FUTURE GENERALI
TOTAL INSURANCE SOLUTIONS

DISABILITY INCOME PROTECTION

POLICY WORDING

bsi. ISO 9001 Quality Management

PREAMBLE

This Policy has been issued to You based on the information disclosed by You in Your Proposal to Us, the Disclosure to Information Norm which forms part of the Policy and on receipt of the Policy premium by Us.

This Policy covers named Insured Persons between 18 years to 64 years of age.

This Policy document records the agreement between You and Us and sets out the terms, conditions and exclusions applicable under this Policy as well as the obligations of You, Us, the Insured Persons and claimants.

1 DEFINITIONS

The following words or terms shall have the meaning ascribed to them wherever they appear in this Policy, and references to the singular or to the masculine shall include references to the plural and to the female wherever the context so permits:

1.1. STANDARD DEFINITIONS

1.1.1. **Accident** means sudden, unforeseen and involuntary event caused by external, visible and violent means.

1.1.2. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

1.1.3. **Congenital Anomaly** means a condition 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 Anomaly - Congenital Anomaly which is in the visible and accessible parts of the body.

1.1.4. **Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

1.1.5. **Disclosure to Information Norm**
The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.

1.1.6. **Emergency Care** means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long-term impairment of the Insured Person's health.

1.1.7. **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 Policy Schedule of Section 56(1) of the said act Or complies with all minimum criteria

as under:

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

1.1.8. **Illness** means a sickness, or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

a) Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery
b) Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
   1) it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
   2) it needs ongoing or long-term control or relief of symptoms
   3) it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
   4) it continues indefinitely
   5) it recurs or is likely to recur

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

1.1.10. **Maternity Expenses means;**

a) Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);
b) expenses towards lawful medical termination of pregnancy during the policy period.

1.1.11. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

1.1.12. **Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

1.1.13. **Medical Practitioner** means 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 its scope and jurisdiction of license. The Medical Practitioner should not be the insured or close member of the family.

1.1.14. **Medically Necessary Treatment** means any treatment, test, medication, or stay in hospital or part of stay in hospital which:

a) is required for the medical management of the illness or injury suffered by the insured;

b) must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
c) must have been prescribed by a medical practitioner;
d) must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

1.1.15. **Migration** means, the right accorded to health insurance policyholders (including all members under family cover and members of group Health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.

1.1.16. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

1.1.17. **Portability** means, the right accorded to individual health insurance policyholders (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer.

1.1.18. **Pre-Existing Disease** means any condition, ailment or injury or disease:
a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its reinstatement.

1.1.19. **Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the Illness/Injury involved.

1.1.20. **Renewal** means 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 gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

1.1.21. **Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include associated medical expenses.

1.1.22. **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 from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.

1.1.23. **Unproven/Experimental treatment** means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

1.2. SPECIFIC DEFINITIONS

1.2.1. **Active Work** means performing the material duties of own occupation at the Employer’s Office / place of business.

1.2.2. **Authority** means the Insurance Regulatory and Development Authority of India established under sub section 1 of section 3 of the IRDA Act 1999.

1.2.3. **Bank Rate** means the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.

1.2.4. **Certificate of Insurance** means the document issued by Us to the Insured Person under the Master Policy / Group Policy, outlining the Schedule of Benefits, Premium Charged & terms & conditions of the cover.

1.2.5. **Diagnostic Centre** means the diagnostic centers which have been empaneled by Us as per the latest version of the schedule of diagnostic centers maintained by Us, which is available to You on request.

1.2.6. **EMI or EMI Amount** means and includes the amount of monthly payment required to repay the principal amount of Loan and Interest by the Insured as set forth in the amortization chart referred to in the loan agreement (or any amendments thereto) between the Bank/Financial Institution and the Insured prior to the date of occurrence of the Occupational Disability under this Policy. For the purpose of avoidance of doubt, it is clarified that any monthly payments that are overdue and unpaid by the Insured prior to the occurrence of the Occupational Disability will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured.

