

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 Hospital Cash Micro Insurance Product	
What am I covered for:	<p>Description of only those Benefits shall be applicable as mentioned on the Policy Schedule/Certificate of Insurance</p> <ol style="list-style-type: none"> 1. <u>INPATIENT HOSPITAL CASH BENEFIT</u> 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. 2. <u>ADD-ON COVER FOR ACCIDENTAL DEATH</u> We will pay the sum insured as stated in the Policy schedule/ Certificate of Insurance if accident to You results in your loss of life. 3. <u>ADD-ON COVER FOR PERMANENT TOTAL DISABILITY</u> We will pay the sum insured as stated in the Policy Schedule/ Certificate of Insurance if Injury to You results in You suffering with Permanent Total Disability. 4. <u>ADD-ON COVER FOR ACCIDENTAL MEDICAL REIMBURSEMENT</u> We will reimburse the Medical Expenses, upto limit specified in policy schedule, incurred for in-patient treatment as a result of an accident during the policy period. 5. <u>ADD-ON COVER FOR DAILY HOSPITAL CASH FOR DAY CARE PROCEDURES</u> We will pay the one day fixed amount benefit specified in Policy Schedule/ Certificate of Insurance for listed Day Care Treatment due to disease/illness/Injury during the policy period taken at a hospital or a Day Care Centre. The list of such day care procedures covered is available on our website (www.tataaig.com). 6. <u>ADD-ON COVER FOR DAILY CASH FOR MATERNITY COVER</u> We will pay daily fixed benefit amount as specified in the Policy Schedule/ Certificate of Insurance for each continuous and completed 24 hours of hospitalization, in case an insured person is hospitalized for delivery of a child / Medically Necessary Treatment during pregnancy/ lawful medical termination of pregnancy. 7. <u>ADD-ON COVER FOR DOUBLE- INPATIENT HOSPITAL- ACCIDENT</u> We will pay twice the daily inpatient hospital cash benefit amount specified in the Policy Schedule / Certificate of Insurance for each continuous and completed period of 24 hours of hospitalization during the policy period that requires an Insured Person's admission in a hospital as an inpatient, due to injury resulting from an accident. 8. <u>ADD-ON COVER FOR DOUBLE - INPATIENT HOSPITAL - SICKNESS - ICU</u> We will pay twice the daily inpatient hospital cash benefit amount specified in the Policy Schedule/ Certificate of Insurance, for each continuous and completed period of 24 hours of hospitalization in the Intensive Care Unit during the policy period that requires an Insured Person's admission in a hospital as an inpatient, due to disease or illness. 9. <u>ADD-ON COVER FOR DOUBLE- INPATIENT HOSPITAL- ACCIDENT - ICU</u> We will pay twice the daily inpatient hospital cash benefit amount specified in the Policy Schedule/ Certificate of Insurance, for each continuous and completed 24 hours of hospitalization in the Intensive Care Unit during the policy period that requires an Insured Person's admission in a hospital as an inpatient, due to injury resulting from an accident. 10. <u>ADD-ON COVER FOR PROLONGED HOSPITALIZATION BENEFIT</u> We will pay a fixed amount as specified in the Policy Schedule/Certificate of Insurance, in the event the insured person is hospitalized for a disease/illness/injury for a continuous period exceeding 10 days subject to any deductible as specified in the Policy Schedule/ Certificate of Insurance. 11. <u>ADD-ON COVER FOR EMI PROTECTION BENEFIT</u> In the event the insured person is hospitalized as an Inpatient due to injury/ illness/ disease during the policy period for specified number of days as mentioned in Policy Schedule/ Certificate of Insurance, We will pay the specified number of EMI equivalent as specified in the Policy Schedule/ Certificate of Insurance for every completed continuous hospitalization period. 	Section 2 ,B1 and A

	<p>Modification of Waiting Period</p> <ol style="list-style-type: none"> 1. Deletion of 30 days Waiting Period – 30 days Waiting Period stand deleted/ modified as mentioned on the Policy Schedule/ Certificate of Insurance 2. Deletion of Specified Diseases/Illnesses/Procedures Waiting Period - Specified Diseases/ Illnesses/ Procedures Waiting Period stands deleted/ modified as mentioned on the Policy Schedule/ Certificate of Insurance 3. Deletion of Pre-existing Disease Waiting Period- Pre-existing Disease Waiting Period stands deleted/ modified as mentioned on the Policy Schedule/ Certificate of Insurance <p>The above benefits are payable subject to Policy terms and conditions as defined in the Policy Wording.</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>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> <p>1. Medical Exclusions</p> <ol style="list-style-type: none"> 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 intra-lesional 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. <p>2. Non-Medical Exclusions</p> <ol style="list-style-type: none"> 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>Section 3</p>

	<ul style="list-style-type: none"> 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 	
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"> • Reimbursement of covered expenses up to specified limit. • 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"> 1. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period. 2. 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
Renewal Benefits	<ul style="list-style-type: none"> • Not Applicable 	
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 and 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 mis-representation, 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"> o 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 o 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"> o 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 	Section 5

	<ul style="list-style-type: none"> • Please send a duly signed claim form and all the information / documents mentioned below to TATA AIG within 15 days 	
Policy Servicing/Grievances/ Complaints	<ul style="list-style-type: none"> • In case of any grievance the Insured Person may contact through <ul style="list-style-type: none"> o Website: www.tataaig.com o Call us 24x7 toll free helpline 1800 266 7780 or 1800 22 9966 (Senior Citizen) Email us at customersupport@tataaig.com o Write to us at: Customer Support, Tata AIG General Insurance Company Limited A-501 Building No. 4 IT Infinity Park, Dindoshi, Malad (E), Mumbai - 400097 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/grievance-redressal-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 IRDAI Integrated Grievance Management System - https://igms.irda.gov.in/ • Ombudsman: <ul style="list-style-type: none"> o Details as mentioned in the policy wordings or alternatively please refer our web-site (www.tataaig.com). 	Section 4
Insured's Rights	<ul style="list-style-type: none"> • Free-look period (as mentioned above) The Policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person <ul style="list-style-type: none"> o Please write to us: customersupport@tataaig.com 	Section 4
Insured's Obligations	<ul style="list-style-type: none"> • 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

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Website: www.tataaig.com | IRDA of India Registration No.: 108 | CIN: U85110MH2000PLC128425

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