

Preamble

We will provide the insurance cover detailed in the Policy to the Insured Persons up to the Sum Insured subject to:

- i. The terms, conditions and exclusions of this Policy,
- ii. Statements in the proposal/enrolment form and information disclosed to Us by You or on Your behalf and on behalf of all persons to be insured which is incorporated into the Policy and is the basis of it.

Commencement of risk cover under the policy is subject to receipt of premium by Us.

While the policy is in force, and if the claim is admissible under the policy, then We shall pay You such Reasonable and Customary Medical Expenses incurred on treatment and / or pay for the fixed benefit amount as mentioned in the Policy Schedule/ Certificate of Insurance. The said treatment must be on the advice of a qualified Medical Practitioner.

Our liability at any time shall not exceed the maximum sum insured applicable for the benefit as specified in Your policy schedule or Certificate of insurance. In case of Family Floater Plan, maximum number of days would float over the family. In the event more than one Family member is hospitalized at the same time, the number of days each member has been hospitalized would be added, and the maximum allowable for the whole family would be restricted to the number of days as mentioned in the Policy Schedule/ Certificate of Insurance.

In case of any other sum insured and coverage restrictions, the same shall be clearly specified in Your Policy schedule/Certificate of Insurance.

Section 1 – Definitions

The terms defined below and at other junctures in the Policy Wording have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural; references

to the male include the female and references to any statutory enactment include subsequent changes to the same:

i. Standard Definitions

1. Accident

An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.

2. Congenital Anomaly

Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position.

a) Internal Congenital Anomaly

Congenital anomaly which is not in the visible and accessible parts of the body.

b) External Congenital Anomaly

Congenital anomaly which is in the visible and accessible parts of the body

3. Day Care Centre

A day care centre means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under –

- i. has qualified nursing staff under its employment;
- ii. has qualified medical practitioner/s in charge;
- iii. has fully equipped operation theatre of its own where surgical procedures are carried out;

- iv. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

4. Day Care Treatment

Day care treatment means medical treatment, and/or surgical procedure which is:

- i. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
- ii. which would have otherwise required hospitalization of more than 24 hours. Treatment normally taken on an out-patient basis is not included in the scope of this definition

5. Deductible

Deductible means a cost sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

6. Grace Period

Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases (**PED**). For single premium payment policies, coverage is not available during the period for which no premium is received However, If the premium is paid in instalments during the policy period, coverage will be available during the grace period also. The grace period for payment of the premium shall be: fifteen days where

premium payment mode is monthly and thirty days in all other cases (Quarterly/Half Yearly).

7. Hospital

A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act Or complies with all minimum criteria as under:

- i. has qualified nursing staff under its employment round the clock;
- ii. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places;
- iii. has qualified medical practitioner(s) in charge round the clock;
- iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
- v. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;

8. Hospitalization

Hospitalization means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

9. Illness

Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

(a) Acute condition

Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery

(b) Chronic condition

A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:

- i. it needs ongoing or long term monitoring through consultations, examinations, check-ups, and /or tests
- ii. it needs ongoing or long-term control or relief of symptoms
- iii. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it iv. it continues indefinitely
- v. it recurs or is likely to recur

10. Injury

Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

11. Intensive Care Unit

Intensive care unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

12. Inpatient Care

Inpatient care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

13. Maternity expenses

Maternity expenses means;

- a. medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);
- b. expenses towards lawful medical termination of pregnancy during the policy period.

14. Medical Advice

Medical Advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

15. Medical Practitioner

Medical Practitioner means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.

16. Medically Necessary Treatment

Medically necessary treatment means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:

- i. is required for the medical management of the illness or injury suffered by the insured;

- ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- iii. must have been prescribed by a medical practitioner;
- iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

17. Pre-Existing Disease (PED)

Pre-Existing Disease means any condition, ailment , injury or disease

- o That is/are diagnosed by a Physician not more than 36 months prior to the date of commencement of the Policy issued by the Insurer or
- o For which medical advice or treatment was recommended by, or received from, a Physician not more than 36 months prior to the date of commencement of the Policy

18. Renewal

Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for preexisting diseases, time-bound exclusions and for all waiting periods.