1.2.7. **Financial Institution** shall have the same meaning assigned to the term under section 45 I of the Reserve Bank of India Act, 1934 and shall include a Non-Banking Financial Company as defined under section 45 I of the Reserve Bank of India Act, 1934.

1.2.8. **Insured Person means** a person named in the Policy Schedule who is covered under this Policy, for whom the insurance is proposed and in respect of whom the applicable premium has been received in full.

1.2.9. **Insured** means a person named in the Policy Schedule who is covered under this Policy, for whom the insurance is proposed and in respect of whom the applicable premium has been received in full.

1.2.10. **Insured Event** means any event specifically mentioned as covered under this Policy.

1.2.11. **Loan** means the sum of money lent at interest or otherwise to the Insured by any Bank/Financial Institution as identified by the Loan Account Number referred to in the Policy Schedule/Certificate of Insurance of this Policy.

1.2.12. **Material facts** shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk.

1.2.13. **Material Duties** shall mean the essential tasks, functions and operations, and the skills, abilities, knowledge, training & experience, generally required by the Employers from the full time confirmed employees engaged in a particular occupation and cannot be reasonably modified or omitted.

1.2.14. **Occupational Disability** means an impairment/ condition arising from an Injury or Illness:

a) which is medically confirmed by a Medical Practitioner (who holds a valid registration from the Medical Council of India / National Medical Commission / State Medical Council), preferably a MD (Doctor of Medicine) / DNB (Diplomate of National Board), and
b) has rendered the Insured Person unable to continue the material duties of his/ her regular

occupation or any occupation, and

c) requires him/her to be under the regular care of a Medical Practitioner and receive appropriate Medically Necessary Treatment.

1.2.15. **Policy** means the complete documents consisting of the Proposal, Policy wording, Policy Schedule / Certificate of Insurance and Endorsements and attachments if any.

1.2.16. **Policyholder** means the entity or person named as such in the Policy Schedule/Certificate of Insurance.

1.2.17. **Policy Period** means the period commencing with the start date mentioned in the Policy Schedule till the end date mentioned in the Policy Schedule.

1.2.18. **Policy Year** means every annual period within the Policy tenure starting with the commencement date.

1.2.19. **Policy Schedule** means that portion of the Policy which sets out Your/Insured Person's personal details, the type of insurance cover in force, the period and the Sum Insured under the Policy. Any annexure or endorsement to the Policy Schedule shall also be a part of the Policy Schedule.

1.2.20. **Pre-disability monthly income** means the Monthly Gross Salary immediately prior to the date of occurrence of the Occupational Disability event. It excludes bonuses, commissions, incentives, overtime pay & extra compensation.

1.2.21. **Principal Outstanding** means the principal amount of the Loan outstanding as on the date of occurrence of Occupational Disability less the portion of principal component included in the EMIs payable but not paid from the date of the loan agreement till the date of the Occupational Disability. For the purpose of avoidance of doubt, it is clarified that any EMIs that are overdue and unpaid to the Bank prior to the occurrence of the Occupational Disability will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured.

1.2.22. **Proposal form** means a form to be filled in by the prospect in written or electronic or any other format as approved by the Authority, for furnishing all material information as required by the Insurer in respect of a risk, in order to enable the insurer to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, advantages, terms and conditions of the cover to be granted.

1.2.23. **Qualifying Period** means the period starting from the first day of the disability of the Insured Person and continuing for the period as specified in the Policy Schedule / Certificate of Insurance. During the Qualifying Period, there shall be no entitlement for benefits payouts. The Insured Person must first complete the Qualifying Period, as specified in the Policy Schedule / Certificate of Insurance, before the benefits are payable.

1.2.24. **Sabbatical** means an allowed extended leave from the job / workplace while being employed for the reasons of achieving life goals or address other important matters such as Studying, travelling etc. It can be paid or unpaid.

1.2.25. **Schedule of Benefits** means that portion of the Policy which sets out the Benefits available to You / Insured Person in accordance with the terms of the Policy.

