

### Customer Information Sheet/Know Your Policy

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

S. No	Title	Description	Policy Clause Number								
1.	Name of the Insurance Policy	Tata AIG Criti-MediCare									
2.	Policy Number	<<Policy Number >>									
3.	Type of Insurance Policy	<div><div><div><b>For Sections applicable to you, please refer your Policy Schedule</b></div><div><table><tr><td>Section A: Critical Illness</td><td>Benefit (which pays a fix amount under the policy on the occurrence of a covered event)</td></tr><tr><td>Section B: Cancer 360 Degree-Indemnity Cover</td><td>Indemnity (where insured losses are covered up to the Sum Insured under the policy)</td></tr><tr><td>Section C: Hospital Cash</td><td>Benefit (which pays a fix amount under the policy on the occurrence of a covered event)</td></tr><tr><td>Section D: Wellsurance Benefit</td><td>Benefit (which pays a fix amount under the policy on the occurrence of a covered event)</td></tr></table></div></div></div>	Section A: Critical Illness	Benefit (which pays a fix amount under the policy on the occurrence of a covered event)	Section B: Cancer 360 Degree-Indemnity Cover	Indemnity (where insured losses are covered up to the Sum Insured under the policy)	Section C: Hospital Cash	Benefit (which pays a fix amount under the policy on the occurrence of a covered event)	Section D: Wellsurance Benefit	Benefit (which pays a fix amount under the policy on the occurrence of a covered event)	
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Section D: Wellsurance Benefit	Benefit (which pays a fix amount under the policy on the occurrence of a covered event)										
4.	Sum Insured (Basis) (Along with amount)	<div>&lt;&lt;Sum Insured Amount&gt;&gt; &lt;&lt;Plan Opted&gt;&gt; As per Sum Insured and Plan mentioned in Policy Schedule</div> <div>Sum Insured represents Our maximum, total and cumulative liability under the Policy, for all the Insured Person(s) covered in aggregate, for the respective Policy Year</div>									
5.	Policy Coverage	<div><b>This is a complete list of benefits. For benefits and plan applicable to you, please refer Policy Schedule:</b></div> <div><b>A: Critical Illness</b> <b>A1. Critical Illness</b> Pays the Sum Insured as a lump sum amount on diagnosis to be suffering from of a Critical Illness from any of the categories (A/B/C) ,provided only one claim under each category and maximum up to 3 under all categories during the lifetime of the Policy. <b>A2. Waiver of Premium (Applicable for Smart Century Premier Plan)</b></div>	Section 2								

		<p>Waives 70% of payable renewal Premium for next 3 Policy Years of the Insured Person where the first Claim has been admitted by Us under Smart Century Premier Plan</p> <p><b>A3. Health Check up</b> Preventive Health Check-up upto 1% of previous policy year Sum Insured maximum up to ₹ 10,000</p> <p><b>A4. Second Medical Opinion</b> We will organize second Medical opinion upon specific request of Insured person from Network Provider or Medical Practitioner, if an Insured Person is diagnosed with covered Critical Illness during the Policy Period.</p> <p><b>A5. Smart Cancer Care</b> Pays specified percentage of Sum Insured against this benefit provided the Insured Person is diagnosed to be suffering from various stages of Cancer (Early, Major, Advanced )</p> <p><b>B: Cancer 360 Degree-Indemnity Cover</b></p> <p><b>B1. In-Patient Treatment</b>– Covers Medical Expenses for Cancer as In-patient where period of treatment is more than 24 hrs.</p> <p><b>B2. Pre-Hospitalization expenses</b>- Medical Expenses incurred in 60 days before the date of admission to the hospital</p> <p><b>B3. Post-Hospitalization expenses</b>- Medical Expenses incurred in 90 days after the date of discharge from the hospital</p> <p><b>B4. Day Care Treatment</b>– Medical expenses for Day Care Treatment due to Cancer during the policy period taken at a hospital or a Day Care Centre.