

Section 1: Preamble

The Riders will be offered along with the applicable Group Policy herein referred as "Base Policy" of TATA AIG General Insurance Company Limited (Company, We, Our, or Us) and cannot be offered as a standalone separate policy.

The Company will provide Riders during the Base Policy period in reliance upon the statements contained in the Proposal Form which is deemed to be incorporated herein, in consideration of the receipt of the Premium in full. Riders provided along with the Base Policy /Certificate of Insurance is only with respect to such and so many of the Riders as mentioned in the Base Policy schedule/ Certificate of Insurance and upto the Sum insured / limit / sub-limit set against each covers/benefit, wherever applicable, in the Base Policy Schedule/Certificate of Insurance and shall be applicable to only those insured persons covered under the base policy/Certificate of Insurance unless otherwise restricted as mentioned in this rider/Base policy schedule/Certificate of Insurance.

Our liability in aggregate during the Base Policy/Cover period, subject to Terms and Conditions of the Rider and Base policy/Certificate of Insurance, shall not exceed the Sum Insured / limit / sub-limit applicable to riders as stated for the Insured Person(s) in the Base Policy schedule /Certificate of Insurance.

TATA AIG Group Flexi Rider shall offer coverage subject to below conditions:

- Terms and conditions of the Riders are to be read in conjunction with the terms and conditions of the Base Policy.
- The continuance of risk cover under the Base Policy/Certificate of Insurance is necessary precondition for continuance of cover under Riders. If the underlying Base Policy/Certificate of Insurance terminates

due to any reason, then the attached Riders shall also terminate with effect from the same date.

- The riders cannot be cancelled in isolation.
- The applicability of the Rider shall be co-terminus with the Base Policy.
- There will be no premium refund under the Base Policy/Certificate of Insurance/ Rider in the event of claim/utilization of any benefit under the Base Policy/Certificate of Insurance/ Rider.
- This Rider can only be opted at the inception or on the renewal date of the Base Policy/Certificate of Insurance subject to such Riders been opted by the Group/Master Policy holder.
- In case of renewal, the rider will be automatically renewed (subject to receipt of prescribed premium) or discontinued subject to same being renewed or discontinued by the Group/Master Policy holder.

Section 2: General Definitions

All Standard and Specific Definitions as defined in the respective Base Policy shall also apply for Riders, wherever applicable.

i. Additional Specific Definitions:

1. Health Care Professional:

A Health Care Professional is a person who holds a valid academic qualification in a specific Health Care Discipline from a recognized institution and registered with a regulatory body as set up by the Government of India or a State Government or any other relevant authority and is engaged in providing Health Care Services in the same Discipline with an objective of maintaining and improving individual's health.

TATA AIG General Insurance Company Limited

Regd Office: Peninsula Business Park, Tower A, 15th Floor, G. K. Marg, Lower Parel, Mumbai - 400013
24x7 Toll Free No. 1800 266 7780 or 1800 22 9966 (For Senior Citizens)

Email: customersupport@tataaig.com | IRDA of India Registration No: 108 | website: www.tataaig.com
CIN: U85110MH2000PLC128425 | Tata AIG Group Flexi Rider UIN: TATHLGA24112V012324

2. Service Provider:

Service Provider means the providers empanelled and engaged by Us for arranging/providing services under Riders mentioned in the Base policy schedule/Certificate of insurance. The name, address and contact particulars of such service providers shall be specified by Us in the Base policy schedule/Certificate of insurance.

Section 3: Rider

The Base Policy Schedule / Certificate of Insurance will specify which of the following Riders are in force for the Insured Person during the Base Policy Period while Base Policy / Certificate of Insurance is in force subject to terms and conditions mentioned therein and base policy terms and conditions.

In order to avail these Benefits under these Riders, the insured person can contact on the details as provided in the Policy Schedule/Certificate of Insurance/Tata AIG Customer Application.

B1. Teleconsultations – General

Our empanelled Service Provider will arrange for teleconsultations upon insured person's request through telecommunication and digital communication technologies for insured person's health related complaints or preventive health care by a qualified Medical Practitioner/ Health Care Professional, as per the limit specified in your Base Policy Schedule / Certificate of Insurance.

Consultation will be provided through various specified modes of communication (including but not limited to) like audio, video, online portal, chat, digital customer application or any other digital mode.

