FUTURE GENERALI
TOTAL INSURANCE SOLUTIONS

# PROSPECTUS
# SUKSHMA HOSPI-CASH GROUP
## (Micro-Insurance Product)

## 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. Per day benefit will be 2 times when hospitalized in an ICU.
4. The product is offered from 6 months to 65 years and renewable lifelong.

| | |
|---|---|
| **Maximum Policy Term** | 1 year |
| **Minimum Age at entry** | 6 months |
| **Maximum Age at entry** | 65 years |
| **Renewal** | Lifelong |
| **Policy Coverage Options** | a. Individual basis<br>b. Family Floater basis, covering Self, Spouse, and up to a maximum of three dependent children (up to 25 yrs) |

5. The cover would be uniform across the group. The group should choose either cover on Individual Sum Insured basis or on Family Floater Sum Insured basis for the Insured Member(s).
6. The cover will be available to the members of the group on Individual Sum Insured basis or Family Floater Sum Insured basis.
7. No increase/decrease in Plan is allowed during the currency of the policy.
8. Change in plan can be allowed at the time of renewal.
9. Fresh proposal form needs to be filled. The fresh plan will be applicable across all group.
10. Portability can be offered as per the Portability guidelines from a similar Hospital Cash Policy.

## B. DEFINITIONS

I. **Standard Definitions**:

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

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

3. **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 Anomaly**- **Congenital Anomaly** which is in the visible and accessible parts of the body.

4. **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.

5. **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.

6. **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.

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

8. **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.

9. **Hospital**: A 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) and the said act Or complies with all minimum criteria as under:
   i. has qualified nursing staff under its employment round the clock;
   ii. 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;
   iii. has qualified medical practitioner(s) in charge round the clock;
   iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
   v. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;

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

11. **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:
    (i) it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
    (ii) it needs ongoing or long-term control or relief of symptoms
    (iii) it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
    (iv) it continues indefinitely
    (v) it recurs or is likely to recur

12. **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.
13. **Inpatient Care** means treatment for which the insured person has to stay in a **Hospital** for more than 24 hours for a covered event.
14. **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.
15. **Maternity expense/treatment** 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.
16. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
17. **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 registered practitioner should not be the insured or close Family members.
18. **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.
19. **Pre-existing Disease** means any condition, ailment, 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.
    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 issued by the insurer or its reinstatement.
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.
21. **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.
22. **Unproven/ Experimental treatment** means the treatment including drug experimental therapy which is not based on established medical practice in India.

II. **Specific Definitions**:

23. **Alternative treatments** refers to the medical and / or hospitalization treatments given under any systems of medicines other than Allopathic treatment.
24. **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.
25. **Family** means and includes **You**, **Your** Spouse & Your dependent child/ children (up to a maximum of three children and up to the age of 25 years)
    i. The maximum number of days of **Hospitalisation** as mentioned in the **Schedule** would float over all members of each Family under the **Policy**.
    ii. 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 **Policy.**
26. **Insured** means the person(s) named as insured in the Schedule who are covered under this Policy, for whom the Insurance is proposed and the appropriate premium has been received
27. **Policy** means the complete documents consisting of the Proposal, **Policy** wording, **Schedule** and Endorsements and attachments if any.
28. **Policy Period** means the period between the commencement date and the expiry date specified in the **Schedule** and includes both thecommencement date as well as the expiry date.
29. **Proposal** means the application (Proposal) form for insurance cover submitted to Us along with all information which has enabled Us inconsidering whether and on what terms to offer this insurance.
30. **Prospect** means any person who is a potential customer of an insurer and likely to enter into an insurance contract either directly with the insurer or through a distribution channel.
31. **Prospectus** means a document either in physical or electronic or any other format issued by the insurer to sell or promote the insurance products
32. **Schedule** means that portion of the Policy which sets out Your personal details, the type of insurance cover in force, the period and thesum insured. Any Annexure or Endorsement to the Schedule shall also be a part of the Schedule.
33. **We, Our, Us, Insurer, Company** means Future Generali India Insurance Company Limited.
34. **You, Your, Yourself** means the Insured person shown in the **Schedule.**

Please note
a) Insect and mosquito bites is not included in the scope of definition of **Accident**.

