UIN:IRDA/NL-HLT/FGII/P-H/V.I/75/13-14
BAP UIN: FGIHLIP14005V021314

A. SALIENT FEATURES OF THE POLICY

1. You can claim for each day of hospitalisation as per your plan.
2. ICU benefit available for maximum period of 10 days for each hospitalisation and maximum 20 days during the policy period.
3. The per day benefit will be 2 times when hospitalized in an ICU in the home city i.e. within the city of residence.
4. The per day benefit will be 3 times when hospitalized in an ICU outside the home city i.e. outside the city of residence.
5. Additional convalescence benefit of Rs. 5000 for hospitalisation of more than 10 days; payable only once per hospitalisation event.
6. The product is offered from 6 months to 65 years and renewable lifelong.

Max Policy Term	1 year
Min Age at entry	6 months
Max Age at entry	65 years
Renewal	Lifelong

7. The policy can be on individual Sum Insured basis or on family floater basis, covering Self, Spouse, and two dependent children (upto 25 yrs)
8. For Individual as well as Family floater plan only one hospitalisation benefit plan across all members needs to be selected
9. No medical tests required for clean proposal except for plan C and D where insured is above 55yrs of age.
10. Continuity would be offered from similar Hospital cash policy with the same per day benefit amount.
11. Continuity would be offered from similar Hospital cash policy with the same per day benefit amount from our Group Hospital cash policy to our individual Hospicash policy.
12. Premium paid is exempt under the section 80 D of Income Tax.
13. Portability can be offered as per the Portability guidelines from a similar Hospital Cash Policy.
14. There will be no loading on premium for adverse claims experience in our individual Hospicash policy.

B. DEFINITIONS

1 **Accident** is a sudden, unforeseen and involuntary event caused by external, visible and violent means.

2 **Injury/ Bodily Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

3 **Hospital** means any institution established for in-patient care and day care treatment of illness and/ or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation)Act,2010 or under enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- -has qualified nursing staff under its employment round the clock;
- -has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places;
- -has qualified medical practitioner(s) in charge round the clock;
- -has a fully equipped operation theatre of its own where surgical procedures are carried out
- -maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

4 **Hospitalisation** means admission in a Hospital for a minimum period of 24 In-patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24consecutive hours.

5 **Intensive care unit** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

6. **You, Your, Yourself** means the Insured person shown in the Schedule**.**
7. **We, Our, Us, Insurer** means Future Generali India Insurance Company Limited.
8. **Family** means and includes You, Your Spouse & Your dependent child/children (up to the age of 25 years)
   a. The maximum number of days of hospitalisation as mentioned in the schedule would float over all the members under the Family Floater policy.
   b. In the event of more than one family member being hospitalised at the same time, the number of days each member has been hospitalised would be added, and the maximum allowable for the whole family would be restricted to the number of days as mentioned in the schedule (maximum number of days would float over the family) under the Family Floater policy.
9. **Schedule** means that portion of the Policy which sets out Your personal details, the type of insurance cover in force, the period and the sum insured. Any Annexure or Endorsement to the Schedule shall also be a part of the Schedule.
10. **Proposal** means that portion of the Policy which sets out Your personal details, the type of insurance cover in force, the period and the sum insured.
11. **Policy** means the complete documents consisting of the Proposal, Policy wording, Schedule and Endorsements and attachments if any.
12. **Policy Period** means the period between the commencement date and the expiry date specified in the Schedule and includes both the commencement date as well as the expiry date.
13. **Medical Practitioner** is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his licence. The registered practitioner should not be the insured or close family members.
14. **Pre-existing Condition** means any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 48 months to prior to the first policy issued by the insurer.
15. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.
16. **Home City** means the city of residence.
17. **Other than Home City** means the city which is other than the residential city of the Insured.
18. **Day Care Treatment** refers to medical treatment, and/or surgical procedure which is:
    i. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
    ii. which would have otherwise required a hospitalisation of more than 24 hours.

    Treatment normally taken on an out-patient basis is not included in the scope of this definition.
19. **Deductible** is a cost-sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified

number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer . A deductible does not reduce the sum insured.

20. **Dependent child** refers to a child (natural or legally adopted), who is financially dependent on the primary insured or proposer and does not have his/ her independent sources of income.

21. **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre existing diseases. Coverage is not available for the period for which no premium is received.

22. **Inpatient care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

23. **Surgery** or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.

24. **Medical Advice:** Any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

25. **Maternity expense** shall include

    a. medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalisation)

    b. expenses towards lawful medical termination of pregnancy during the policy period.

26. **Dental Treatment** is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants.

27. **Any one illness** means continuous Period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.

