



3317206173555602000

MR MAYANK J MANGROLIYA
Communication Address:
B 35 YOGIRAJ SOC YOGI CHOWK PUNAGAM
SURAT SURAT
SURAT, GUJARAT, 395010
Contact No : 97XXXXXXX3

Thank you for choosing HDFC ERGO as your preferred insurance partner. We welcome you to be a part of our family !

Your Personal Accident Insurance Policy no 3317206173555602000 is confirmed on the basis of the information and declaration given by you. The details of coverage are mentioned in the enclosed policy schedule of insurance. Along with this policy you are also eligible for Wellness Benefits under our Add-on "HDFC ERGO Wellness Corner" -UIN: HDFHLIA24051V012324. For details of the benefits, please click on the following link <https://hdfcergo.onelink.me/ARLJ/v6t9r5kz>

We value your relationship with us and assure you our best services at all times and we look forward to serve you.

Now you can view your policy details and health card at your fingertips. Download our Mobile App now and experience convenience today!!"

Proposer details have been updated basis the information present in the KYC documents. If you find any detail which needs to be corrected, request you to create/ modify the eKYC ID and place a request for endorsement.

Please note that your communication address is treated as the address for underwriting purpose, which is generally address where you would be currently and temporarily residing and is different from your permanent address. Details along with the proof for your permanent address is provided either from reference of C-KYC Registry and / or on Aadhaar. Any submission for change in address is treated as change in communication address. Please go to the self-help page or your nearest branch in case you intend to change the 'Permanent Address' provided.

Soft copy of the policy is valid for all purposes including claims.

For HDFC ERGO General Insurance Company Ltd.

Duly Constituted Attorney

TAX CERTIFICATE

Dear Mayank J Mangroliya,

Subject : Certificate for the purpose of deduction under section 80 D of Income Tax Act, 1961

This is to certify that we have received an amount of ₹ 678 towards premium for , Policy No. 3317206173555602000 issued to MAYANK J MANGROLIYA for the period 01/03/2026 to 28/02/2027.

Note : This is subject to the provisions of Section 80D of Income Tax Act, 1961 as amended from time to time.

This certificate must be surrendered to the company in case of cancellation of this policy. In event of incorrect representation of this declaration the liability shall be upon the policy holder.

Date : 27/02/2026

Policy Issuing Office: Mumbai

For HDFC ERGO General Insurance Company Ltd.

Duly Constituted Attorney



3317206173555602000

MR MAYANK J MANGROLIYA B 35 YOGIRAJ SOC YOGI CHOWK PUNAGAM SURAT SURAT SURAT, GUJARAT, 395010 Contact No : 97XXXXXXX3	Policy No.	:3317 2061 7355 5602 000		Issuance Date	: 27/02/2026
	Period of Insurance	:From 01/03/2026 00:01 hrs To 28/02/2027 Midnight		Premium Frequency	:Yearly
	Invoice No.	:206173555602000		Policy Type	:Individual
	Proposer Name	:Mr Mayank J Mangroliya		EIA No.	:Not provided
	HSN Code	:997133			
	Customer Id	:100438980702			
	Annual Income	:300000			
	Occupation	:Business Owner / Manager - Clerical			
	Loan Account No.				
	Lending Institution				
Email ID		:raxxxxxxxxxx84@yxxxx.com			
Payment Details : PPR25614553271825, Bank Name:BIZDIRECT					

my:health Koti Suraksha - Insured Person's Details & Sum Insured

Insured's Name	Relation with policy holder	Gender	DOB	Nominee Name	Nominee Relationship	1st Policy Inception	Sum Insured	Occupation	Annual Income	Pre Existing Disease	ABHA ID
Mayank J Mangroliya	Self	M	18/09/1990	Mangroliya Krupa Mayankbhai	Wife	01/03/2024	As mentioned below	Business Owner / Manager - Clerical	300000	No	
Mangroliya Ishva Mauankbhai	Dependent Daughter	F	06/08/2015	Mangroliya Mayank Jayantibhai	Father	01/03/2024		Student		No	
Harsiddhi Mayankbhai Mangroliya	Dependent Daughter	F	30/03/2023	Mangroliya Mayank Jayantibhai	Father	01/03/2024		Retired / unemployed / housewives / Students		No	
Mangroliya Krupa Mayankbhai	Spouse	F	27/11/1991	Mangroliya Mayan Jayantibhai	Husband	01/03/2024		Housewife		No	

Note : In case any insured person's wish to generate his/her ABHA ID kindly visit link given below :

<https://https://healthid.ndhm.gov.in/register>

my:Health Hospital Cash Benefit (Add-on) - HDFHLIA21271V022021 , my: health Critical Illness - HDFHLIA22141V032122

The nominee must be an immediate relative of the policyholder. For all other Insured Persons the policy holder shall be the nominee

Schedule of Coverage

Personal Accident Section

Base Coverages

Section #	Covers	Member 1 Self Base Sum Insured / Sum Insured	Member 2 Dependent Daughter Base Sum Insured / Sum Insured	Member 3 Dependent Daughter Base Sum Insured / Sum Insured	Member 4 Spouse Base Sum Insured / Sum Insured
1	Accidental Death	2000000/2000000	500000/500000	500000/500000	1000000/1000000
i	Disappearance	2000000/2000000	500000/500000	500000/500000	1000000/1000000
ii	Comatose Benefit	1000000/1000000	250000/250000	250000/250000	500000/500000
Optional Cover under Accidental Death					
i	Burns	50000/50000	0/0	0/0	0/0
2	Permanent Disablement (Table D)	2000000/2000000	500000/500000	500000/500000	1000000/1000000
3	Temporary Total Disability				
I	Temporary Total Disability - Accident Only	Rs.10000 per Week, upto104 Weeks (lifetime limit)			0/0
II	Temporary Total Disability - Accident & Illness	00			00
4	Broken Bones	100000/100000	0/0	0/0	0/0
5	Emergency Medical Expenses	100000/100000	0/0	0/0	0/0
Optional Covers under Emergency Medical Expenses					
i	Emergency Medical Expenses - Global (\$100 Deductible)	0/0	0/0	0/0	0/0
ii	Co-Payment (in percentage)	0/0			0/0
6	Hospital Cash - Accident Only	3000 per Day,30 Days/3000 per Day, 30 Day			0/0
Optional Covers under Hospital Cash - Accident Only					
i	Companion Benefit	0/0			0/0
ii	Hospital Cash - ICU	0/0			0/0
iii	Time Deductible modification Option	0/0			0/0
iv	Hospital Cash - Global	0/0			0/0
7	Chauffeur Benefit	0/0			0/0