1.2.26. **Strike** means a stoppage of work

a) announced, organized and sanctioned by a labor union or any other stoppage or work recognized as a strike or equivalent under applicable law in the place of stoppage of work; and
b) which interferes with the normal departure and arrival of a Common Carrier. The term "Strike" includes work slowdowns, lockouts and sickouts.

1.2.27. **Sum Insured** means the amount specified in the Policy Schedule/Certificate of Insurance which is Our maximum, total and cumulative liability under this Policy for any and all claims arising under this Policy in a Policy Year in respect of the Insured Person(s).

1.2.28. **Terrorism** means activities against persons, organizations or property of any nature:
a) that involve the following:
   i. use or threat of force or violence; or
   ii. commission or threat of a dangerous act; or
   iii. commission or threat of an act that interferes with or disrupts an electronic, communication, information or mechanical system; and
b) when one or both of the following applies:
   i. the effect is to intimidate or coerce a government or the civilian population or any segment thereof, or to disrupt any segment of the economy; or
   ii. It appears that the intent is to intimidate or coerce a government, or to further political, ideological, religious, social or economic objectives or to express (or express opposition to) a philosophy or ideology.

1.2.29. **War** means war, whether declared or not or any warlike activities, including use of the military force by any sovereign nations to achieve economic, geographic, nationalistic, political racial religious or other ends.

1.2.30. **We, Insurer, Our, Company, FGII or Us** means Future Generali India Insurance Company Limited.

1.2.31. **You or Your** means the policyholder shown in the Policy Schedule who has concluded the Policy with Us.

2 SCOPE OF COVER

This Policy provides coverage for three sections, namely Income Protection, Credit Card Minimum Amount Protection and Loan Protection. The Proposer needs to opt for any one of these sections for the Insurance cover. The Policy Schedule will specify the section which is opted by the Policyholder.

2.1 Income Protection

Eligibility of the Person to be Insured

a) Persons with consistent source of monthly income, which can be validated for at least 24 months preceding the disability through reliable means e.g. Bank statement/Salary slips/ ITRs etc.
b) Active Work Requirement - Insured must be capable of Active Work on the day before the effective date of the Insurance Policy. If Insured is incapable of Active Work because of injury / illness, on the day before the Policy effective date, then the Insured will not be covered under the policy until he/ she completes one full day of Active Work.
c) Insurance under this section is available for persons, between 18 and 64 years of age.

This section provides cover for the following two benefits -

A. Monthly Disability Income (MDI) – Mandatory benefit under this section
B. Lump-Sum Disability Income (LDI)– Optional benefit under this section

A. Monthly Disability Income (MDI)

Under this cover, We will pay a monthly benefit if the Insured Person suffers from Occupational Disability during the Policy Period, due to any illness or injury.

The benefit is subject to the terms, general exclusions as stated in the Policy and the following conditions –

a) The monthly benefit payout shall be up to 75% of the Insured Person's pre-disability income and shall be paid maximum up to the benefit period as specified in the Policy Schedule / Certificate of Insurance.
b) The Insured Person must first complete the Qualifying period as specified in the Policy Schedule / Certificate of Insurance, before the benefits are payable. During the Qualifying Period, no benefits shall be paid.
c) The Qualifying Period starts when a Medical Practitioner (as per 1.1.13) certifies that the Insured Person is unable to perform his / her regular occupation or any other occupation.
d) The Insured Person must be continuously disabled and should be under care of a Medical Practitioner throughout the Qualifying Period to become eligible for Monthly Disability Income under this section.
e) If the Insured Person is able to pursue a part time job in own regular occupation or in any other occupation and is able to earn partial income, then Our liability for the monthly pay-outs shall be limited to the difference between 75% of the pre-disability income and earned partial income.
f) No benefits shall be paid during the Sabbatical period in case the Insured Person is on Sabbatical Leave.
g) The monthly payouts for the Insured Person will end on the earliest of the following –
    i. Date the Insured Person in no longer Occupationally Disabled
    ii. Last day of the month when the Insured Person reached the age of 65 years
    iii. Last day of the month when the Insured Person retires.
    iv. Death of the Insured Person
    v. After the benefit period has ended.