28. **Congenital Anomaly :**Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position

    a. **Internal Congenital Anomaly**-Congenital anomaly which is not in the visible and accessible parts of the body.

    b. **External Congenital Anomal**y- Congenital anomaly which is in the visible and accessible parts of the body.

29. **Condition Precedent** shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

30. **Unproven/Experimental treatment**: Treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

31. **Disclosure to information norm:** The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

32. **Renewal** defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.

33. **Portability** means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.

34. **Alternative treatments** are forms of treatments other than treatment "Allopathy" or "modem medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.

35. **Day care centre** means any institution established for day care treatment of illness and / or injuries or a medical set -up within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:-

    – -has qualified nursing staff under its employment

    – -has qualified medical practitioner/s in charge

    – -has a fully equipped operation theatre of its own where surgical procedures are carried out

    – -maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

C. POLICY BENEFITS

In the event of Accidental Bodily Injury or Sickness first occurring or manifesting itself during the Policy Period and causing the Insured's Hospitalisation within the Policy Period, the Company will pay:

I. the Hospital Cash benefit for each continuous and completed period of 24 hours of Hospitalisation necessitated solely by reason of the said Accidental Bodily Injury or Sickness, for a maximum of 30 days/ 60 days /90 days/ 180 days as per the schedule OR

II. two times the Hospital Cash benefit for each continuous and completed period of 24 hours required to be spent by the Insured in the Intensive Care Unit of a Hospital situated in the Home city of the Insured, during any period of Hospitalisation necessitated solely by reason of the said Accidental Bodily Injury or Sickness for a maximum period of 10 days for each hospitalisation and 20 days during the policy period

OR

III. three times the Hospital Cash benefit for each continuous and completed period of 24 hours required to be spent by the Insured in the Intensive Care Unit of a Hospital situated in a city other than Home city of the Insured, during any period of Hospitalisation necessitated solely by reason of the said Accidental Bodily Injury or Sickness for a maximum period of 10 days for each hospitalisation and 20 days during the policy period.

** In case of Section II and III the maximum benefit payable in case of ICU whether in Home city / other than Home city , is limited upto 10 days for each hospitalisation and maximum of 20 days for all hospitalisations put together in the policy period. In case of the same hospitalisation involving ICU stay in both Home city as well as other than Home city , the benefits under the "other than home city" would have precedence over benefits under Home city while adjudication of claim.*

*** In case of Sec I, II and III the maximum benefits would however be restricted to 30 /60 / 90 /180 days as per the plan opted for each hospitalisation or all hospitalisations during the policy period.*

****In case the hospitalisation exceeds the maximum stipulated under Sec I as per the selected plan while adjudicating any claim the benefits under ICU would have precedence over non ICU hospitalisation.*

***** In case the hospitalisation in ICU exceeds the per hospitalisation maximum limit of 10 days or the per policy period limit of 20 days, the remaining period of hospitalisation in ICU will be paid as per non ICU hospitalisation benefits subject to the overall policy maximum of 30/60/90 or 180 days.*

IV A fixed amount towards convalescence for Hospitalisation beyond 10 consecutive days which is payable only once per hospitalisation event. This benefit is payable only if there is an admissible claim under any of the daily benefits.

Plan Benefit Structure

Plans A, B, C D can be offered for different options 30 days/ 60 days/ 90 days/ 180 days

Benefits	**Plans**			
	A	**B**	**C**	**D**
Daily Hospitalisation benefit due to sickness	500	1000	2000	3000
ICU benefit in home city of residence (max. 10 days)	1000	2000	4000	6000
ICU benefit in other than home city of residence(max. 10 days)	1500	3000	6000	9000
Convalescence benefit for hospitalisation exceeding consecutive 10 days*	5000			

* Home city would mean within the municipal corporation limits of city of residence.

Other than Home city would mean outside the municipal corporation limits of city of residence. For Mumbai Home city would include Thane

and Panvel, for Delhi Home city would also include National Capital Region (NCR)

*****A fixed amount towards convalescence for Hospitalisation beyond 10 consecutive days which is payable only once per hospitalisation event. This benefit is payable only if there is an admissible claim under any of the daily benefits.

D. EXCLUSIONS

We will not pay for any expenses incurred by You in respect of claims arising out of or howsoever related to any of the following:

1. Benefits will not be available for Any condition, ailment or injury or related condition(s) for which You have been diagnosed, received medical treatment, had signs and / or symptoms, prior to inception of Your first Policy, until 48 consecutive months have elapsed, after the date of inception of the first Policy with Us.

   This Exclusion shall cease to apply if You have maintained the Policy with Us for a continuous period of a 48 months, without break from the date of Your first Hospital Cash Policy with Us.

