

Customer Information Sheet

Note: The Information must be read in conjunction with the product brochures and policy document. In case of any conflict between the Key Features Document and the policy document the terms and conditions mentioned in the policy document shall prevail. Below mentioned details in this information sheet must be read in conjunction with this certificate of insurance

Title	Description	Refer To Policy Clause Number																																				
Product Name	Tata AIG Group EMI Protect																																					
What am I covered for:	<p>Description of only those Benefits shall be applicable as mentioned on the Policy Schedule/Certificate of Insurance</p> <p>Benefits</p> <p>Base Covers:</p> <p>B1. Inpatient Hospitalization Benefit</p> <p>We will pay the number of EMIs/EMI amount as specified in the Policy Schedule/ Certificate of Insurance for every completed continuous hospitalization period of 24 hrs, in the event the insured person is hospitalized as an Inpatient due to injury/ illness/ disease during the policy period, subject to any deductible and for specified number of days as mentioned in Policy Schedule/ Certificate of Insurance.</p> <p>B2. CRITICAL ILLNESS CATEGORY A</p> <p>We will pay the insured person the number of EMIs/EMI amount as specified in the Policy Schedule/Certificate of Insurance for the listed critical illnesses subject to the following conditions:</p> <ol style="list-style-type: none"> The claim is admissible for first time diagnosis of listed critical illnesses or undergoing the listed surgery for critical illness for the first time. The claim is admissible under this section if the critical illness manifest after 90 days from the first risk commencement date. Claims under this section will be admissible only if the Insured Person survives the Illness for a period as specified on the Policy Schedule/Certificate of Insurance after the date of occurrence of the listed critical illness. Pre-existing conditions or its related conditions shall be covered after a waiting period as specified on the Policy Schedule/Certificate of Insurance. The said conditions must be declared, if known, by the insured person at the time of application and must not have been explicitly excluded in the policy. Only one claim shall be payable to the insured regardless of the number of Critical Illness/Surgery for Critical Illness, incapacities or treatments suffered by him/her unless explicitly stated otherwise. Covered Critical Illness: A "Critical Illness" shall mean any one of the following critical illness with specific meaning as defined in the policy: <table border="1" data-bbox="411 1594 1177 1895"> <thead> <tr> <th>Si. No.</th> <th>Critical Illness</th> <th>Si. No.</th> <th>Critical Illness</th> </tr> </thead> <tbody> <tr> <td>C1</td> <td>Cancer</td> <td>C9</td> <td>Stroke</td> </tr> <tr> <td>C2</td> <td>End Stage Renal Failure</td> <td>C10</td> <td>Paralysis</td> </tr> <tr> <td>C3</td> <td>Major organ Transplant</td> <td>C11</td> <td>Parkinson's disease</td> </tr> <tr> <td>C4</td> <td>Heart Valve Replacement</td> <td>C12</td> <td>Aplastic Anemia</td> </tr> <tr> <td>C5</td> <td>Coronary Artery Bypass Graft</td> <td>C13</td> <td>End Stage Lung Failure</td> </tr> <tr> <td>C6</td> <td>Myocardial Infarction Heart Attack of specific severity)</td> <td>C14</td> <td>Primary Pulmonary (First Hypertension</td> </tr> <tr> <td>C7</td> <td>Refractory heart failure</td> <td>C15</td> <td>End Stage Liver Failure</td> </tr> <tr> <td>C8</td> <td>Cardiomyopathy</td> <td></td> <td></td> </tr> </tbody> </table> <p>Limitations applicable this Section B2 – Critical illness</p> <p>In the event of more than one claim of critical illness (es) is/are lodged under this policy, We shall only pay for one such critical illness claim during the policy year, unless explicitly stated otherwise Upon payment of this claim, the coverage for critical illness would cease to continue till expiry of the policy. However, the cover for other benefits which have a separate sum insured shall continue till the expiry of the policy and our liability for such benefits shall be restricted to</p>	Si. No.	Critical Illness	Si. No.	Critical Illness	C1	Cancer	C9	Stroke	C2	End Stage Renal Failure	C10	Paralysis	C3	Major organ Transplant	C11	Parkinson's disease	C4	Heart Valve Replacement	C12	Aplastic Anemia	C5	Coronary Artery Bypass Graft	C13	End Stage Lung Failure	C6	Myocardial Infarction Heart Attack of specific severity)	C14	Primary Pulmonary (First Hypertension	C7	Refractory heart failure	C15	End Stage Liver Failure	C8	Cardiomyopathy			Section 1
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the sum insured for such benefit as mentioned on the Policy Schedule/Certificate of Insurance.