## C. POLICY BENEFITS

In the event of Injury/ **Bodily Injury** or **Illness** first occurring ormanifesting itself during the **Policy** Period and causing the Insured's **Hospitalisation** for **Inpatient care** within the **Policy** Period, the Company will pay:

**I.** The Hospital Cash benefit for each continuous and completed periodof 24 hours of **Hospitalisation** necessitated solely by reason of the said Accidental **Bodily Injury** or **Illness**, for a maximum of **5 days/10 days/15 days/20 days/25 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**, during any period of Hospitalisation necessitated solely by reason of the said Accidental **Bodily Injury** or **Illness**. The benefit would be limited for a maximum period as mentioned in the table below:

| Options | Daily HospitalCash | Daily ICU Cash Benefit |
|---|---|---|
| **5 days** | Maximum up to5 days | Maximum up to 5 days for each hospitalization and maximum upto 5 days during the policy period |
| **10 days** | Maximum up to10 days | Maximum up to 5 days for each hospitalization and maximum upto 10 days during the policy period |
| **15 days** | Maximum up to15 days | Maximum up to 10 days for each hospitalization and maximum up to 10 days duringthe policy period |
| **20 days** | Maximum up to20 days | Maximum up to 10 days for each hospitalization and maximum up to 20 days duringthe policy period |
| **25 days** | Maximum up to25 days | Maximum up to 10 days for each hospitalization and maximum up to 20 days duringthe policy period |

a) *In case of Sec I (Daily Hospital Cash) and II (Daily ICU Cash) themaximum benefits would however be restricted to* **5 days/10 days/15 days/20 days/25 days** *as per the plan opted for each* ***Hospitalisation*** *or all* ***Hospitalisations*** *during the* ***Policy*** *period, for both sections individually or put together.*

b) In *case the* ***Hospitalisation*** *exceeds the maximum stipulated under Sec I (Daily Hospital Cash) as per the selected plan while adjudicating any claim the benefits under ICU would have precedence over non ICU* ***Hospitalisation.***

c) *In case the* ***Hospitalisation*** *in ICU exceeds the per* ***Hospitalisation*** *maximum limit of 5 days/ 10 days (as per the plan opted) or the per* ***Policy*** *period limit of 5 days/ 10 days/ 20days (as per the plan opted), the remaining period of* ***Hospitalisation*** *in ICU will be paid as per non ICU* ***Hospitalisation*** *benefits subject to the overall* ***Policy*** *maximumof* **5 days / 10 days /15 days/ 20 days/25 days.**

d) **For Family Floater cover:**
- The maximum number of days of **Hospitalisation** asmentioned in the **Schedule** would float over all members of each Family under the **Policy**
- 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 **Policy**

e) An insured event shall be deemed to be a continuous andcompleted period of 24 hours as mentioned below:
   a. continuous and completed period of minimum 12 hours of **Day Care Treatment**, or
   b. continuous and completed period of minimum 24 hours of **Hospitalisation** (other than **Day Care Treatment)**

**III.** Optional Benefits

The Company hereby agrees, subject to the terms, exclusions and conditions herein contained or otherwise expressed hereon, to extendthe below optional covers by charging additional premium, and reimburse the Insured Person (or his Nominee/ legal heir, as the case may be) a sum specified in the Schedule to this Policy in the manner indicated on occurrence of the following.

Claims under the extensions mentioned hereunder shall be admissible only consequent to the admissibility of the claim under the corresponding benefits as mentioned in the Schedule.

The below optional covers need to be same across all insured members in the group as stated in the **Schedule**

a) **Deductible** -
Our liability to pay each and every claim under any Benefit will be in excess of any **Deductible** applicable to that **Benefit** (if any) as specified in the **Schedule**.

Number of days stated in the Schedule shall be deducted in respect of each and every Claim made under this Policy.

Deductible will be applicable for each separate incident reported for claims payment, even though the claim may be registered under thesame benefit more than once subject to the terms and conditions of the Policy.

Discount will be available if any of the Deductible type is opted by the group.

b) **Convalescence Benefit**

This is an optional cover which can be obtained on payment of additional premium for all the Insured Persons under the Policy.

A fixed amount towards convalescence for Hospitalisation more than 10 consecutive days will be payable only once per Hospital isation event. This benefit is payable only if there is an admissible claim under any of the daily benefits.

This benefit will be applicable for the following options:
(i) 15 days (ii) 20 days (iii) 25 days.

The benefit will vary as per the plan opted.

c) **Maternity Benefit Expense Cover** – This is an optional cover whichcan be obtained on payment of additional premium for all the InsuredPersons under the Policy.

When Maternity Expenses Benefit is opted for in the policy, ExclusionD. ii. 11 of the Policy stands deleted. Option for Maternity Benefits has to be exercised at the inception of the Policy Period and no refund is allowable in case of Insured's cancellation of this option during currency of the Policy

<u>Special conditions applicable to Maternity Expenses Benefit Extension:</u>

This Hospital Cash Benefit is applicable for each continuous and completed period of 24 hours of **Hospitalisation** arising from or traceable to

pregnancy, child birth including normal/ caesarean section, for a maximum of **5 days / 10 days /15 days/ 20 days/25 days** as per the **Schedule**

These Benefits are admissible only if incurred in Hospital as in-patient in India.