Optional Covers under Personal Accident Section

i	Preventive Health Check Up	0/0	0/0	0/0	0/0
ii	Last Rites	10000/10000	0/0	0/0	0/0
iii	Dependent Child Education Benefit	200000/200000	0/0	0/0	0/0
iv	Renewal Premium Benefit	0/0	0/0	0/0	0/0
v	Parental Care Benefit	50000/50000	0/0	0/0	0/0
vi	Medical Evacuation	0/0	0/0	0/0	0/0

Waiting Periods Applicable to Temporary Total Disablement Illness and Emergency Medical Expenses

Pre-existing Conditions	36months
Listed illness & procedures	24 Months
General Waiting Period	30 days from Policy inception date

The Policy Wording attached herewith includes all the standard coverage's offered by the Company to its customers. Your entitlement for coverage/benefits shall be restricted to the coverage/benefits as mentioned in this Policy Schedule issued to you. Please read the Policy Wording in conjunction with the Policy Schedule. For any clarification, please call our customer care number. The Maximum Compensation in respect of an Insured Person under the policy shall not exceed 10 times the Annual Income (as declared in the Proposal Form). Income proof for availing the compensation at the time of claim is mandatory. Income proof shall mean the previous year's returns filed with the Income Tax Department.

Premium Details (₹)

	Particulars	Premium
A	Basic Premium	5,130.00
B	Optional Cover Premium	120.00
C	Net Premium (A+B)	5,250.00
E	Gross Premium (C+D)	5,250.00

Special Conditions

For Claim/Policy related queries Please Contact us at 022 6158 2020 / 022 6234 6234 or Visit Help Section on www.hdfcergo.com for policy copy/tax certificate/make changes/register and track claims.

If the premium is not realised the policy shall be void from inception. Please note that any misrepresentation, non-disclosure or withholding of material facts will lead to cancellation of policy ab initio with forfeiture of premium and non-consideration of claim, if any.

The stamp duty of Rs. 1/- paid vide Order No:(LOA/ENF-1/CSD/62/2025/ Validity Period Dt. 06/06/2025 to Dt. 31/12/2030, OW No. 2190 Dt 06/06/2025 GRN NO. MH001421282202526M, Dt. 03/05/2025 & DEFACE No. 0001684540202526 Dt. 28/05/2025) as prescribed by Government of Maharashtra Notification No. Mudrank 2017/C.R.97/M-1, Dt.09/01/2018

Goods & Tax Registration No: 24AABCL5045N1ZE

GST for this invoice is not payable under reverse charge basis.

The services {Individual Health Insurance Premium} under this Bill of Supply is exempt under the notification number 16 /2025-Central Tax (Rate) dated 17-September-2025 with effect from 22-September-2025.

Branch : office number 207 - 208, b-wing 2nd floor, icc building,ring road, near kadiwala school surat

Agent Name : ASMITA RAMANI

Agent Code : 201512325820 Tel No. : 91-9277504513

For HDFC ERGO General Insurance Company Ltd.

Duly Constituted Attorney

Explore any of our advanced digital options below and get quick assistance for your policy servicing queries.

Click on <https://selfhelp.hdfcergo.com> to visit our "Help" section

Live Chat with DIA on www.hdfcergo.com

Send us 'Hi' on our WhatsApp Number 8169 500 500

Download the **here** app by HDFC ERGO

"For detailed policy terms and conditions please visit our website <https://www.hdfcergo.com/download/policy-wordings>"

MR MAYANK J MANGROLIYA B 35 YOGIRAJ SOC YOGI CHOWK PUNAGAM SURAT SURAT SURAT, GUJARAT, 395010 Contact No : 97XXXXXXX3	Proposal No.	:3317 2061 7355 5602 000				
	Period of Insurance	:From 01/03/2026 00:01 hrs To 28/02/2027 Midnight				
	Invoice No.	:206173555602000		Premium Frequency :Yearly		
	Proposer Name	:Mr Mayank J Mangroliya		Policy Type :Individual		
	HSN Code	:997133		PAN No. :BDVPM8230P		
	Customer Id	:100438980702				
	Annual Income	: 300000				
	Occupation	: Business Owner / Manager - Clerical				
EIA No. : Not provided						
Email ID :raxxxxxxxxxx84@yxxxx.com						
Payment Details : PPR25614553271825, , Bank Name:BIZDIRECT						

my:health Koti Suraksha - Insured Person's Details & Sum Insured

Insured's Name	Relation with policy holder	Gender	DOB	Nominee Name	Nominee Relationship	1st Policy Inception	Sum Insured	Occupation	Annual Income	Pre Existing Disease	ABHA ID
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Mangroliya Krupa Mayankbhai	Spouse	F	27/11/1991	Mangroliya Mayan Jayantibhai	Husband	01/03/2024		Housewife		No	

Note : In case any insured person's wish to generate his/her ABHA ID kindly visit link given below :

<https://https://healthid.ndhm.gov.in/register>

Schedule of Coverage

Section B. Personal Accident

Section B.I Base Coverages

Section #	Covers	Member 1	Member 2	Member 3	Member 4
		Self Base Sum Insured / Sum Insured	Dependent Daughter Base Sum Insured / Sum Insured	Dependent Daughter Base Sum Insured / Sum Insured	Spouse Base Sum Insured / Sum Insured
1	Accidental Death	2000000/2000000	500000/500000	500000/500000	1000000/1000000
i	Disappearance	2000000/2000000	500000/500000	500000/500000	1000000/1000000
ii	Comatose Benefit	1000000/1000000	250000/250000	250000/250000	500000/500000
Optional Cover under Accidental Death					
i	Burns	50000/50000	0/0	0/0	0/0
2	Permanent Disablement (Table D)	2000000/2000000	500000/500000	500000/500000	1000000/1000000
3	Temporary Total Disability	1040000/1040000	0/0	0/0	0/0
I	Temporary Total Disability - Accident Only	Rs.10000 per Week, upto104 Weeks (lifetime limit)			0/0
II	Temporary Total Disability - Accident & Illness	00			00
4	Broken Bones	100000/100000	0/0	0/0	0/0
5	Emergency Medical Expenses	100000/100000	0/0	0/0	0/0
Optional Covers under Emergency Medical Expenses					
i	Emergency Medical Expenses - Global (\$100 Deductible)	0/0	0/0	0/0	0/0
ii	Co-Payment (in percentage)	0/0			0/0
6	Hospital Cash - Accident Only	3000 per Day,30 Days/3000 per Day, 30 Day			0/0
Optional Covers under Hospital Cash - Accident Only					
i	Companion Benefit	0/0			0/0
ii	Hospital Cash - ICU	0/0			
iii	Time Deductible modification Option	0/0			0/0
iv	Hospital Cash - Global	0/0			0/0
7	Chauffeur Benefit	0/0			0/0