19. Unproven/Experimental treatment

Unproven/Experimental treatment means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

ii. Specific Definitions (Definitions other than as mentioned under Section 1 (i) above)

1. Age - Means the completed age of the Insured Person on his / her most recent birthday as per the English

2. Policyholder

The Policyholder shall be the Employer who has taken the group insurance policy as a service benefit to his Employees or a Group Manager of a homogeneous group of persons who assemble together for a commonality of purpose and there is a clearly evident relationship between the member and group manager for services other than insurance.

3. **We/Us/Our** - means TATA AIG General Insurance Company Limited.
4. **You/Your/Yourself** means the Policy Holder and/or Insured Person(s) who is named in the Policy Schedule.

Section 2: Benefits (Base Cover)

The following benefits are payable subject to Terms and Conditions of the policy:

B1. Inpatient Hospital Cash Benefit

We will pay fixed daily benefit amount, for completion of each continuous and consecutive 24 hours of hospitalization during the policy period, subject to any deductible and maximum number of days as specified on the Policy Schedule/ Certificate of Insurance.

Subsequent to completion of 24 hours of hospitalization, on the day of discharge, when insured person is discharged before completion of consecutive 24 hours of hospitalization, we shall pay 50% of inpatient hospital cash benefit.

This benefit is payable only if there is no claim under Section A5 (Inclusion of Double- Inpatient hospital- Sickness- ICU) or A6 (Inclusion of Double- Inpatient hospital- Accident -ICU), if opted.

Scope of coverage - Worldwide

Section 3 – Exclusions

i. Specific Exclusions

1. Waiting Period

- i. We are not liable for any claim arising due to a condition for which appearance of signs/symptoms, consultation, investigation, treatment or admission started within 30 days from policy commencement date except claims arising due to an accident. In case of renewals, this waiting period shall not be applicable to the extent of sum insured under the previous policy in force. If any illness/procedure (under ii) is specifically covered after a period as specified in Policy Schedule/ Certificate of Insurance, the 30 day waiting period is superseded by such illness/procedure based waiting period.
- ii. A waiting period, as specified on the Policy Schedule/ Certificate of Insurance, from the first policy commencement date will be applicable to the medical and surgical treatment of illnesses, disease, or surgical procedures mentioned below, for the sum insured as specified in the Policy Schedule/ Certificate of Insurance, unless necessitated due to cancer:

The following Illnesses/diseases would be covered after a waiting period as specified in the policy schedule/Certificate of Insurance irrespective of the treatment undergone, medical or surgical:

- a. Tumors, Cysts, polyps including breast lumps (benign)
- b. Polycystic ovarian disease
- c. Fibromyoma
- d. Adenomyosis
- e. Endometriosis
- f. Prolapsed Uterus

- g. Non-infective arthritis
- h. Gout and Rheumatism
- i. Osteoporosis
- j. Ligament, Tendon or Meniscal tear (due to injury or otherwise)
- k. Prolapsed Inter Vertebral Disc
(due to injury or otherwise)
- l. Cholelithiasis
- m. Pancreatitis
- n. Fissure/fistula in anus, haemorrhoids, pilonidal sinus
- o. Ulcer & erosion of stomach & duodenum
- p. Gastro Esophageal Reflux Disorder (GERD)
- q. Liver Cirrhosis
- r. Perineal Abscesses
- s. Perianal / Anal Abscesses
- t. Calculus diseases of Urogenital system Example: Kidney stone, Urinary bladder stone.
- u. Benign Hyperplasia of prostate
- v. Varicocele
- w. Cataract
- x. Retinal detachment
- y. Glaucoma

z. Congenital Internal Diseases

The following treatments are covered after a waiting period as specified in the policy schedule/Certificate of Insurance irrespective of the illness for which it is done:

