  
Toll free number - 1800 209 1016 / 1800 103 8889  
Toll free Fax - 1800 209 1017 / 1800 103 9998  
Email ID - fgh@futuregeneralial.in

For FUTURE GENERALI INDIA INSURANCE CO. LTD.

Receipt No: X0347710

Date of Issue: 04/06/2024

Place of Issuance: Mumbai\*

\*Address as mentioned below



(Authorized Signatory)

**Note: This document is digitally signed by Mr. Vaibhav Risbud, Authorised Signatory of Future Generali India Insurance Company Limited on 04/06/2024 .**

Stamp duty of Rs. 50.00 is paid as provided under Article Policy of Insurance 47C(b) of Indian Stamp Act, 1899 and included in Consolidated Stamp Duty Paid to the Government of Maharashtra Treasury vide Order of Addl. Controller Of Stamps, Mumbai at General Stamp Office, Fort, MUMBAI-400001, vide this Order No. ( NO. LOA/ENF-2/CSD/37/2024 (Validity Period Dt. 25/04/2024 To Dt. 31/03/2025) OW NO. 2060, Dated 16/04/2024. )

Product UIN :FGIHLIP23220V052223

## Premium details for the purpose of deduction under Section 80D of Income Tax Act

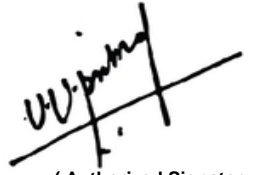
This is to certify that Mr. RAJ PATEL has paid the premium under HEALTH TOTAL Individual Policy number **HTO-30-24-0000519-00-000** for the period- 04/06/2024 to 03/06/2025, details of the same are as under-

Installment Frequency	Not Applicable	
No of Installments	Not Applicable	
Premium Amount	Payment Status	Date of Payment/Payment Due
8489.38	Raised and paid	04/06/2024

**Note :**

1. This is subject to the provisions of Section 80D of Income Tax Act, 1961 as amended from time to time.
2. 80 D benefit is applicable for only Self, Spouse, Dependent Children and Dependent parents.
3. The benefit is available only to the extent of the premium paid during the financial year. The receipt for payment of subsequent installment premiums will be the proof to claim this benefit subject to Section 80 D of the Income Tax Act, 1961.

For Future Generali India Insurance Co. Ltd.

  
( Authorized Signatory )



1. Do you have an existing Health Total Policy?	2. Are you in good health and free from physical and mental disease or infirmity or medical complaints or deformity?	3. Do you regularly consume tobacco /alcohol or smoke? - (please specify – yes/no. If yes please mention –quantity / day,number of years since consuming/smoking)	4. Does any person to be insured suffer or has suffered in the past from any of the following? Disorder of the heart including ischemic heart disease / rheumatic heart disease, or circulatory system, chest pain, high blood pressure, stroke, asthma, any respiratory condition,cancer or tumour / lump of any kind, diabetes, hepatitis,disorder of urinary tract or kidneys, blood disorder, any mental or psychiatric conditions, any disease of brain or nervous system, fits (epilepsy), slipped disc, backache,any congenital / birth defects / disease, AIDS or tested positive for HIV, or any other disease – yes / no. If yes,indicate in the table.	5. Name of disease /illness/ injury suffering from,in the past or at present. Any other diseases or ailments not mentioned? If 'yes' give details in the table.
No	Yes	No	No	No
6. Disease/illness/ injury/suffering since when/ when first treated. If applicable please mention details. If not applicable please mention 'no' in the table.		7. Treatment/medication received/receiving.If applicable please mention details. If not applicable please mention 'no' in the table.		8. Are you fully cured?(Yes /No)
NA		NA		Yes
Installment Facility			Not Opted	
Installment Frequency			Not Applicable	
Loading on Standard Premium in case of Installment payment(%)			0.00	
Long Term discount (In case of Single payment of premium for long term policy)(%)			0.00	
Family discount(%) ( Individual SI policies )			0.00	
Discount(%)			0.00	
Premium charged Including Goods and Services Tax			8489.00	
<b>ADDITIONAL INFORMATION</b>				
<b>CONCURRENT/PREVIOUS INSURANCE POLICY DETAILS</b>				
Are you having existing Health Poli cy of Future Generali or are you insured under any other Health Insurance Policy?			No	

**True to our Go Green Initiative, we will send the Digitally signed and authenticated policy document to your e-mail address as you've mentioned in this proposal, and you may download and save a copy of it. If you still need a physical copy, please confirm - Yes**

#### DECLARATION

1. I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorised to propose on behalf of these other persons.

2. I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable.

3. I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.

4. I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.

5. I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.

6. I further declare that:

☐ There is no other material / relevant information, that has not been disclosed to FGIICL and if any information given in this proposal is found to be untrue, the Insurance policy shall be void ab initio and the premium shall be forfeited to FGIICL.