B2. Teleconsultation – Specialty

Our empanelled Service Provider will arrange for teleconsultations upon insured person's request through telecommunications and digital communication technologies for insured person's health related complaints or preventive health care by a qualified & specialist Medical Practitioner/ Health Care Professional, as per the limit/specialty specified in your Base Policy Schedule / Certificate of Insurance.

Consultation will be provided through various specified modes of communication (including but not limited to) like audio, video, online portal, chat, customer application or any other digital mode.

B3. Weight Management

Our empanelled service provider will arrange for consultative services by a Health Care Professional related to Insured person's weight management with the objective of maintaining healthy BMI and improving it through the weight management program including but not limited to diet & nutrition management, health coach, and consultations.

Consultation will be provided through various specified modes of communication (including but not limited to) like audio, video, online portal, chat, customer application or any other digital mode.

B4. Stress Management

Our empanelled Service Provider will arrange for consultative services to Insured person by a Health Care Professional to maintain good health through stress management program including but not limited to sessions on Work/life balance, awareness sessions on mental wellbeing, mental health screening and fitness coach.

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Consultation will be provided through various specified modes of communication (including but not limited to) like audio, video, online portal, chat, customer application or any other digital mode.

B5. Tobacco Cessation Program

Our empanelled service provider will arrange for consultative services to Insured person by a Health Care Professional related to controlling tobacco usage with the objective of helping quit smoking/ tobacco addiction through the cessation program including but not limited to expert counselling, and consultations.

Consultation will be provided through various specified modes of communication (including but not limited to) like audio, video, online portal, chat, customer application or any other digital mode.

B6. Post Natal Care Program

Our empanelled service provider will arrange for consultative services by a Health Care Professional starting six weeks after delivery, related to postpartum and postnatal care with an intent to promote recovery of the Insured person and ensure healthy growth of the baby through the post-natal care program including but not limited to diet & nutrition management, fitness coach, exercise plan, consultations with gynecologist/ psychiatrist/ lactation/ pediatric consultation, discount on health supplements and awareness on co-morbidities provided you are covered for maternity benefit under the base policy.

Consultations will be provided through various specified modes of communication (including but not limited to) like audio, video, online portal, chat, digital customer application or any other digital mode.

B7. Health Condition Management

Our empanelled service provider will

arrange for consultative services by a Health Care Professional to Insured person related to management of various diseases/ medical conditions, as specified in the Base Policy Schedule/ Certificate of Insurance, with the objective of maintaining good health and improving it through various condition management program including but not limited to nutrition management, weight management, health coach and offered by us.

Consultations will be provided through various specified modes of communication (including but not limited to) like audio, video, online portal, chat, digital customer application or any other digital mode.

B8. Redeemable Voucher

We will provide vouchers on certain specified products/ services, to the insured person, with the motive to promote wellness and fitness of the insured person. These vouchers will be redeemable at our network of service providers in India.

B9. Discount from Network Providers

Our empanelled Service Provider will offer discounts on diagnostic tests, medicine, medical devices, health supplements and other health related services offered through our empanelled service providers in India. Home delivery of pharmacy will also be offered upon the request of the insured person, wherever available in India.

B10. Ambulance Booking Facility

Our empanelled Service Provider will provide a facility to book a road ambulance in select cities in India, for transportation of an Insured Person to a Hospital for admission or from one hospital to another hospital for better medical facilities and treatment as required by Insured person.

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Please refer our website www.tataaig.com for the list of cities where Ambulance service is available.

The cost of Ambulance service will be borne by the insured person unless specified otherwise in the Base policy schedule or certificate of insurance.

B11. Health Risk Assessment

Our empanelled Service Provider will arrange for a Health Risk Assessment (HRA) questionnaire, which is an online tool for evaluation of status of health and quality of the Insured person's life. This Health risk Assessment will enable insured persons to review their lifestyle practises for improving their health .

You may also log into your account on our Customer Application for undertaking Health Risk Assessment. You will get assessment report on completion of Health Risk Assessment.

B12. Wellness Program

We will provide a wellness program designed to promote wellness and fitness amongst the insured persons. This Wellness Program is structured to reward the insured person in the form of measurable wellness score for the prescribed physical efforts/fitness activity undertaken by such insured person during the cover period. This is a voluntary program available for insured persons with age above 18 years at the start of the policy year. It is advisable to the insured person to consult his/her physician before starting any physical exercise/ activity.