We will not pay more than once for the same critical illness claim under the policy (even after renewals).

B3. Personal Accident

P1 Accidental Death

We will pay to Insured person's beneficiary or legal representative the specified number of EMIs/EMI amount/sum insured as specified in the Policy Schedule/ Certificate of Insurance, if an Insured Person suffers an accident during the policy period and this is the proximate cause of his death within 365 days from the date of accident.

P2 Disappearance

We will pay to Insured person's beneficiary or legal representative the specified number of EMIs/EMI amount/sum insured as specified in the Policy Schedule/ Certificate of Insurance, for Loss of Life occurring within policy period if Insured person's body cannot be located within 365 Days after the forced landing, stranding, sinking or wrecking of a conveyance in which You were a passenger or as a result of any Acts of God, subject to all other terms and provisions of the Policy.

P2 Permanent Total Disability

We will pay the specified number of EMIs/EMI amount as specified in the policy schedule/Certificate of Insurance, if injury to you results in you suffering Permanent Total Disability. The injury must occur within the policy period as mentioned in the policy schedule/Certificate of insurance and the disability should continue for 365 days from the date of accident which caused the injury. This waiting period of 365 days is not applicable for severance or amputation cases.

If the Insured Person suffers more than one below mentioned loss as a result of the same accident, our liability shall be restricted to the specified benefit amount mentioned on the Policy Schedule/Certificate of Insurance.

For the purpose of this cover, Permanent Total Disability shall mean either of the following:

- Irrecoverable Loss of sight of both eyes
- Physical Separation of or the irrecoverable loss of ability to use both hands or both feet
- Physical Separation of or the irrecoverable loss of ability to use one hand and one foot
- Irrecoverable Loss of sight of one eye and the physical separation of or the irrecoverable loss of ability to use either one hand or one foot.

Specific Exclusions applicable to this Section B3

The following exclusions will be applicable in addition to the General Exclusions listed in this Policy:

1. Any Pre-existing injury or disability or any complication arising from it. This exclusion shall not be applicable if the proximate cause is accident or
2. Any physical disability which existed prior to first risk inception date which was not disclosed, or
3. Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
4. Being under the influence of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a Physician and taken as prescribed; or
5. War, civil war, invasion, insurrection, revolution, act of foreign enemy, hostilities (whether War be declared or not), rebellion, mutiny, use of military power or usurpation of government or military power; or
6. Serving in any branch of the Military or Armed Forces of any country, whether in peace or War, and in such an event We, upon written notification by You, shall return the pro rata premium for any such period of service; or
7. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel; or
8. The radioactive, toxic, explosive or other dangerous properties of any

- explosive nuclearequipment or any part of that equipment; or
9. Caused due to act of terrorism.
 10. 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.
 11. Disability based on a Diagnosis made by the Insured or his/her Immediate Family Member or anyone who is living in the same household as the Insured or by a herbalists, acupuncturist or any other non-traditional health care provider.

Limitations applicable this Section 1 – Base Cover

Upon payment of the claim under this section, the coverage for this section would cease to continue till expiry of the policy unless otherwise explicitly stated. However, the cover for other benefits which have a separate sum insured shall continue till the expiry of the policy and our liability for such benefits shall be restricted to the sum insured for the benefit as mentioned on the Policy Schedule/Certificate of Insurance.