This benefit will be applicable only for Self or Spouse in a Policy.

A waiting period of 9 months is applicable for payment of any claim related to normal delivery, caesarean section and complications of maternity (including and not limited to medical complications). The waiting period stands waived if additional premium is paid for the same.

1. Claim in respect of delivery for only first two children and/ or operations associated therewith will be considered in respect of any one Insured Person covered under the Policy or any renewal thereof. Those Insured Persons who are already having two or more living children will not be eligible for this benefit. In case the first delivery is a twin (more than 1 child) delivery, then the second delivery will not be covered.

2. Pre-natal and post-natal expenses including expenses for the new born baby are not covered.

3. No Individual (Employee or Dependant) can be covered more than once in a Policy.

d) **Pre-Existing Disease Cover** - This is an optional cover which can be obtained on payment of additional premium for all the Insured Persons under the Policy. When Pre-Existing Disease Cover is opted for in the policy, Exclusion, Section D. i. 1 of the Policy stands deleted

## D. EXCLUSIONS

### i. Waiting Period

We will not pay for any expenses incurred by You in respect of claimsarising 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 thedate 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 48 months, without break from thedate of **Your** first Sukshma Hospi-Cash Group **Policy** with **Us**.

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.

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, dysfunctionaluterine 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, varicose ulcers.

This exclusion Period shall apply for a continuous Period of 48 monthsfrom the date of **Your** first Sukshma Hospi-Cash Group **Policy** with **Us**if the above referred **Illness** were present at the time of commencement of the **Policy** and if **You** had declared or were aware of such **Illness** at the time of proposing the **Policy** for the first time.

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.

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 gastricor 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 monthsfrom the date of **Your** first Sukshma Hospi-Cash Group **Policy** with **Us**if the above referred **Illness** were present at the time of commencement of the **Policy** and if **You** had declared or were aware of such **Illness** at the time of proposing the **Policy** for the first time.

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.

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 monthsfrom the date of **Your** first Sukshma Hospi-Cash Group **Policy** with **Us**if the above referred **Illness** were present at the time of commencement of the **Policy** and if **You** had declared or were aware of such **Illness** at the time of proposing the **Policy** for the first time.

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.

5 **Hospitalisation** for any **Illness** diagnosed within 30 days, of the commencement of the **Policy Period** except those incurred as a resultof **Injury**.

### ii. Standard Exclusions

1. **Investigation & Evaluation- Code- Excl04**
   i. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
   ii. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

2. **Cosmetic or Plastic Surgery: Code- Excl08**

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medically necessity, it must be certified by the attending Medical Practitioner.

3. **Change–of-Gender treatments: Code- Excl07**
   Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

4. **Hazardous or Adventure sports: Code- Excl09**
   Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to scuba diving, motor racing, parachuting, hang gliding, rock or mountain climbing etc. unless specifically agreed by the Insurance Company

5. **Breach of law: Code- Excl10**
   Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

6. **Code- Excl12**
   Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.

7. **Code- Excl13**
   Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or a Hospital where the Hospital has effectively become the Insured Person' s home or permanent abode or where admission is arranged wholly or partly for domestic reasons.

8. **Refractive Error: Code- Excl15**
   Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

9. **Unproven Treatments: Code- Excl16**
   Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

10. **Birth control, Sterility and Infertility: Code- Excl17**
    Expenses related to Birth Control, sterility and infertility. This includes:
    i. Any type of contraception, sterilization
    ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
    iii. Gestational Surrogacy
    iv. Reversal of sterilization

11. **Maternity : Code Excl 18**
    i. Medical treatment expenses traceable to child birth (including complicated deliveries and caesarean section incurred during hospitalization) except ectopic pregnancy;
    ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during policy period.

**iii. Specific Exclusions**

12. **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).

13. Circumcision unless necessary for treatment of a disease not excludedhereunder or as may be necessitated due to an **Accident**.

14. Vaccination (unless post bite) inoculation

15. **Dental Treatment** or **Surgery** of any kind unless requiring **Hospitalisation** as a result of **Injury**.

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

17. **Hospitalisation** for General debility, "Run-down'' condition or rest cure, sexually transmitted disease other than HIV/ AIDS, intentional self-**Injury**.

18. **Hospitalisation** arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymphtropic Virus type III(HTLB-III) or Lymphadenopathy Associated Virus (LAV) and its variants or mutants.

19. Congenital external **Illness**/disease/defect anomaly.

20. **Injury** or Disease directly or indirectly caused by or contributed to bynuclear weapons/materials.