It is a pre-condition for enrolment under this Wellness Programme, that the Insured Person should have undergone the health risk assessment as specified below and depending on the outcome from health risk assessment, the wellness reward and its

scoring should be administered. The earnings under the wellness program are linked to your wellness category and shall be valid for one year from the date of credit of daily score in insured person's wellness account, provided the policy is renewed within the grace period. Daily score will be credited after the completion of a healthy day.

For the purpose of understanding if the daily score is credited on 1st Jan 2023, it will be valid up to 31st Dec 2023.

i. Health Risk Assessment

Our empanelled Service Provider will provide a Health Risk Assessment (HRA) questionnaire, which is an online tool for evaluation of status of health and quality of the Insured person's life. This tool helps insured persons to review their lifestyle practises which may impact their health status.

To undertake the health risk assessment, you can log into your account on our Customer Application. This can be undertaken once a policy year.

On completion of the health risk assessment and based on the Insured person's assessment results; Wellness category will be identified for the insured person.

Wellness categories for this purpose are defined as below:

- Green – low risk for developing lifestyle disease as compared to peers in the same Age and gender group.
- Yellow – moderate risk for developing lifestyle disease as compared to peers in the same Age and gender group.

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- Red – higher risk for developing lifestyle disease as compared to peers in the same Age and gender group.

The overall wellness category is valid till the expiry of the policy year in which the insured person undergoes the assessment and will be updated based on HRA results of subsequent assessment undergone by the insured person in each consecutive policy year, subject to renewal of the policy within the grace period. In the event of a long-term policy (greater than 1 year) the insured person has to undergo HRA in each policy year to be eligible for wellness rewards. If the insured person does not undergo assessment in the consecutive policy year, henceforth no rewards will be earned for any physical activity undertaken. However, earned rewards will be carried forward till its validity and will be available for utilization.

ii. Wellness Rewards

Mechanism to earn Wellness Reward:

We will encourage physical exercise and fitness and recognise the effort by rewarding the insured person on daily basis for each Healthy Day.

A Healthy Day can be earned by undertaking below activity on a calendar day:

- Recording 10,000 steps / day[#] in the activity tracking device as prescribed by the company or our empanelled service provider or
- Burning 500 calories or more in a day through activity as measured by fitness tracker device Or

3. As defined in the Policy Schedule/ Certificate of Insurance

The Company may at its discretion change the above criteria and the same would be mentioned in the Policy Schedule / Certificate of Insurance /

	Wellness category		
	Green	Yellow	Red
Rewards per Healthy Day	As defined in the Policy Schedule/ Certificate of Insurance	As defined in the Policy Schedule/ Certificate of Insurance	As defined in the Policy Schedule/ Certificate of Insurance

Customer App.

Wellness Reward will be earned depending on the wellness category of the Insured Person and as per the grid below:

* Note:

- HRA registration will be allowed anytime during the policy year and healthy activities will be tracked through the policy year, however for each policy year, activities completed in first 300 days of the policy year will be considered for reward in the same year, activities completed on and after 301st day of the policy year will be carried forward to the next policy year and will be available for utilization in the next year provided the policy has been in force or renewed with us without any break within the grace period.
- In case of individual policy, each Insured Person would be tracked separately and shall earn Wellness Reward based on one's own individual performance/physical activity as per the grid above.
- In case of family floater policy, each Insured Person, with age above 18 years, at the start of the policy year, would be tracked

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separately and shall earn Wellness Reward based on one's own individual performance/physical activity as per the grid above. In order to compute the Wellness Reward for such policies, average of individual performance rewards would be considered for computation of Wellness Reward.

- # The company may also use alternative measurement criteria in lieu of steps and calories burnt and the same shall be mentioned on the Policy Schedule/ Certificate of Insurance.
- Data entered manually in the fitness tracking apps or devices will not be considered for tracking Healthy day.
- Calories burnt during basic metabolism shall not be considered for tracking Healthy day (Here basic metabolism refers to activities done while at rest to maintain vital functions such as breathing and keeping warm etc.)