Optional Covers:

A1. Covers applicable for Section B1 – Inpatient Hospitalization Benefit

i. Inclusion of Double-Inpatient Benefit- Accident

We will pay twice the specified number of EMIs/EMI amount as specified in the Policy Schedule/ Certificate of Insurance for every completed continuous hospitalization period, in the event the insured person is hospitalized as an Inpatient, due to injury resulting from an accident, during the policy period, subject to any deductible and for specified number of days as mentioned in Policy Schedule/ Certificate of Insurance.

ii. Inclusion of Double-Inpatient Benefit- Critical Illness

We will pay twice the specified number of EMIs/EMI amount as specified in the Policy Schedule/ Certificate of Insurance for every completed continuous hospitalization period, in the event the insured person is hospitalized as an Inpatient due to injury/ illness/ disease only for the listed critical illnesses as specified in the Policy Schedule/Certificate of Insurance, during the policy period, subject to any deductible and for specified number of days as mentioned in Policy Schedule/ Certificate of Insurance. For the purpose of this benefit, “Critical Illness” shall mean any one of the critical illness with specific meaning as defined in the policy and as applicable.

iii. Inclusion of Dependents Cover – Floater

The policy covers the primary insured person and his dependents as specified in the Policy Schedule/Certificate of Insurance. Maximum number of hospitalized days would float over the insured persons covered in the policy. 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 specified in the Policy Schedule/ Certificate of Insurance.

iv. Joint hospitalization

We will pay twice the specified number of EMIs/EMI amount as specified in the Policy Schedule/ Certificate of Insurance for every completed continuous hospitalization period, in the event where two or more insured persons are concurrently hospitalized as an Inpatient, due to illness/disease/injury, during the policy period, subject to any deductible and for specified number of days as mentioned in Policy Schedule/ Certificate of Insurance.

v. Inpatient Hospitalization Benefit only for Sickness only

We will pay the number of EMIs/EMI amount as specified in the Policy Schedule/ Certificate of Insurance for every completed continuous hospitalization period, in the event the insured person is hospitalized as an Inpatient due to illness/ disease during the policy period, subject to any deductible and for specified number of days as mentioned in Policy Schedule/ Certificate of Insurance

vi. Inpatient Hospitalization Benefit only for Accidents only

We will pay the specified number of EMIs/EMI amount as specified in the Policy Schedule/ Certificate of Insurance for every completed continuous hospitalization period, in the event the insured person is hospitalized as an Inpatient, due to injury resulting from an accident, during the policy period, subject to any deductible and for specified number of days as mentioned in Policy Schedule/ Certificate of Insurance.

vii. Aggregate Hospitalization Cover

We will pay the number of EMIs/EMI amount as specified in the Policy Schedule/ Certificate of Insurance for hospitalization period during the policy period, in the event the insured person is hospitalized as an Inpatient due to injury/ illness/ disease during the policy period, subject to any deductible and for specified number of days as mentioned in Policy Schedule/ Certificate of Insurance.

The number of days the insured person (s) is hospitalized in a year would be added and the maximum allowable for the insured person/entire family would be restricted to the number of days as specified in the Policy Schedule/ Certificate of Insurance.

A2. Covers applicable for Section B2 – Critical Illness Benefit (Category “A”)

A2.1 Inclusion of Covers

i. Inclusion of Additional Critical Illness – Category “B”

In addition to the critical illnesses Category A, following listed additional critical illnesses are also covered under this policy. The list of such additional critical illnesses is:

Si. No.	Critical Illness	Si. No.	Critical Illness
C16	Multiple Sclerosis with Persisting Symptoms	C23	Loss of speech
C17	Motor Neuron Disease with Permanent Symptoms	C24	Loss of limbs
C18	Alzheimer’s disease	C25	Loss of independent existence
C19	Benign brain tumor	C26	Blindness
C20	Major Head Trauma	C27	Third Degree Burns
C21	Apallic syndrome	C28	Coma of specified severity
C22	Deafness		

ii. Inclusion of Additional Critical Illness – Category “C”

In addition to the critical illnesses Category A, following listed additional critical illnesses are also covered under this policy. The list of such additional critical illnesses is:

Si. No.	Critical Illness	Si. No.	Critical Illness
C29	Creutzfeldt-Jakob disease	C33	Poliomyelitis
C30	Progressive Scleroderma	C34	Systemic lupus erythematosus with renal involvement
C31	Medullary Cystic Disease	C35	Myasthenia gravis
C32	Muscular dystrophy	C36	Good pastures syndrome with lung or renal involvement

iii. Inclusion of Multi-Pay Cover

In the event of more than one claim of critical illness (es) is/are lodged under different critical illness categories (i.e. A, B, C) during the policy period , We shall pay for second claim of critical illness as listed in Category B & third claim of critical illness as listed in Category C.

iv. Inclusion of Double EMI benefit in case of listed critical illness

We will pay the insured person twice the number of EMIs/EMI amount as specified in the Policy Schedule/Certificate of Insurance for the listed critical illnesses as mentioned on the Policy Schedule/Certificate of Insurance.

A2.2 Modification of Covers

i. Modification of Critical Illness Benefit (Category “A”)

A3. Inclusion of Additional Covers

A3.1 Flexi Criticare Benefit Cover

We will pay the insured person the number of EMIs/EMI amount for below listed illnesses/procedures:

Coronary Angioplasty	Guillain Barre Syndrome (GBS)
Pacemaker Implant	Early Stage Cancer
Transient Ischemic Attack (TIA)	Carcinoma-In-Situ (CIS)
Multi-organ failure leading to death	

A3.2 Maternity Benefit Cover

i. Inclusion of Maternity Benefit Cover

We will pay the insured person the number of EMIs/EMI amount as specified in the Policy Schedule/Certificate of Insurance for delivery (including complicated deliveries and caesarean sections incurred during hospitalization) of a child during the policy year subject to any maternity waiting period as specified in the Policy Schedule/Certificate of Insurance.

ii. Double Maternity Benefit Cover

We will pay the insured person twice the number of EMIs/EMI amount as specified in the Policy Schedule/Certificate of Insurance for delivery (including complicated deliveries and caesarean sections incurred during hospitalization). of a girl child during the policy period subject to any maternity waiting period as specified in the Policy Schedule/Certificate of Insurance.

iii. Maternal Complications Benefit Cover

We will pay the insured person the number of EMIs/EMI amount as specified in the Policy Schedule/Certificate of Insurance for below listed maternal complications during the policy period subject to any maternity waiting period as specified in the Policy Schedule/Certificate of Insurance:

- a) Abruptio Placentae
- b) Acute fatty liver of pregnancy
- c) Amniotic fluid embolism
- d) Disseminated intravascular coagulation
- e) Eclampsia
- f) Placenta increta or
- g) Placenta percreta
- h) Postpartum haemorrhage requiring hysterectomy
- l) Pre-Eclampsia
- j) Still birth
- k) Uterine Rupture

A3.3 Surgical Benefit Cover

We will pay the insured person the number of EMI/percentage of EMI amount, as specified in the Policy Schedule/Certificate of Insurance and as per the grade of surgery, if the insured person is hospitalized as an inpatient/surgery performed on day care basis on the advice Medical Practitioner due Illness/Injury during the policy period and undergoes the listed surgical procedure.

A3.4 Free Health Check up Cover

We will pay for expenses for a Preventive Health Check-up upto the amount as specified in the Policy Schedule/Certificate of Insurance.

The amount is the maximum per policy/certificate of insurance and more than one insured person can utilize this amount.

The eligibility of the Insured Person, frequency of health check up and dependency of health check up on claim status will be as defined in the Policy Schedule/ Certificate of Insurance.

A3.5 Second Opinion Cover

We will provide You a second opinion from Network Provider or Medical Practitioner, if an Insured Person is diagnosed with the below mentioned Illnesses during the Policy Period. The expert opinion would be directly sent to the Insured Person.