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

22. Stem cell implantation/ surgery/ storage.

23. Hormone replacement therapy.

24. Any treatment including **Surgery** to remove organs from the donor incase of a transplant surgery.

25. Any **Hospitalisation** received out of India.

## E. POLICY OPTIONS

Group basis

## F. FAMILY DEFINITIONS

The minimum age for covering children is 6 months.
The maximum age for covering children as dependents is 25 years. Above 25 years can be covered as self-proposers.

## G. GENERAL TERMS AND CLAUSES

### I. Standard Terms and clauses

**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.
(Explanation: "Material facts" for the purpose of this policy 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)

**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.

**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 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.

**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.

**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 https://general.futuregenerali.in/general-insurance/pdf/Grievance_Redressal_Procedures.pdf

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.

Grievance may also be lodged at IRDAI Integrated Grievance Management System - https:/igms.irda.gov.in/

### II. Specific Terms and clauses

**7 Due Care**
Where this **Policy** requires **You** to do or not to do something, then the complete satisfaction of that requirement by **You** or someone claiming on **Your** behalf is a precondition to any obligation under this **Policy**. If **You** or someone claiming on **Your** behalf fails to completely satisfy that requirement, then **We** may refuse to consider **Your** claim. **You** will cooperate with **Us** at all times.

**8 Insured**
Only those persons named, as the Insured in the **Schedule** shall be covered under this **Policy**. The details of the Insured are as provided

by **You**. A person may be added as an Insured 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 it, issuing an endorsement confirming the addition of such person as an Insured. Cover under this **Policy** shall be withdrawn from any Insured upon that Insured giving 14 days written notice to be received by **Us**.

**9 Communications**

a) Any communication meant for **Us** must be in writing and be delivered to **Our** address shown in the **Schedule**. Any communication meant for **You** will be sent by **Us** to **Your** address shown in the **Schedule**.

b) All notifications and declarations for **Us** must be in writing and sent to the address specified in the **Schedule**. Agents are not authorized to receive notices and declarations on **Our** behalf.

c) **You** must notify **Us** of any change in address.

**10 Payment of Claims**

**A. Claims Procedure**

If You meet with any Injury or suffer an Illness/sickness that may result ina 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 hospitalization. Youmust immediately consult a Medical Practitioner and follow the adviceand treatment that he recommends.
b) You must take reasonable steps or measure to minimise the quantumof 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 medicaladvisors as often as may be considered necessary by Us. The cost ofsuch 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 otherinformation if We ask for to investigate the claim or Our obligation tomake payment for it.
e) In the event of the death of the insured person, nominee claiming onhis/ her behalf must inform Us in writing immediately and send Us acopy of the post mortem report (if any) within 14 days.
f) Mandatory documents required to process claim are
   i. Completely filled Sukshma Hospi-Cash Group Claim form(original )
   ii. Discharge certificate/ card from Hospital (photocopy)
   iii. All reports and prescriptions (photocopy)
   iv. First Prescription / Consultation Letter from your Doctor
   v. Original Money Receipt duly signed with a Revenue Stamp
   vi. Copy of Proposer/Employee Photo ID Proof & Address Proof
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.
h) On receipt of claim documents as mentioned above or any other relevant document as required by the company from You, We shall assess the admissibility of claim as per Policy terms and conditions. Upon satisfactory completion of assessment and admission of clam, the Company will make the payment of benefit as per the contract. In case if the claim is repudiated, We will inform the claimant about the same in writing with reason for repudiation

**B. Claim Settlement**

i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document- In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)
v. Pending claims will be asked for submission of incomplete documents.
vi. Rejected claims will be informed to the Insured Person in writing with reason for rejection.

**C. 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 **Medical Practitioner** andfor 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. Sucheligible claim amount to be payable to the insured shall be reduced tothe 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 Insuredto the Proposer/ Nominee. Any payment made in good faith by the Company as aforesaid shall operate as a complete and final dischargeof the Company's liability to make payment under this Policy for such claim.
e) An insured event shall be deemed to be a continuous and completedperiod of 24 hours as mentioned below
   a. continuous and completed period of minimum 12 hours of Day Care Treatment, or
   b. continuous and completed period of minimum 24 hours of **Hospitalisation** (other than **Day Care Treatment)**
f) Deductible will be applicable for each separate incident reported for claims payment, even though the claim may be registered under thesame benefit more than once subject to the terms and conditions of the Policy
g) **For Family Floater cover:**
   - The maximum number of days of **Hospitalisation** asmentioned in the **Schedule** would float over all members of each Family under the **Policy**
   - 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 **Policy**

**11 CANCELLATION**

a) The policyholder may cancel this policy by giving 15 days written notice and in such an event, the Company shall refund premium for the unexpired policy period as 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 |

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.

c) Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

d) If no claim has been made then We shall refund a pro-rata premium for the unexpired Policy Period.

