

**CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY**

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

| <b>Sl. NO</b> | <b>TITLE</b>                                  | <b>DESCRIPTION</b>                                | <b>Policy clause number</b> |
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| 1.            | <b>Name of the Insurance Product / Policy</b> | Tata AIG Group Hospital Cash                      |                             |
| 2.            | <b>Policy Number</b>                          | <<Policy Number/Certificate of Insurance Number>> |                             |
| 3.            | <b>Type of Insurance Product / Policy</b>     | Benefit   |                             |
| 4.            | <b>Sum Insured (Basis)</b>                    | Individual Sum Insured                            |                             |

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| 5. | <b>Policy Coverage (What the Policy covers?)</b> | <p>The Customer Information Sheet should be read in conjunction with the Certificate of Insurance and Insurance coverage will be applicable only to the covers and up to the Sum Insured limits as specifically mentioned in the Certificate of Insurance.</p> <p><b>Base Covers:</b> As opted &amp; mentioned in the Policy Schedule</p> <p><b>Inclusion of Covers Endorsements (Additional Covers):</b> As opted &amp; mentioned in the Policy Schedule</p> | <b>Section 2: Benefits</b> |
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| 6. | <b>Exclusions</b> | <p><b>Specific Exclusions</b><br/> <b>Waiting Period</b></p> <p>i. We are not liable for any claim arising due to a condition for which appearance of signs/symptoms, consultation, investigation, treatment or admission started within 30 days from policy commencement date except claims arising due to an accident. In case of renewals, this waiting period shall not be applicable to the extent of sum insured under the previous policy in force. If any illness/procedure (under ii) is specifically covered after a period as specified in Policy Schedule/ Certificate of Insurance, the 30 day waiting period is superseded by such illness/procedure based waiting period.</p> <p>ii. A waiting period, as specified on the Policy Schedule/ Certificate of Insurance, from the first policy commencement date will be applicable to the medical and surgical treatment of illnesses, disease, or surgical procedures mentioned below, for the sum insured as specified in the Policy Schedule/ Certificate of Insurance, unless necessitated due to cancer:<br/> The following illnesses/diseases would be covered after a waiting period as specified in the policy schedule/Certificate of Insurance irrespective of the treatment undergone, medical or surgical:</p> <ol style="list-style-type: none"> <li>a. Tumors, Cysts, polyps including breast lumps (benign)</li> <li>b. Polycystic ovarian disease</li> <li>c. Fibromyoma</li> <li>d. Adenomyosis</li> <li>e. Endometriosis</li> <li>f. Prolapsed Uterus</li> <li>g. Non-infective arthritis</li> <li>h. Gout and Rheumatism</li> <li>i. Osteoporosis</li> <li>j. Ligament, Tendon or Meniscal tear (due to injury or otherwise)</li> <li>k. Prolapsed Inter Vertebral Disc (due to injury or otherwise)</li> <li>l. Cholelithiasis</li> <li>m. Pancreatitis</li> <li>n. Fissure / fistula in anus, haemorrhoids, pilonidal sinus</li> <li>o. Ulcer &amp; erosion of stomach &amp; duodenum</li> </ol> |  |
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|  |  | <p>p. Gastro Esophageal Reflux Disorder (GERD)<br/> q. Liver Cirrhosis<br/> r. Perineal Abscesses<br/> s. Perianal / Anal Abscesses<br/> t. Calculus diseases of Urogenital system<br/> Example: Kidney stone, Urinary bladder stone.<br/> u. Benign Hyperplasia of prostate<br/> v. Varicocele<br/> w. Cataract<br/> x. . Retinal detachment<br/> y. Glaucoma<br/> z. Congenital Internal Diseases</p> <p>The following treatments are covered after a waiting period as specified in the policy schedule/Certificate of Insurance irrespective of the illness for which it is done:</p> <p>a. Adenoidectomy<br/> b. Mastoidectomy<br/> c. Tonsillectomy<br/> d. Tympanoplasty<br/> e. Surgery for nasal septum deviation<br/> f. Nasal concha resection<br/> g. Surgery for Turbinate hypertrophy<br/> h. Hysterectomy<br/> i. Joint replacement surgeries Eg: Knee replacement, Hip replacement<br/> j. Cholecystectomy<br/> k. Hernioplasty or Herniorraphy<br/> l. Surgery/procedure for Benign prostate enlargement<br/> m. Surgery for Hydrocele / Rectocele<br/> n. Surgery of varicose veins and varicose ulcers</p> <p>iii. Pre-existing conditions shall be covered after a waiting period as specified on the Policy Schedule/ Certificate of Insurance.</p> <p><b>2. Medical Exclusions</b><br/> We will not make any payment for any claim in respect of any Insured Person, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this Policy:</p> <p>i. The abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as intoxicating drugs and alcohol by the insured person, including smoking cessation programs and the treatment of nicotine addiction or any</p> |  |