Section B III. Optional Covers under Section 2 – Personal Accident

i	Preventive Health Check Up	0/0	0/0	0/0	0/0
ii	Last Rites	10000/10000	0/0	0/0	0/0
iii	Dependent Child Education Benefit	200000/200000	0/0	0/0	0/0
iv	Renewal Premium Benefit	0/0	0/0	0/0	0/0
v	Parental Care Benefit	50000/50000	0/0	0/0	0/0
vi	Medical Evacuation	0/0	0/0	0/0	0/0

Waiting Periods Applicable to Temporary Total Disablement Illness and Emergency Medical Expenses under Section.B

Section B.IV	Pre-existing Conditions	36months
Section B.IV	Listed illness & procedures	24 Months
Section B.IV	General Waiting Period	30 days from Policy inception date

The Policy Wording attached herewith includes all the standard coverage's offered by the Company to its customers. Your entitlement for coverage/benefits shall be restricted to the coverage/benefits as mentioned in this Policy Schedule issued to you. Please read the Policy Wording in conjunction with the Policy Schedule. For any clarification, please call our toll free number. The Maximum Compensation in respect of an Insured Person under the policy shall not exceed 10 times the Annual Income (as declared in the Proposal Form). Income proof for availing the compensation at the time of claim is mandatory. Income proof shall mean the previous year's returns filed with the Income Tax Department.

Premium Details (₹)

	Particulars	Premium
A	Basic Premium	5,130.00
B	Optional Cover Premium	120.00
C	Net Premium (A+B)	5,250.00
E	Gross Premium (C+D)	5,250.00

Proposer declaration

I/We 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/We am/are authorized to propose on behalf of these other persons.

I/We understand that the information provided by me/us will form the basis of the insurance policy, is subject to the underwriting policy of the insurance Company and that the policy will come into force only after full receipt of the premium chargeable under the policy.

I/We further declare that I/we 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.

I/We declare and consent to the Company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.

I/We authorize the Company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority

Declaration & Warranty on behalf of Insurance Company

Note: The liability of the Company does not commence until the acceptance of the proposal has been formally intimated to the insured and full premium has been realized by the Company. The Company is under no obligation to accept any proposal for insurance. The Proposer agrees that the receipt of the Proposal Form by HDFC ERGO General Insurance Company Limited along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by the Company and does not result in a concluded contract of insurance. The acceptance of the Proposal for insurance shall be at the Company's sole and absolute discretion and upon full realization of the premium payment. In the event of acceptance of the Proposal for insurance by the Company, such acceptance shall be specifically intimated to the Proposer by the Company along with the date from which the insurance Cover shall become effective. The Company shall not be liable for any claim in respect of an event giving rise to a claim covered under the Policy of Insurance that has occurred prior to policy issuance is not covered under this policy (Your proposal form will be considered after HDFCERGO General Insurance Company Limited receives premium payment.).

Fraud Warning: This policy shall be voidable at the option of the Company in the event of mis-representation, mis-description or non-disclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to fraud the insurance Company or any other person, files a proposal for insurance containing any false information, or conceals or the purpose of misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, which will render the policy voidable at the sole discretion of the insurance Company and result in a denial of insurance benefits.

Anti-Rebating Warning : As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows: No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance policy in respect to 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 the 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 published prospectus or tables of the insurer. Violation of Section 41 of the Insurance Act 1938, as amended, shall be punishable with a fine which may extend to 10 Lakhs.

Disclaimer : Proposal Form and Policy Schedule have been generated basis details authenticated by proposer / insured on Online Platform of of HDFC ERGO General Insurance Co Ltd. For Changes if any, kindly visit URL <https://www.hdfcergo.com/customer-care/customer-support.html> and register

For Claim/Policy related queries Please Contact us at 022 6158 2020 / 022 6234 6234 or Visit Help Section on www.hdfcergo.com for policy copy/tax certificate/make changes/register and track claims.

Branch : office number 207 - 208, b-wing 2nd floor, icc building, ring road, near kadiwala school surat

Agent Name : ASMITA RAMANI

Agent Code : 201512325820 Tel No. : 91-9277504513

Other Items :

Go Green and make a difference to our planet! We shall provide you with soft copy of your Policy at your registered e-mail id.

Note: Soft copy of your policy can be easily accessed at your fingertips to refer to terms and conditions, for lodging claims and for any other service needs.

Additionally, by ticking the check box we understand that you wish to have a physical copy of your policy. For details on the process to receive your physical policy kindly visit "Help" section on www.hdfcergo.com or contact our customer care for the same

DECLARATION & WARRANTY ON BEHALF OF ALL PERSONS PROPOSED TO BE INSURED

- I/We hereby declare on my behalf and on behalf of all persons proposed to be insured that the above statements are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons including the minor/s insured, if any.
- I/ We understand that the information provided by me/ us will form the basis of insurance policy, is subject to the Board approved underwriting policy of the Insurance company and that the policy will come into force only after full receipt to the premium chargeable.
- I/We further declare that I/We 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 Insurance Company.
- I/We declare and further consent to the Insurance Company to seek medical and other relevant information from any hospital who at any time has attended the person to be insured/proposer or from any past or present employer concerning anything which affects the physical and mental health of the person to be insured / proposer and seeking information from any insurance company to which 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.
- I/ We declare and provide my unconditional consent that, pursuant to a claim filed by me/ us, the Insurance Company can seek medical and other relevant information/ documents for me/ us from any Doctor and/ or Hospital where I, or other Insured, had taken treatment i.e. OPD and/ or hospitalization etc.
- I/We authorize the Insurance Company to share information pertaining to my proposal, including the medical records for the sole purpose of underwriting and/ or claims.
- I/ We authorize the Company to process my/ our Personal information for profiling purposes and contact me/ us for (i) communicating for renewal of the Policy, (ii) upsell and/ or cross sale of other insurance products.
- I/ We authorize the Insurance Company to share my/ our Personal Information and other relevant records details with (i) the Law Enforcement Agencies, as and when demanded and (ii) any other vendor as per the requirement etc. like printing the Insurance policy/ renewal reminders or any other such activity.
- I/ We authorize the Insurance Company to share my/ our Personal Information and/ or medical Information/ records with any Government and/ or Statutory authorities/ bodies, including but not limited to Insurance Regulatory and Development Authority of India (IRDAI), Insurance Information Bureau (IIB) and General Insurance Council etc.
- Customer Satisfaction Surveys: I/ We hereby consent to the Insurance Company to use and share my/ our Personal Information with the vendors for the purpose of conducting customer satisfaction surveys and related activities aimed at improving service quality and enhancing the overall customer experience.
- Ayushman Bharat Health Account (ABHA) Declaration : I/We provide my/ our consent to access my/ our (all insured) medical and personal records/ details, as are available in my/ our Ayushman Bharat Health Account (ABHA) and share the same with Third Party Administrators, Reinsurer (if applicable), Service Provider/s of HDFC ERGO and/or with any Governmental and/or Regulatory authority for the sole purposes of underwriting my/ our proposal and/ or for checking the authenticity of claims lodged by me/ us and/ or to comply with the applicable Law/ Regulations.
- I/We hereby consent that, in any of the above scenarios, my/ our Personal Information and the medical documents etc. can be shared, and/ or accessed, as the case may be, without any intimation to me/ us.
- I hereby grant consent to Agent/Broker/Corporate Agent or any other licensed intermediary to share my KYC (Know your Customer) and customer due diligence information with HDFC ERGO General Insurance Company Limited for the purpose of my insurance proposal.