**12 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) The Master Policyholder shall throughout the period of insurance keepand maintain a record containing the names of all the insured persons.The Master Policyholder shall declare to the company any additions inthe number of insured persons as and when arising during the periodof insurance and shall pay the additional premium as agreed**.**

c) 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. Such members may obtain further individual insurance directly from the Company and any claims shall be governed by the terms thereof.

d) The premium rates or loadings for the product would not be changedwithout approval from Authority. However the performance of the product will be reviewed annually and further pricing will be done onexperience basis

**13 DISCOUNT**

For group policy, the discount is provided since a group buys cover in a single policy which leads to savings in expenses for the company which is passed on to the policyholder. We expect savings in expenses for issuance of group policy instead of individual policies depending on the number of people insured under a group policy. Also there is an element of risk reduction due to correlation impact on group size. The group discount rates are as given in the table below:

| Group Discount Rates | |
|---|---|
| **Number of Insured persons under the Group Policy** | **Group Discounts in %** |
| 101 - 500 | 5% |
| 501 - 1000 | 7.5% |
| 1001 – 10000 | 12.5% |
| Above 10000 | 15% |

**14 JURISDICTION**

Each party agrees that the Indian courts shall have exclusive jurisdiction to settle any dispute which may arise out of or in connection with this Policy

**15 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.

**16 TERRITORIAL LIMITS AND LAW**

a) 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.

b) The construction, interpretation and meaning of the provisions of thisPolicy shall be determined in accordance with Indian Law.

**17 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, which approval shall be evidenced by an endorsement on the Schedule.

**18 PREMIUMS**

As per Annexure

**19 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, AundhHinjewadi 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**

i. Portability will be granted to policyholders as per portability guidelines of the IRDAI

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

**Name:**_____
**Signature:** _____
**Date:**_____
**Place:** _____

## H. SCHEDULE OF BENEFITS

Plans A, B, C, D, E, F G, H, I, J can be offered for different options 5 days/ 10 days/ 15 days/ 20 days/ 25 days

| Option – 5 Days | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Sno** | **Benefits** | | **Plans** | | | | | | | | |
| | | | **A** | **B** | **C** | **D** | **E** | **F** | **G** | **H** | **I** | **J** |
| 1 | Daily Hospital Cash (in INR), maximum up to 5 days | | 100 | 200 | 300 | 400 | 500 | 600 | 700 | 800 | 900 | 1000 |
| 2 | Daily ICU Cash, subject to maximum up to 5 days for each hospitalization and maximum up to 5 days during the policy period (in INR) | | 200 | 400 | 600 | 800 | 1000 | 1200 | 1400 | 1600 | 1800 | 2000 |
| **Optional Benefits** | | | | | | | | | | | | |
| 3 | Deductible | | 1 day/ 2 days/ 3 days as opted | | | | | | | | | |
| 4 | Maternity Benefit Expenses Cover | with 9 months waiting period | Optional | | | | | | | | | |
| | | without 9 months waiting period | Optional | | | | | | | | | |
| 5 | Pre-Existing Disease Cover | | Optional | | | | | | | | | |

| Option – 10 Days | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Sno** | **Benefits** | | **Plans** | | | | | | | | |
| | | | **A** | **B** | **C** | **D** | **E** | **F** | **G** | **H** | **I** | **J** |
| 1 | Daily Hospital Cash (in INR), maximum up to 10 days | | 100 | 200 | 300 | 400 | 500 | 600 | 700 | 800 | 900 | 1000 |
| 2 | Daily ICU Cash, subject to maximum up to 5 days for each hospitalization and maximum up to 10 days during the policy period (in INR) | | 200 | 400 | 600 | 800 | 1000 | 1200 | 1400 | 1600 | 1800 | 2000 |
| **Optional Benefits** | | | | | | | | | | | | |
| 3 | Deductible | | 1 day/ 2 days/ 3 days as opted | | | | | | | | | |
| 4 | Maternity Benefit Expenses Cover | with 9 months waiting period | Optional | | | | | | | | | |
| | | without 9 months waiting period | Optional | | | | | | | | | |
| 5 | Pre-Existing Disease Cover | | Optional | | | | | | | | | |