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|  |  | <p>other substance abuse treatment or services, or supplies.</p> <p>ii. Treatment of Obesity and any weight control program</p> <p>iii. Parkinsons and Alzheimer's disease</p> <p>iv. General debility or exhaustion or run-down condition</p> <p>v. Congenital External Diseases, defects or anomalies;</p> <p>vi. Stem cell implantation or surgery; or growth hormone therapy;</p> <p>vii. Sleep-apnoea</p> <p>viii. Charges related to Peritoneal Dialysis (CAPD), including supplies</p> <p>ix. Admission primarily for administration of monoclonal antibodies or Intra-articular or intralesional injections or Intravenous immunoglobulin infusion or supplementary medications like Zolendronic Acid</p> <p>x. Admission primarily for diagnostic and evaluation purposes only</p> <p>xi. Venereal disease , sexually transmitted disease or illness;</p> <p>xii. Sterility, treatment whether to effect or to treat infertility; any fertility, sub-fertility or assisted conception procedure; surrogate or vicarious pregnancy; birth control, contraceptive supplies or services including complications arising due to supplying services.</p> <p>xiii. Laser treatment for correction of eye due to refractive error</p> <p>xiv. Aestheticorchange - of - life treatments of any description such as sex transformation operations, treatments to do or undo changes in appearance or carried out in childhood or at any other times driven by cultural habits, fashion or the like or any procedures which improve physical appearance.</p> <p>xv. Plastic surgery or cosmetic surgery unless necessary as a part of medically necessary treatment certified by the attending Medical Practitioner for reconstruction following an Accident, Cancer or Burns.</p> <p>xvi. Rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care.</p> |  |
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|  |  | <p>xvii. All preventive care, vaccination including inoculation and immunisations;</p> <p>xviii. Hospitalization purely for enteral feedings (infusion formulae via a tube into the upper gastrointestinal tract) and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.</p> <p>xix. Experimental and Unproven treatments, Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Chelation therapy, Hyperbaric Oxygen Therapy</p> <p>xx. Dental treatment or surgery of any kind unless as a result of Accidental Bodily Injury/Illness/Disease to natural teeth and also requiring hospitalization</p> <p>xxi. Any non-allopathic treatment</p> <p>xxii. Pregnancy, voluntary termination of pregnancy, maternity or birth (including caesarean section) except in the case of ectopic pregnancy in relation to - Inpatient Hospitalization only and miscarriage due to accident.</p> <p><b>3. Non-Medical Exclusions</b></p> <p>i. War or any act of war, invasion, act of foreign enemy, civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, ionising radiation.</p> <p>ii. Any Insured Person's participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing.</p> <p>iii. Any Insured Person committing or attempting to commit a breach of law with criminal intent</p> <p>iv. Intentional self-injury or attempted suicide while sane or insane.</p> <p>v. Any claim incurred after date of proposal/enrolment form and before issuance of policy/Certificate of Insurance where there is change in health status of the member and the same is not communicated to us.</p> <p>vi. All expenses incurred by the Policyholder/ Insured Person at the Hospital or any institution about which the Company has expressly notified</p> |  |
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|    |   | that the Claim incurred at such Hospital/institution shall not be payable (except reimbursement claims related to accidents and life threatening conditions). The updated list of such Hospitals can be obtained through the Company's website or Call Center |  |
| 7. | <b>Waiting Period</b>   | Please refer to point no. 4   |  |
| 8. | <p><b>Financial Limits of Coverage</b></p> <p>Deductible (It is a specified amount:<br/>Up to which an Insurance Company will not pay any claim, and<br/>Which will be deducted from total claim amount (if claim amount is more than the specified amount)</p> <p>Sub limit (it is a pre-defined limit and the Insurance Company will not pay any amount in excess of this limit</p> | Please refer to point no. 4   |  |