- a. Adenoidectomy
 - b. Mastoidectomy
 - c. Tonsillectomy
 - d. Tympanoplasty
 - e. Surgery for nasal septum deviation
 - f. Nasal concha resection
 - g. Surgery for Turbinate hypertrophy
 - h. Hysterectomy
 - i. Joint replacement surgeries Eg: Knee replacement, Hip replacement
 - j. Cholecystectomy
 - k. Hernioplasty or Herniorraphy
 - l. Surgery/procedure for Benign prostate enlargement
 - m. Surgery for Hydrocele/
Rectocele
 - n. Surgery of varicose veins and varicose ulcers
- iii. Pre-existing conditions shall be covered after a waiting period as specified on the Policy Schedule/ Certificate of Insurance.

2. Medical Exclusions

We will not make any payment for any claim in respect of any Insured Person, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this Policy:

- i. The abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as intoxicating drugs and alcohol by the insured person, including smoking cessation programs and
 - the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies.
- ii. Treatment of Obesity and any weight control program
- iii. Parkinsons and Alzheimer's disease
- iv. General debility or exhaustion or run-down condition
- v. Congenital External Diseases, defects or anomalies;
- vi. Stem cell implantation or surgery; or growth hormone therapy;
- vii. Sleep-apnoea
- viii. Charges related to Peritoneal Dialysis (CAPD), including supplies
- ix. Admission primarily for administration of monoclonal antibodies or Intra-articular or intralesional injections or Intravenous immunoglobulin infusion or supplementary medications like Zolendronic Acid
- x. Admission primarily for diagnostic and evaluation purposes only
- xi. Venereal disease, sexually transmitted disease or illness;
- xii. Sterility, treatment whether to effect or to treat infertility; any fertility, sub-fertility or assisted conception procedure; surrogate or vicarious pregnancy;

birth control, contraceptive supplies or services including complications arising due to supplying services.

- xiii. Laser treatment for correction of eye due to refractive error
- xiv. Aesthetic or change-of-life treatments of any description such as sex transformation operations, treatments to do or undo changes in appearance or carried out in childhood or at any other times driven by cultural habits, fashion or the like or any procedures which improve physical appearance.
- xv. Plastic surgery or cosmetic surgery unless necessary as a part of medically necessary treatment certified by the attending Medical Practitioner for reconstruction following an Accident, Cancer or Burns.
- xvi. Rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care.
- xvii. All preventive care, vaccination including inoculation and immunisations;
- xviii. Hospitalization purely for enteral feedings (infusion formulae via a tube into the upper gastrointestinal tract) 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.
- xix. Experimental and Unproven treatments, Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Chelation therapy, Hyperbaric Oxygen Therapy
- xx. Dental treatment or surgery of any kind unless as a result of Accidental Bodily Injury/Illness/Disease to natural teeth and also requiring hospitalization
- xxi. Any non-allopathic treatment
- xxii. Pregnancy, voluntary termination of pregnancy, maternity or birth (including caesarean section) except in the case of ectopic pregnancy in relation to - Inpatient Hospitalization only and miscarriage due to accident.

3. Non-Medical Exclusions

- i. War or any act of war, invasion, act of foreign enemy, civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, ionising radiation.
- ii. Any Insured Person's participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing.
- iii. Any Insured Person committing or attempting to commit a breach of law with criminal intent
- iv. Intentional self-injury or attempted suicide while sane or insane.
- v. Any claim incurred after date of proposal/enrolment form and before issuance of policy/Certificate of Insurance where there is change in health status of the member and the same is not communicated to us.
- vi. All expenses incurred by the Policyholder/ Insured Person at the Hospital or any institution about which the Company has expressly notified that the Claim incurred at such Hospital/institution shall not be payable (except reimbursement claims related to accidents and life threatening conditions). The updated list of such Hospitals can be obtained through the Company's website or Call Center.