| Option – 15 Days | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Sno** | **Benefits** | | **Plans** | | | | | | | | |
| | | | **A** | **B** | **C** | **D** | **E** | **F** | **G** | **H** | **I** | **J** |
| 1 | Daily Hospital Cash (in INR), maximum up to 15 days | | 100 | 200 | 300 | 400 | 500 | 600 | 700 | 800 | 900 | 1000 |
| 2 | Daily ICU Cash, subject to maximum up to 10 days for each hospitalization and maximum up to 10 days during the policy period (in INR) | | 200 | 400 | 600 | 800 | 1000 | 1200 | 1400 | 1600 | 1800 | 2000 |
| **Optional Benefits** | | | | | | | | | | | | |
| 3 | Deductible | | 1 day/ 2 days/ 3 days as opted | | | | | | | | | |
| 4 | Convalescence Benefit, Fixed amount (in INR) beyond 10 consecutive days will be payable once per Hospitalisation event | | 1000 | 1000 | 1000 | 1000 | 1500 | 1500 | 1500 | 2000 | 2000 | 2000 |
| 5 | Maternity Benefit Expenses Cover | with 9 months waiting period | Optional | | | | | | | | | |
| | | without 9 months waiting period | Optional | | | | | | | | | |
| 6 | Pre-Existing Disease Cover | | Optional | | | | | | | | | |

| Option – 20 days | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Sno** | **Benefits** | | **Plans** | | | | | | | | |
| | | | **A** | **B** | **C** | **D** | **E** | **F** | **G** | **H** | **I** | **J** |
| 1 | Daily Hospital Cash (in INR), maximum up to 20 days | | 100 | 200 | 300 | 400 | 500 | 600 | 700 | 800 | 900 | 1000 |
| 2 | Daily ICU Cash, subject to maximum up to 10 days for each hospitalization and maximum up to 20 days during the policy period (in INR) | | 200 | 400 | 600 | 800 | 1000 | 1200 | 1400 | 1600 | 1800 | 2000 |
| **Optional Benefits** | | | | | | | | | | | | |
| 3 | Deductible | | 1 day/ 2 days/ 3 days as opted | | | | | | | | | |
| 4 | Convalescence Benefit, Fixed amount (in INR) beyond 10 consecutive days will be payable once per Hospitalisation event | | 1000 | 1000 | 1000 | 1000 | 1500 | 1500 | 1500 | 2000 | 2000 | 2000 |
| 5 | Maternity Benefit Expenses Cover | with 9 months waiting period | Optional | | | | | | | | | |
| | | without 9 months waiting period | Optional | | | | | | | | | |
| 6 | Pre-Existing Disease Cover | | Optional | | | | | | | | | |

| Option – 25 days | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Sno** | **Benefits** | | **Plans** | | | | | | | | |
| | | | **A** | **B** | **C** | **D** | **E** | **F** | **G** | **H** | **I** | **J** |
| 1 | Daily Hospital Cash (in INR), maximum up to 25 days | | 100 | 200 | 300 | 400 | 500 | 600 | 700 | 800 | 900 | 1000 |
| 2 | Daily ICU Cash, subject to maximum up to 10 days for each hospitalization and maximum up to 20 days during the policy period (in INR) | | 200 | 400 | 600 | 800 | 1000 | 1200 | 1400 | 1600 | 1800 | 2000 |
| **Optional Benefits** | | | | | | | | | | | | |
| 3 | Deductible | | 1 day/ 2 days/ 3 days as opted | | | | | | | | | |
| 4 | Convalescence Benefit, Fixed amount (in INR) beyond 10 consecutive days will be payable once per Hospitalisation event | | 1000 | 1000 | 1000 | 1000 | 1500 | 1500 | 1500 | 2000 | 2000 | 2000 |
| 5 | Maternity Benefit Expenses Cover | with 9 months waiting period | Optional | | | | | | | | | |
| | | without 9 months waiting period | Optional | | | | | | | | | |
| 6 | Pre-Existing Disease Cover | | Optional | | | | | | | | | |

a) In case of Sec I (Daily Hospital Cash) and II (Daily ICU Cash) the maximum benefits would however be restricted to **5 days / 10 days / 15 days/ 20 days/ 25 days** as per the plan opted for each **Hospitalisation** or all **Hospitalisations** during the **Policy** period.

b) In case the **Hospitalisation** exceeds the maximum stipulated under Sec I (Daily Hospital Cash) as per the selected plan while adjudicating any claim the benefits under ICU would have precedence over non ICU **Hospitalisation**.

c) In case the **Hospitalisation** in ICU exceeds the per **Hospitalisation** maximum limit of 5 days/ 10 days or the per **Policy** period limit of 5 days/ 10 days/ 20 days *(as per the plan opted)*, the remaining period of **Hospitalisation** in ICU will be paid as per non ICU **Hospitalisation** benefits subject to the overall **Policy** maximum of **5 days / 10 days / 15 days/ 20 days/ 25 days**

d) **For Family Floater cover:**
   - The maximum number of days of **Hospitalisation** as mentioned in the **Schedule** would float over all members of each Family under the **Policy**
   - 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 **Policy**

**ISO NO.: FGH/UW/GRP/36/07**

**Future Generali India Insurance Company Limited**
(IRDAI Regn. No. 132), (CIN: U66030MH2006PLC165287)
Regd. and Corp. Office: 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai – 400083. Website: https://general.futuregenerali.in | Email: fgcare@futuregenerali.in | Call us at: 1800-220-233 / 1860-500-3333 / 022-67837800 | Fax No: 022 4097 6900.
Trade Logo displayed above belongs to M/S Assicurazioni Generali - Societa Per Azioni and used by Future Generali India Insurance Co Ltd. under license.