Mechanism to Utilise Wellness Reward:

Wellness Reward accumulated through fitness activities can be converted into monetary value as per method defined below and can be utilized towards the payment of services/items under below categories and as specified in the Policy Schedule / Certificate of Insurance, available through our Network/ empanelled service provider in India:

- OPD consultation/ treatment
- Pharmaceuticals
- Health-check-ups/ diagnostics
- Health Supplements
- Coverage of cost of treatment of any admissible claim in respect of non-payable items that are specified under the terms and conditions of the base policy
- Redeemable vouchers for membership in:

- a) Yoga center
- b) Gymnasium
- c) Sports clubs
- d) Fitness centers for participating in fitness activities

- Or any other redeemable vouchers applicable to Wellness and Fitness Services and as mentioned in the Guidelines on Wellness and Preventive Features and amendments thereon

* Note:

- Wellness Reward can be converted into a monetary value after every Healthy Day, during the Cover Period.
- Monetary value of the Wellness score earned is equivalent to the Wellness score earned X (Per year Policy Premium without Taxes/ 10,000).
 - o In case of policy with tenure more than one year, 'per year policy Premium without Taxes' = (Total Policy premium without tax, for the tenure/ policy tenure).
 - o In case of family floater policy, reward will be calculated on average premium per person which is equivalent to the Total Policy premium without tax/ number of Insured Persons covered in policy on floater basis.

Age of the Insured Person (Years)	40
Sum Insured opted under the Policy (₹)	5 Lacs
Plan Type	Individual
Policy Tenure (years)	1
Total number of members covered under the policy	1
Net Premium paid (without Tax)	7931
Wellness Category (post Health Risk Assessment)	Green

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Healthy Day	Wellness Reward earned (per day)	Wellness Reward converted to Monetary Value (per day)	Wellness Reward credited after Healthy Day	Wellness Reward valid up to 365 days (provided the policy is active and insured is covered)
1 to 300 day	10	7.931	Date of credit of Wellness score	365 days from the Date of credit of Wellness score
301 day onwards	10	7.931	Date of Policy Anniversary - in case of Multi year policy Date of renewal - in case of 1 year policy	365 days from: Date of Policy Anniversary - in case of Multi year policy Date of renewal - in case of 1 year policy, as applicable
Maximum Total in a Policy Year		2894.82		

Steps to register for Wellness Program and earn & spend Wellness Rewards

Step 1. Register yourself on customer application

- The insured person will download Tata AIG customer application on your device and complete registration process by providing policy and insured person's details.

Step 2. Complete health risk assessment

- Submit response to the online health questionnaire on your device.
- On completion of the health risk assessment, a Wellness category will be assigned to the insured person for the policy year and will be updated based on the latest health risk assessment in next policy year.

Step 3. Comply with mechanism to earn Wellness Rewards

- We will track the physical exercise and fitness activities completed by the insured person, through the customer app.
- Activities completed on a calendar day will be considered as a Healthy Day and reward will be credited to insured

person's wellness account.

Step 4. Convert Healthy Day into monetary value and spend

- Insured person will have an option to convert the accumulated rewards into the monetary value and spend it on items/ services offered under the policy.
- The unutilized rewards will be carried forward to next Policy year till this policy is renewed with us within grace period and is in force subject to validity period of the reward point.

Claim procedure and management

i. Utilisation of Wellness Reward Points:

Utilisation of Wellness points is only available at network service providers. To avail products or services, Insured Person must visit our Customer application and buy the required product/ services. On successful purchase, an amount equivalent to the monetary value of the Earned Wellness points will be deducted from Your policy.

ii. Supporting Documentation & Examination

Insured Person or someone booking

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services on Your behalf shall provide Us with identification documentation, medical records and information We may request to establish the circumstances of the claim.

B13. Maternity Buddy Program

Our empanelled Service Provider will arrange for Health Care Professional who will advise and conduct sessions on matters related to pregnancy and child birth for the Insured person provided you are covered for Maternity benefit under the base policy.

This program will be provided through various specified modes of communication (including but not limited to) like audio, video, online portal, chat, digital customer application or any other digital mode.

B14. Disability Management

Our empanelled service provider will arrange for consultation in India with Health Care Professional to support insured person in recovery from a disability or illness and to enhance the work-space skills of the insured person unable to carry out day to day activities due to difficulties in sitting, hand movements and related problems, caused due to disability, illness and, subject to admissible claim for disability or illness under the base policy.

The consultation fees will be borne by the insured person unless specified otherwise in the master policy schedule or certificate of insurance.

For the purpose of this cover, "Disability" refers to the loss of use of in any one or more limb(s), for continued period of 30 consecutive days.

