

Customer Information Sheet

| Title | Description | Refer To Policy Clause Number |
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| Product Name | Tata AIG Criti-MediCare | |
| What am I covered for: | <p>A: Critical Illness</p> <p>1. Critical Illness 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.</p> <p>2. Waiver of Premium (Applicable for Smart Century Premier Plan) 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>3. Health Check up Preventive Health Check-up upto 1% of previous policy year Sum Insured maximum up to Rs 10,000</p> <p>4. Second Medical Opinion 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>5. Smart Cancer Care 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: Cancer 360 Degree-Indemnity Cover</p> <p>1. In-patient Treatment - Covers Medical Expenses for Cancer as In-patient where period of treatment is more than 24 hrs.</p> <p>2. Pre-Hospitalization Expenses - Medical Expenses incurred in 60 days before the date of admission to the hospital</p> <p>3. Post-Hospitalization Expenses - Medical Expenses incurred in 90 days after the date of discharge from the hospital</p> <p>4. Day-Care Treatment - Medical expenses for Day Care Treatment due to Cancer during the policy period taken at a hospital or a Day Care Centre.</p> <p>5. Organ Donor Expenses - Medical Expenses on harvesting the organ from the donor for organ transplantation necessitated as part of Cancer treatment.</p> <p>6. Home Care(Cancer) - Medically necessary Home Care treatment for Cancer.</p> <p>7. Chemotherapy and Radiotherapy Cover - Cancer related Medical Expenses for availing Chemotherapy (including Oral Chemotherapy) and Radiotherapy treatment.</p> <p>8. OPD Cover (Outpatient) - Cancer related Medical expenses related to consultations, diagnostics and pharmacy.</p> <p>9. Advanced Treatments for Cancer - Medical Expenses incurred for availing Advanced Treatments for Cancer</p> <ul style="list-style-type: none"> • Proton Treatment • Immunotherapy including immunology agents • Personalized and Targeted Therapy • Hormonal Therapy or Endocrine manipulation • Vaporisation of the prostate • Stem cell transplantation • Robotic/ Stereotactic radio Surgeries • Any other Advanced and established Medical Practice(that has significant Medical documentation to support their effectiveness) <p>10. Hotel accommodation - Pays for Hotel accommodation for the Insured Person/accompanying person/attendant if the Insured Person is travelling a distance > 200 kms from his place of residence for treatment of Cancer.</p> <p>11. Transportation Expenses - We will arrange Travel to Hospital/Day Care Centre within the city in which you normally reside to avail Cancer Treatment through our empanelled service provider. Where ever this facility cannot be provided, We will Pay a fixed amount of Rs. 500 Per day.</p> <p>12. Ambulance Cover- We will cover expenses incurred on transportation of Insured Person in a registered ambulance to a Hospital for admission in case of an Emergency or from one hospital to another hospital for better medical facilities and treatment subject to Rs.5000 per hospitalization.</p> | <p>Section (2 (A))</p> <p>Section (2 (B))</p> |

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| | <p>13. High End Diagnostics - covers charges incurred for the following diagnostic tests only on OPD basis if required as part of a medically necessary treatment subject to maximum Rs. 25,000 per policy year:</p> <ol style="list-style-type: none"> i. Computed Tomography (CT) guided Biopsy ii. Liver Biopsy iii. Magnetic Resonance Cholangiography Scan iv. Positron Emission Tomography- Computed Tomography (PET-CT) v. Positron emission tomography-Magnetic Resonance Imaging (PET-MRI) <p>14. Palliative Care for Cancer - Covers for taking care of the overall side effects of treatment on the Insured Person after diagnosis of Cancer.</p> <p>15. Psychiatric Counseling - Covers expenses incurred for a consultation with a psychologist if the same is availed by the insured Person for dealing with emotional/mental trauma after being diagnosed with Cancer.</p> <p>16. Health Check up - Preventive Health Check-up upto 1% of previous policy year Sum Insured maximum up to Rs 10,000</p> <p>17. Second Medical Opinion - 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 Cancer during the Policy Period.</p> <p>18. Global Cover - Medical Expenses of the Insured Person incurred outside India, upto the sum insured provided that the diagnosis was made in India and the insured travels abroad for treatment.</p> <p>19. Consumable Benefit - 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 (www.tataaig.com)</p> <p>C: Hospital Cash</p> <ol style="list-style-type: none"> 1. In-Patient Hospital Cash - 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 2. Prolonged Hospital Cash Benefit - Pays a fixed amount in the event of insured person hospitalization for an illness/injury exceeds continuous period 10 days. 3. ICU Cash Benefit - 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. 4. Accidental Hospitalization Cash Benefit - 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. 5. Accidental Hospitalization ICU Cash Benefit - 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>D: Optional Benefits</p> <ol style="list-style-type: none"> 1. Wellsurance Benefit: <ol style="list-style-type: none"> a) Minor Surgical Benefit-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 Covered Minor Surgery which is not due to any Pre-existing Condition. b) Major Surgical Benefit- 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 Covered Major Surgery which is not due to any Pre-existing Condition. c) Post Operative Expenses (Physiotherapy)- Pays lump sum amount for Physiotherapy for any covered Major or Minor Surgery as defined above post discharge from Hospital. d) Ambulance- Pays lump sum amount towards road Ambulance while admitting and/or while discharging from the Hospital <p>E: Personal Accident (only applicable for Section A: Critical Illness)</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 Rs. 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> | <p>Section (2 (c))</p> <p>Section (2 (D))</p> <p>Section (2(E))</p> |
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| What are the major exclusions in the policy: | <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 neither be liable nor make any payment for any claim in respect of any Insured Person which is caused by, arising from or in any way attributable to any of the following exclusions, unless expressly stated to the contrary in this Policy.</p> <p>Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof .(Code-Excl12), Alcoholic pancreatitis, Congenital External Diseases, defects or anomalies, Growth hormone therapy; Sleep-apnoea, Maternity (Code - Excl 18) :Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy; Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period, Any existing disease specifically mentioned as Permanent exclusion in the Policy Schedule , War or any act of war, nuclear, chemical and biological weapons, ionizing radiation, Breach of law (Code – Excl10), Intentional self-injury or attempted suicide while sane or insane.</p> | Section (3(1)) |
| Waiting Period | <ul style="list-style-type: none"> • Initial waiting period • Pre-existing disease covered after 48 months • 24 months waiting period for specified diseases/ procedures(only applicable for Section C:Hospital Cash) | Section (3(2)) |
| 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 | Section (4) |
| 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"> i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal. ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years. iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period. iv. 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. v. No loading shall apply on renewals based on individual claims experience. | Section (4(10)) |
| Renewal Benefits | <ul style="list-style-type: none"> • Free health check up, upto 1% of previous sum insured (maximum upto Rs.10,000 per policy), once after block of every three continuous claim free policy years with us. | Section (2.A5) and Section (2.B16) |
| Free Look Period | <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> <p>If the insured has not made any claim during the Free Look Period, the insured shall be entitled to</p> <ul style="list-style-type: none"> • 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 • 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 • Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period | Section (4.14) |
| Cancellation | <ul style="list-style-type: none"> • 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. • No refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy | Section (4.7) |
| How to Claim | <ul style="list-style-type: none"> • Claim procedure: <ul style="list-style-type: none"> • For Cashless Service: <ul style="list-style-type: none"> o Please call our designated TPA (Third Party Administrator)/Us on toll free no. 1800 266 7780 or 1800 229 966 (For Senior Citizens) in the event of hospitalization giving rise to a claim or e-mail at General.Claims@tataaig.com o For list of network hospitals, please refer to our website www.tataaig.com • For Reimbursement of Claim: <ul style="list-style-type: none"> o Please intimate our TPA/Us within 7 days of completion of treatment, consultation or procedure. | Section (5) |