Date TXT_PROPOSAL_DATE
 Place TXT_PROPOSAL_PLACE
 Time TXT_PROPOSAL_TIME

Signature of the Proposer

Note: The liability of the company does not commence until the acceptance of the proposal has been formally intimated by the insured and full premium has been realized by the company. We are under no obligation to accept any proposal for insurance. The Proposer agrees that the receipt of the Proposal Form by HDFC ERGO General Insurance Company Limited along with the premium payment does not tantamount to the acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited and does not result in a concluded contract of insurance. The acceptance of the Proposal for insurance shall be at the Company's sole and absolute discretion and upon full realization of the premium payment. In the event of acceptance of the Proposal for insurance by HDFC ERGO General Insurance Company Limited, such acceptance shall be specifically intimated to the Proposer by HDFC ERGO General Insurance Company Limited along with the date from which the insurance Cover shall become effective. HDFC ERGO General Insurance Company Limited shall not be liable for any claim in respect of an event giving rise to a claim covered under the Policy of Insurance that has occurred prior to policy issuance is not covered under this policy.(Your proposal form will be considered after HDFCERGO General Insurance Company Limited receives premium payment.)

Fraud This policy shall be voidable at the option of the Company in the event of mis-representation, mis-description or non-disclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to fraud the insurance company or any other person, files a proposal for insurance containing any false information, or conceals or the purpose of misleading, Information concerning any fact material thereto, commits a fraudulent insurance act, which will render the policy voidable at the sole discretion of the insurance company and result in a denial of insurance benefits

Anti-Rebating As per Section 41 of the Insurance Act 1938,as amended, the practice of rebating is prohibited, as follows: No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance policy in respect to 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 the 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 published prospectus or tables of the insurer. Violation of Section41 of the Insurance Act 1938, as amended, shall be punishable with a fine which may extend to Rs.10Lakhs.

For refund (Excess Premium/PPC reimbursement) and for payment of claims credited directly into your bank account

Please provide the following bank details and a copy of a Cancelled Cheque for direct credit into your bank account:

Cheque No	REFUND_CHEQUENO	Name as in Bank Account	REFUND_ACCOUNTER_NAME
Bank Name	REFUND_BANK_NAME	Bank Account No	REFUND_BANK_ACOUNT_NO
Branch Name	REFUND_BRANCH_NAME	IFSC Code	REFUND_IFSC_CODE
Cheque Date	NaD	MICR Code	REFUND_MICR_CODE
Cheque Amount for	REFUND_PREMIUM_AMOUNT		

Note :

- 1 The Proposer agrees and undertakes to intimate in writing to HDFC ERGO about any change in bank account details.
- 2 Cancelled Cheque should be of the same bank account in which the refund needs to be credited directly
- 3 Name on Cancelled Cheque should match with Proposer Name to ensure smooth refund / claim processing
- 4 If ECS is selected, please submit the standing instruction form available at our branches.

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

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

S.No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product/Policy	my:health Koti Suraksha	NA
2	Policy number	3317206173555602000	NA
3	Type of Insurance Product/ Policy	Both Indemnity and Benefit	NA
4	Sum Insured	<ul style="list-style-type: none"> • Individual Sum Insured -Where each member has a separate sum insured under the policy), or • Floater Sum Insured-Where all members under the policy have a single sum insured limit which may be utilized by any or all members <p>Sum Insured opted:2000000 on Individual Sum Insured basis Note: For complete details of Sum Insured applicability, please refer to your Policy Schedule</p>	NA
5	Policy Coverage (What the policy covers?)	<p>Base Covers: Coverages in force for the Insured Persons shall be as per the plan opted</p> <p>Section 1: Health</p> <p>Expenses in respect of:</p> <ol style="list-style-type: none"> 1. Admission in Hospital for minimum 24 hours • Procedure Sub Limits 2. Home Health Care (Medical Expenses incurred on availing treatment at Home) 3. Domiciliary Hospitalization (Treatment at home due to non-availability of room in a Hospital or patient could not be removed/admitted to a Hospital) 4. Pre-hospitalisation of 60 days (treatment prior to admission in hospital) 5. Post-hospitalisation (treatment after discharge from hospital) within 180 days from date of discharge 6. All Day Care procedures requiring less than 24 hours of hospitalization 7. Road Ambulance cover expenses incurred on Road Ambulance Services 8. Alternative Treatment (Medical Expenses incurred for Inpatient Care under Ayurveda, Unani, Siddha, Homeopathy, Yoga & Naturopathy upto Sum Insured) 9. Organ Donor Expenses (Cost of Organ donor's hospitalization for harvesting of the donated organ where an Insured Person is the recipient) 	1.A I 1 1.A I 2 1.A I 3 1.A I 4 1.A I 5 1.A I 6 1.A I 7 1.A I 8 1.A I 9