☐ I agree to receive Service related information from FGIICL and its service providers, through electronic and telecom modes including Whatsapp and further understand that no unsolicited information will be sent to me.

☐ The information/ data provided by me through this Proposal Form, to FGIICL and / or FGIICL authorized personnel / agency shall be stored by FGIICL, throughout the currency of my relationship with FGIICL and used for the purpose relating to my proposal for insurance cover and/or servicing policies issued in my favour, whether by FGIICL or its authorized partners. I also understand that the said storage is necessary for my consumption of the services and consent to not hold FGIICL and / or its authorized partners / agency / personnel liable for legal utilization of the submitted information / data.

7. I declare that the premium amount, corresponding to this proposal, is paid out of the legally declared and assessed sources of my/our income and not out of proceeds of crime related to any offence under the Prevention of Money Laundering Act, 2002 and rules framed thereunder. I understand that FGIICL reserves the right to call for documents and information to establish the source of funds and has also the right to reject the said proposal or to terminate the insurance contract unilaterally and/or forfeit the premium amount, if I am found to be named in any recognized sanction list/happen to have violated any provisions of law.

8. I/We hereby confirm that the premium payment have been paid by a person having an insurable interest in my/our policy under this application form. In case of any refund, please process the same in below mentioned proposer's bank account.

9. I am (please tick all that are applicable) ☐ HNI ☐ NRI ☐ Politically Exposed Person ☐ Jeweler ☐ NGO ☐ Film Actor ☐ Producer ☐ Others

10. ABHA Declaration (Applicable only if you have shared the ABHA number with Us) - I, hereby declare that I am voluntarily sharing Ayushman Bharat Health Account number (NA) for the proposed Insured Persons, with Future Generali India Insurance Company Limited, for the sole purpose of accessing my records of medical history, which will be used to verify/share relevant information provided herein on confidential basis within its Group and /or third party agencies in connection with the Claims, for the purpose of facilitating insurance/ reinsurance services and ancillary services

#### Optional Declaration:

I hereby give my/our consent to the Company to use my/our personal information for quality and data analysis purpose which may be carried out by an empaneled third party vendors

I hereby acknowledge that I have read and understood the contents of the prospectus and have been explained the features, contents and terms of the \* Prospectus/ Product by the Intermediary/Agent to my/our satisfaction (\*to download a copy of the Prospectus and for further details about the product, please visit our website <https://general.futuregenerali.in/>)

Prohibition of Rebates: Section 41 of the Insurance Act, 1938 (and amendments thereof)

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the prospectus or tables of the insurers.

2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.



**Future Generali  
Health**

Insured Name : MR RAJ PATEL  
Gender : Male  
Age : 18  
Relation : Self  
Member ID : HTO1133379004062024A  
Proposer Name : Mr. RAJ PATEL  
Policy Number : HTO-30-24-0000519-00-000  
Policy Expiry Date : 03/06/2025

24x7 Toll Free Phone 1800 209 1016 / 1800 103 8889

"We are always listening. How you feel is important to us. Simply SMS "HAPPY" or "UNHAPPY" to 9222211100 and we will be in touch with you."  
fgh@futuregenerali.in

Scan this barcode using QR Code Reader  
from your smart phone to access FGH



FUTURE GENERALI INDIA INSURANCE COMPANY LIMITED  
Office No - 3, 3rd Floor, "A" Building, G-O-Square, S.No. 249 & 250, Aurdh - Hinjewadi link road, Wakad, Pune - 411 057  
CIN: U66030MH2006PLC165287

24x7 Toll Free Fax 1800 209 1017 / 1800 103 9998

## HEALTH TOTAL

### Customer Information sheet/Know Your Policy

This document provides key information about the policy. You are also advised to go through your policy document.