</p> <p><b>B5. Organ Donor Expenses</b>- Medical Expenses on harvesting the organ from the donor for organ transplantation necessitated as part of Cancer treatment.</p> <p><b>B6. Home Care (Cancer)</b>-Medically necessary Home Care treatment for Cancer.</p> <p><b>B7. Chemotherapy and Radiotherapy Cover</b>- Cancer related Medical Expenses for availing Chemotherapy (including Oral Chemotherapy) and Radiotherapy treatment.</p> <p><b>B8. OPD Cover (Outpatient)</b>- Cancer related Medical expenses related to consultations, diagnostics and pharmacy .</p> <p><b>B9. Advanced Treatments for Cancer</b>- Medical Expenses incurred for availing Advanced Treatments for Cancer</p> <ul style="list-style-type: none"> <li>• Proton Treatment</li> <li>• Immunotherapy including immunology agents</li> <li>• Personalized and Targeted Therapy</li> <li>• Hormonal Therapy or Endocrine manipulation</li> <li>• Vaporisation of the prostate</li> <li>• Stem cell transplantation</li> </ul>	
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		<p>diagnosis was made in India and the insured travels abroad for treatment.</p> <p><b>B19. Consumable Benefit-</b> We will pay for expenses incurred, for specified consumables which are listed in 'Annexure – 1 List 1 as Optional Items' under 'Guidelines on Standardization in Health Insurance, 2016' and its amendments, which are consumed during the period of hospitalization directly related to the insured's medical or surgical treatment of Cancer. Details of Annexure I-List I-Optional items are available on our website (<a href="http://www.tataaig.com">www.tataaig.com</a>)</p> <p><b>C: Hospital Cash</b></p> <p><b>C1. In –Patient Hospital Cash-</b> Pays a Fixed Daily Cash Benefit for each continuous and completed 24 Hours of Hospitalization for Medically necessary treatment of the Insured Person due to an illness during the Policy Year</p> <p><b>C2. Prolonged Hospital Cash Benefit-</b> Pays a fixed amount in the event of insured person hospitalization for an illness/injury exceeds continuous period 10 days.</p> <p><b>C3. ICU Cash Benefit-</b> Pays twice the In –Patient Hospital Cash Benefit for the duration of stay in Intensive Care Unit(ICU) for each continuous and completed 24 Hours of Hospitalization for Medically necessary treatment of the Insured Person due to an illness during the Policy Year.</p> <p><b>C4. Accidental Hospitalization Cash Benefit-</b>Pays twice the In-Patient Hospital Cash Benefit for each continuous and completed 24 Hours of Hospitalization for Medically necessary treatment of the Insured Person due to an injury during the Policy Year.</p> <p><b>C5. Accidental Hospitalization ICU Cash Benefit-</b> In case Insured Person's Hospitalization is in Intensive Care Unit (ICU) due to an accidental injury Pays twice the ICU Cash Benefit for each continuous and completed 24 Hours of Hospitalization for Medically necessary treatment of the Insured Person due to an injury during the Policy Year.</p> <p><b>D: Optional Benefits</b></p> <p><b>D1. Wellsurance Benefit:</b></p> <p>a) <b>Minor Surgical Benefit-</b>Pays lump sum irrespective of the actual Medical expenses for hospitalization, subject to the waiting period of 90 days in the event of an Insured Person undergoing any Medically necessary <b>Covered Minor Surgery</b> which is not due to any Pre-existing Condition.</p> <p>b) <b>Major Surgical Benefit-</b> Pays lump sum as specified in the Policy schedule irrespective of the actual Medical expenses for hospitalization, subject to the waiting period of 90 days in the event of an Insured Person undergoing any Medically necessary</p>	