   The period of this exclusion would stand reduced if this policy is a continuous renewal of an earlier Hospital cash / Daily allowance policy of the same per day benefit amount of another insurer. The period of exclusion would stand reduced by the period of continuous existence of the earlier policy with another insurer of which this policy is a renewal.

   This Exclusion shall apply only to the extent of the amount by which the benefit amount has been increased if the Policy is a renewal of a Hospital cash Policy without break in cover.

2. Without derogation from the above point no. (1), any Hospitalisation during the first consecutive 24 months during which You have the benefit of a Health Insurance Policy with Us in connection with cataracts, benign prostatic hypertrophy, hernia of all types, hydrocele, all types of sinuses, fistulae, hemorrhoids, fissure in ano, dysfunctional uterine bleeding, fibromyoma, endometriosis, hysterectomy, all internal or external tumors/ cysts/ nodules/ polyps of any kind including breast lumps (except malignant conditions), surgery for prolapsed inter vertebral disc unless arising from accident, surgery of varicose veins and varicose ulcers.

   This exclusion Period shall apply for a continuous Period of 48 months from the date of Your first Hospital Cash policy with Us if the above referred illness were present at the time of commencement of the Policy and if You had declared such illness at the time of proposing the Policy for the first time.

   The period of this exclusion would stand reduced if this policy is a continuous renewal of a earlier Hospital cash / Daily allowance policy of the same per day benefit amount of another insurer. The period of exclusion would stand reduced by the period of continuous existence of the earlier policy with another insurer of which this policy is a renewal.

   This Exclusion shall apply only to the extent of the amount by which the benefit amount has been increased if the Policy is a renewal of a Hospital cash Policy without break in cover.

3. Without derogation from the above point No.(1), any Hospitalisation during the first 12 months during which You have the benefit of a Health Insurance Policy with Us in connection with any types of gastric or duodenal ulcers, stones in the urinary and biliary systems, surgery on ears/ tonsils/ adenoids.

   This exclusion period shall apply for a continuous period of 48 months from the date of Your first Hospital Cash policy with Us if the above referred illness were present at the time of commencement of the Policy and if You had declared such illness at the time of proposing the Policy for the first time.

   The period of this exclusion would stand reduced if this policy is a continuous renewal of a earlier Hospital cash / Daily allowance policy of the same per day benefit amount of another insurer. The period of exclusion would stand reduced by the period of continuous existence of the earlier policy with another insurer of which this policy is a renewal.

   This Exclusion shall apply only to the extent of the amount by which the benefit amount has been increased if the Policy is a renewal of a Hospital cash Policy without break in cover.

4. Hospitalisation during the first consecutive 36 months during which You have the benefit of the Policy with Us in connection with joint replacement surgery due to Degenerative condition, Age related osteoarthritis and Osteoporosis unless such joint replacement surgery is necessitated by accidental Bodily Injury.

   This exclusion period shall apply for a continuous period of 48 months from the date of Your first Hospital Cash policy with Us if the above referred illness were present at the time of commencement of the Policy and if You had declared such illness at the time of proposing the Policy for the first time

   The period of this exclusion would stand reduced if this policy is a continuous renewal of earlier Hospital cash / Daily allowance policy of the same per day benefit amount of another insurer. The period of exclusion would stand reduced by the period of continuous existence of the earlier policy with another insurer of which this policy is a renewal.

   This Exclusion shall apply only to the extent of the amount by which the benefit amount has been increased if the Policy is a renewal of a Hospital cash Policy without break in cover.

5. Hospitalisation for any illness diagnosed or diagnosable within 30 days (1month), of the commencement of the Policy Period except those incurred as a result of accidental Bodily Injury**.**

6. Injury or Disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War like operations (whether war be declared or not).

7. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident.

8. Vaccination (unless post bite) inoculation, cosmetic treatments (for change of life or cosmetic or aesthetic treatment of any description), plastic surgery other than as may be necessitated due to an accident or as a part of any illness, refractive error corrective procedures, Unproven/Experimental treatment, investigational or unproven procedures or treatments, devices and pharmacological regimens of any description.

9. Dental treatment or surgery of any kind unless requiring hospitalisation as a result of Accidental Bodily injury

10. The treatment of obesity (including morbid obesity) and other weight control programs, services and supplies.

11. Hospitalisation **t**owards treatment of illness/ disease/ condition arising out of abuse of alcohol, substance or drugs.

12. Hospitalisation for General debility, "Run-down" condition or rest cure, sexually transmitted disease, intentional self-injury.

13. Hospitalisation for Invitro fertilization (IVF), Gamete intrafallopian transfer (GIFT) procedures, and zygote intrafallopian transfer (ZIFT) procedures, and any related prescription medication treatment; embryo transport; donor ovum and semen, voluntary medical termination of pregnancy; any treatment related to infertility and sterilization.