B. Lump-Sum Disability Income (LDI)

Under this cover, We will pay a one-time single fixed lump sum amount if the Insured Person suffers from Occupational Disability, during the Policy Period, due to any illness or injury.
The benefit is subject to the terms, general exclusions as stated in the Policy and the following conditions –

a) The treating Medical Practitioner certifies that the Occupational Disability is medically permanent.
b) The fixed lump sum amount shall be equal to the total payout done under the Monthly Disability Income.
c) The Insured Person must be disabled continuously throughout the Qualifying Period and the Monthly Disability Income period, to become eligible for the Lump-Sum Disability Income.

2.2 Credit Card Minimum Amount Protection

We will pay the monthly benefit, if the Insured Person suffers from Occupational Disability, during the Policy Period, due to any illness or injury.

The benefit is subject to the terms, general exclusions as stated in the Policy and the following conditions –

a) The monthly benefit payout shall be equal to the monthly Credit Card minimum amount due or 5% of the Credit Card Limit, whichever is lower, and shall be paid maximum up to the benefit period as specified in the Policy Schedule / Certificate of Insurance.
b) The minimum amount due considered for the monthly benefit payout would be fixed and shall be paid maximum up to the benefit period as specified in the Policy Schedule / Certificate of Insurance.
c) The Insured Person must first complete the Qualifying period as specified in the Policy Schedule / Certificate of Insurance, before the benefits are payable. During the Qualifying Period, no benefits shall be paid.
d) For the purpose of monthly benefit payout the credit card statement dated after the completion of Qualifying period shall be considered.
e) The Qualifying Period starts when a Medical Practitioner (as per 1.1.13.) certifies that the Insured Person is unable to perform his / her regular occupation or any other occupation.
f) The Insured Person must be continuously disabled and should be under care of a Medical Practitioner throughout the Qualifying Period to become eligible for benefits under this section.

2.3 Loan Protection

We will pay the monthly benefit, if the Insured Person suffers from Occupational Disability, during the Policy Period, due to any illness or injury.

The benefit is subject to the terms, general exclusions as stated in the Policy and the following conditions –

a) The monthly benefit payout shall be equal to the actual loan EMI or 5% of the outstanding principal loan amount, whichever is lower, and shall be paid maximum up to the benefit period as specified in the Policy Schedule / Certificate of Insurance. The monthly benefit payout will cease if the outstanding principal loan amount is completely repaid by the Insured Person.
b) The Insured Person must first complete the Qualifying period as specified in the Policy Schedule / Certificate of Insurance, before the benefits are payable. During the Qualifying Period, no benefits shall be paid.
c) The Qualifying Period starts when a Medical Practitioner (as per 1.1.13) certifies that the Insured Person is unable to perform his / her regular occupation or any other occupation.
d) The Insured Person must be continuously disabled and should be under care of a Medical Practitioner throughout the Qualifying Period to become eligible for benefits under this section.

3 EXCLUSIONS

The following exclusions shall be applicable for all benefits.

3.1 Time Bound Exclusion

a) Pre-Existing Disease – Benefits arising in respect of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 24 months of continuous coverage since

the insured is first enrolled in the policy, as specified in the Policy Schedule / Certificate of Insurance, of continuous coverage after the date of inception of the first policy with Us.

3.2 Other Exclusions

We shall not be liable for payment of benefit in respect of an Occupational Disability under any Section of this Policy arising out of or howsoever related to any of the following:

a) Intentional self-Injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) or attempted suicide.
b) Accident while under the influence of alcohol or drugs or other intoxicants except where the Insured Person is not directly responsible for the injury / accident though under the influence of intoxication.
c) Participation in an actual or attempted felony, riot, crime, misdemeanor or civil commotion
d) Insured Person committing or attempting to commit a breach of law with criminal intent.
e) Whilst engaging in Aviation or Ballooning or whilst mounting into, dismounting from or traveling in any balloon or aircraft other than as passenger(fare paying or otherwise) in any duly licensed standard type of aircraft.
f) Participating in motor racing or trial run as a driver, co-driver or passenger.
g) War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.
h) Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
   1) Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.
   2) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
   3) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.
i) The Insured Person engaging in or taking part in armed forces service or operations
j) Bodily Injury caused by or arising from terrorism, except in case where the Policyholder is a victim of terrorist act and not abetting terrorism.
k) Illness / Injury which results from voluntary organ donation surgery or its complications.