- I. Cancer
- ii. Kidney Failure

- iii. Myocardial Infarction
- iv. Angina
- v. Coronary bypass surgery
- vi. Stroke/Cerebral haemorrhage
- vii. Organ failure requiring transplant
- viii. Heart Valve replacement
- ix. Brain tumours

A3.6 Inclusion of Income Protection Cover

A3.6.1 Loss of Income due to Disability:

We will pay the insured person the number of EMI/percentage of EMI amount, as specified in the Policy Schedule/Certificate of Insurance, if the insured person suffers loss of income during the policy period due to insured person's voluntary resignation from the employment arising out of below mentioned disability arising out of accidental bodily injury:

- Permanent Total Disablement
- Permanent Partial Disablement
- Temporary Total Disablement

A3.6.2 Loss of Income due to Listed:

We will pay the insured person the number of EMI/percentage of EMI amount, as specified in the Policy Schedule/Certificate of Insurance, if the insured person suffers loss of income during the policy period due to insured person's voluntary resignation from the employment arising out of below mentioned critical illnesses subject to falling conditions:

- The claim is admissible for first time diagnosis of listed critical illnesses or undergoing the listed surgical procedures for the first time.
- The claim is admissible under this section if the critical illness manifest after 90 days from the first risk commencement date.
- Claims under this section will be admissible only if the Insured Person survives the Illness for a period as specified on the Policy Schedule/Certificate of Insurance after the date of occurrence of the listed critical illness.
- Pre-existing conditions or its related conditions shall be covered after a waiting period as specified on the Policy Schedule/Certificate of Insurance. The said conditions must be declared, if known, by the insured person at the time of application and must not have been explicitly excluded in the policy.
- Only one claim shall be payable to the insured regardless of the number of Critical Illness, incapacities or treatments suffered by him/her unless explicitly stated otherwise.
- Covered Critical Illness: A "Critical Illness" shall mean any one of the following critical illness with specific meaning as defined in the policy:

1.	Cancer of Specified severity
2.	End Stage Renal Failure requiring dialysis
3.	Open chest Coronary Artery Bypass Graft
4.	Stroke resulting in permanent symptoms
5.	Permanent Paralysis of Limbs
6.	Parkinson's disease
7.	End stage Liver Failure
8.	Alzheimer's disease
9.	Motor Neuron Disease with Permanent Symptoms

A3.7 Inclusion of Family Support Benefit

We will pay the insured person a fixed benefit amount, as specified in the Policy Schedule/Certificate of Insurance, if Your immediate family member suffers from temporary total disablement (TTD) as a result of accidental bodily injury subject to following:

- i. Initial waiting period of 90 days shall be applicable.
- ii. Disability to exist for continuous 30 days from date of injury.
- iii. In the event multiple family members are disabled at the same time, we would only pay the benefit for one member and upto the extent of