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		<p>Covered Major Surgery which is not due to any Pre-existing Condition.</p> <p>c) <b>Post Operative Expenses (Physiotherapy)</b>- Pays lump sum amount for Physiotherapy for any covered Major or Minor Surgery as defined above post discharge from Hospital.</p> <p>d) <b>Ambulance Service</b>- Pays lump sum amount towards road Ambulance while admitting and/or while discharging from the Hospital.</p> <p><b>E: Personal Accident (only applicable for Section A: Critical Illness)</b></p> <p>If no claim is reported under benefit section A1 or A5 in the expiring policy year in a Long term policy or Policy period in an Annual policy, We will pay ₹ 3 Lac of Sum Insured, if the Insured person suffers an injury due to an accident during the current Policy year/Policy period which is the sole and direct cause of death of Insured Person within twelve (12) months from the date of Accident.</p> <p>This cover shall be available only to those insured persons who are covered under the policy in the expiring policy year. This cover shall not be applicable to dependent children covered in the policy.</p>	
6.	Exclusions	<p><b>Standard Exclusion</b></p> <p><b>1. Medical Exclusions</b></p> <p>I. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof (Code- Excl 12)</p> <p>II. Obesity and weight control: (CodeExcl06)</p> <p>III. Investigation and evaluation (Code- Excl 04)</p> <p>IV. Sterility and Infertility (Code- Excl 17)</p> <p>V. Change of Gender treatment: (Code- Excl07)</p> <p>VI. Cosmetic or Plastic Surgery (Code- Excl 08)</p> <p>VII. Rest cure, rehabilitation and respite care (Code- Excl 05)</p> <p>VIII. Unproven treatments (Code- Excl 16)</p> <p>IX. Maternity (Code - Excl 18)</p> <p>X. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code -Excl13)</p> <p><b>2. Non-Medical Exclusions</b></p> <p>I. Hazardous or Adventure Sports (Code- Excl 09)</p> <p>II. Breach of law (Code- Excl 10)</p>	Section 3



		<p>Any existing disease specifically mentioned as Permanent exclusion in the Policy Schedule</p> <p>Critical Illness (Section A), Cancer 360 Degree - Indemnity Cover (Section B), Hospital Cash (Section C) and Wellsurance Benefit (Section D)</p>	
		<p><b>2. Non-Medical Exclusions</b></p> <p>I. War or any act of war, invasion, act of foreign enemy, war like operations.</p> <p>II. Any Insured Person's participation or involvement in naval, military or air force operation.</p> <p>III. Intentional self-Injury or attempted suicide while sane or insane.</p> <p>IV. Treatment rendered by a Medical Practitioner which is outside his discipline.</p> <p>V. Doctor's fees charged by the Medical Practitioner sharing the same residence as an Insured Person or who is an immediate relative of an Insured Person's family.</p> <p>VI. Any treatment or part of a treatment that is not of a reasonable charge, not medically necessary; drugs or treatments which are not supported by a prescription.</p> <p>VII. Crutches or any other external appliance and/or device used for diagnosis or treatment (except when used intra-operatively and explicitly stated and covered in the policy).</p> <p>VIII. Any illness diagnosed or injury sustained or where there is change in health status of the member after date of proposal and before commencement of policy and the same is not communicated and accepted by us</p> <p>This is summary of exclusions. For detailed exclusions, please refer Policy wordings (Section 3)</p>	
7.	Waiting period	<p>I. Initial waiting period of:</p> <ul style="list-style-type: none"> <li>- 90 days (applicable for Section 2 A: Critical Illness and Section 2 B: Cancer 360 Degree Indemnity Cover)</li> <li>- 30 days (applicable for Section 2 C: Hospital Cash)</li> </ul> <p>II. 24 months waiting period for 40 specified diseases/procedures (only applicable for Section C: Hospital Cash)</p> <p>III. Pre-existing disease covered after 48 months</p>	Section 4