SI No	Title	Description	Policy Clause Number				
1	Name of the Insurance Product /Policy	HEALTH TOTAL	Not Applicable				
2	Policy Number	HTO-30-24-0000519-00-000	Not Applicable				
3	Type of Insurance Product/Policy	Both Indemnity and benefit	Not Applicable				
4	Sum Insured (Basis)	<div><div>• Plan Opted Vital Plan</div><div>• Individual Sum Insured –</div><table><tr><td>Insured Name</td><td>Sum Insured (Rs.)</td></tr><tr><td>MR RAJ PATEL</td><td>500000</td></tr></table></div>	Insured Name	Sum Insured (Rs.)	MR RAJ PATEL	500000	Not Applicable
Insured Name	Sum Insured (Rs.)						
MR RAJ PATEL	500000						
5	Policy Coverage (What the policy covers?)	Expenses in respect of:	Section B				
		Hospitalization Medical Expenses - Admission in a hospital for a minimum period of 24 inpatient Care consecutive hours.	Benefit 1				
		Day Care Treatment Expenses- Specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.	Benefit 2				
		Pre-Hospitalization Medical Expenses for number of days, as per the plan opted.	Benefit 3				
		Post-Hospitalization Medical Expenses within the number of days, from the date of discharge.	Benefit 4				
		Maternity Expenses - Medical expenses towards pregnancy (delivery/termination).	Benefit 5				
		Organ Donor Expenses - Medical Expense incurred for an organ donor's surgery for the harvesting of the organ donated.	Benefit 6				
		Patient Care - Charges for a Qualified Nurse for the Insured Person for a period of up to 10 days immediately following the discharge from Hospital.	Benefit 7				

Accidental Hospitalization - Increase in Sum Insured by 25% of the available balance Sum Insured or up to maximum up to Rs. 10,00,000, if the Insured Person is hospitalized solely and directly due to an Accident	Benefit 8
Accompanying Person - Fixed per day payment towards the person accompanying the hospitalized Insured Person (Child who is 12 years of age or below)	Benefit 9
Road Ambulance Charges incurred for transportation of an Insured Person by a Road Ambulance.	Benefit 10
Emergency Medical Evacuation (applicable for Superior Plan and Premiere Plan only)	Benefit 11
Domiciliary Hospitalization Expenses (maximum of 10% of the Sum Insured)	Benefit 12
OPD Treatment (applicable for Superior Plan and Premiere Plan only)	Benefit 13
Child vaccination benefits (applicable for Premiere Plan only)) -for vaccinations of Insured person who is a child of age 12 years or less.	Benefit 14
Newborn Baby (applicable for Superior Plan and Premiere Plan only)	Benefit 15
E-Opinion in respect of an Illness or Injury	Benefit 16
Alternative Treatment	Benefit 17
Medical Treatment Abroad (applicable for Premiere Plan only)	Benefit 18
Wellness Care - The annual health checkup can be conducted from 2nd year of the policy with Us, for the insured persons who were already covered under the policy. The annual health checkup would include tests as given below as applicable for respective plans:  Vital Plan: Complete Blood count, Urine Routine, Random Blood Sugar (maximum two insured persons per policy /per policy year irrespective of family size)  Superior Plan: Complete Blood Count, Urine Routine, Fasting blood Sugar, Post Prandial Blood Sugar, ECG, Serum Creatinine (maximum three insured persons per policy /per policy year irrespective of family size)  Premiere Plan: Complete Blood Count, Urine Routine, Fasting blood Sugar, Post Prandial Blood Sugar, ECG, Serum Creatinine (maximum four insured persons per policy/ per policy year irrespective of family size)	Benefit 19
Cumulative Bonus - The Sum Insured will be enhanced by 50% for each claim free policy year. Year will not exceed 100% of the Sum Insured of the first Policy Year.	Benefit 20