	<p>benefit amount as specified in Policy Schedule/Certificate of Insurance.</p> <p>iv. This benefit can be only claimed once during the life time of the policy.</p> <p>A3.8 Inclusion of Return to Home Benefit:</p> <p>We will pay the insured person a fixed benefit amount related to economy class air ticket to return to India, as specified in the Policy Schedule/Certificate of Insurance. This benefit is payable in the event insured person suffers temporary total disablement (TTD) whilst overseas as a result of accidental bodily injury and resulting in loss of overseas employment subject to following:</p> <ol style="list-style-type: none"> i. Initial waiting period of 90 days shall be applicable. ii. Temporary total disablement results in loss of employment within 60 days of date of injury/accident. iii. The insured person returns to India within 30 days from date of loss of employment. iv. The disability is continuous in nature existing for 30 days from date of injury/accident. v. This benefit can be only claimed once during the life time of the policy. <p>A3.9 Inclusion of Vacation Cancellation Cover:</p> <p>We will pay the insured person the specified number of EMIs/EMI amount as specified in the Policy Schedule/ Certificate of Insurance, if prior to the departure date, your vacation trip is cancelled and you are prevented from taking the vacation trip (either domestic/overseas) subject to either:</p> <ol style="list-style-type: none"> i. Insured Person's death, serious injury or sudden sickness requiring minimum three days hospitalization in India. ii. Death of Insured Person's Spouse or parent or child or parents-in-laws. iii. Serious injury or sudden sickness requiring minimum three days hospitalization of Insured Person's Spouse or Parent or Child or Parents-in-laws in India. iv. Compulsory quarantine or prevention of travel by Government. v. Ceasing of business operations of scheduled Airline operator vi. The loan sanctioned solely for the purpose of said vacation. <p>A3.10 Inclusion of Attempted Suicide Cover:</p> <p>We will pay the insured person/nominee/legal heir of the insured person, the specified number of EMIs/EMI amount and waiting period as specified in the Policy Schedule/ Certificate of Insurance in the event of attempted suicide of the insured person leading to inpatient hospitalization or Permanent Total Disability.</p>	
<p>What are the major exclusions in the policy:</p>	<p>Following is a partial list of the policy exclusions. Please refer to the policy wording for the complete list of exclusions.</p> <p>This entire Policy does not provide benefits for any loss resulting in whole or in part from, or expenses incurred, directly or indirectly in respect of:</p> <p>1. Medical Exclusions</p> <p>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:</p> <ol style="list-style-type: none"> i. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. ii. Alcoholic Pancreatitis iii. Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions: <ol style="list-style-type: none"> 1. Surgery to be conducted is upon the advice of the Doctor 2. The surgery/Procedure conducted should be supported by clinical protocols 3. The member has to be 18 years of age or older 4. Body Mass Index (BMI); <ul style="list-style-type: none"> • greater than or equal to 40 or • 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: 	<p>Section 3</p>

- Obesity-related cardio-myopathy
 - Coronary heart disease
 - Severe Sleep Apnea
 - Uncontrolled Type2 Diabetes
- iv. Admission primarily for long term confinement or rehabilitative care where there is no active line of treatment in case of psychiatric/mental disorders
 - v. Parkinsons and Alzheimer's disease
 - vi. General debility or exhaustion or run-down condition
 - vii. Congenital External Diseases, defects or anomalies
 - viii. Stem cell implantation or surgery (except for haematological conditions); or growth hormone therapy;
 - ix. Sleep-apnoea
 - x. Charges related to Peritoneal Dialysis (CAPD), including supplies (except during per-post hospitalization period)
 - xi. Investigation & Evaluation
 - a. Expenses related to any admission primarily for diagnostics and evaluation purpose only are excluded.
 - b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
 - xii. Venereal disease, sexually transmitted disease or illness;
 - xiii. Birth Control, Sterility and Infertility

Expenses related to Birth Control, sterility and infertility. This includes:

 - a. Any type of contraception, sterilization
 - b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c. Gestational Surrogacy
 - d. Reversal of sterilization
 - xiv. Refractive Error
 - a. Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.
 - xv. Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
 - xvi. 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.
 - xvii. Rest Cure, rehabilitation and respite care
 - a. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - 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.
 - Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
 - xviii. All preventive care, vaccination including inoculation and immunisations;
 - xix. 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.
 - 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. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during