	Financial limits of coverage	The policy will pay only up to the limits specified hereunder for the following diseases/procedures	Section 1

	<p>i. Sub-limit (it is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>ii. Co-payment (it is a specified amount/percentage of the admissible claim amount to be paid by policy holder/insured)</p> <p>iii. Deductible (it is a specified amount:</p> <ul style="list-style-type: none"> <li>- Up to which an insurance company will not pay any claim, and</li> <li>- Which will be deducted from</li> </ul>	<p><b>Sub-limit</b></p> <p><b><u>Benefit Specific Sub-limit:</u></b></p> <p><b>Section B: Cancer 360 Degree-Indemnity Cover</b></p> <ul style="list-style-type: none"> <li>- OPD Cover (Outpatient) - up to 1% of Sum Insured subject to maximum of ₹ 10,000/- per policy year</li> <li>- Hotel accommodation - 1% of Sum Insured subject to maximum ₹ 5000 per day up to 5 days per policy year</li> <li>- Transportation Expenses – ₹ 500 Per day, maximum up to 10 days in a Policy Year</li> <li>- Ambulance Cover - Upto ₹ 5000 per Hospitalization</li> <li>- High End Diagnostics - Upto ₹ 25000 per policy year</li> <li>- Palliative Care for Cancer - up to 10% of sum insured ; maximum upto ₹ 5 Lacs in a policy year</li> <li>- Psychiatric Counseling - ₹ 2000 per session; up to 8 sessions per Policy year</li> <li>- Health Check up - Upto 1% of previous Policy sum insured maximum up to ₹ 10,000</li> </ul> <p><b><u>Any Other limit:</u></b></p> <p><b>Section A: Critical Illness</b></p> <ul style="list-style-type: none"> <li>- Critical Illness: lump sum amount of Sum Insured</li> <li>- Health Check up: Upto 1% of previous policy year Sum Insured maximum up to ₹ 10,000 (over and above base Sum Insured)</li> <li>- Smart Cancer Care: Upto 100% of the Sum Insured (over and above base Sum Insured)</li> </ul> <p><b>Section B: Cancer 360 Degree-Indemnity Cover</b></p> <ul style="list-style-type: none"> <li>- In-Patient Treatment: Upto Sum Insured</li> <li>- Pre-Hospitalisation expenses: Upto 60 days, Upto Sum Insured</li> <li>- Post-Hospitalisation Expenses: Upto 90 days, Upto Sum Insured</li> <li>- Day Care Treatment: Upto Sum Insured</li> <li>- Organ Donor Expenses: Upto Sum Insured</li> <li>- Home Care (Cancer) - Upto Sum Insured</li> <li>- Chemotherapy and Radiotherapy Cover - Upto Sum Insured</li> <li>- Advanced Treatments for Cancer - Upto Sum Insured</li> </ul>	
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	<p>total claim amount (if claim amount is more than the specified amount) Any other limit (as applicable)</p>	<ul style="list-style-type: none"> <li>- Global Cover – Upto Sum Insured</li> <li>- Consumable Benefit - Upto Sum Insured</li> </ul> <p><b>Section C: Hospital Cash</b></p> <ul style="list-style-type: none"> <li>- In –Patient Hospital Cash - Fixed Daily Cash Benefit as specified in the Policy Schedule</li> <li>- Prolonged Hospital Cash Benefit: ₹ 10,000 per event (over and above sum insured)</li> <li>- ICU Cash Benefit - Twice the In –Patient Hospital Cash Benefit</li> <li>- Accidental Hospitalization Cash Benefit- Twice the In –Patient Hospital Cash Benefit</li> <li>- Accidental Hospitalization ICU Cash Benefit – Twice the ICU Cash Benefit</li> </ul> <p><b>Section D: Wellsurance Benefit (Optional)</b> <b>For cover, plan and limit applicable to you, please refer your Policy schedule</b></p> <ul style="list-style-type: none"> <li>○ Minor Surgical Benefit: Appendectomy/Cholecystectomy, Removal of Gall stones/kidney stones, Hernia repair, Hemorrhoids, Removal of Skin lesion, Biopsy