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| | <ul style="list-style-type: none"> o Please submit claim documents to our TPA/Us within 15 days of occurrence of incident. o Kindly sent the claim documents to: A&H Claims Department, TATA-AIG GENERAL INSURANCE CO. LTD, A-501, 5TH FLOOR, BUILDING NO.4, INFINITY PARK, GEN. A.K. VAIDYA MARG, DINDOSHI, MALAD (EAST), MUMBAI 400 097 | |
| Policy Servicing/Grievances/ Complaints | <ul style="list-style-type: none"> • Redressal of Grievance <ul style="list-style-type: none"> o In case of any grievance the insured person may contact the company through <ul style="list-style-type: none"> • Website: www.tataaig.com • Toll Free: 1800 266 7780 or 1800 22 9966 (only for Senior Citizen policyholders) • Email: customersupport@tataaig.com • Courier: Customer Support, Tata AIG General Insurance Company Limited A-501 Building No. 4 IT Infinity Park, Dindoshi, Malad (E), Mumbai – 400097 o Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. o 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. o 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. Please refer our website www.tataaig.com or for updated list and details of Insurance Ombudsman Offices, please visit website http://ecoi.co.in/ombudsman.html • Grievance may also be lodged at IRDAI Integrated Grievance Management System (https://igms.irda.gov.in/) | Section (4.15) |
| Insured's Rights | <ul style="list-style-type: none"> • Free-look period (as mentioned above) • Lifelong renewability (except on certain specific grounds) • Right to migrate from one product to another product of the company. Please call our 24X7 Toll free number 1800-266-7780 or 1800 22 9966 (for Senior Citizens) or you may email to the customer service desk at customersupport@tataaig.com to get the details. • Right to port the from one company to another company Please call our 24X7 Toll free number 1800-266-7780 or 1800 22 9966 (for Senior Citizens) or you may email to the customer service desk at customersupport@tataaig.com to get the details. • Change in SI during the policy term or at the time of renewal Please call our 24X7 Toll free number 1800-266-7780 or 1800 22 9966 (for Senior Citizens) or you may email to the customer service desk at customersupport@tataaig.com to get the details. <ul style="list-style-type: none"> o Notice with full particulars shall be sent to the Company/TPA (if applicable) as under: <ol style="list-style-type: none"> i. Within 24 hours from the date of emergency hospitalization required ii. At least 48 hours prior to admission in Hospital in case of a planned hospitalization. • Claim Settlement (provision for Penal Interest) <ol style="list-style-type: none"> i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document. ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate. iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document. iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim. | 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

Registered Office: Peninsula Business Park, Tower A, 15th Floor, G. K. Marg, Lower Parel, Mumbai - 400 013.
24x7 Toll Free No: 1800 266 7780 or 1800 22 9966 (For Senior Citizens) Email: customersupport@tataaig.com Website: www.tataaig.com IRDA of India Registration No.: 108 CIN: U85110MH2000PLC128425

Tata AIG Criti-MediCare UIN: TATHLIP22176V012122