		<p>Restoration of Sum Insured - Under this benefit a Restore Sum Insured (equal to 100% of the base Sum Insured excluding Cumulative Bonus-if any) will automatically be available for the particular Policy year. The Restore Sum Insured can be used for only future claims made by the Insured Person and not against any claim for an Illness (including its complications) for which a claim has been paid in the current Policy Year.</p>	Benefit 21
		<p>Note: All the above covers are offered under this Product. However, the cover offerings are plan specific and shall be applicable as per the opted plan.</p>	
6	Exclusions (What the policy does not cover)	<p><b>Standard Exclusions</b></p> <ul style="list-style-type: none"> <li>• Investigation And Evaluation</li> <li>• Rest Cure, rehabilitation and respite care</li> <li>• Obesity/ Weight Control</li> <li>• Change-of-Gender treatments</li> <li>• Cosmetic or Plastic Surgery</li> <li>• Hazardous or Adventure sports</li> <li>• Breach of law</li> <li>• Excluded Providers</li> <li>• Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.</li> <li>• Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons.</li> <li>• Dietary supplements and substances that can be purchased without prescription.</li> <li>• Refractive Error</li> <li>• Unproven Treatments</li> <li>• Birth control, Sterility and Infertility</li> </ul> <p><b>Specific Exclusions</b></p> <ul style="list-style-type: none"> <li>• Injury or 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).</li> <li>• Circumcision, unless necessary for treatment of an Illness or necessitated due to an Accident.</li> <li>• Vaccination/ inoculation (except as post bite treatment)</li> <li>• Charges incurred in connection with cost of spectacles and contact lenses, hearing aids, durable medical equipment, namely that equipment used externally for the human body which can withstand repeated use; is not designed to be disposable; is used to serve a medical purpose, such cost of all appliances/devices whether for diagnosis or treatment after discharge from the Hospital.</li> <li>• Venereal /Sexually Transmitted disease other than HIV/AIDS.</li> <li>• External Congenital Anomaly and related Illness/ defect.</li> </ul>	Section C-2

		<ul style="list-style-type: none"> <li>• Injury or Illness directly or indirectly caused by or contributed to by nuclear weapons/materials.</li> <li>• Stem cell storage.</li> <li>• Non-prescribed drugs and medical supplies, hormone replacement therapy.</li> <li>• Personal comfort and convenience items or services.</li> <li>• Outpatient diagnostic, medical and Surgical Procedures or treatments.</li> <li>• Dental Treatment or Surgery of any kind unless requiring Hospitalization as a result of Injury.</li> <li>• A Medical Practitioner's home visit charges during pre and post Hospitalization period and attendant nursing charges.</li> <li>• Treatment outside India.</li> <li>• Intentional self-Injury.</li> <li>• Any complications arising out of the Infertility treatment.</li> <li>• Standard list of excluded items as mentioned in Annexure III and on our website <a href="https://general.futuregenerali.in/non-medical-expenses">https://general.futuregenerali.in/non-medical-expenses</a></li> <li>• Any specific exclusion(s) applied by Us, specified in the Schedule and accepted by the insured.</li> </ul> <p><b>Specific Exclusions for OPD</b></p> <ul style="list-style-type: none"> <li>a) Any expenses in excess of the maximum amount payable under the outpatient medical expenses limit specified in the Schedule of Benefits.</li> <li>b) Cost of an Annual Health Check-up.</li> <li>c) Any expenses for OPD Treatment including dental expenses in case of Vital Plan.</li> <li>d) Any expenses for prescribed medications in case of Superior Plan.</li> <li>e) Any expenses for consultation, diagnostics, medications which are not duly supported with medical documents from the Medical Practitioner mentioning: <ul style="list-style-type: none"> <li>(i) Diagnosis;</li> <li>(ii) Referral for diagnostic test;</li> <li>(iii) Prescription for medications.</li> </ul> </li> <li>f) Costs incurred on all methods of treatment except Allopathic.</li> </ul>	
7	<p>Waiting period</p> <ul style="list-style-type: none"> <li>• Time period during which specified diseases/ treatments are not covered.</li> <li>• It is counted from the beginning of</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Initial waiting period:</b> 30 days for all illnesses (not applicable in case of continuous renewal or accidents)</li> <li>• <b>Specific waiting periods:</b> (Not applicable for claims arising due to an accident) <ul style="list-style-type: none"> <li>a) 24 months waiting period for Cataracts, Benign Prostatic Hypertrophy, Hernia of all types, Deviated Nasal Septum, Hypertrophied Turbinate, Hydrocele, All types of sinuses, Fistulae, hemorrhoids, fissure in ano, Dysfunctional uterine bleeding, Fibromyoma, Endometriosis, Hysterectomy, All internal or external</li> </ul> </li> </ul>	<p>Section C1.i.b.vi.III</p> <p>Section C1.i.b.vi.I&amp;II</p>