14. Maternity expense for Hospitalisation or treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of this, including caesarian section. However, this exclusion will not apply to abdominal operation for extra uterine pregnancy (Ectopic Pregnancy).

15. Hospitalisation arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymph tropic Virus type III (HTLB-III) or Lymphadenopathy Associated Virus (LAV) or Human 5 Immunodeficiency Virus or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.

16. Congenital Internal and/ or external illness/ disease/ defect.

17. Hospitalisation primarily for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at a Hospital/ Nursing Home.

18. Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons/ materials.

19. Costs incurred on all methods of treatment including Alternative treatments other than Allopathy.

20. Genetic disorders and stem cell implantation/ surgery/ storage.

21. Any Hospitalisation arising from Insured's participation in any hazardous activity including but not limited to scuba diving, motor racing, parachuting, hang gliding, and rock or mountain climbing.

22. Any treatment received in convalescent home, health hydro, nature care clinic or similar establishments.

23. Hormone replacement therapy, Sex change or treatment which results from or is in any way related to sex change.

24. Any treatment including surgery to remove organs from the donor in case of a transplant surgery.

25. Hospitalisation for any mental illness or psychiatric illness.

26. Any Hospitalisation received out of India.

E. POLICY OPTIONS

Individual, Family floater and Group

F. FAMILY DEFINITIONS

Family means Self, Spouse & children (upto 25 yrs)

The minimum age for covering children is 6 months.

The maximum age for covering children as dependents is 25 yrs. Above 25 yrs can be covered as self proposers.

G. PLAN ELIGIBILITY

Plan	Income criteria
Plan A and Plan B	Not applicable
Plan C	Monthly income above Rs 50000/-
Plan D	Monthly income above Rs 75000/-
Multiple policies where per day benefit exceeds Rs 3000/-(all policies put together)*	Eligibility-125 percent of the insured's daily income.

***Maximum benefit available for an individual, is Rs 6000/- per day.**

A person can buy Hospital Cash policies, wherein the benefit will not exceed Rs 6000/- per day under a single or multiple Hospital cash policies. If the per day benefits put together for all these policies exceed Rs 6000/-, he will not be eligible to buy any additional policy.

H. AGE ELIGIBILITY

Max Policy Term	1 year
Min Age at entry	6 months
Max Age at entry	65 years
Renewal	Lifelong

I. PRE-POLICY MEDICAL TESTS

Medical tests are required only for plan C and D for proposer above age 55yrs only. For any positive declaration in the proposal form medical underwriting would be advised. In case of any pre-policy check up required as per the company the medical tests would be conducted at our empanelled Network diagnostic centers. Validity of these reports shall be 1month. 50% cost of medical tests as detailed below will be reimbursed to you if the Proposal is accepted by us and subject to realization of cheque.

J. CLAIMS PROCEDURE

If You meet with any accidental Bodily Injury or suffer an Illness/ sickness that may result in a claim, then as a condition precedent to Our liability, you must comply with the following:

a) You or someone claiming on Your behalf must inform Us in writing immediately, and in any event within 48 hours of the aforesaid Illness or Bodily Injury. You must immediately consult a Medical Practitioner and follow the advice and treatment that he recommends.

b) You must take reasonable steps or measure to minimise the quantum of any claim that may be made under this Policy.

c) You shall expeditiously provide the Company with any and all information and documentation in respect of the hospitalisation. The claim and/ Our liability hereunder that may be requested, and You shall submit Yourself for examination by the Company's medical advisors as often as may be considered necessary by Us. The cost of such medical examination will be borne by Us.

d) You or someone claiming on Your behalf must promptly and in any event within 30 days of discharge from a Hospital give Us the documentation (written details of the quantum of any claim along with certified copies of discharge card, hospital bill and receipt.) and other information if We ask for to investigate the claim or Our obligation to make payment for it.

e) In the event of the death of the insured person, nominee claiming on his/ her behalf must inform Us in writing immediately and send Us a copy of the post mortem report (if any) within 14 days.

f) Mandatory documents required to process claim are

   i. Completely filled Future Hospi-Cash Claim form (original)

   ii. Discharge certificate/ card from Hospital (photocopy)

   iii. Final Hospital bill with receipt (photocopy)

g) The periods for intimation or submission of any documents as stipulated under (d) and (e) will be waived in case of any hardships being faced by the insured or his representative which is supported by some documentation

K. SETTLEMENT OF CLAIMS

i. Our doctors will scrutinize the claims and flag the claim as settled/ Rejected/ Pending within the period of 30 days of the receipt of the last 'necessary' documents.

ii. Pending claims will be asked for submission of incomplete documents.

iii. Rejected claims will be informed to the Insured Person in writing with reason for rejection.

