



2805207227636700000

Mr. Savaliya Hardikkumar
Dharamshibhai
30 VRUNDAVAN SOC 1
SATELIGHT ROAD MOTA VARACHHA
SURAT
SURAT
SURAT
GUJARAT - 394101
Contact No.: 75XXXXXX4
Email: haxxxxxx22@xxxxx.com

Policy No : 2805 2072 2763 6700 000

Intermediary Code	Intermediary Name	Intermediary Contact Number
201512325820	AGENT : ASMITA RAMANI	91-9277504513

Your Optima Restore Floater (Three Year) Policy

Dear Mr. Savaliya Hardikkumar Dharamshibhai ,

Welcome to HDFC ERGO General Insurance Company Limited. We are pleased to issue you Your Optima Restore Floater (Three Year) Policy. We advise you to retain your Policy Kit during the entire term of the Policy (including renewals).

Please note that the Policy has been issued to you based on the declarations, details and documents received from/on behalf of you in/along with the Proposal Form submitted to us. 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>

Please visit our website www.hdfcergo.com for more information about our Company, Grievance handling and any other support. To know the updated list of our network hospitals please visit [https://www.hdfcergo.com/locators/cashless-hospitals-network](http://www.hdfcergo.com/locators/cashless-hospitals-network)

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

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.

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

Warm Regards,

Authorized Signatory

Location: Mumbai

Date: 05/03/2025

Note:

1. Please update us with your latest contact details (in case of any change) so that same can be updated in our records.
2. You can either email us on care@hdfcergo.com or call on our Customer care no. 022 6158 2020 / 022 6234 6234.
3. *The Copy of the proposal form has been sent on your registered email id if policy is purchased through website.

Certificate for the purpose of deduction under Section 80 D of Income Tax Act, 1961*

This is to certify that the MR.. SAVALIYA HARDIKKUMAR DHARAMSHIBHAI has paid Rs. 71149 (Rupees Seventy-One Thousand One Hundred Forty-Nine And Zero Paise Only) towards premium for Optima Restore Floater (Three Year) Policy No. 2805207227636700000 issued to MR.. SAVALIYA HARDIKKUMAR DHARAMSHIBHAI for period of 06/03/2025 to 05/03/2028.

For and on behalf of HDFC ERGO General Insurance Company Limited

Location: Mumbai

Date: 05/03/2025

Authorized Signatory

*Note

1. This is subject to the provisions of Section 80D of Income Tax Act, 1961 as amended from time to time.
2. 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 Policyholder.
3. Please note that this certificate will not be issued if the premium payment has been made in cash.
4. In case of dishonor of the premium instrument, the policy will be deemed cancelled ab initio.
5. 80D benefit is applicable for only Self, Spouse, Dependent Children and Dependent parents.

Policy Schedule - Optima Restore Floater (Three Year)

Policy Number	2805 2072 2763 6700 000		
Policy Holder's Name	Mr. Savaliya Hardikkumar Dharamshibhai		
Policy Holder's Address	30 VRUNDAVAN SOC 1 SATELIGHT ROAD MOTA VARACHHA SURAT SURAT SURAT GUJARAT - 394101		
Policy Holder State Name & Code	Gujarat(24)	Place of Supply	GUJARAT
GSTIN/ UIN (if any) of Policy Holder			
First policy inception date	06/03/2019	Policy Issuance Date	05/03/2025
Policy Period	From 00:01 hrs on 06/03/2025 To 24:00 hrs on 05/03/2028		
Issuing/Servicing Office	OFFICE NO 207-208, B WING , 2ND FLR, ICC BUILDING , RING ROAD SURAT Tel : +91-261-2478360		
GSTIN	24AABCL5045N1ZE		
EIA Number	Not provided		
Intermediary Name	AGENT : ASMITA RAMANI	Intermediary Contact No	91-9277504513
Intermediary Code	201512325820	Description/ Harmonized System Of Nomenclature Code	Accident and Health insurance Services/9971

Insured Person Details

Particulars / Member ID	Member 1 SAVALIYA HARDIKKUMAR DHARAMSHIBHAI / 2025510048533867	Member 2 DAXA BEN / 2025510048533868	Member 3 VIVAN / 2025510048533869	Member 4	Member 5	Member 6
Date of Birth (Age)	23/05/1991 (33)	01/02/1990 (35)	13/12/2016 (8)	-	-	-
Relationship to Policy Holder	Self	Wife	Son	-	-	-
Base Sum Insured (₹)			500000			
Multiplier Benefit SI (₹)			225000			
ABHA ID	-	-	-	-	-	-
Protector Rider Sum Insured(₹)			-			
Co-payment %			0			
Deductible			0			
Total Sum Insured(₹)			725000			