B15. Mental Health & Psychological support (senior citizen)

Our empanelled service provider will arrange up to specified number of consultations in India as mentioned on the policy schedule/ certificate of insurance with Health care professionals for providing Mental health & Psychological support for preventing psychiatric disorders and post-traumatic stress disorders.

B16. OPD Consultations

Our empanelled service provider will arrange for out-patient consultations, medically prescribed diagnostic tests and/or medically prescribed pharmacy in India for the insured person as specified in the policy schedule/certificate of insurance.

The OPD consultation fees will be borne by the insured person unless specified otherwise in the Base policy schedule or certificate of insurance.

B17. OPD Consultations – Dental

Our empanelled Service Provider will arrange for out-patient dental consultations, medically prescribed diagnostic tests and/or medically prescribed pharmacy in India for the insured person as specified in the policy schedule/certificate of insurance.

The OPD Consultations – Dental fees will be borne by the insured person unless specified otherwise in the Base policy schedule or certificate of insurance.

B18. Health Check Up

Our empanelled service provider will arrange for preventive health checkup tests in India as listed and/or specified in the Base policy schedule/ Certificate of Insurance.

The cost of the Health checkup will be

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borne by the insured person unless specified otherwise in the Base policy schedule or certificate of insurance.

For the purpose of this benefit, Preventive Health Check-up means the medical test(s) undertaken for general assessment of health status and does not include any diagnostic or investigative medical tests for evaluation of Illness or a disease.

B19. Vaccination Cover

We will cover the cost of vaccinations in India as listed and specified in the Policy Schedule/ Certificate of Insurance.

Expenses related to the doctor, nurse or any other incidental expenses are not payable, wherever applicable.

B20. Medical Second opinion - Domestic

Our empanelled service provider will arrange for a medical second opinion in India, if an Insured Person is diagnosed with any of the Illnesses mentioned in the policy schedule/Certificate of insurance, during the Policy/cover Period. The expert opinion will be available upon insured person's request and will be directly sent to the Insured Person. Second Opinion will be based only on the information and documentation provided to Us which will be shared with a Medical Practitioner providing opinion.

B21. Medical Second opinion - Worldwide

Our empanelled service provider will arrange for a medical second opinion from a Health Care Professional located worldwide outside India, if an Insured Person is diagnosed with any of the Illnesses mentioned in the policy schedule/Certificate of insurance, during the Policy/cover Period. The

expert opinion will be available upon insured person's request and will be directly sent to the Insured Person. Second Opinion will be based only on the information and documentation provided to Us which will be shared with a Medical Practitioner providing opinion.

B22. Home Physiotherapy

Our empanelled service provider will provide specific number of physiotherapy sessions to the insured person as specified in the master policy schedule/certificate of insurance, at your home in India subject to below conditions:

- Physiotherapy being advised in writing by the treating medical practitioner.
- Illness/injury claim of the insured person is admissible under the base policy.
- This benefit shall form the part of Post Hospitalization period.
- Any unutilized service will lapse at the end of the policy year and will not be carried forward to the next policy year.

B23. Compassionate Care

If an insured person is hospitalized for a medically necessary treatment and post discharge from the hospital is unable to perform three or more of the below listed 'Activities of Daily Living' independently simultaneously, compassionate caregiver will be provided at insured person's home within India, through our empanelled service provider and for a maximum period as specified in the Policy Schedule/ Certificate of Insurance. Coverage under this benefit will be

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subject to below conditions:

- Compassionate care Services shall be availed within the Post Hospitalization period for the claim.
- Illness/injury claim of the insured person is admissible under the base policy.
- Any unutilized days of compassionate care services will lapse and will not be carried forward to other insured person or to the next policy year.

'Activities of Daily Living'

Means below mentioned activities:

- (a) Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- (b) Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- (c) Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- (d) Mobility: the ability to move indoors from room to room on level surfaces;
- (e) Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- (f) Feeding: the ability to feed oneself once food has been prepared and made available.

The cost of the service will be borne by the insured person unless

specified otherwise in the Base policy schedule or certificate of insurance.

B24. Nursing at Home

If an insured person is hospitalized for a medically necessary surgery and requires to be attended by a Qualified Nurse after the discharge from the hospital, to avail post-operative care, our empanelled service provider will arrange for a qualified nurse at home within India in the city in which you reside. This service will be available for a maximum period as specified in the Policy Schedule/ Certificate of Insurance. Coverage under this benefit will be subject to being advised in writing by the treating medical practitioner.