L. BASIS OF CLAIMS PAYMENT

a) If You suffer a relapse within 45 days of the date when You last obtained medical treatment or consulted a Doctor and for which a claim has been made, then such relapse shall be deemed to be part of the same claim.

b) If the claim event falls within two policy periods, the claims shall be paid taking into consideration the available sum insured in the two policy periods, including the deductibles for each policy period. Such eligible claim amount to be payable to the insured shall be reduced to the extent of premium to be received for the renewal/due date of premium of health insurance policy, if not received earlier.

c) We shall make payment in India in Indian Rupees only.

d) The Company shall only make payment under this Policy to the Insured or in the event of death or total incapacitation of the Insured to the Proposer/ Nominee. Any payment made in good faith by the Company as aforesaid shall operate as a complete and final discharge of the Company's liability to make payment under this Policy for such claim.

e) A continuous and completed period of less than 24 hours of Hospitalisation or Day care treatment consequent upon an insured event shall be deemed to be a continuous and completed period of 24 hours if such period extends to at least 12 hours.

M. FRAUD

If You or any of Your family member make or progress any claim knowing it to be false or fraudulent in any way, then this Policy will be void and all claims or payments due under it shall be lost and the premium paid shall become forfeited

N. RENEWAL & CANCELLATION

a) Your policy shall be renewable lifelong except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the insured.

b) This Policy may be renewed by mutual consent every year and in such event, the renewal premium shall be paid to Us on or before the date of expiry of the Policy or of the subsequent renewal thereof.

c) In case of 0ur own renewal a grace period of 30 days is permissible and the Policy will be considered as continuous for the purpose of Two year waiting period / Four year waiting periods. Any Hospitalisation as a result of Accident / disease contracted during the break period will not be admissible under the policy.

d) In case of Hospi Cash policy, there will be no loading on premium for adverse claims experience (except Group policies)

e) We may cancel this insurance by giving You at least 15 days written notice, and if no claim has been made then We shall refund a pro-rata premium for the unexpired Policy Period.

f) You may cancel this insurance by giving Us at least 15 days written notice, and if no claim has been made then We shall refund

premium on short term rates for the unexpired Policy Period as per the rates detailed below.

Period on risk	Rate of premium refunded
Up to one month	75% of annual rate
Up to three months	50%of annual rate
Up to six months	25% of annual rate
Exceeding six months	Nil

g) For Family floater policies, in the event of the death of any of the insured members, the cover ceases to exist for that insured and the remaining members would continue to have the coverage until the end of the policy period.

h) In case of group policies the following would apply

i. Discount Percentage for favorable claim ratio (BONUS):Low claim Ratio Discount at the following scale will be allowed on the Total premium at renewal only, depending upon the incurred claims ratio for the entire group insured under the Group Hospi-cash Policy for upto preceding three years.

Incurred Claim Ratio under the Group Policy	**Discount Percentage (%)**
Up to 20 %	20
21-35%	15
36-50%	10
51-55%	5

ii. Loading Percentage for high claim ratio (MALUS):The Total Premium payable at renewal of the group policy will be loaded at the following scale depending upon the incurred claims ratio for the entire group insured under the Group Hospi-cash Policy for upto preceding three years.

Incurred Claim Ratio under the Group Policy	**Loading Percentage (%)**
Between 71% and 80%	25
Between 81% and 100%	50
Between 101% and 125%	85
Between 126% and 150%	115
Between 151% and 175%	150
Between 176% and 200%	180
Over 200%	Cover to be reviewed

i) The brochure/ prospectus mentions the premiums as per the age slabs/ per day benefit and the same would be charged as per the completed age at every Renewal. The premiums as shown in the brochure/ prospectus are subject to revision as and when approved by the regulator. However such revised premiums would be applicable only from subsequent Renewals and with due notice whenever implemented.

O. FREE LOOK PERIOD

1. The insured will be allowed a period of at least 15 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable

2. If the insured has not made any claim during the free look period, the insured shall be entitled to

a) A refund of the premium paid less any expenses incurred by the insurer on medical examination of the insured persons and the stamp duty charges or;

b) where the risk has already commenced and the option of return of the policy is exercised by the policyholder, a deduction towards the proportionate risk premium for period on cover or;

c) Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

P. PORTABILITY

i. Portability will be granted to policy holders of a similar Hospital Cash Policy (Fixed daily benefit policy) of another insurer to Future Hospi Cash Policy as per portability guidelines.

ii. Portability will be granted subject to the policyholder desirous of porting his policy to Future Hospi Cash Policy applying to Future Generali India Insurance Company Ltd at least 45 days before the premium renewal date of his/her existing policy.

iii. We will not be liable to offer portability if policyholder fails to approach us at least 45 days before the premium renewal date.

iv. Where the outcome of acceptance of portability is still awaited from us on the date of renewal the existing policyholder should extend his existing policy with the existing insurer on a short period basis as per the portability guidelines.

v. Portability will be allowed for all individual Hospital Cash policies (Daily Benefit policies) issued by non-life insurance companies including family floater policies

vi. Individual members, including the family members covered under Group Future Hospi Cash of Future Generali India Insurance Company shall have the right to migrate from such a group policy to an individual Future Hospi Cash Policy or a Family Floater policy with the same insurer.