	<p>Section A II - Value added services</p> <ol style="list-style-type: none"> 1. Health Coach (Access to Health Coaching Services in listed areas via HDFC ERGO Mobile App) 2. Wellness Services (Discounts, Consultations & Specialized programs) <p>Section A III - my:health Active</p> <ol style="list-style-type: none"> 1. Preventive Health Check up(Cost of a Preventive Health Check-up for the Insured Person will be paid) 2. Fitness discount @ renewal (Discount on Renewal Premium by accumulating Healthy Weeks as defined) 3. Health Incentive (This Program encourages Insured Persons to maintain good health and avail incentives) 4. Cumulative Bonus (10% of the Basic Sum Insured maximum upto 100% post completion of each policy year irrespective of claims) <p>Section A IV - Optional Covers</p> <p>Optional coverages for the Insured Persons shall be in force only if the same is available under the plan and/or is opted</p> <ol style="list-style-type: none"> 1. Non-Medical Expenses cover (Payment for Non-Medical Expenses up to the limit mentioned in Schedule of Coverage) 2. Aggregate Deductible (Insured Person shall bear an amount equal to the Aggregate Deductible specified in the Schedule of Coverage on Policy Schedule for all admissible claim) 3. Emergency Worldwide Coverage(Payment for Medically Necessary Hospitalization of an Insured Person outside India due to life threatening situation) 4. Overseas Treatment (We will pay the Medical Expenses incurred outside India for listed major illnesses) 5. Waiver of disease capping (Procedure Sub-Limits listed under Section 1.A.I.1.a – Medical Expenses, shall stand deleted under the Policy) 6. Waiver of room rent cap (On availing this option, the limits specified with respect to Room Rent/Boarding charges under Section 1.A.I.1.a.i – Medical Expenses shall stand deleted) 7. Waiting period modification option (On availing this option, Waiting Periods listed under Section 1.A.V.I.i shall stand modified as mentioned in Schedule of Coverage on the Policy Schedule) 8. Medical Evacuation (Air Ambulance transportation in an airplane or helicopter for Emergency Care) 9. Sum Insured Rebound (Amount equivalent to the Claim amount paid under Basic Sum Insured) 	1.A II 1 1.A II 2 1.A III 1 1.A III 2 1.A III 3 1.A III 4 1.A IV 1 1.A IV 2 1.A IV 3 1.A IV 4 1.A IV 5 1.A IV 6 1.A IV 7 1.A IV 8 1.A IV 9
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	<p>10. Waiver of Co-Payment (On availing this option, applicable Co-Payment stands waived under the Policy)</p> <p>11. Cumulative Bonus – Booster (On availing this cover, Cumulative Bonus percentage stands modified)</p> <p>Section 2: Personal Accident Cover</p> <p>1. Accidental Death (We will pay the Sum Insured, if insured died due to accidental injuries)</p> <p>Optional Cover under Accidental Death</p> <p>a) Burns (If Insured Person sustains Injury during Policy Period, which solely and directly results into burns)</p> <p>2. Permanent Disablement (We will pay the Sum Insured, if insured become permanently disable due to accidental injuries)</p> <p>3. Temporary Total Disability (We will pay the Sum Insured, if insured become temporary total disable due to accidental injuries)</p> <p>4. Broken Bones (We will pay the Sum Insured, If Injury, solely and directly results into Fracture)</p> <p>5. Emergency Medical Expenses (Medical Expenses for an Emergency Care of an Insured Person due to an Injury)</p> <p>6. Hospital Cash – Accident Only (Daily cash benefit, if Insured Person sustains Injury which result in hospitalization)</p> <p>7. Chauffeur Benefit (Daily cost of hire of a transportation or driver to maintain the mobility of Insured Person)</p> <p>Section 2.A II – Value added services</p> <p>1. Health Coach (Access to Health Coaching Services in listed areas via HDFC ERGO Mobile App)</p> <p>Section 2.A III – Optional Covers</p> <p>1. Preventive Health Check (Cost of a Preventive Health Check-up for the Insured Person will be paid)</p> <p>2. Last Rites (Sum Insured towards Last Rites of Insured Person is paid)</p> <p>3. Dependent Child Education Benefit (Sum Insured towards education of Dependent Children)</p> <p>4. Renewal Premium Benefit (amount equivalent to the Renewal premium of the Coverage for all other Insured Person covered)</p> <p>5. Parental Care Benefit (Sum Insured towards parental care of Dependent Parents)</p> <p>6. Medical Evacuation (Air Ambulance transportation in an airplane or helicopter for Emergency Care)</p>	<p>1.A IV 10 1.A IV 11</p> <p>2.A I 1</p> <p>2.A I 2</p> <p>2.A I 3</p> <p>2.A I 4</p> <p>2.A I 5</p> <p>2.A I 6</p> <p>2.A I 7</p> <p>2.A II 1</p> <p>2.A III 1</p> <p>2.A III 2</p> <p>2.A III 3</p> <p>2.A III 4</p> <p>2.A III 5</p> <p>2.A III 6</p>
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6	<p>Exclusions (what the policy does not cover)</p> <p>Section 1 – Health</p> <p>Standard Permanent Exclusions :</p> <p>1) Investigation & Evaluation: Code Excl04 a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded. b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.</p> <p>2) Rest Cure, rehabilitation and respite care: Code – Excl05: Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes: i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons. ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.</p> <p>3) Obesity/Weight control: Code – Excl06: Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions: i. Surgery to be conducted is upon the advice of the Doctor ii. The surgery/Procedure conducted should be supported by clinical protocols iii. The member has to be 18 years of age or older and iv. Body Mass Index (BMI) A. greater than or equal to 40 or B. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss: 1) Obesity-related cardiomyopathy 2) Coronary heart disease 3) Severe sleep apnea 4) Uncontrolled type2 diabetes</p> <p>4) Change-of-Gender treatments: Code – Excl07: Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex</p> <p>5) Cosmetic or plastic Surgery: Code – Excl08: Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of Medically Necessary Treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner</p> <p>6) Hazardous or Adventure Sports: Code – Excl09:</p>	<p>1.B.III.i</p> <p>1.B.III.ii</p> <p>1.B.III.iii</p> <p>1.B.III.iv</p> <p>1.B.III.v</p> <p>1.B.III.vi</p>
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	<p>Expenses related to any treatment necessitated due to participation as a professional in Hazardous or Adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.</p> <p>7) Breach of Law: Code – Excl10</p> <p>Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.</p> <p>8) Excluded Providers: Code – Excl11:</p> <p>Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website/notified to the Policyholders are not admissible. However, in case of Life Threatening Situations or following an Accident, expenses up to the stage of stabilization are payable but not the complete claim.</p> <p>9) Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof</p> <p>Code – Excl12.</p> <p>10) 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.</p> <p>Code – Excl13</p> <p>11) Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a Medical Practitioner as part of Hospitalization claim or Day Care procedure.</p> <p>Code – Excl14.</p> <p>12) Refractive Error: Code – Excl15:</p> <p>Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.</p> <p>13) Unproven Treatments: Code – Excl16:</p> <p>Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.</p> <p>14) Sterility and Infertility: Code – Excl17:</p> <p>Expenses related to sterility and infertility. This includes:</p> <ul style="list-style-type: none"> i. Any type of contraception, sterilization 	<p>1.B.III.v ii</p> <p>1.B.III.v iii</p> <p>1.B.III.i x</p> <p>1.B.III.x</p> <p>1.B.III.x i</p> <p>1.B.III.x ii</p> <p>1.B.III.x iii</p> <p>1.B.III.x iv</p>
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	<ul style="list-style-type: none"> ii. Assisted Reproduction services including artificial insemination and iii. Gestational Surrogacy iv. Reversal of sterilization <p>15) Maternity: Code – Excl18</p> <ul style="list-style-type: none"> a) Medical treatment expenses traceable to childbirth(including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy; b) Expenses towards miscarriage (unless due to an accident)and lawful medical termination of pregnancy during the Policy Period. <p>Specific Permanent Exclusions:</p> <ul style="list-style-type: none"> i. War or any act of war, invasion, act of foreign enemy, (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, Nuclear, Chemical or Biological attack or weapons, radiation of any kind. ii. Aggregate Deductible - We are not liable for Claims/Claim amount falling within Aggregate Deductible limit if opted and as mentioned on the Schedule of Coverage in the Policy Schedule. iii. Any Insured Person committing or attempting to commit intentional self-injury or attempted suicide or suicide while mentally sound or unsound. iv. Any Insured Person's participation or involvement in naval, military or air force operation. v. Investigative treatment for Sleep-apnoea, General debility or exhaustion ("run-down condition"). vi. Congenital external diseases, defects or anomalies, vii. Stem cell harvesting. viii. Investigative treatments for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure or for muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities). ix. Circumcisions (unless necessitated by Illness or Injury and forming part of treatment). x. Any Convalescence, sanatorium treatment, private duty nursing or long-term nursing care. xi. Preventive care,; and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim xii. Vaccination including inoculation and immunisations (Except post Animal bite treatment), 	1.B.III.x v
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	<p>xiii. Non-Medical expenses such as Food charges (other than patient's diet provided by hospital), laundry charges, attendant charges, ambulance collar, ambulance equipment, baby food, baby utility charges and other such items. Full list of Non-Medical expenses is attached and also available at www.hdfcergo.com.</p> <p>xiv. Treatment taken on Outpatient basis</p> <p>xv. The provision or fitting of hearing aids, spectacles or contact lenses.</p> <p>xvi. Any treatment and associated expenses for alopecia, baldness including corticosteroids and topical immunotherapy wigs, toupees, hair pieces, any non-surgical hair replacement methods, Optometric therapy.</p> <p>xvii. Any treatment or part of a treatment that is not of a Reasonable and Customary charge, not Medically Necessary; treatments or drugs not supported by a prescription.</p> <p>xviii. Expenses for Artificial limbs and/or device used for diagnosis or treatment (except when used intra-operatively).prostheses, corrective devices external durable medical equipment of any kind, wheelchairs, crutches, and oxygen concentrator for bronchial asthma/ COPD conditions, cost of cochlear implant(s) unless necessitated by an Accident. Exhaustive list of Non-Medical expenses attached and also available on www.hdfcergo.com</p> <p>xix. Any Claim arising due to Non-disclosure of Pre-existing Illness or Material fact as sought to be declared on the Proposal form.</p>	1.B.IV.x iii 1.B.IV.x iv 1.B.IV.x v 1.B.IV.x vi 1.B.IV.x vii 1.B.IV.x viii 1.B.IV.x ix
	Section 2 – Personal Accident	
	Specific General Exclusions :	
	1) The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances including all forms of narcotic drugs and alcohol unless prescribed by Medical Practitioner	2.B.A.I.i
	2) War or any act of war(whether war be declared or not or caused during service in the armed forces of any country), invasion, act of foreign enemy, , civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, Nuclear, Chemical, Biological attack or weapons/ materials or radiation of any kind	2.B.A.I.i i
	3) Whilst travelling in aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.	2.B.A.I.i ii
	4) Death or Disability suffered by the Insured Person on account of his participation as the driver, co-driver or passenger during trial runs (excluding Test Drives)using a motorized vehicle or bicycle.	2.B.A.I.i v
	5) Death or Disability caused by or arising from or in consequence of or contributed to Nuclear, Chemical or Biological attack/ weapons, material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear	2.B.A.I. v