**ANNEXURE**

**Pricing-**Two different rate charts are given below but only one rate chart would be used for each group. In case age bands are made available for underwriting, then Age Band-wise Individual Premium table will be used and in case where age bands are not made available for underwriting, then the Individual Premium Plan wise will be used based on flat premium for administrative ease

**1) Individual Premiums Plan wise exclusive of Goods and Services Tax**

| 5 days | |
|---|---|
| **Per day Benefit** | **Premium Rate** |
| Rs 100/day | Rs 41 |
| Rs 200/day | Rs 80 |
| Rs 300/day | Rs 118 |
| Rs 400/day | Rs 157 |
| Rs 500/day | Rs 196 |
| Rs 600/day | Rs 234 |
| Rs 700/day | Rs 273 |
| Rs 800/day | Rs 312 |
| Rs 900/day | Rs 352 |
| Rs 1000/day | Rs 391 |

| 10 days | |
|---|---|
| **Per day Benefit** | **Premium Rate** |
| Rs 100/day | Rs 44 |
| Rs 200/day | Rs 88 |
| Rs 300/day | Rs 131 |
| Rs 400/day | Rs 175 |
| Rs 500/day | Rs 218 |
| Rs 600/day | Rs 262 |
| Rs 700/day | Rs 305 |
| Rs 800/day | Rs 349 |
| Rs 900/day | Rs 392 |
| Rs 1000/day | Rs 436 |

| 15 days | |
|---|---|
| **Per day Benefit** | **Premium Rate** |
| Rs 100/day | Rs 49 |
| Rs 200/day | Rs 97 |
| Rs 300/day | Rs 144 |
| Rs 400/day | Rs 192 |
| Rs 500/day | Rs 239 |
| Rs 600/day | Rs 288 |
| Rs 700/day | Rs 334 |
| Rs 800/day | Rs 383 |
| Rs 900/day | Rs 431 |
| Rs 1000/day | Rs 478 |

| 20 days | |
|---|---|
| **Per day Benefit** | **Premium Rate** |
| Rs 100/day | Rs 52 |
| Rs 200/day | Rs 104 |
| Rs 300/day | Rs 155 |
| Rs 400/day | Rs 207 |
| Rs 500/day | Rs 259 |
| Rs 600/day | Rs 310 |
| Rs 700/day | Rs 362 |
| Rs 800/day | Rs 413 |
| Rs 900/day | Rs 465 |
| Rs 1000/day | Rs 517 |

| 25 days | |
|---|---|
| **Per day Benefit** | **Premium Rate** |
| Rs 100/day | Rs 57 |
| Rs 200/day | Rs 112 |
| Rs 300/day | Rs 167 |
| Rs 400/day | Rs 221 |
| Rs 500/day | Rs 276 |
| Rs 600/day | Rs 331 |
| Rs 700/day | Rs 386 |
| Rs 800/day | Rs 442 |
| Rs 900/day | Rs 497 |
| Rs 1000/day | Rs 552 |

**2) Age Band wise Individual Premium Table exclusive of Goods and Services Tax**

| 5 days | | |
|---|---|---|
| **Per day Benefit** | **Upto 45 years** | **Above 45 years** |
| Rs 100/day | Rs 38 | Rs 55 |
| Rs 200/day | Rs 73 | Rs 110 |
| Rs 300/day | Rs 109 | Rs 165 |
| Rs 400/day | Rs 144 | Rs 218 |
| Rs 500/day | Rs 180 | Rs 273 |
| Rs 600/day | Rs 215 | Rs 328 |
| Rs 700/day | Rs 250 | Rs 381 |
| Rs 800/day | Rs 286 | Rs 436 |
| Rs 900/day | Rs 321 | Rs 491 |
| Rs 1000/day | Rs 359 | Rs 546 |