The cost of the service will be borne by the insured person unless specified otherwise in the Base policy schedule or certificate of insurance.

B25. Home Assessment & Alteration

If an insured person is hospitalized for a medically necessary treatment and post discharge from the hospital is required to use a wheelchair/ ambulatory support then we/ our empanelled service provider will arrange for a home assessment to evaluate and recommend the modifications required in home in India to suit the mobility needs for insured person's disability.

We will pay a fixed amount (against this benefit) as mentioned in the Base policy schedule/certificate of insurance for assessment and to undertake home alteration, if recommended by the home assessor arranged by us. Coverage under this benefit is available subject to request for assessment

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received within six months post discharge from the hospital. However, under this benefit claim will be paid only once in the policy lifetime for similar type of modification recommended by our assessor.

B26. Preventive Health Consultation

Our empanelled service provider will arrange for preventive OPD consultations in India as specified in the Policy Schedule/ Certificate of Insurance.

For the purpose of this benefit, Preventive consultation means consultation(s) undertaken for general assessment of health status and does not include any investigative or follow up consultation(s) for evaluation of illness or a disease.

The cost of the service will be borne by the insured person unless specified otherwise in the master policy schedule or certificate of insurance.

B27. Funeral Expenses Benefit

We will pay a fixed amount as specified in certificate of insurance, towards conducting the funeral ceremony of the insured person, if the insured person's death claim is payable under the base policy.

B28. Loss of pay – bereavement

In case of death of an immediate family member (spouse/ child/ parent, covered under this policy), due to an accident or illness, requires leave by one of the insured person at work which resulting in Leave Without Pay (LWP) within fifteen days of the death of the immediate family member (spouse/child/parent), We will pay a daily cash benefit towards loss of pay as specified in the Policy Schedule/

Certificate of Insurance.

B29. Healthcare on Site

Our empanelled service provider will arrange for a Health Care Professional at worksite in India with the objective of maintaining good health of the employee and mitigating any medical emergency through various activities including but not limited to providing initial level of assistance/first aid in case of medical emergencies, routine medical checkups, health and hygiene evaluation, evaluation of health hazards providing advice, information and guidance in the matters related to health in the workplace. The frequency of the visit of the professional(s) will be as mentioned in the Master policy schedule/Certificate of Insurance.

The cost for the professional(s) on site will be borne by the master policy holder unless specified otherwise in the master policy schedule or certificate of insurance

B30. Emergency Assistance Service

In the event insured person suffers an injury due to an accident or illness during the policy/ cover period, then

Our empaneled service provider will arrange for the below mentioned emergency services as a part of emergency assistance service to the Insured person in India.

- a) First Aid Services
- b) Ambulance Service/ Transportation to hospital
- c) Tele/Video consultation
- d) Resuscitation aid
- e) Assistance for appointment booking at hospital

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- f) Assistance to coordinate with insurance for claim processing
- g) Accommodation assistance after first aid services, if required
- h) Location alert to an immediate family member
- i) Assistance in case of Medical Legal Case
- j) Emergency Medical Payments assistance - Arrangement of cash advancement
- k) Investigation/diagnostic test assistance – Arranging Emergency Diagnostics Logistics
- l) Emergency Pharmacy Delivery
- m) Assistance in Repatriation of mortal remains

The cost of the service will be borne by the insured person unless specified otherwise in the master policy schedule or certificate of insurance.

B31. FlexiCare Support Services

Our empanelled service provider will offer assistance for booking and coordination of services mentioned below to assist you in your hour of need to get timely assistance and maintain good health, however, the cost of such availed services, if any, will be borne by the insured person.

These services can be availed through our customer application by following below steps.

Step 1. Register yourself on customer application

Please download Tata AIG customer application on your device and complete registration process by providing policy and insured person's details.

Step 2. Select the Support service required

Please select the desired service from the list of services

Step 3. Please provide the required information and follow the prescribed process for availing the services

Link to download Tata AIG Customer Application:

For Android:

<https://play.google.com/store/apps/details?id=com.tataaig.android>

For iOS:

<https://apps.apple.com/in/app/tata-aig-insurance/id1586595850>

a. Emergency Help Me Feature

We will facilitate sharing of Insured person's location in an emergency with the 'designated caregiver' through our customer application, provided you have registered on our app.

The app will trigger a message and call to the designated caregiver informing about the emergency and sharing the location of the Insured Person.