	<p>fuel or from any nuclear waste from the combustion of nuclear fuel (including any self sustaining process of nuclear fission).</p> <p>6) Any Insured Person committing or attempting to commit intentional self-Injury(except in an attempt to save human life) or suicide while mentally sound or suffering from Mental illness</p> <p>7) From engaging in or participation in naval, military or air force operation.</p> <p>8) Injury sustained whilst or as a result of participation as a professional in Hazardous or Adventure sports</p> <p>9) Breach of Law: Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.</p> <p>10) Injury sustained whilst or as a result of active participation in any violent labour disturbance, riot or civil commotion or public disorder.</p> <p>11) Injury sustained whilst on service or on duty with or undergoing training with any military or police force, or militia or paramilitary organisation, notwithstanding that the Injury occurred whilst the Insured Person was on leave or not in uniform.</p>	<p>2.B.A.I. vi</p> <p>2.B.A.I. vii</p> <p>2.B.A.I. viii</p> <p>2.B.A.I.i x</p> <p>2.B.A.I. x</p> <p>2.B.A.I. xi</p>
	<p>Standard Permanent Exclusions:</p> <p>Investigation & Evaluation: Code Excl04</p> <p>a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.</p> <p>b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.</p>	2.B.B.I.i
	<p>2. Rest Cure, rehabilitation and respite care: Code – Excl05:</p> <p>Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:</p> <p>i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.</p> <p>ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.</p>	2.B.B.I.i

	<p>3. Obesity/Weight control: Code – Excl06:</p> <p>Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions:</p> <ul style="list-style-type: none"> i. Surgery to be conducted is upon the advice of the Doctor ii. The surgery/Procedure conducted should be supported by clinical protocols iii. The member has to be 18 years of age or older and iv. Body Mass Index (BMI) C. greater than or equal to 40 or D. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss: 5) Obesity-related cardiomyopathy 6) Coronary heart disease 7) Severe sleep apnea 8) Uncontrolled type2 diabetes 	2.B.B.I.i ii
	<p>4. Change-of-Gender treatments: Code – Excl07:</p> <p>Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex</p>	2.B.B.I.i v
	<p>5. Cosmetic or plastic Surgery: Code – Excl08:</p> <p>Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of Medically Necessary Treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner</p>	2.B.B.I. v
	<p>6. Hazardous or Adventure Sports: Code – Excl09:</p> <p>Expenses related to any treatment necessitated due to participation as a professional in Hazardous or Adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.</p>	2.B.B.I. vi
	<p>7. Breach of Law: Code – Excl10:</p> <p>Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.</p>	2.B.B.I. vii
	<p>8. Excluded Providers: Code – Excl11:</p>	2.B.B.I. viii