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| 9.   | <b>Claims/<br/>Claim<br/>Procedure</b>                         | <b>Notification of Claim</b>  |  |
|  |  | <b>Treatment,<br/>Consultation or<br/>Procedure:</b>  | <b>We must be informed:</b>                                |
|  |  | 1 If any treatment for which a claim may be made and that treatment requires planned Hospitalisation: | At least 48 hours prior to the Insured Person's admission. |
| 2 If any treatment for which a claim may be made and that treatment requires emergency Hospitalisation   | Within 24 hours of the Insured Person's admission to Hospital. |   |  |
| <p>Failure to furnish such intimation within the time required shall not invalidate nor reduce any claim if You can satisfy us that it was not reasonably possible for You to give proof of such delay within such time. The Company may relax these timelines only in special circumstances and for the reasons beyond the control of the insured.</p> <p><b>2. Supporting Documentation &amp; Examination</b></p> <p>i. You or someone claiming on Your behalf shall provide Us with documentation, medical records and information We may request to establish the circumstances of the claim, its quantum or Our liability for the claim within 15 days or earlier of Our request or the Insured Person's discharge from Hospitalisation or completion of treatment.</p> <p>ii. Failure to furnish such evidence within the time required shall not invalidate nor reduce any claim if you can satisfy us that it was not reasonably possible for you to give proof within such time.</p> <p>iii. We may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the Insured Person.</p> |  |   |  |



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| <p>10.</p> | <p><b>Policy Servicing</b></p> | <p><b>Such documentation will include the following:</b></p> <ol style="list-style-type: none"> <li>a. Our claim form, duly completed and signed for on behalf of the Insured Person. We, upon receipt of a notice of claim, will furnish Your representative with such forms as We may require for filing proofs of loss or you may download the claim form from our Web site.</li> <li>b. All medical reports, case histories, investigation reports, indoor case papers/ treatment papers (if available) discharge summaries.</li> <li>c. A precise diagnosis of the treatment for which a claim is made.</li> <li>d. Treating doctor’s certificate regarding missing information in case histories e.g. Circumstance of injury and Alcohol or drug influence at the time of accident, if available</li> <li>e. Copy of MLC (Medico legal case) records, if carried out and FIR (First information report) if registered, in case of claims arising out of an accident and available with the claimant.</li> <li>f. Regulatory requirements as amended from time to time, currently mandatory NEFT (to enable direct credit of claim amount in bank account) and KYC (recent ID/Address proof and photograph) requirements</li> </ol> <p>For any claim related assistance, notification of claim and submission of claim related documents, insured person can contact Us through:</p> <ul style="list-style-type: none"> <li>• Website : <a href="http://www.tataaig.com">www.tataaig.com</a></li> <li>• Toll Free No.: 1800 266 7780/ For Senior Citizens: 1800 22 9966</li> <li>• Courier:</li> </ul> <p><b>Accident &amp; Health Claims Department (Group Hospital Cash policy)</b><br/>A&amp;H Claims Department</p> |  |
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|     |                              | <p>7<sup>th</sup> and 8<sup>th</sup> Floor, Romell Tech Park, Cama Industrial Estate, Western Express Highway, Goregaon(E), Mumbai, Maharashtra 400063</p> <p>We at our own expense, shall have the right and opportunity to examine insured persons through Our Authorised Medical Practitioner whose details will be notified to insured person when and as often as We may reasonably require during the pendency of a claim hereunder.</p> <p><b>3. Claims Payment</b></p> <p>We shall be under no obligation to make any payment under this Policy unless We have received all premium payments in full in time and We have been provided with the documentation and information requested to establish the circumstances of the claim, its quantum or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.</p> |  |
| 11. | <b>Grievance /Complaints</b> | <p>In case of any grievance the Insured Person may contact through</p> <p>Our Website: <a href="http://www.tataaig.com">www.tataaig.com</a><br/>                 Call us 24X 7 toll free helpline 1800 266 7780 or 1800 22 9966 (Senior Citizen)<br/>                 Email us at <a href="mailto:customersupport@tataaig.com">customersupport@tataaig.com</a></p> <p>Write to us at: 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</p> <p>Visit the Servicing Branch mentioned in the policy document</p>   |  |
| 12. | <b>Things to Remember</b>    | Free-look period   |  |
| 13. | <b>Your obligations</b>      | The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, misdescription or non-disclosure of any material fact by the Policyholder   |  |

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