For the purpose of this benefit, 'designated caregiver' shall mean that individual who has been specified as a caregiver at the time of registration in the customer App.

How to use this feature with

In case of an emergency, insured person pushes a specified button in the App which sends an alert message to the designated caregiver, informing him/her about the emergency. By opting this feature, the insured person authorizes us/our empanelled service provider to share their geo-location with the designated caregiver.

Please note

- This service will be available subject

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to suitable external infrastructure, connectivity, device restrictions and device functionality. This service will be offered on best effort basis and does not have a legal binding on us.

b. Symptom Checker

We will provide a facility in our customer application to assist the insured person to check health conditions/symptoms by answering the questionnaire in digital mode which you may avail by downloading our customer application and following the required steps for registration and availing the services.

c. Menstruation and Pregnancy Tracker

We will provide a facility in our customer application to assist the insured person to track her pregnancy and menstrual cycle in digital mode which you may avail by downloading our customer application and following the required steps for registration and availing the services.

d. Occupational Therapist

Our empanelled service provider will arrange for assessment of required intervention in India for insured person who has difficulties carrying out day-to-day activities because of a disability, illness, injury provided there is admissible claim under the base policy. Consultations/sessions with occupational therapist in India will also be arranged.

e. Vaccination reminders

We will provide a facility in our customer application which will generate reminders/ alerts for pre-planned/ scheduled vaccinations

which you may avail by downloading our customer application and following the required steps for registration and availing the services.

f. Medication reminders

We will provide a facility in our customer application which will generate reminders/ alerts for pre-planned/ scheduled medicines which you may avail by downloading our customer application and following the required steps for registration and availing the services.

g. Personalized Health Manager

Our empanelled service provider will offer telephonic assistance of a personalized health manager, who will assist in booking appointments of the insured person and coordinating with providers for below listed services in India as advised by treating doctor.

Personalized Health Manager shall only be responsible for booking and coordination on call, whereas, booking fees, cost of items or service charges, if any, shall be borne by the insured person. Services of Personalized Health Manager will be available only in respect of Illness/injury for which insured person was hospitalized and during the Post Hospitalization period mentioned in the base policy.

Personalized Health Manager will help in arranging and co ordinating below services:

- Physiotherapy at home
- Nursing at home
- Compassionate Care attendant at home
- Home Assessment for Elderly Care/ Disability

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- Appointment at Hospital / Diagnostic Center

h. Funeral Assistance services

Our empanelled service provider will arrange funeral assistance service in India to the immediate family members of the deceased insured person to assist them in making necessary arrangements for the funeral of Insured Person in the event of the Insured Person's death due to accident or illness during the policy/cover period.

i. Family bereavement counselling

In case of death of an Insured Person due to an accident or illness covered under the base policy, during the cover period, Our empanelled service provider will arrange for one psychiatric evaluation and one depression screening in India for each first family member (spouse/ children/ parents) of the insured person if requested within 180 days from the death of the insured person. Therapy sessions from a qualified professional counsellor if the same is recommended basis initial screening shall be arranged.

j. Legal document assistance

In case of death of an Insured Person due to an accident or illness, during the cover period, Our empanelled service provider will arrange for consultation in India, for the immediate family member (spouse/ children/ parents) of the insured person, from a legal professional to assist in legal documentation required for the processing of insurance claim. The cost of the service will be borne by the insured person.

k. Family financial counselling

In case of death of an Insured Person due to an accident or illness, during the cover period, Our empanelled service provider will arrange for consultation from a financial professional in India to counsel the deceased person's family on financial planning.

l. Blood bank (location and contact information)

In an event of insured person being hospitalized during the cover period due to illness/injury and requiring blood for the ongoing treatment, Our empanelled service provider will arrange for assistance in obtaining information about blood bank within the city of hospitalization in India.

m. External appliances (prosthetics) cover

Our empaneled service provider shall arrange for external medical appliances, to aid in mobility and/ or as a part of lifestyle modification in India subject to following conditions:

- I. Insured person suffers from an illness/ injury/ disability caused due to an accident during the policy/ cover period and claim is admissible under the base policy.
- II. It is on the written advice of a treating Medical Practitioner.

n. Caretaker/Babysitting Services

Our empanelled service provider will provide assistance in arranging caretaker/babysitting services in India for the dependent child of the insured person if the insured person is hospitalized as an in-patient or day care during the cover period due to illness/injury and there is no immediate

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family member available to take care of the child.

o. Pet Care Service

Our empanelled service provider will arrange for pet care services in India for the insured person's pet during the cover period if the insured person is hospitalized as an in-patient or day care during the cover period due to illness/injury and there is no immediate family member available to take care of the pet.