	<p>Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website/notified to the Policyholders are not admissible. However, in case of Life Threatening Situations or following an Accident, expenses up to the stage of stabilization are payable but not the complete claim.</p> <p>9. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code – Excl12.</p> <p>10. 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. Code – Excl13.</p> <p>11. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a Medical Practitioner as part of Hospitalization claim or Day Care procedure. Code – Excl14 .</p> <p>12. Refractive Error: Code – Excl15: Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.</p> <p>13. Unproven Treatments: Code – Excl16: Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.</p> <p>14. Sterility and Infertility: Code – Excl17: Expenses related to sterility and infertility. This includes: i. Any type of contraception, sterilization ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI iii. Gestational Surrogacy iv. Reversal of sterilization</p> <p>15. Maternity: Code – Excl18</p> <p>a) Medical treatment expenses traceable to childbirth(including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy; b) Expenses towards miscarriage (unless due to an accident)and lawful medical termination of pregnancy during the Policy Period.</p> <p>Specific Exclusions:</p>	<p>2.B.B.I.i</p> <p>2.B.B.I.ii</p> <p>2.B.B.I.iii</p> <p>2.B.B.I.iv</p> <p>2.B.B.I.v</p> <p>2.B.B.I.vi</p> <p>2.B.B.I.vii</p> <p>2.B.B.I.viii</p> <p>2.B.B.I.vii</p> <p>2.B.B.I.viii</p> <p>2.B.B.I.vi</p> <p>2.B.B.I.vii</p> <p>2.B.B.I.viii</p>
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	<p>In addition to the foregoing general exclusions, the Company shall not be liable to make any payment under this Policy caused by or arising out of or attributable to any of the following:</p> <ol style="list-style-type: none"> 1) War or any act of war, invasion, act of foreign enemy, (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, Nuclear, Chemical or Biological attack or weapons, radiation of any kind. 2) Any Insured Person committing or attempting to commit intentional self-injury or attempted suicide or suicide while mentally sound or unsound. 3) Any Insured Person's participation or involvement in naval, military or air force operation. 4) Investigative treatment for Sleep-apnoea,general debility or exhaustion ("run-down condition"). 5) Congenital external diseases, defects or anomalies, 6) Stem cell harvesting. 7) Investigative treatment for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure or for muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities. 8) Circumcisions (unless necessitated by illness or injury and forming part of treatment). 9) Any Convalescence, sanatorium treatment, private duty nursing or long-term nursing care. 10) Preventive care, and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim. 11) Vaccination including inoculation and immunisations (Except post bite treatment), 12) Non-Medical expenses such as Food charges (other than patient's diet provided by hospital), laundry charges, attendant charges, ambulance collar, ambulance equipment, baby food, baby utility charges etc. Full list of Non-Medical expenses is attached and also available at www.hdfcergo.com. 13) The provision or fitting of hearing aids, spectacles or contact lenses. 14) Any treatment and associated expenses for alopecia, baldness,including corticosteroids and topical immunotherapy, wigs, toupees, hair pieces,any non-surgical hair replacement methods. <p>Optometric therapy</p>	<p>2.B.B.III .i</p> <p>2.B.B.III .ii</p> <p>2.B.B.III .iii</p> <p>2.B.B.III .iv</p> <p>2.B.B.III .v</p> <p>2.B.B.III .vi</p> <p>2.B.B.III .vii</p> <p>2.B.B.III .viii</p> <p>2.B.B.III .ix</p> <p>2.B.B.III .x</p> <p>2.B.B.III .xi</p> <p>2.B.B.III .xii</p> <p>2.B.B.III .xiii</p> <p>2.B.B.III .xiv</p>
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		<p>15) Any treatment or part of a treatment that is not of a Reasonable and Customary charge, not Medically Necessary; treatments or drugs not supported by a prescription.</p> <p>16) Expenses for Artificial limbs and/or device used for diagnosis or treatment (except when used intra-operatively). prostheses, corrective devices external durable medical equipment of any kind, wheelchairs, crutches, and oxygen concentrator for bronchial asthma/ COPD conditions, cost of cochlear implant(s) unless necessitated by an Accident. Exhaustive list of Non-Medical expenses attached and also available on www.hdfcergo.com</p> <p>17) Any Claim arising due to Non-disclosure of Pre-existing Illness or Material fact as sought to be declared on the Proposal form.</p>	2.B.B.III .xv
7	<p>Waiting period • Time period during which specified diseases/treatments are not covered.</p> <ul style="list-style-type: none"> • It is counted from the beginning of the policy coverage. 	<p>The below waiting period are applicable to Section A : Health & Temporary Total Disablement due to Illness under Section 2 A</p> <p>Initial waiting Period: 30 days for all illnesses (not applicable in case of continuous renewal or accidents)</p> <p>Specific Waiting periods (Not applicable for claims arising due to an accident):</p> <ul style="list-style-type: none"> • 24 months for listed diseases/procedure <p>Pre-existing diseases: Covered after 36 months</p> <p>Note: Waiting Periods in force for Insured Persons shall be as per the plan opted or option selected</p>	1.B.I.i 1.B.I.ii 1.B.I.iii
8	<p>Financial limits coverage of</p> <p>i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</p>	<p>The policy will pay only up to the limits specified here under for the following diseases/ procedures:</p> <p>Section A : Health</p> <p>Base Cover (limits basis plan/ sum insured chosen):</p> <ol style="list-style-type: none"> a. Room Rent : Single Standard AC Room b. Capping on Disease/Procedure : INR 75K c. Road Ambulance: Up to 2/10K d. Organ Donor Expenses : 5% of Sum Insured (Platinum Plan) 	1.A I 2 1.A I 2 1.A I 7 1.A I 9