4 GENERAL TERMS AND CLAUSES

4.1 Standard General Terms and Clauses

4.1.1 Disclosure to information norm:

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact by the policyholder.

4.1.2 Condition Precedent to Admission of Liability

The terms and conditions of the policy must be fulfilled by the Insured Person for the Company to make any payment for claim(s) arising under the policy.

4.1.3 Migration

The Insured Person will have the option to migrate the policy to other health insurance products/plans offered by the Company by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the Company, the Insured Person will get all the accrued continuity benefits in waiting periods as per the IRDAI guidelines on migration.

For Detailed Guidelines on migration, kindly refer the link https://general.futuregenerali.in/general-insurance/pdf/Guide_to_Portability_and_Migration_25-Mar-2020.pdf

4.1.4 Fraud

If any claim made by the Insured Person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent or the hospital/doctor/any other party acting on behalf of the Insured Person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

a) the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;
b) the active concealment of a fact by the Insured Person having knowledge or belief of the fact;
c) any other act fitted to deceive; and
d) any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the Insured Person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer

4.1.5 Nomination

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

4.1.6 Redressal of Grievance

In case of any grievance the Insured Person may contact the company through
Website: https://general.futuregenerali.in/
Toll Free: 1800-220-233 / 1860-500-3333 / 022-67837800
Email: Fgcare@futuregenerali.in
Courier: Grievance Redressal Cell, Future Generali India Insurance Company Ltd.
Lodha I –Think Techno Campus, B Wing –2nd Floor, Pokhran Road –2, Off Eastern Express Highway Behind TCS, Thane West – 400607

Insured Person may also approach the grievance cell at any of the company's branches with the details of grievance.

If Insured Person is not satisfied with the redressal of grievance through one of the above methods, Insured Person may contact the grievance officer at fggro@futuregenerali.in or call at: 7900197777

For updated details of grievance officer, kindly refer the link below:
https://general.futuregenerali.in/customer-service/grievance-redressal
If Insured Person is not satisfied with the redressal of grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. Kindly refer the annexure on Grievance Redressal Procedures.

Grievance may also be lodged at IRDAI Bima Bharosa (an Integrated Grievance Management System) - https://bimabharosa.irdai.gov.in/

4.2 Specific Terms and Clauses

4.2.1 Age Limit (Entry Age)

To be eligible to be covered under the Policy or get any benefits under the Policy, the minimum age of entry is 18 years and the maximum age of entry is 64 years, on the date of commencement of the Policy Period, as applicable to such Insured.

4.2.2 Insured Persons

Only those persons named, as the Insured in the Policy Schedule shall be covered under this Policy. The details of the Insured Persons are as provided by You. A person may be added as an Insured Person during the Policy Period after his application has been accepted by Us, an additional premium has been paid and Our agreement to extend cover has been indicated by issuing an endorsement confirming the addition of such person as an Insured Person.

4.2.3 Entire Contract

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

4.2.4 Due Care

The Insured Person shall take all reasonable steps to safeguard the Insured's interests against loss or damage that may give rise to a claim

4.2.5 Communication

a) Any communications, notifications or declarations meant for Us must be in writing and delivered to Our address specified in the Policy Schedule/Certificate of Insurance.
b) Any communication meant for You/Insured Person will be sent by Us to Your/Insured

Persons address shown in the Policy Schedule. You/Insured Person must notify Us immediately of any change in Your address.

c) Our agents are not authorized to receive communications, notices or declarations on Our behalf.