	<p>hospitalization) except ectopic pregnancy. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.</p> <p>xxii. Any non-allopathic treatment</p> <p>xxiii. Any other Critical illness which is not listed</p> <p>xxiv. Any Critical Illness/Disability based on a Diagnosis made by the Insured or his/her Immediate Family Member or anyone who is living in the same household as the Insured or by a herbalists, acupuncturist or any other non-traditional health care provider.</p> <p>2. Non-Medical Exclusions</p> <p>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.</p> <p>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.</p> <p>iii. 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>iv. Intentional self-injury or attempted suicide while sane or insane.</p> <p>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.</p> <p>vi. 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 following an accident, expenses up to the stage of stabilization are payable but not the complete claim.</p>	
Waiting Period	<ul style="list-style-type: none"> Initial waiting period of 30 days for all illnesses (not applicable for accidents or on renewals/ modified as mentioned on the Policy Schedule/ Certificate of Insurance) Waiting period for specified diseases/illnesses/procedures as specified in the Policy Schedule/ Certificate of Insurance Pre-existing disease covered after months as specified in the Policy Schedule/Certificate of Insurance 	Section 3
Payment basis	<ul style="list-style-type: none"> Payout of lump sum benefit amount or payment of covered expenses up to specified limit 	
Loss Sharing	<ul style="list-style-type: none"> Not applicable 	
Renewal Conditions	<p>The Policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.</p> <ol style="list-style-type: none"> Request for renewal along with requisite premium shall be received by the Company before the end of the policy period. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without Break in Policy. <p>Coverage is not available during the grace period.</p>	Section 4
Option to Migrate	<p>We will offer the Insured Person an option to migrate to similar health insurance Policy with Us provided that:</p> <ul style="list-style-type: none"> Insured Person has been insured with Us under this Policy 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. 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 	Section 4
Notices	<p>Any notice, direction or instruction under this Policy shall be in writing and if it is to:</p> <ul style="list-style-type: none"> 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. 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. 	

Free Look Period	<ul style="list-style-type: none"> You have a period of 15 days from the date of receipt of the Policy document 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 stating the reasons for cancellation You will be refunded the premium paid by You after adjusting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium. You can cancel Your Policy only if You have not made any claims under the Policy. All Your rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of renewal of the Policy. 	Section 4
Cancellation	<p>The Policyholder may cancel this policy by giving 15 days written notice and in such an event, the Company shall refund premium for the unexpired policy period as defined in the Policy</p> <p>The Company may cancel the Policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the Insured Person by giving 15 days written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.</p>	Section 4
How to Claim	<ul style="list-style-type: none"> INTIMATION & ASSISTANCE: <ul style="list-style-type: none"> You can notify a claim by sending an SMS CLAIMS to 5616181 or by calling our 24x7 toll free helpline 1800-266-7780. Please use the Claim Intimation Form for intimation of a claim You can even write to us at general.claims@tataaig.com and scan documents may be submitted at paclaim.support@tataaig.com to initiate claim processing DOCUMENT SUBMISSION: <ul style="list-style-type: none"> Please submit all documents to the Corporate Office at the address given below: Accident & Health Claims Department (Group Hospital Cash Policy) Tata-AIG General Insurance Co. Ltd. A-501,5Th Floor, Bldg No -4, Infinity Park, Dindoshi, Malad (E) Mumbai 400 097 Please send a duly signed claim form and all the information / documents mentioned below to TATA AIG within 15 days 	Section 5
Policy Servicing/ Grievances/Complaints	<ul style="list-style-type: none"> Company Officials: <ul style="list-style-type: none"> If you are not satisfied with our services and wish to lodge a complaint, please feel free to call our 24X7 Toll free number 1800-266-7780 or 022-66939500 (toll free) or you may email to the customer service desk at customersupport@tataaig.com IRDAI: <ul style="list-style-type: none"> In case of no reply from Us with 15 days, You can approach Grievance Redressal Cell of the Consumer Affairs Department of IRDA of India by calling Toll Free Number 155255 (or) 1800 4254 732 or send email to complaints@irda.gov.in Ombudsman: <ul style="list-style-type: none"> Details as mentioned in the policy wordings or alternatively please refer our web-site (www.tataaig.com). 	Section 6
Insured's Rights	<ul style="list-style-type: none"> Free-look period (as mentioned above) Policy is ordinarily lifelong renewable, subject to application for renewal and the renewal premium in full has been received by the due dates and realization of premium <ul style="list-style-type: none"> Please write to us: customersupport@tataaig.com 	Section 4
Insured's Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid and termination of Your policy.	

Legal Disclaimer Note: The information must be read in conjunction with the policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.

Tata AIG General Insurance Company Limited

Registered Office: Peninsula Business Park, Tower A, 15th Floor, G. K. Marg, Lower Parel, Mumbai - 400 013.
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Website: www.tataaig.com | IRDA of India Registration No.: 108 | CIN: U85110MH2000PLC128425

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