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

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

Protector Rider - HDHHLIP21335V022021 | Individual Personal Accident Rider - APOPAIP19004V011920 | Hospital Daily Cash Rider - HDHHLIP21344V022021
| Critical Advantage Rider HDHHLIP21342V022021 | my:health Critical Illness - HDFHLIA22141V032122 | Optima Wellbeing (Add-on) - HDFHLIA24099V012324

Other Riders and Benefits (₹)

Protector Rider	-	-	-	-	-	-
Hospital Daily Cash Rider SI (Max. 30 days)			-			
Critical Advantage Rider SI (\$)	-	-	-	-	-	-
IPA Rider SI	-	-	-	-	-	-
my: health Critical Illness Sum Insured (Rs.)						
my: health Critical Illness Plan						
Unlimited Restore Benefit			No			
Optima Wellbeing Rider			No			

Nominee Details

Nominee Name : Ms. Daxaben Relationship to Policyholder: Wife

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

Premium Calculation (₹)

Net Premium	60296	CGST@9%	5426.5
Discounts	0	SGST/UTGST@9%	5426.5
Loadings	0	IGST@18%	0
Taxable Premium	60296	Any other Cess or Taxes	0
Gross Premium	71149		

Gross Premium (in words) Rupees Seventy-One Thousand One Hundred Forty-Nine And Zero Paise Only

The stamp duty of Rs. 1/- paid vide Order No:(LOA/ENF-1/CSD/64/2024-25/ Validity Period Dt. 15/10/2024 to Dt. 31/12/2028, OW No. 4742 Dt 04/10/2024 GRN NO. MH00778466202425M, Dt. 10/09/2024, SBI Bank & DEFACE No. 0005045616202425, Dt. 03/10/2024) as prescribed by Government of Maharashtra

Notification No. Mudrank 2017/C.R.97/M-1, Dt.09/01/2018

Original for Recipient/ Duplicate for Supplier

Whether tax is payable on reverse charge basis: No

For declared and accepted pre-existing medical conditions, waiting period (s) shall apply per policy terms and conditions from 1st policy inception date

Policy Schedule - Optima Restore Floater (Three Year)

of the policy, fresh waiting period (s) shall apply on enhanced sum insured.

Claim Administrator : HDFC ERGO General Insurance Company Ltd

For and on behalf of HDFC ERGO General Insurance Company Limited

Location: Mumbai

Date: 05/03/2025

Authorized Signatory

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>"

SCHEDULE OF BENEFITS	
In-patient Treatment	Upto 500000
Pre-Hospitalization	Upto 500000 for 60 days
Post-Hospitalization	Upto 500000 for 180 days
Day Care Procedures	Upto 500000
Domiciliary Treatment	Upto 500000
Organ Donor	Upto 500000
Daily Cash for choosing Shared Accommodation	Rs.800 per day, Maximum Rs.4,800
Ambulance (per hospitalization limit)	Upto Rs.2,000 per Hospitalization
E-Opinion in respect of a Critical Illness	One per policy year
Restore Benefit	100% of Basic SI (for any illness or any insured person)
Multiplier Benefit	Bonus of 50% of Basic Sum Insured post completion of each Policy Year irrespective of claims, maximum upto 100% of Basic Sum Insured
Preventive Health Check-up (Floater)	Up to a maximum of Rs.2,500 per policy, only once at the end of a block of every continuous two policy years.



Policy No.: 2805207227636700000

Insured Name	Member ID	Date of Birth	Gender
Savaliya Hardikumar Dharamshibhai	2025510048533867	23/05/1991	M
Daxa Ben	2025510048533868	01/02/1990	F
Vivan	2025510048533869	13/12/2016	M

Terms and Conditions

(1) This card would be valid till your relationship with HDFC ERGO General Insurance Company Limited / This card is invalid if the policy is cancelled (2) In case of renewal please refer original policy number (3) This card is issued for the purpose of identification only and does not entail automatic cashless facility at the network hospital. (4) A photo ID issued by any government authority is to be produced to avail cashless facility. (5) Please apply for cashless facility 48 hours prior to admission in case of planned admissions and within 24 hours of admission in case of emergency.(6) All terms and conditions of the policy would be applicable while processing your cashless request. (7) In case your cashless facility is denied due to any reason, please submit the claim for reimbursement. Denial of cashless facility does not indicate rejection of the claim. (8) Please read policy documents carefully for detailed terms and conditions. For claim status visit help section on our web site www.hdfcergo.com. Alternatively you may write to us at Healthclaims@hdfcergo.com.