4.2.6 Renewal

a) This Policy may be renewed by mutual consent and in such event; the renewal premium shall be paid to the Company on or before the date of expiry of the Policy or of the subsequent renewal thereof.
b) Renewal will not be refused by Us except on ground of fraud, moral hazard or misrepresentation.
c) The Policyholder, shall throughout the period of insurance keep and maintain a record containing the names of all the Insured Persons. The Policyholder shall declare to the company any additions in the number of Insured Persons as and when arising during the period of insurance and shall pay the additional premium as agreed
d) It is hereby agreed and understood that, this insurance being a group policy availed by the Insured covering members, the benefit thereof would not be available to members who cease to be part of the group for any reason whatsoever.
e) The premium rates or loadings for the product would not be changed without approval from Authority. However the performance of the product will be reviewed annually and further pricing will be done on experience basis.
f) This policy shall be renewed for an Insured up to the age of 64 years for benefit under section 2.1 and lifelong for benefits under section 2.2 and 2.3.

4.2.7 Cancellation

a) The Company 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.
b) The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud. If You wish to cancel this Policy You should give Us 15 days notice in writing. We shall refund You balance premium after retaining premium as per the short term scale for the unexpired Policy Period as shown below:

Policy Period	Premium Retained (% of annual rate)
Up to 1 month	25%
Up to 3 months	40%
Up to 6 months	75%
Up to 9 months	90%
Exceeding 9 months	100%

However if the client is renewing the policy with us and if no claim has been made, the premium can be refunded on pro-rata basis for unexpired policy period

In case the Policy Period exceeds one year, this Policy may be cancelled by Policyholder at any time by giving at least 15 days written notice to Us. We will refund premium on a pro-rata basis by reference to the time period for which the cover is provided, subject to a minimum retention of premium of 25%.

c) Cancellation in case of Death of Insured Person

i. In case of no claim (s) in the policy year -
In the event of the death of any of the Insured Person subject to no claims made under the policy by the deceased person, the premium for unutilized policy period for the deceased member shall be refunded on a pro rata basis.

ii. In case of Claim(s) in the policy year -
In case of claim made under the policy by the deceased person, there will be no refund of premium for the deceased person.

4.2.8 Addition and Deletion of Members

a) The new members of the Disability income protection policy can be added at periodic intervals. However, the insurance coverage for every member of the Group Occupational Disability policy shall not exceed the maximum policy term.
b) The Company may issue multiple Group Occupational Disability policies in tranches to the Group Organizer, subject to minimum group size and maximum policy term, for providing insurance coverage to the new members on an ongoing basis.
c) All members of the group will be issued a Certificate of Insurance giving the details of the benefits, important conditions and exclusions.

4.2.9 Coverage Termination Conditions

Cover under the Policy will end for the Insured Person on the earliest of the following –

a) Date of end of employment
b) Date the Insured is not actively working
c) Date the benefit provision under which the Insured is covered terminates
d) Policy End Date

4.2.10 Policy Period

a) Non Credit Linked Insurance Policy - Such Policy can be issued for tenure of 1 year
b) Credit Linked Insurance Policy - Such Policy can be issued for a maximum term of up to 5 years or up to the loan period, whichever is less.

4.2.11 Territorial Limits and Law

a) This cover is offered to Resident of India and persons of Indian Nationality
b) We cover Occupational Disability due to an Injury or Illness sustained by the Insured Person during the Policy Period anywhere in the World.
c) The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian Law.
d) 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 Policy Schedule.

4.2.12 Dispute Resolution

Any and all disputes or differences under or in relation to this Policy shall be subject to the exclusive jurisdiction of the Indian Courts and subject to Indian law.

4.2.13 Conditions when a claim arises

4.2.13.1 Claims Procedure

In case of an Occupational Disability that may result in a claim, then

a) Insured Person must immediately consult a Medical Practitioner and follow the Medical Advice and treatment that he recommends

b) Insured Person or someone claiming on his/her behalf must inform Us in writing immediately and in any event within 15 days of any event likely to give rise to a claim under this Policy.
c) Insured Person must take reasonable steps to lessen the consequences of the Illness/Injury.
d) Insured Person or someone claiming on his/her behalf must promptly give Us the documentation and other information We ask for to investigate the claim for Our obligation to make payment for it.
e) Insured Person must have himself examined by Our medical advisors if We ask for this and as often as We consider this to be necessary.
f) We will make claim payment to You or the Insured Person as specified in the Policy schedule.