Q. DISPUTE RESOLUTION

a) Any and all disputes or differences, which may arise under or in relation to this Policy, relating to the quantum of any claim, liability otherwise being admitted, shall be referred to arbitration in accordance with Arbitration and Conciliation Act, 1996, within a period of 30 days of either the Company or the Insured giving notice in this regard.

b) The applicable law in and of the arbitration shall be Indian law.

c) The expenses of the arbitrator shall be shared between the parties equally and such expenses along with all reasonable costs in the conduct of the arbitration shall be awarded by the arbitrator to the successful party, or where no party can be said to have been wholly successful, to such party, as substantially succeeded.

d) It is agreed a condition precedent to any right of action or suit upon this Policy that an award by such arbitrator or arbitrators shall be first obtained.

e) In the event that these arbitration provisions shall be held to be invalid then all such disputes shall be referred to the exclusive jurisdiction of the Indian Courts.

R. COMPLIANCE WITH POLICY PROVISIONS

Failure by You or the Insured Person to comply with any of the provisions in this Policy may invalidate all claims hereunder.

S. TERRITORIAL LIMITS AND LAW

We cover Hospital Cash benefit due to Accidental Bodily injury or Sickness sustained by the Insured Person during the Policy Period anywhere in India only.

a) The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian Law.

b) The Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by Us, which approval shall be evidenced by an endorsement on the Schedule.

T. MANDATORY DISCLOSURES

a) Your Hospi-Cash policy shall be renewable lifelong if renewed continuously without any break in insurance.

b) The brochure / prospectus mentions the premium rates as per the age slabs/sum insured. Premium would applicable as per the completed age of the eldest member in the family at every renewal. Premium for Spouse will be 50% of the Self premium and the Premium for Child will be 25% of the Self premium.

c) The premiums as shown in the prospectus / brochure are subject to revision as and when approved by the regulator. However such revised premiums would be applicable only from subsequent renewals and with due notice whenever implemented.

d) Maximum benefit available for an individual is Rs 6000/- per day.

A person can buy Hospital Cash policies, wherein the benefit will not exceed Rs 6000/- per day under a single or multiple Hospital cash policies. If the per day benefits put together for all these policies exceed Rs 6000/-, he will not be eligible to buy any additional policy.

e) Renewals will not be refused or cancellation will not be invoked by Us except on ground of fraud, moral hazard or misrepresentation. If you prefer to cancel the policy the cancellation will be on short period basis.

f) In case of individual Hospi Cash policy, there will be no loading on premium for adverse claims experience.

g) Terms for enhancing the Sum Insured ---

i. No increase in Sum Insured during the currency of the policy.

ii. For the enhanced sum insured, waiting periods will apply afresh.

h) Detailed exclusions are given in the Prospectus.

U. PREMIUMS

As per Annexure

V. CLAIMS ADMINISTRATION

In case of any claims please contact

Claims Department

Future Generali Health (FGH)

Future Generali India Insurance Co. Ltd.

Office No. 3, 3rd Floor, "A" Building, G - O – Square, S. No. 249 & 250, Aundh Hinjewadi Link Road, Wakad, Pune - 411 057.

Toll Free Number: 1800 103 8889

Toll Free Fax: 1800 103 9998

Email: fgh@futuregenerali.in

This prospectus shall form part of your proposal form, hence please sign as you have noted the contents of this prospectus