of Growth</li> <li>○ Major Surgical Benefit: Post traumatic surgery, Knee replacement, Knee ligament surgery, Hip replacement, Cosmetic Reconstructive Surgery</li> </ul> <table border="1"> <thead> <tr> <th>Benefits/Plan</th><th>Classic</th><th>Supreme</th><th>Elite</th></tr> </thead> <tbody> <tr> <td colspan="4"><b>Minor Surgeries</b></td></tr> <tr> <td>a. Appendectomy/Removal of Kidney stones/Haemorrhoids</td><td>₹ 10,000</td><td>₹ 10,000</td><td>₹ 15,000</td></tr> <tr> <td>b. Cholecysectomy/Removal of Gall bladder Stones/Hernia/Biopsy or growth</td><td>₹ 15,000</td><td>₹ 20,000</td><td>₹ 20,000</td></tr> <tr> <td colspan="4"><b>Major Surgeries</b></td></tr> <tr> <td>a. Post Traumatic Surgery</td><td>₹ 50,000</td><td>₹ 75,000</td><td>₹ 100,000</td></tr> <tr> <td>b. Knee replacement/knee ligament surgery</td><td>₹ 75,000</td><td>₹ 1,25,000</td><td>₹ 150,000</td></tr> <tr> <td>c. Hip replacement</td><td>₹ 75,000</td><td>₹ 100,000</td><td>₹ 150,000</td></tr> <tr> <td>d. Cosmetic Reconstructive Surgery (in case of Accidents)</td><td>₹ 50,000</td><td>₹ 100,000</td><td>₹ 200,000</td></tr> </tbody> </table>	Benefits/Plan	Classic	Supreme	Elite	<b>Minor Surgeries</b>				a. Appendectomy/Removal of Kidney stones/Haemorrhoids	₹ 10,000	₹ 10,000	₹ 15,000	b. Cholecysectomy/Removal of Gall bladder Stones/Hernia/Biopsy or growth	₹ 15,000	₹ 20,000	₹ 20,000	<b>Major Surgeries</b>				a. Post Traumatic Surgery	₹ 50,000	₹ 75,000	₹ 100,000	b. Knee replacement/knee ligament surgery	₹ 75,000	₹ 1,25,000	₹ 150,000	c. Hip replacement	₹ 75,000	₹ 100,000	₹ 150,000	d. Cosmetic Reconstructive Surgery (in case of Accidents)	₹ 50,000	₹ 100,000	₹ 200,000	
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<b>Ambulance Service</b>	₹ 2000	₹ 2000	₹ 2000								
9.	Claims/Claims Procedure	<p><b>Claim procedure:</b></p> <ul style="list-style-type: none"> <li><u>For Cashless Service:</u> <ol style="list-style-type: none"> <li>If any planned treatment, consultation or procedure for which a claim may be made then the insured must notify us at least 48 hours before the planned Hospitalization.</li> <li>If any treatment, consultation or procedure for which a claim may be made, requiring emergency Hospitalization, then the insured must notify us within 24 hours after the treatment or Hospitalization</li> <li>You have to provide the ID card issued to You along with any other information or documentation that is requested by the TPA/Us to the Network Hospital.</li> </ol> </li> <li><u>For Reimbursement of Claim:</u> <ol style="list-style-type: none"> <li>Please intimate our TPA/Us within 7 days of completion of treatment, consultation or procedure.</li> <li>Please submit claim documents to our TPA/Us within 15 days of occurrence of incident.</li> <li>Kindly send the claim documents to: A&amp;H Claims Department Tata AIG General Insurance Co. Ltd. 7th and 8th Floor, Romell Tech Park, Cama Industrial Estate, Western Express Highway, Goregaon(E), Mumbai, Maharashtra 400063</li> </ol> </li> </ul> <p><b>Turn Around Time (TAT) for claims settlement:</b></p> <ol style="list-style-type: none"> <li>TAT for preauthorization of cashless facility: 2 hours</li> <li>TAT for cashless final bill authorization: 4 hours</li> </ol> <p><b>Assistance:</b></p> <ol style="list-style-type: none"> <li>Please refer to our website <a href="http://www.tataaig.com">www.tataaig.com</a> or call us on our toll free number at 1800-266-7780 to get details on our empanelled hospitals and list of Excluded providers/ Blacklisted Hospitals.</li> <li>Helpline number: Toll Free: 1800 266 7780 or 1800 22 9966 (only for Senior Citizen policyholders)</li> </ol>	Section 5								

		3. Please refer our website << <a href="http://www.tataaig.com">www.tataaig.com</a> >> to download claim form	