Section 4: Disclaimers

- 1) Availing the services under this rider is upon the Insured person's sole discretion and risk.
- 2) For services that are provided through empanelled Service Providers, we are acting as a facilitator; hence would not be liable for any incremental costs or the services. Any additional services availed, or expenses incurred on such services or benefits which are other than those covered under this policy and explicitly excluded by this Policy, shall not be covered under this Policy and all expenses incurred shall be borne by the Insured Person.
- 3) We shall not be responsible for or liable for, any actions, claims, demands, losses, damages, costs, charges and expenses which Insured Person claims to have suffered, sustained or incurred, by way of and / or on account of the benefit. We shall not be liable for any deficiency or discrepancy in the services provided by empanelled service provider/network provider under this policy.
- 4) Insured Person may consult any medical/ service professional at any network provider/empanelled service provider at its sole discretion. The cost of service

arising out of insured Person choice of medical professional at any network provider/empanelled service provider shall be completely borne by the Insured Person unless covered otherwise. However, the services under this policy should not be construed to constitute medical advice and/or substitute the Insured Person's visit/ consultation to an independent Medical Practitioner/Healthcare professional.

- 5) The Medical/service Practitioner may suggest/recommend/prescribe over the counter medications based on the information provided, if required on a case-to-case basis. Provided that any recommendation under this Policy shall not be valid for any medico legal purposes.
- 6) The Insured Person is free to choose whether or not to act on the recommendation after seeking consultation.
- 7) Any advice, recommendations or suggestions made by any medical/service professional shall be solely based on the information and documentation provided by the Insured Person to such medical/service professional. We shall not be liable towards any loss or damage (immediate or consequential) arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the medical/service professional from whom we have availed services or taken benefit or for any consequence of any act or omission in reliance thereon.
- 8) Any discount offered under Redeemable voucher/Discount on services by our empanelled service providers are subject to modification or withdrawal. We do not assume any liability towards the quantum of discount, quality of product/services

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and timeline within which the product/service is rendered.

9) Ambulance Booking Facility –

- a. These services are provided through our empanelled service provider in select cities. Please contact us / refer to our customer application for more details on this service.
- b. We do not assume any liability towards quality and turnaround times of service rendered, any loss or damage arising out of or in relation to these services rendered by the empanelled service provider.
- c. This facility may be availed through Our customer application or through calling Our call centre on the tollfree number specified in the Policy Schedule.

10) Above mentioned services are non-portable, annual contracts, independent of policy contract and not lifelong renewable. The Services provided may be added / deleted / modified at our discretion.

11) Provision of these services is subject to availability as per the duration specified by Us/the empanelled service provider. Details are available on our website (www.tataaig.com)

12) Any service availed by the Insured Person under this Benefit will not impact Cumulative Bonus under the Base Policy, if applicable.

13) We reserve the right to change any service provider during the currency of the policy or at renewal. The same shall be intimated to the insured person atleast 15 days prior to the effective date of change. During such change, all the credits earned by the insured Person shall be transferred to the new service provider.

14) In case We or the Assistance Service Provider fails to provide any of the services as mentioned in this Policy or is unable to implement, in whole or in part due to Force Majeure , non-availability of Services, change in law, rule or regulations which affects the Services, or if any regulatory or governmental agency having jurisdiction over a party takes a position which affects the services , then the Assistance Services' suspended, curtailed or limited performance shall not constitute Breach of Contract and the Company or the Assistance Service Provider shall have no liability whatsoever including but not limited to any loss or damage resulting therefrom.

15) We shall not accept any liability towards quality of the services made available by Service Provider. The Service Provider is responsible for providing the availed services and We are not liable for any defects or deficiencies on the part of the Service Provider.

16) The above-mentioned assistance services are purely on referral or arrangement basis, We/ our empanelled service provider shall not be responsible for any third party expenses incurred and it shall be the responsibility of the Insured Person.

Section 64VB of the Insurance Act, 1938 - Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited

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

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole

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or part of the commission payable or any rebate of the premium shown on the Policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.

2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

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