	the policy coverage	<p>tumors/cysts/nodules/polyps of any kind including breast lumps with exception of malignant tumor or growth, Surgery for prolapsed inter vertebral disc unless arising from Accident, Surgery of varicose veins and varicose ulcers, Any types of gastric or duodenal ulcers, Stones in the urinary and biliary systems, Surgery on ears and tonsils.</p> <p>b) 48 months for Organ transplant, Rheumatoid Arthritis, Gout, Joint replacement Surgery due to degenerative condition, Age related Osteoarthritis and Osteoporosis unless such joint replacement Surgery is Medically Necessary due to Injury.</p> <p>c) Maternity Expenses –</p> <p>i) In case Female Insured Person along with Spouse are covered - Waiting period is 24 months from the date of inception of first Health Total policy with Us.</p> <p>ii) In case only Female Insured Person is covered - Waiting period is 48 months from the date of inception of first Health Total policy with Us.</p>	Section C1.i.b.vi.I&II		
		• <b>Pre-existing diseases:</b> covered after 24 months	Section -1.i.a		
8	Financial Limits of Coverage	The Policy will pay only up to the Sub limits specified hereunder for the following diseases/procedures. In case of claim, this policy require you to share the following costs: Expenses exceeding the following Sub-limits.	Section D (ii) 2b		
	i Sub Limits- (It is a predefined limit, and the insurance company will not pay any amount in excess of this limit)	<table><tr><td>Cataract</td><td>10% of the Sum Insured for each eye, subject to a maximum of the amount and a maximum of Rs.1,00,000/- per eye.</td></tr></table>	Cataract	10% of the Sum Insured for each eye, subject to a maximum of the amount and a maximum of Rs.1,00,000/- per eye.	
Cataract	10% of the Sum Insured for each eye, subject to a maximum of the amount and a maximum of Rs.1,00,000/- per eye.				
	ii Co-payment – (It is a specified amount /percentage of the admissible claim amount to be paid by policy holder/ Insured)	<p>Co-Payments Applicable under the Policy</p> <p>The following Co-payments shall be applicable for claims under all Benefits other than Benefit 13:</p> <p>a) Any Insured Person aged 60 years to 64 years, being covered for the first time in a Health Total Policy shall bear 20% of each and every admissible claim and Our liability, if any, shall only be in excess of that sum.</p> <p>b) Any Insured Person aged 65 years to 69 years, being covered for the first time in a Health Total Policy shall bear 25% of each and every admissible claim and Our liability, if any, shall only be in excess of that sum.</p> <p>c) Any Insured Person aged 70 years to 74 years, being covered for the first time in Health Total Policy shall bear 30% of each and every admissible claim and Our liability.</p>	Section D (ii) 3		

	<p>if any, shall only be in excess of that sum.</p> <p>d) Any Insured Person aged 75 years and above, being covered for the first time in Health Total Policy shall bear 40% of each and every admissible claim and Our liability, if any, shall only be in excess of that sum.</p>	
<p>iii Deductible- (It is a specified amount up to which an insurance company will not pay any claim, and which will be deducted from total claim amount (if claim amount is more than the specified amount))</p>	<b>Voluntary Deductible – Not Applicable</b>	Section D (ii) 4
<p>iv. Any other limit (as applicable)</p>	Not Applicable	Not Applicable