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146 CIN: U66030MH2007PLC177117. Registered & Corporate Office: 1st Floor, HDFC House, 165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400 020. Health Claim Services Address : HDFC ERGO General Insurance Company Limited Stellar IT Park, Tower-1 , 5th Floor, C - 25, Noida, Sector 62, 201301, Uttar Pradesh. Service No. 022 6158 2020 / 022 6234 6234 Email: healthclaims@hdfcergo.com. Trade Logo displayed above belongs to HDFC Ltd and ERGO International AG and used by the Company under license.

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	Optima Restore	NA
2	Policy number	2805207227636700000	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:500000 on Family Floater 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>Expenses in respect of:</p> <ol style="list-style-type: none"> 1. Admission in Hospital for minimum 24 hours 2. Pre-Hospitalisation- Medical expenses incurred in 60 days before the hospitalisation. 3. Post-Hospitalisation- Medical expenses incurred in 180 days after the hospitalisation 4. Day-Care procedures– Medical expenses for day care procedures. 5. Domiciliary Treatment- Medical expenses incurred for availing medical treatment at home which would otherwise have required hospitalisation. 6. Organ Donor- Medical expenses on harvesting the organ from the donor for organ transplantation. 7. Ambulance cover– Upto Rs. 2,000 per hospitalisation for utilizing ambulance service for transporting insured person to hospital in case of an emergency. 8. Daily Cash for choosing shared accommodation- Daily cash amount if hospitalised in shared accommodation in network hospital and hospitalisation exceeds 48 hrs 9. E-Opinion in respect of a Critical Illness – Second opinion by a 10. Emergency Air Ambulance Cover- covers, Expenses for 11. Restore Benefit- Instant addition of 100% Basic Sum Insured on complete or partial utilization of Sum Insured 	B-1.a B-1.b B-1.c B-1.d B-1.e B-1.f B-1.g B-1.h B-1.i B-1.j B-2.a

	<p>12. Preventive Health Checkup – Cost of health check up paid basis Person/Policy</p> <p>13. Multiplier Benefit- 50% of the Basic Sum Insured maximum upto 100% post completion of each policy year irrespective of claims.</p> <p>Optional Covers: Optional coverages for the Insured Persons shall be in force only if the same is available under the plan and/or is opted</p> <p>14. Unlimited Restore Benefit (optional benefit)</p> <p>15. Aggregate Deductible (Aggregate Deductible suggests that the liability of the Company to pay the admissible claim under that Policy Year will commence only once the opted Aggregate Deductible has been exhausted)</p> <p>16. Co-Payment (Co-Payment as mentioned on the Schedule of Coverage will be applied)</p>	B-3 B-4 B-2.b B-2.c B-2.d
6	<p>Exclusions (what the policy does not cover)</p> <p>1. Investigation & Evaluation: Code Excl04</p> <p>ii. 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:</p> <p>Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:</p> <ul style="list-style-type: none"> 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>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) <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 1) Obesity-related cardiomyopathy 2) Coronary heart disease 3) Severe sleep apnea 4) Uncontrolled type2 diabetes <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> <p>5. Cosmetic or plastic Surgery: Code – Excl08:</p>	C.2.9 C.2.10 C.2.4 C.2.7

	Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident,	C.2.6
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	<p>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: 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: 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: 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 dioptres</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:</p> <ul style="list-style-type: none"> i. Any type of contraception, sterilization ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI 	C.2.3
		C.2.11
		C.2.12
		C.2.5
		C.2.8
		C.2.14