	<p>Section 2 A : Personal Accident</p> <ul style="list-style-type: none"> a. Comatose Benefit : 50% of Sum Insured, max 25 L b. Temporary Total Disability: INR (500 - 1L) Upto 104 weeks c. Broken Bones: INR (1L to 25L) d. Emergency Medical Expenses: INR (50K to 10L) e. Hospital Cash - Accident Only : INR (500 - 20,000) per day for 7/10/15/20/30/60 days f. Chauffeur Benefit : INR 250/750/1000 for 7/15/30 days <p>Optional Covers(limits basis plan / sum insured chosen) for the Insured Persons shall be in force only if the same is available under the plan and/or is opted:</p> <p>Section A : Health</p> <ul style="list-style-type: none"> a. Non-Medical Expenses Cover : Upto 5% of claim amount b. Emergency Worldwide Coverage: Covered 25% of Base SI,max upto 25 L c. Medical Evacuation: Upto 5 L d. Cumulative Bonus – Booster : Covered 50% of Sum Insured, maximum of 100% <p>Section 2 A : Personal Accident</p> <ul style="list-style-type: none"> a. Burns : Up to INR 10 L b. Emergency Medical Expenses – Global : 7.5L to 75L c. Companion Benefit : .5/1 times per day of Hospital Cash (Max. upto total Sum Insured selected in Hospital cash) d. Hospital Cash – ICU : 2/3/4/5/10 times of Hospital Cash (Max. upto total Sum Insured selected in Hospital cash) e. Time Deductible modification Option: 3 / 5 days f. Hospital Cash – Global : 2/3/5 times of Hospital Cash (Max. upto total Sum Insured selected in Hospital cash) g. Last Rites : Upto INR 50K h. Dependent Child Education Benefit : 10% of Base Sum Insured i. Renewal Premium Benefit : Upto INR 2.5L j. Parental Care Benefit: Upto 25% of Base Sum Insured k. Medical Evacuation : Upto 5L <p>In case of a claim, this policy requires you to share the following costs: Expenses exceeding the following Sub-limits:</p> <ul style="list-style-type: none"> a. Premium Tier Co-payment: 20% b. High Age Co-Payment or PED: 20% 	2.A I 1 2.A I 3 2.A I 6 2.A I 4 2.A I 6 2.A I 7 1.A IV1 1.A IV3 1.A IV9 1.A IV12 2.A I 1 2.A I 4 2.A I 6 2.A I 6 2.A I 6 2.A III 2 2.A III 3 2.A III 4 2.A III 5 2.A III 6 C.II.6 1.B.II
ii.Co-payment (It is a specified amount/ percentage of the admissible claim amount to be paid by policyholder/ insured)	In case of a claim, this policy requires you to share the following costs: Expenses exceeding the following Sub-limits:	
iii.Deductible (It is a specified amount:		

	<p>- 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> <p>c. 'Co-Payment' Options : 10%/15%/20%</p> <p>Deductibles :</p> <p>a. Aggregate deductible (Optional Cover) : 5/10/25L</p>	2.A 5.II.ii
9	<p>Claims/Claims Procedure</p> <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> <p>For Cashless Process :</p> <ul style="list-style-type: none"> i. TAT for preauthorization of cashless facility: Decision on cashless authorization to be provided within 1 hour from the time of receipt of request. ii. TAT for cashless final bill authorization: Within 3 hours of the receipt of discharge authorization request from the hospital. <p>Turn Around Time (TAT) for claims settlement:</p> <p>For Reimbursement Process :</p> <ul style="list-style-type: none"> i. TAT for Claim settlement – Within 15 days of claim intimation. Provide the details /web link for following: i. Network Hospital details : https://www.hdfcergo.com/locators/cashless-hospitals-networks ii. Helpline number : https://www.hdfcergo.com/customercare/grievances <p>Call (Within India)- : 022 6158 2020 / 022 6234 6234</p> <p>Outside India :</p> <p>Global Contact No: +800 08250825 (accessible from locations outside India only)</p> <ul style="list-style-type: none"> iii. Hospitals which are excluded or from where no claims will be accepted by insurer https://www.hdfcergo.com/docs/default-source/documents/excluded-hospital1.pdf?sfvrsn=1 iv. Downloading/getting claim form https://www.hdfcergo.com/download/claim-form <p>Claim Intimation(Outside India):</p>	1.A IV2 1.C & 2.C

		Global Contact No: +800 08250825 (accessible from locations outside India only) Landline no (Chargeable): 0120-4507250 Email: healthclaims@hdfcergo.com	
10	Policy Servicing	Call center number : 022 6158 2020 / 022 6234 6234 Or visit help section on www.hdfcergo.com Details of Company officials: Customer Happiness Center: D-301, 3rd Floor, Eastern Business District LBS Marg, Bhandup (West), Mumbai - 400 078.	C.I.18
11	Grievances/Complaints	In case of any grievance the insured person may contact the Company through: <ul style="list-style-type: none"> - Website: www.hdfcergo.com - Contact us: 022 6158 2020 / 022 6234 6234 - E-mail: grievance@hdfcergo.com - Contact Details for Senior Citizen: 022 6158 2026 - E-mail specific for Senior citizens : seniorcitizen@hdfcergo.com Insured Person may contact the Grievance officer at cgo@hdfcergo.com . For updated details of grievance officer, kindly refer the link: https://www.hdfcergo.com/customer-voice/grievances Ombudsman: https://bimabharosa.irdai.gov.in/ .	C.I.18
12	Things to remember	Free Look cancellation: You may cancel the insurance policy if you do not want it, within 30 days from the beginning of the policy. Process for free look cancellation: <ol style="list-style-type: none"> 1. The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy. 2. The insured person shall be allowed free look period of 30 days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable. Policy renewal: 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. Migration and Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer. Process for migration: The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the Company by applying for Migration of the policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration.	C.I.1 C.I.8 C.I.9 & C.I.10

	<p><u>Process for portability:</u></p> <p>The Insured Person will have the option to port the Policy to other insurers by applying to such Insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to Portability.</p> <p>Change in Sum Insured: Sum Insured can be changed (increased/ decreased) only at the time of renewal, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.</p> <p>Moratorium Period: After completion of 5 continuous years under the policy no look back to be applied. This period of 5 years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and applicable for the sums insured of the first policy and subsequently completion of 5 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits.</p> <p>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.</p>	C.I.6
13	Your Obligations	Please disclose all pre-existing disease/s or condition/s and fill in the complete details in the proposal form before buying a policy. Non-disclosure may affect the claim settlement.

Note:

1. Web-link of the product documents: [>>](https://www.hdfcergo.com/download)
2. In case of any conflict, the terms and conditions mention in the policy document shall prevail.

Declaration by the Policy Holder;

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

Place:

Date: (Signature of the Policyholder)