9	Claims/ Claims Procedure	<p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <p>Turn Around Time (TAT) for claims settlement:</p> <ul style="list-style-type: none"> <li>i. TAT for preauthorization of cashless facility -2 hours (from the time of receipt of last necessary documents)</li> <li>ii. TAT for cashless final bill authorization: 2 hours (from the time of receipt of last necessary documents)</li> </ul> <p>Please find below the details /web link for following:</p> <ul style="list-style-type: none"> <li>i. Network hospital details- <a href="https://general.futuregenerali.in/hospital-locator">https://general.futuregenerali.in/hospital-locator</a></li> <li>ii. Helpline Number - 1800 209 1016 / 1800-103-8889</li> <li>iii. Hospitals which are blacklisted or from where no claims will be accepted by Insurer. - <a href="https://general.futuregenerali.in/hospital-locator">https://general.futuregenerali.in/hospital-locator</a></li> <li>iv. Downloading/getting claim form -<a href="https://general.futuregenerali.in/customer-service/downloads">https://general.futuregenerali.in/customer-service/downloads</a></li> </ul>	Section D. II. iii. 1
10	Policy Servicing	<p>a) Call Centre number of Insurer Policy Servicing: 1800 220 233/1860 500 3333/ 022-67837800 Timing: 7 am to 10 pm Claims Servicing: 1800 103 8889/1800 209 1016 Timing: 24*7</p> <p>b) Details of company officials</p> <p>Policy Servicing Office: 2Nd Floor, Royal World Opp. City Center Sansar Chandra Road, JAIPUR, RAJASTHAN - 302001</p>	Section D. I. 11
11	Grievances/Co mplaints	<p>Details of</p> <ul style="list-style-type: none"> <li>-Grievance Redressal Officer of the Insurer: <a href="https://general.futuregenerali.in/customer-service/grievance-redressal">https://general.futuregenerali.in/customer-service/grievance-redressal</a></li> <li>-Insurance Company grievance portal / Department: <ul style="list-style-type: none"> <li>• Helplines: 1800-220-233/ 1860-500-3333/ (022) 67837800</li> <li>• Email: <a href="mailto:Fgcare@futuregenerali.in">Fgcare@futuregenerali.in</a></li> <li>• Website: <a href="http://www.futuregenerali.in">www.futuregenerali.in</a></li> </ul> </li> <li>-Ombudsman: The guidelines of taking up a complaint in ombudsman and the addresses of ombudsman are available on: <a href="http://www.policyholder.gov.in/Ombudsman.aspx">http://www.policyholder.gov.in/Ombudsman.aspx</a></li> </ul>	Section D. I. 11



12	Things to remember	<ul style="list-style-type: none"> <li>• <b>Free Look Cancellation:</b> You may cancel the insurance policy if you do not want it, within 15 days from the beginning of policy. The Free Look Period shall only be applicable for new policies and shall not be available on renewal policies, ported policies and migrated policies.</li> </ul> <p>In the event you want to exercise Free Look Cancellation, you will need to place a request for the same through registered e-mail id or registered contact number by calling on our Helpline Numbers 1800-220-233, 1860-500-3333, 022-67837800 or by submitting a request at any of our branch offices.</p> <p>If you have not made any claim during the Free Look Period, then you shall be entitled to</p> <ol style="list-style-type: none"> <li>a) a refund of the premium paid less any expenses incurred by the Company on medical examination of the Insured Person and the stamp duty charges or</li> <li>b) Where the risk has already commenced and the option of return of the policy is exercised by the Insured Person, a deduction towards the proportionate risk premium for period of cover or</li> <li>c) Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.</li> </ol>	Section D. I. 3
		<ul style="list-style-type: none"> <li>• <b>Policy Renewal:</b> Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.</li> </ul>	Section D. II. iv. 1

		<ul style="list-style-type: none"><li>• Migration &amp; Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy with other Insurer. The e-mail and address to be contacted for outward portability is: Customer Service Cell, Future Generali India Insurance Company Ltd. Corporate &amp; Registered Office 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai – 400083  Email: <a href="mailto:Fgcare@futuregenerali.in">Fgcare@futuregenerali.in</a> For Detailed Guidelines on migration and portability, kindly refer the link <a href="https://general.futuregenerali.in/portability-and-migration">https://general.futuregenerali.in/portability-and-migration</a></li></ul>	Section D. II. i. a & b				
		<ul style="list-style-type: none"><li>• Change in Sum Insured- Sum insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For Increase in SI, waiting period if any shall start afresh only for the enhanced portion of the sum insured.</li></ul>					
		<ul style="list-style-type: none"><li>• Moratorium Period-After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of eight continuous years would be applicable from date of enhancement of sum insured only on enhanced limits.<ul style="list-style-type: none"><li>• After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.</li></ul></li></ul>	Section D. I.8				
13	Your Obligations	<p>Please disclose all Pre-Existing Disease/s, or condition/s before buying a policy. Non-disclosure may affect claim settlement.</p> <p>Disclosure of other material information during the policy period.</p> <table><tr><td>Name of the Insured Person/s</td><td>Pre-Existing Condition/Deformity</td></tr><tr><td>MR RAJ PATEL</td><td>NIL</td></tr></table>	Name of the Insured Person/s	Pre-Existing Condition/Deformity	MR RAJ PATEL	NIL	Section D. I. 1
Name of the Insured Person/s	Pre-Existing Condition/Deformity						
MR RAJ PATEL	NIL						