	<p>iii. Gestational Surrogacy iv. Reversal of sterilization</p> <p>15. Maternity: Code – Excl18</p> <ul style="list-style-type: none"> i. Medical treatment expenses traceable to childbirth(including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy; ii. Expenses towards miscarriage (unless due to an accident)and lawful medical termination of pregnancy during the Policy Period. <p>Specific Exclusions:</p> <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 similar situations Treatment arising from or consequent upon 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 weapons/materials, chemical and biological weapons, radiation of any kind. 2. Intentional self injury or attempted suicide while sane or insane. 3. Any Insured Person's participation or involvement in naval, military or air force operation. 4. Prosthetic and other devices which are self-detachable/removable without surgery involving anaesthesia 5. Treatment availed outside India. 6. Treatment at a healthcare facility that is not a Hospital 7. Circumcisions (unless necessitated by illness or injury and forming part of treatment) 8. Non allopathic treatment except for inpatient care AYUSH treatment. 9. Conditions for which treatment could have been done on an outpatient basis without any Hospitalization. 10. Preventive care, vaccination including inoculation and immunisations (except in case of post-bite treatment) 11. Provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips and similar products. 12. Sleep apnoea. 13. External congenital diseases, defects or anomalies 14. Expenses incurred by the insured on organ donation 15. Treatment and supplies for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure; muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities. 	C.3.1
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		<p>16. Any non medical expenses mentioned in List I of Annexure I of policy document</p> <p>17. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed</p> <p>18. Treatments rendered by a Medical Practitioner who is a member of the Insured Person's family or stays with him, however proven material costs are eligible for reimbursement in accordance with the applicable cover.</p> <p>19. Any treatment or part of a treatment that is not of a reasonable charge and not Medically Necessary.</p> <p>20. Drugs or treatments which are not supported by a prescription.</p> <p>21. Any specific time bound or lifetime exclusion(s) applied by Us and specified in the Schedule and accepted by the insured.</p> <p>22. Admission for administration of Intraarticular or Intra-lesional injections, Supplementary medications like Zolendronic acid (Trade name Zometa, Reclast, etc.) or IV immunoglobulin infusion.</p> <p>23. Dental treatment and surgery of any kind, unless requiring Hospitalisation.</p>	C.3.16 C.3.17 C.3.18 C.3.19 C.3.20 C.3.21 C.3.22 C.3.23
7	<p>Waiting period</p> <ul style="list-style-type: none"> • Time period during which specified diseases/treatments are not covered. • It is counted from the beginning of the policy coverage. 	<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>	C.1.i C.1.ii C.1.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>ii. Deductible (It is a specified amount:</p>	<p>The policy will pay only up to the limits specified here under for the following diseases/ procedures:</p> <p>Base Cover (limits basis plan/sum insured chosen):</p> <ol style="list-style-type: none"> 1. Road Ambulance : Up to 2K 2. Daily Cash for choosing Shared Accommodation : Upto Rs 800/1K per day up to 4.8/6K per day 3. Preventive Health Checkup: <ul style="list-style-type: none"> • Individual (Per Insured) : Upto Rs 1.5/2/4/5K • Floater(Per Policy): Upto Rs 2.5/5/8/10K 4. Aggregate Deductible (Optional Cover) : 25k/50k/100k 5. Co-Payment (Optional cover): 10% / 20% 	B.1.g B-1.h B-3 B-2.c B-2.d

	<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>iii. Co-payment (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured).</p>	
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>For Reimbursement Process :</p> <ul style="list-style-type: none"> i. TAT for Claim settlement – 30 days from the time the last necessary document is received. <p>(Note: In case of internal verification, the final stand will be confirmed within 45 days from the time the last necessary document is received by us)</p> <p>Provide the details /web link for following:</p> <ul style="list-style-type: none"> i. Network Hospital details : https://www.hdfcergo.com/locators/cashless-hospitals-networks ii. Helpline number : https://www.hdfcergo.com/customercare/grievances <p>Call - : 022 6158 2020 / 022 6234 6234</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-hosp 	E

		iv. Downloading/getting claim form https://www.hdfcergo.com/download/claim-form	
10	Policy Servicing	<p>Call center number : 022 6158 2020 / 022 6234 6234</p> <p>Or visit help section on www.hdfcergo.com</p> <p>Details of Company officials:</p> <p>Or visit help section on www.hdfcergo.com</p> <p>Customer Happiness Center: D-301, 3rd Floor, Eastern Business District LBS Marg, Bhandup (West), Mumbai - 400 078.</p>	E
11	Grievances/Complaints	<p>In case of any grievance the insured person may contact the Company through:</p> <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 <p>For updated details of grievance officer, kindly refer the link:</p> <ul style="list-style-type: none"> - link: https://www.hdfcergo.com/customer-voice/grievances <p>Ombudsman:</p> <p>https://bimabharosa.irdai.gov.in/.</p>	D.i
12	Things to remember	<p>Free Look cancellation: You may cancel the insurance policy if you do not want it, within 30 days from the beginning of the policy.</p> <p>Process for free look cancellation:</p> <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. <p>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.</p> <p>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.</p> <p>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.</p> <p>Process for portability: 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 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to Portability.</p>	D.h D.e D.I & D.m

	<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 five continuous years under the policy no look back to be applied. This period of five 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 five 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>	D.k
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>](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 data

Place:

Date:

(Signature of the Policyholder)