4.2.13.2 Claims Documents

The Insured / Insured Person or his / legal representative as the case may be, is required to submit the following documents while lodging a claim under the Policy. The documents mentioned below are an indicative list. Additional documents may be asked, if required, for specific claims.

a) Duly completed Claim Form signed by Insured/ Nominee along with completely filled Attending Physician's Statement.
   i. Claimant's Statement - Please provide brief details of accident/illness and enclose with claim form.
b) Photocopy of Policy Schedule /Certificate of Insurance
c) Copies of medical documents supporting the disability and treatment taken related to the same
   i.Original Investigation Reports and copies of reports, X - Ray films supporting the accidental injury. Post-Operative X-ray films, if any
d) Disability Certificate (Not mandatory - as per the discretion of the insurer)
   i. For Physical Disabilities related with separation of limbs or complete loss of organs - Copy of Disability Certificate issued by Orthopaedic Surgeon mentioning the type and percentage of disability.
   ii. For Physical Disabilities NOT related with separation of limbs or complete loss of organs - Copy of Disability Certificate issued by a Government Doctor / Disability Board / Panel only
   iii. For Non - Physical Disabilities - Copy of Disability Certificate issued by a Government Doctor / Disability Board / Panel only for the related specialty (e.g., Loss of memory, sense organs, vision, hearing etc.)
e) In case of Employer Employee Group Policy
   i. Leave Records with seal and signature of Authorized signatory of the organization specifying the period of leave and reason for the same.
   ii. Photocopy of 12 months Salary slips/ Form 16/26/ITR as per insurer discretion confirming the loss of monthly income
   iii. A copy of the Termination Employment Letter from Employer (if applicable)
   iv. Letter from employer to certify that the Claimant is not being paid during the period of disability
f) Copy of Photo ID and Address Proof of Insured Member for whom Claim is lodged
g) Legal Heir Certificate containing affidavit and indemnity bond both duly signed by all legal heirs and notarized (Mandatory if Nominee name is not mentioned on policy schedule/Certificate of Insurance).
h) Authorization Letter - Authorization letter has to be submitted if you are authorizing another party to handle the claim (including collection of cheque) on your behalf.

i) Consultation papers for all past and ongoing treatments.

4.2.13.3 Settlement of Claim

a) The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
b) Benefits will be paid at the end of each month. In case the Insured is disabled for part of a month, We will pay 1/30 of the monthly benefit for each day of disablement.
c) At any point of time, We can ask the Insured to provide the proof of disability. In case, the Insured does not provide the required information within 30 days of date of such request, the Insured will not be entitled for any benefits under the Policy.
d) In case of a claim, We may require the Insured to undergo medical examination (cost for which will be borne by Us). If the Insured Person refuses or is not available or is not co-ordinating to undergo the required medical examination, We will not be liable to pay any benefit under the Policy.
e) In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
f) However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document- In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
g) In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
h) Pending claims will be asked for submission of incomplete documents.
i) Rejected claims will be informed to the Insured Person in writing with reason for rejection.
j) We will make all claim payments in Indian rupees within India only.
k) In case we have done any overpayments (due to delayed notification of partial earnings or person re-joining work or Insured Person recovers from disability), then We shall call for repayments of the excess claim amount. Unless the excess is repaid to Us, further payments will not be released from our side or We may deduct the amount to be repaid from the future pay outs or We may opt for any legal recourse.

4.2.13.4 Payments

The Company shall be duly discharged of its obligations under this Policy and the Insured shall hold the Company harmless, upon making the payment of the claim to the Insured or his/her nominee/ legal heirs or to Financial Institution in case of outstanding loan amount, as the case may be or as agreed in the contract.