## 14 Premium illustration

Premium Illustration in respect of policies offered on individual and family floater basis

Plan Vital, Sum Insured Rs. 500000

Age of the members insured	Coverage opted on individual basis covering each member of the family separately (at a single point in		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum insured (Only one sum insured is available for the entire family)				
	Premium (in Rs.)	Sum insured (in Rs.)	Premium (in Rs.)	Discount , if any	Premium after discount (in Rs.)	Sum insured (in Rs.)	Premium or consolidat ed premium for all members of family (in Rs.)	Floater discount, if any	Premium after discount (in Rs.)	Sum insured (in Rs.)	
50 years	13,348	500,000	13,348	1,335	12,013	500,000	13,348	5,339	8,009	500,000	
42 years	9,560	500,000	9,560	956	8,604	500,000	9,560	3,824	5,736		
17 years	5,389	500,000	5,389	539	4,850	500,000	5,389	3,233	2,156		
20 years	7,194	500,000	7,194	719	6,475	500,000	7,194	3,957	3,237		
27 years	7,932	500,000	7,932	793	7,139	500,000	7,932	3,966	3,966		
27 years	7,932	500,000	7,932	793	7,139	500,000	7,932	3,966	3,966		
32 years	8,218	500,000	8,218	822	7,396	500,000	8,218	3,698	4,520		
35 years	8,218	500,000	8,218	822	7,396	500,000	8,218	3,698	4,520		
36 years	8,754	500,000	8,754	875	7,879	500,000	8,754	3,939	4,815		
40 years	8,754	500,000	8,754	875	7,879	500,000	8,754	3,939	4,815		
52 years	20,804	500,000	20,804	2,080	18,724	500,000	20,804	8,322	12,482		
57 years	27,790	500,000	27,790	2,779	25,011	500,000	27,790	9,727	18,064		
65 years	41,030	500,000	41,030	4,103	36,927	500,000	41,030	14,361	26,670		
65 years	41,030	500,000	41,030	4,103	36,927	500,000	41,030	14,361	26,670		
70 years	58,255	500,000	58,255	5,826	52,430	500,000	58,255	-	58,255		
Total Premium for all members of the family is Rs.2,74,208/-, when each member is covered separately			Total Premium for all members of the family is Rs.2,46,,787/-, when they are covered under a single policy.				Total Premium when policy is opted on floater basis is Rs.1,87,879/-				
Sum insured available for each individual is Rs.500000			Sum insured available for each family member is Rs.500000				Sum insured of Rs.500000 is available for the entire family				

### Note:

1. This is just an illustration of premium calculation.
2. Premiums may vary with respect to Plan and Sum Insured opted by the insured.
3. Premium rates specified in the above illustration are the standard premium rates without considering any loading and/or discounts like – Online (Website) Sales discount etc.
4. In case premium is paid on instalment basis, the loading will be applicable accordingly.
5. Premium rates are exclusive of Goods and Services Tax applicable.

Declaration by the Policy Holder:

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

Place \_\_\_\_\_

Date \_\_\_\_\_ (Signature of the Policy)

**Note-**

- i. The web-link, where the product related documents including the Customer Information Sheet are available on the website of FGII, is at  
<https://general.futuregenerali.in/customer-service/downloads>
- ii. In case of any conflict, the terms and conditions mentioned in the policy documents shall prevail.
- iii. **Your confirmation, being the policyholder, regarding receiving of the Customer Information Sheet is necessary**

HEALTH TOTAL| CIS  
UIN: FGIHLIP23220V052223