Name: _____

Signature: _____

Date: _____

Place: _____

FGH/UW/RET/66/03

CIN: U66030MH2006PLC165287

ANNEXURE

1. Individual Premiums Plan wise exclusive of Goods & Service Tax

30 days										
Age/ Per day Benefit	**6 mths - 25 yrs**	**26-35 yrs**	**36-45 yrs**	**46-55 yrs**	**56-60 yrs**	**61-65 yrs**	**66-70 yrs**	**71-75 yrs**	**76-80 yrs**	**Above 80yrs**
Rs 500/day	261	391	521	717	912	977	1108	1368	1629	1629
Rs 1000/day	486	728	971	1336	1700	1821	2064	2550	3035	3035
Rs 2000/day	936	1403	1871	2573	3275	3509	3976	4912	5848	5848
Rs 3000/day	1386	2078	2771	3810	4850	5196	5889	7274	8660	8660
60 days										
Age/ Per day Benefit	**6 mths - 25 yrs**	**26-35 yrs**	**36-45 yrs**	**46-55 yrs**	**56-60 yrs**	**61-65 yrs**	**66-70 yrs**	**71-75 yrs**	**76-80 yrs**	**Above 80yrs**
Rs 500/day	287	430	573	788	1004	1075	1219	1505	1792	1792
Rs 1000/day	534	801	1068	1469	1870	2003	2270	2805	3339	3339
Rs 2000/day	1029	1544	2058	2830	3602	3859	4374	5403	6432	6432
Rs 3000/day	1524	2286	3048	4191	5335	5716	6478	8002	9526	9526
90 days										
Age/ Per day Benefit	**6 mths - 25 yrs**	**26-35 yrs**	**36-45 yrs**	**46-55 yrs**	**56-60 yrs**	**61-65 yrs**	**66-70 yrs**	**71-75 yrs**	**76-80 yrs**	**Above 80yrs**
Rs 500/day	301	452	602	828	1054	1129	1279	1581	1882	1882
Rs 1000/day	561	841	1122	1543	1963	2103	2384	2945	3506	3506
Rs 2000/day	1081	1621	2161	2972	3782	4052	4593	5673	6754	6754
Rs 3000/day	1600	2401	3201	4401	5601	6001	6802	8402	10002	10002
180 days										
Age/ Per day Benefit	**6 mths - 25 yrs**	**26-35 yrs**	**36-45 yrs**	**46-55 yrs**	**56-60 yrs**	**61-65 yrs**	**66-70 yrs**	**71-75 yrs**	**76-80 yrs**	**Above 80yrs**
Rs 500/day	318	477	636	875	1114	1193	1352	1670	1989	1989
Rs 1000/day	591	887	1182	1625	2069	2216	2512	3103	3694	3694
Rs 2000/day	1137	1705	2273	3126	3979	4263	4831	5968	7105	7105
Rs 3000/day	1682	2524	3365	4627	5889	6309	7150	8833	10515	10515

2. Family Floater

Premium of Self -Premium calculation as per highest age of the family member.

Premium of Spouse – 50 % of Self premium

Premium of Child -25 % of Self premium

3. Group discounts

The group discounts are permissible as per the following scale depending upon the total number of Insured persons covered under the group policy.

Number of Insured persons under the Group Policy	**Group Discounts in %**
101- 500	5%
501- 1000	10%
Above 1000	12.5%

FUTURE GENERALI
TOTAL INSURANCE SOLUTIONS

IO No	
App No	
Client Code	
Receipt No	
Payer ID	

FUTURE HOSPICASH PROPOSAL FORM FOR INDIVIDUAL AND FAMILY FLOATER

IMPORTANT GUIDELINES: 1. Insurance is the contract of utmost good faith requiring of the Proposer and the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. 2. It is important to fill all questions, Information for fields marked with asterisk [*] is mandatory. 3. Cover shall commence not earlier than the date and the time of acceptance and subsequent to payment of the premium.

Received Date: _____ **Branch Code:**_____ **Branch Name**:_____
Period of Insurance desired: From: dd/mm/ yyyy **To** dd/mm/ yyyy

SECTION I: DETAILS OF THE INSURED/ PROPOSER

1. PROPOSER DETAILS*: Name: ☐Mr. ☐Ms. ☐M/s

2. ADDRESS AND OTHER DETAILS*:

State	**Pin code**
Telephone no.	**Fax no.**
Email id	
PAN *	**Aadhaar Number***
PAN Enrolment Form number	**Aadhaar Enrolment Form number**

Note: If PAN / Aadhaar numbers are not available and applied for the same kindly provide the enrolment form numbers OR
- *If you doesn't hold PAN and not applied for PAN then kindly submit FORM 60 / 61 as per your income status.*
- *In case proposer is resident of in the States of Jammu and Kashmir, Assam or Meghalaya and does not submit the Permanent Account Number, needs to submit any one "Officially Valid Document" – please seek your sales person assistance for the form to get signed by designated person.*

e-IA Number (e-Insurance Account Number)	*If not available request you to kindly download the form from our website and request you to kindly submit along with this proposal form*

3. GENDER*: ☐ Male ☐ Female

4. DATE OF BIRTH*: ___/____/_____

5. AGE*: _____

6. NATIONALITY*: _____

7. MARITAL STATUS*: ☐Married ☐Single ☐Widow ☐Divorced

8. OCCUPATION*: ☐Service ☐Self Employed ☐Others:_____

9. EDUCATIONAL QUALIFICATION:_____

10. MONTHLY INCOME*:_____

SECTION II: DETAILS OF INSURED MEMBERS*

Sr. No.	Name	Relationship with Proposer	DOB (dd/mm/yy)	Gender	Occupation	Height (cm)	Weight (Kg)	Nominee Name	Relationship with insured
1									
2									
3									
4									