4.2.14 Basis of Claim Payment

4.2.14.1 Recurring Disability

If the Occupational Disability ends before the complete benefit period and the disability recurs from the same or related cause within 3 months, Insured will be eligible to get the monthly benefits without requiring to complete new Qualifying periods. Benefits will be based on the coverage in force on the start date of the Qualifying Period (as per 1.2.22). However, if the disability is due to unrelated cause, then new Qualifying periods will apply.

4.2.14.2 New Disability

If a period of Occupational Disability is extended by a new cause / event while the disability benefits are payable, the disability benefits will continue , while the Insured remains disabled subject that the Disability benefits will not continue beyond the end of the Maximum Benefit Period as specified in Policy Schedule/Certificate of Insurance.

4.2.14.3 Examination of Records

We may examine Your records relating to the insurance under this Policy at any time during the Policy Period and after the Policy expiration until final adjustment (if any) and resolution of all claims under this Policy.

4.2.15 Arbitration Clause

The parties to the contract may mutually agree and enter into a separate Arbitration Agreement to settle any and all disputes in relation to this policy. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996."

In case of any claims, 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

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Grievance Redressal Procedures

Dear Customer,

At Future Generali, we continuously strive for service excellence to give you exceptional customer experience. This helps us build trust and a long-term relationship with you.
We request you to read the policy document including the terms and conditions carefully. This will help you understand your plan and drive maximum benefits. We want to ensure the plan is working for you and welcome your feedback.

What is a Grievance?

"Complaint" or "Grievance" means expression (includes communication in the form of electronic mail or other electronic scripts, Inbound Call, SMS, Letter), of dissatisfaction by a complainant with insurer, distribution channels, intermediaries, insurance intermediaries or other regulated entities about an action or lack of action about the standard of service or deficiency of service of such insurer, distribution channels, intermediaries, insurance intermediaries or other regulated entities.

- Explanation: An inquiry/ query or request does not fall within the definition of the 'complaint' or 'grievance'.

- Complainant' means a policyholder or prospect or any beneficiary of an insurance policy who has filed a complaint or grievance against an insurer or a distribution channel.

We are always here for your help. You may use any of the following channels to reach us-

Helpline	Website	Email	Branch GRO	Complaint form
Call us on 1800 220 233/ 1860 500 3333/ 022-67837800	Click here to know more	Write to us at fgcare@futuregenerali.in	Click here to know your nearest branch.	Click here to raise a complaint

By when will my grievance be resolved?

- You will receive grievance acknowledgement from us within 3 business days for your complaint.
- Final resolution will be shared with you within 2 weeks of receiving your complaint.
- Your complaint will be considered as closed if we do not receive any reply from you within 8 weeks from the date of receipt of response.

How do I escalate my complaint if I don't receive a response on time?

- You may write to our Grievance Redressal Office at fggro@futuregenerali.in
- You may send a physical letter to our Grievance Redressal Cell,
  Head Office at the below address-

Future Generali India Insurance Company Ltd.
Lodha I – Think Techno Campus, B Wing – 2nd Floor, Pokhran Road – 2,
Off Eastern Express Highway Behind TCS, Thane West – 400607

What if I am not able to register my grievance?

You can comfortably raise a grievance via any of the above-mentioned avenues. If you face any challenge, you may write to the provided email IDs for help.
If you still face any challenge, you may use any of the below options to raise a complaint with the Insurance Regulatory and Development Authority (IRDAI)-

- Call toll-free number 155255.
- Click here to register complaint online.

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Is there any special provision for senior citizen to raise grievance?

We understand our customers and their needs. Thus, have a separate channel to address the grievances of senior citizens. The concerns will be
addressed to the senior citizen's channel (care.assure@futuregenerali.in) as complaints for faster attention or speedy disposal of grievance, if any.

Insurance Ombudsman:

If you are still dissatisfied with the resolution provided, you may opt to approach the Office of the Insurance Ombudsman, provided the same is under their purview.
Click here to know the guidelines for taking up a complaint with the Insurance Ombudsman.

In case you wish to send your complaint to the Insurance Ombudsman.
Click here to access the list of insurance ombudsman offices.