Policyholder/ Insured Person at the Hospital or any institution about which the Company has expressly notified that the Claim incurred at such Hospital/institution shall not be payable (except reimbursement claims related to accidents and life threatening conditions). The updated list of such Hospitals can be obtained through the Company's website or Call Center

Section 4 – General Terms and Clauses

i. Standard General Terms & Clauses

1. Redressal of Grievance Procedure

In case of any grievance the Insured Person may contact through

Website: www.tataaig.com

Call us 24x7 toll free helpline 1800 266 7780 or 1800 22 9966 (Senior Citizen)

Email us at customersupport@tataaig.com

Courier: Customer Support, Tata AIG General Insurance Company Limited,
7th and 8th Floor, Romell Tech Park, Cama Industrial Estate, Western Express
Highway, Goregaon(E), Mumbai, Maharashtra 400063

Visit the Servicing Branch mentioned in the policy document

The insured person may also approach the grievance cell at any of the
Company's branches with details of grievance.

If Insured person is not satisfied with the redressal of grievance through one
of the above methods, Insured person may contact the grievance officer at
manager. customersupport@tataaig.com. For updated details of grievance
officer, kindly refer the link (<https://www.tataaig.com/grievancedressal-policy>)

If Insured person is not satisfied with the redressal of grievance through
above methods, the Insured Person may also approach the office of Insurance
Ombudsman of the respective area/region for redressal of grievance as per
Insurance Ombudsman Rules 2017. Grievance may also be lodged at Bima
Bharosa Portal - <https://bimabharosa.irdai.gov.in/>

**ii. Specific terms and clauses (terms and clauses other than those mentioned
under Section 4 (i) above)**

1. Condition Precedent

- i. Condition Precedent means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
- ii. The fulfilment of the terms and conditions of this Policy (including the payment of premium by the due dates mentioned in the Schedule) insofar as they relate to anything to be done or complied with by You or any Insured Person shall be conditions precedent to Our liability.
- iii. The premium for the policy will remain the same for the policy period as mentioned in the policy schedule.
- iv. No change in this Policy shall be valid unless a valid endorsement is passed in the policy.
- v. In case of master policy, the policy period would be 1 year however the period of certificate of insurance would be from 1 year to 5 years (in case of credit linked). Details of the policy term applicable to individual certificate of insurance would be clearly stated in Your certificate of insurance.

2. Fraud

- i. We will not be liable to pay under the policy if any claim is in any manner dishonest or fraudulent, or is supported by any dishonest or fraudulent means or devices, whether by You or any Insured Person or anyone acting on behalf of You or an Insured Person.
- ii. In the event of fraud done by a primary member/his dependents,in case of employer-employee policies, the coverage in respect of that insured person and his dependents shall be terminated and there shall be no

refund of insured person's premium. Subsequent to this, such insured person/s shall not be covered even during renewals.

- iii. In the event of fraud done by a primary member/his dependents, in case of non-employer-employee policies, the certificate of insurance shall be terminated ab initio without any premium refund.

3. Renewal conditions

- i. The Policy is ordinarily renewable lifelong unless You or any one acting on behalf of You has acted in a fraudulent manner or any misrepresentation under or in relation to this policy or renewal of the Policy poses a moral hazard.
- ii. The Policy/Certificate of Insurance may be renewed by upfront payment of the total premium specified by Us, which premium shall be at Our premium rate in force at the time of renewal. Premium rates are subject to revision at the time of renewal depending upon overall performance of the product and / or the claim experience under the policy.
- iii. Your premium will also change if you move into a higher age group, change in Sum Insured, change the term or change the plan.
- iv. The Policy may be renewed by mutual consent and in such event the renewal premium should be paid to Us on or before the date of expiry of the Policy or within the grace period of 30 days from the expiry of the Policy. Grace Period of 30 days for renewing the Policy/Certificate of Insurance is provided under this Policy. If the renewal is made within the grace period, continuity of benefits will be allowed. We will not be liable to pay for any claim under this policy that occur during the grace Period. Grace period at the time of renewal is applicable for all policies irrespective of premium payment frequency.

- v. Unless renewed as herein provided, this Policy or Certificate of Insurance shall terminate at the expiration of the period for which premium has been paid.
- vi. Any revision / modification in the product will be done and intimated to You at least 3 months in advance.