11. Please confirm, if any of the persons to be insured is pregnant (For Females Only)*: ☐ **Yes** ☐ **No**

If yes please state how many months? _____

12. Do you or any of the family members to be covered have / had any health complaints / met with any accident in the past 4 years and have been taking treatment / hospitalisation? Please provide the details in the table given below*. ☐ **Yes** ☐ **No**

13. Has any of the persons to be insured suffer from / or investigated for any of the following?*

Disorder of heart, or circulatory system, chest pain, high blood pressure, stroke, asthma any respiratory conditions, cancer, tumor, lump of any kind, diabetes, hepatitis, disorder of urinary tract or kidneys, blood disorder, any mental or psychiatric conditions, any disease of brain or nervous system, fits (epilepsy) slipped disc, back ache, any congenital / birth defects/ urinary diseases, AIDS or positive HIV. If yes, indicate in the table given below. Illness / injury details of the past 4 years & prior to 4 years

Sr. No	Name of the Person	Name of the illness / injury suffered / suffering in the past 4 years	Treatment details	Date of First treated	Name of the illness / injury suffered at anytime in the past (prior to 4 years)	Treatment details	Date first treated
1.							
2.							
3.							
4.							

14. Has any proposal for life, critical illness or health related insurance on your life ever been postponed, declined or accepted on special terms?*

☐ **Yes** ☐ **No** If yes, give details: _____

SECTION III: PRODUCT DETAILS*

Type of Policy: ☐ Individual ☐ Family Floater

For Individual as well as Family floater plan select only one hospitalisation benefit plan across all members

Option (30 days / 60 days / 90 days / 180 days)	Hospitalisation benefit (A/ B/ C/ D)	Premium

SECTION IV: DECLARATION*

1. I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons.
2. I/We understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurance company and that the policy will come into force only after full receipt of the premium chargeable.
3. I/We further declare that I/we will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
4. I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
5. I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority."
6. I/We also authorise the insurer to pay claim in case of the insured person's death or if he/she is incapacitated, to the nominee mentioned in the proposal form.
7. I/We hereby acknowledge that I/we have read and understood the contents of the prospectus and have been explained the features ,contents and terms of the *Prospectus/Product by the Intermediary/Agent to my/our satisfaction
8. I agree that this proposal and the declaration shall be the basis of the contract between me and FUTURE GENERALI INDIA INSURANCE CO LTD and I/We agree to accept a policy, subject to the conditions prescribed by FUTURE GENERALI INDIA INSURANCE CO LTD
9. I hereby authorize the company to authenticate and/or verify my Aadhaar number for e-KYC purpose

☐ I/ We hereby declare that the premium for the said policy is paid out of the legally declared and assessed sources of my/ our income OR
☐ I/ We hereby declare that the premium is paid from the Bank Account of Mr. /Ms. _____, the payment is allowed under the Income Tax Act 1961, and there is insurable interest with the payee.
I/we am/are (please tick all that are applicable)

10. ☐ High Net Worth Individual/s ☐ Non Residential Indian/s ☐ Politically Exposed Person/s ☐ Jeweller/s
☐ Non Governmental Organization ☐ Film Actor/s ☐ Producer/s

IMPORTANT NOTE: The company reserves the right to reject the said proposal or to terminate the insurance contract unilaterally and/or freeze the funds if the Customer, or persons associated with him/her, found to be named in any recognized black list.

Date: _____ Place: _____ Proposer's Name _____ **Proposer's Signature:** _____
I hereby confirm that the product features and terms of the above product have been explained to the prospect in detail (including product suitability) and to the prospects' complete satisfaction. (In case prospect signs in a different language/or is not literate)

Intermediary/Agent Name_____ Intermediary/Agent Signature _____ Prospect's Thumb Impression_____

SECTION V: PAYMENT DETAILS:
Premium paid by Cash/Cheque No _____Date _____Bank _____

Amount (Rs.) _____

GSTIN: _____ (If more than one GSTIN, kindly attach an annexure with details)

Please fill up the request for authorization form attached with this proposal form to receive Claim/ Refund payments if any, directly into your bank account through NEFT if the Premium is more than Rs 25000/-

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FOR OFFICE USE ONLY

Intermediary's Name:	**Intermediary's Code:**
Sales Manager's Name:	**Sales Manager's Code:**

SECTION 41. OF INSURANCE ACT, 1938-PROHIBITION OF REBATES:
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 whole 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. 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.

UIN:IRDA/NL-HLT/FGII/P-H/V.I/75/13-14 **BAP UIN: FGIHLIP14005V021314**