10.	Policy Servicing	Toll Free: 1800 266 7780 or 1800 22 9966 (only for Senior Citizen policyholders)	Section 4
11.	Grievances/Complaints	<p><b><u>Redressal of Grievance</u></b></p> <ul style="list-style-type: none"> <li>○ In case of any grievance the insured person may contact the company through <ul style="list-style-type: none"> <li>• Website: <a href="http://www.tataaig.com">www.tataaig.com</a></li> <li>• Toll Free: 1800 266 7780 or 1800 22 9966 (only for Senior Citizen policyholders)</li> <li>• Email: <a href="mailto:customersupport@tataaig.com">customersupport@tataaig.com</a></li> <li>• 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</li> </ul> </li> <li>○ Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.</li> </ul> <p><b><u>Escalation Level 1:</u></b> 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. <a href="mailto:customersupport@tataaig.com">customersupport@tataaig.com</a></p> <ul style="list-style-type: none"> <li>○ For updated details of grievance officer, kindly refer the link (<a href="https://www.tataaig.com/grievance-redressal-policy">https://www.tataaig.com/grievance-redressal-policy</a>)</li> </ul> <p><b><u>Escalation Level 2:</u></b> 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 (details as mentioned in the Annexure A of this policy) for redressal of grievance as per Insurance Ombudsman Rules 2017.</p> <ul style="list-style-type: none"> <li>○ Grievance may also be lodged at IRDAI Integrated Grievance Management System (<a href="https://igms.irda.gov.in/">https://igms.irda.gov.in/</a>)</li> </ul>	Section 4
12.	Things to remember	<p><b>Free Look Period</b></p> <p>The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.</p> <p>The insured person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.</p>	Section 4

		<p>If the insured has not made any claim during the Free Look Period, the insured shall be entitled to</p> <ol style="list-style-type: none"> <li>a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or</li> <li>where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or</li> <li>Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period</li> </ol> <p><b>Policy renewal</b></p> <p>The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.</p> <ol style="list-style-type: none"> <li>The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.</li> <li>Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.</li> <li>Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.</li> <li>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. Coverage is not available during the grace period.</li> <li>No loading shall apply on renewals based on individual claims experience.</li> </ol> <p><b>Migration</b></p> <p>The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration.</p> <p>For Detailed Guidelines on Migration, kindly refer Guidelines issued by IRDAI (Insurance Regulatory and Development Authority of India) on Migration and Portability of Health Insurance policies – Ref: IRDAI/HLT/REG/CIR/194/07/2020 dated 22<sup>nd</sup> July 2020 and subsequent amendments thereof.</p> <p><b>Portability</b></p> <p>The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before,</p>	
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		<p>but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability.</p> <p>For Detailed Guidelines on Portability, kindly refer Guidelines issued IRDAI (Insurance Regulatory and Development Authority of India) on Migration and Portability of Health Insurance policies – Ref: IRDAI/HLT/REG/CIR/194/07/2020) dated 22<sup>nd</sup> July 2020 and subsequent amendments thereof.</p> <p><b>Moratorium Period</b></p> <p>After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.</p>	
13.	Your 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.	