4. Withdrawal of Policy

- i. In the likelihood of this product being withdrawn in future, we will intimate you about the same 3 months prior to expiry of the policy.
- ii. You will have the option to migrate to similar health insurance product available with us at the time of renewal with all the accrued continuity benefits such as waiver of waiting period etc. provided the policy has been maintained without a break.

5. Termination

- i. You may terminate this Policy / Certificate of Insurance at any time by giving 7 days written notice to Us, and the Policy/ Certificate of Insurance shall terminate when such written notice is received.
- ii. In case of master policy, each Certificate of Insurance will get terminated on the earliest of the following dates:
 - a. The date You or We cancel the Certificate of Insurance
 - b. The member opts out of the scheme
 - c. Foreclosure/closure of loan availed (wherever applicable)
- iii. If no claim has been made under the Policy/Certificate of Insurance, then We will refund proportionate risk premium for the unexpired policy period.

- iv. We may at any time terminate this Policy /Certificate of insurance on grounds of misrepresentation, established fraud or non-disclosure of material facts by You or any Insured Person or anyone acting on Your behalf or on behalf of an Insured Person by sending an endorsement to Your address shown in the Schedule to this Policy.
- v. In the event of termination of this Policy/Certificate of insurance on grounds of mis-representation, established fraud, non-disclosure of material facts, the policy shall stand cancelled ab initio and there will be no refund of premium.

6. Free Look Period

- i. You have a period of 30 days from the date of receipt of the Policy /Certificate of Insurance, whether received electronically or otherwise, to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy/Certificate of Insurance stating the reasons of cancellation.
- ii. You will be refunded the premium paid by You after adjusting the stamp duty charges and proportionate risk premium.
- iii. You can cancel Your Policy/Certificate of insurance only if You have not made any claims under the Policy.
- iv. All Your rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy.
- v. Free look provision is not applicable and available at the time of renewal of the Policy.

7. Insured Person

i. Only those persons named as an Insured Person in the Policy Schedule/ Certificate of insurance shall be covered under this Policy.

ii. Mid-term addition of Primary Insured and Dependents:

Mid-term addition of Primary insured and dependents shall be allowed in the event of following:

1. Intimation is given to Us by a defined & agreed date and shall be subject to Regulations/Guidelines issued by Insurance Regulatory and Development Authority of India and any subsequent amendments as published by the Regulator from time to time
2. Requisite premium has been paid to Us.
3. All existing dependents must be covered along with the Primary Insured and the addition of Dependents shall be allowed only in the event of:
 - Children in the event of childbirth
 - Spouse in the event of marriage

If any of the conditions (1) & (2) above are not met, coverage will commence only from the date of intimation to Us or premium remittance whichever is later.

iii. Mid-term deletion of Primary Insured and Dependents:

- a. In case of Employer-Employee Policies:
 - The coverage for existing Primary Insured and his dependants will automatically expire from date of cessation of employment.

- Pro-rata refund of premium would be made on intimation provided such intimation is made by a defined date and no claim is made by the Primary Insured or his dependants.
- b. In case of non Employer- Employee Policies, the coverage shall automatically expire from the date the insured person exits the scheme.
- c. In case of refund of premium being generated on the Policy due to deletion of Insured Persons, the same will be refunded or adjusted accordingly against the future premium installments due on the Policy.

8. Entire Contract

- i. This Policy, its Schedule, endorsement(s), proposal/enrolment form constitutes the entire contract of insurance. No change in this policy shall be valid unless approved by Us and such approval be endorsed hereon.
- ii. This Policy and the policy Schedule/ Certificate of insurance shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part of this Policy or of the Schedule shall bear such meaning wherever it may appear.

9. Notices

- i. Any notice, direction or instruction under this Policy shall be in writing and if it is to:
 - a. Any Insured Person, then it shall be sent to You at Your address specified in the Schedule to this Policy and You shall act for all Insured Persons for these purposes.

- b. Us, it shall be delivered to Our address specified in the Schedule to this Policy. No insurance agents, brokers or other person or entity is authorised to receive any notice, direction or instruction on Our behalf unless We have expressly stated to the contrary in writing.

10. Mis-representation, or non-disclosure of material facts

- i. In case of employer-employee policies, if any mis-representation or non-disclosure of material facts or incorrect coverage or claim experience information provided at the time of request for proposal, the policy shall be void ab-initio without any premium refund.
- ii. In case of non-employer-employee policies, We will not be liable to pay under the policy if any Misrepresentation or non-disclosure of material facts is noted at the time of claim or otherwise, whether by You or any Insured Person or anyone acting on behalf of You or an Insured Person, & certificate of insurance shall be void ab-initio without any premium refund.

11. Option to Migrate

We will offer the Insured Person an option to migrate to similar health insurance Policy with Us provided that:

- i. Insured Person has been insured with Us under this Policy
- ii. This option for migration to similar health insurance policy shall be exercised by the Insured Person only when he / she is at the end of specified exit age and certainly at the time of renewal only.

- iii. Insured Person will be offered continuity of coverage & suitable credits, if any, for all the previous policy years, provided the policy has been maintained without a break.

12. Assignment Clause

The Benefits under this Policy are assignable subject to applicable Laws.

Section 5 – Claims Procedure and Claims Payment

This section explains about the procedures involved to file a valid claim by the insured person and processes related in managing the claim by Us. All the procedures and processes such as notification of claim, supporting claim documents and related claim terms of payment are explained in this section.

1. Notification of Claim

	Treatment, Consultation or Procedure:	We must be informed:
1	If any treatment for which a claim may be made and that treatment requires planned Hospitalisation:	At least 48 hours prior to the Insured Person's admission.

2	If any treatment for which a claim may be made and that treatment requires emergency Hospitalisation	Within 24 hours of the Insured Person's admission to Hospital.
---	--	--

Failure to furnish such intimation within the time required shall not invalidate nor reduce any claim if You can satisfy us that it was not reasonably possible for You to give proof of such delay within such time. The Company may relax these timelines only in special circumstances and for the reasons beyond the control of the insured.

2. Supporting Documentation & Examination

- i. You or someone claiming on Your behalf shall provide Us with documentation, medical records and information We may request to establish the circumstances of the claim, its quantum or Our liability for the claim within 15 days or earlier of Our request or the Insured Person's discharge from Hospitalisation or completion of treatment.
- ii. Failure to furnish such evidence within the time required shall not invalidate nor reduce any claim if you can satisfy us that it was not reasonably possible for you to give proof within such time.
- iii. We may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the Insured Person.
- iv. **Such documentation will include the following:**

- a. Our claim form, duly completed and signed for on behalf of the Insured Person. We, upon receipt of a notice of claim, will furnish Your representative with such forms as We may require for filing proofs of loss or you may download the claim form from our Web site.
- b. All medical reports, case histories, investigation reports, indoor case papers/ treatment papers (if available) discharge summaries.
- c. A precise diagnosis of the treatment for which a claim is made.
- d. Treating doctor's certificate regarding missing information in case histories e.g. Circumstance of injury and Alcohol or drug influence at the time of accident, if available
- e. Copy of MLC (Medico legal case) records, if carried out and FIR (First information report) if registered, in case of claims arising out of an accident and available with the claimant.
- f. Regulatory requirements as amended from time to time, currently mandatory NEFT (to enable direct credit of claim amount in bank account) and KYC (recent ID/Address proof and photograph) requirements
- v. For any claim related assistance, notification of claim and submission of claim related documents, insured person can contact Us through:
 - Website : www.tataaig.com
 - Toll Free No.: 1800 266 7780/ For Senior Citizens: 1800 22 9966
 - Courier:

Accident & Health Claims Department (Group Hospital Cash policy)

A&H Claims Department

7th and 8th Floor, Romell Tech Park, Cama Industrial Estate,
Western Express Highway,
Goregaon(E), Mumbai, Maharashtra 400063

We at our own expense, shall have the right and opportunity to examine insured persons through Our Authorised Medical Practitioner whose details will be notified to insured person when and as often as We may reasonably require during the pendency of a claim hereunder.

3. Claims Payment

- i. We shall be under no obligation to make any payment under this Policy unless We have received all premium payments in full in time and We have been provided with the documentation and information requested to establish the circumstances of the claim, its quantum or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.
- ii. We will only make payment to You under this Policy. Your receipt shall be considered as a complete discharge of Our liability against any claim under this Policy.
- iii. In the event of Your death, We will make payment to the Nominee (as named in the Schedule).
- iv. We shall settle or reject a claim, as may be the case, within 30 days of the receipt of the last 'necessary' document
- v. We shall make the payment of claim that has been admitted as payable by Us under the Policy terms and conditions within 30 days from the date of receipt of last necessary document.

- vi. In the case of delay in the payment of a claim, We shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate. For the purpose of this clause, 'bank rate' shall mean bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.
- vii. All claims will be settled in accordance with the applicable regulatory guidelines, including IRDAI (Protection of Policyholders Interests, Operations & Allied Matters of the Insurers Regulation), 2024 and any subsequent amendments henceforth.

Escalation Level 1

For lack of a response or if the resolution still does not meet Insured Person's expectations, Insured Person can write to manager.customersupport@tataaig.com. After investigating the matter internally and subsequent closure, The Company will send response within a period of 8 days from the date of receipt of Insured Person's complaint.

Escalation Level 2

For lack of a response or if the resolution still does not meet Insured Person's expectations, Insured Person can write to the Head-Customer Services at head.customerservices@tataaig.com. Within 30 days of lodging a complaint with us, if Insured Person do not get a satisfactory response from The Company and Insured Person wish to pursue other avenues for redressal of grievances, Insured Person may approach Insurance Ombudsman appointed by IRDA of India under the Insurance Ombudsman Scheme. Given below are details of the Insurance Ombudsman located at various centers.

List of Insurance Ombudsman

Sr. No.	Centre	Address & Contact	Jurisdiction of Office Union Territory, District
1	AHMEDABAD	Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu
2	BENGALURU	Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka

Tata AIG Group Hospital Cash

Policy Wordings



3	BHOPAL	Office of the Insurance Ombudsman, 1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh, Chhattisgarh
4	BHUBHANESHWAR	Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 / 2596455 Email: bimalokpal.bhubaneswar@cioins.co.in	Odisha
5	CHANDIGARH	Office Of The Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172 - 4646394 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.

Tata AIG Group Hospital Cash

Policy Wordings



6	CHENNAI	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, PuducherryTown and Karaikal (which are part of Puducherry)
7	DELHI	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23237539 Email: bimalokpal.delhi@cioins.co.in	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh
8	GUWAHATI	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura

**Tata AIG Group Hospital Cash
Policy Wordings**



9	HYDERABAD	Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry
10	JAIPUR	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141- 2740363/2740798 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan
11	KOCHI	Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash,LIC Building, Opp to Maharaja's College Ground,M.G.Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry

**Tata AIG Group Hospital Cash
Policy Wordings**



12	KOLKATA	<p>Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in</p>	<p>West Bengal, Sikkim, Andaman & Nicobar Islands</p>
13	LUCKNOW	<p>Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in</p>	<p>Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi,</p>

Tata AIG Group Hospital Cash

Policy Wordings



			Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar
14	MUMBAI	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/ 32/33 Email: bimalokpal.mumbai @cioins.co.in	Goa, Mum bai Met ropoli tan Regio n (excl uding Navi Mum bai & Than e)

Tata AIG Group Hospital Cash

Policy Wordings



15	NOIDA	<p>Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P- 201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in</p> <p>State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>
----	-------	---

Tata AIG Group Hospital Cash

Policy Wordings



16	PATNA	Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand
17	PUNE	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region)

For updated list and details of Insurance Ombudsman Offices, please visit website
<http://www.cioins.co.in/ombudsman.html>

Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.

1. 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 in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of 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 prospectuses or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

REG-IMP-V1-300924