| 10 days | | |
|---|---|---|
| **Per day Benefit** | **Upto 45 years** | **Above 45 years** |
| Rs 100/day | Rs 42 | Rs 59 |
| Rs 200/day | Rs 83 | Rs 115 |
| Rs 300/day | Rs 123 | Rs 173 |
| Rs 400/day | Rs 163 | Rs 230 |
| Rs 500/day | Rs 204 | Rs 288 |
| Rs 600/day | Rs 246 | Rs 344 |
| Rs 700/day | Rs 286 | Rs 400 |
| Rs 800/day | Rs 326 | Rs 459 |
| Rs 900/day | Rs 367 | Rs 515 |
| Rs 1000/day | Rs 407 | Rs 573 |

| 15 days | | |
|---|---|---|
| **Per day Benefit** | **Upto 45 years** | **Above 45 years** |
| Rs 100/day | Rs 46 | Rs 63 |
| Rs 200/day | Rs 91 | Rs 125 |
| Rs 300/day | Rs 136 | Rs 186 |
| Rs 400/day | Rs 181 | Rs 249 |
| Rs 500/day | Rs 226 | Rs 310 |
| Rs 600/day | Rs 270 | Rs 371 |
| Rs 700/day | Rs 315 | Rs 433 |
| Rs 800/day | Rs 360 | Rs 496 |
| Rs 900/day | Rs 405 | Rs 557 |
| Rs 1000/day | Rs 450 | Rs 618 |

| 20 days | | |
|---|---|---|
| **Per day Benefit** | **Upto 45 years** | **Above 45 years** |
| Rs 100/day | Rs 50 | Rs 67 |
| Rs 200/day | Rs 99 | Rs 133 |
| Rs 300/day | Rs 147 | Rs 199 |
| Rs 400/day | Rs 196 | Rs 263 |
| Rs 500/day | Rs 244 | Rs 330 |
| Rs 600/day | Rs 292 | Rs 396 |
| Rs 700/day | Rs 341 | Rs 460 |
| Rs 800/day | Rs 391 | Rs 526 |
| Rs 900/day | Rs 439 | Rs 592 |
| Rs 1000/day | Rs 488 | Rs 657 |

| 25 days | | |
|---|---|---|
| **Per day Benefit** | **Upto 45 years** | **Above 45 years** |
| Rs 100/day | Rs 54 | Rs 70 |
| Rs 200/day | Rs 105 | Rs 139 |
| Rs 300/day | Rs 159 | Rs 209 |
| Rs 400/day | Rs 210 | Rs 278 |
| Rs 500/day | Rs 262 | Rs 347 |
| Rs 600/day | Rs 315 | Rs 417 |
| Rs 700/day | Rs 367 | Rs 486 |
| Rs 800/day | Rs 418 | Rs 555 |
| Rs 900/day | Rs 471 | Rs 625 |
| Rs 1000/day | Rs 523 | Rs 694 |

**3) Family Floater Premium:**

For Family floater Policy, the number of the days of hospitalization, chosen as per the Plan will float over the members of the Floater policy. Premium for the primary insured remains at actuals from the individual table

For remaining dependent members, discounts applicable as table below (on their respective individual premium)

| Plan Limit | Family Floater Discount | | | |
|---|---|---|---|---|
| | 2nd member | 3rd member | 4th member | 5th member |
| 5 days | 9.00% | 12.50% | 15.50% | 18.25% |
| 10 days | 6.50% | 7.50% | 8.25% | 9.25% |
| 15 days | 5.75% | 6.00% | 6.50% | 6.75% |
| 20 days | 5.40% | 5.60% | 5.80% | 6.00% |
| 25 days | 5.30% | 5.40% | 5.60% | 5.70% |

Primary member/ Proposer will always be the member with highest age. For calculation of family floater premium, the discount is applied in the descending order of age of the persons covered in the family.

**An illustration of calculation for Family Floater option:**

Plan Limit: 15 days
Benefit Amount: Rs.300 per day
Family Floater: Self (Age: 49 years), Spouse (Age: 47 years), 1 Child (Age: 16 years)Self-Premium: Rs.186
Spouse Premium: Rs.186 (Individual Premium)*(5.75% discount) =Rs. (186-10.70) = Rs. 175.31Child Premium: Rs.136 (Individual Premium)*(6% discount) =Rs. (136-8.16) = Rs. 127.84
Total Premium=186+175.31+127.84= Rs. 489.15

**4) Optional Covers:**

a) **Maternity with 9 months waiting period applicable:** Loading of 30% on the premium as per the plan opted will be applied
b) **Maternity without 9 months waiting period applicable:** Loading of 40% on the premium as per the plan opted
c) **Pre-Existing Disease Cover:** Loading of 20% on the premium as per the plan opted will be applied
d) **Convalescence Benefit:** (Two different rate charts are given below but only one rate chart would be used for each group. In case age bands are made available for underwriting, then Age Band-wise Individual Premium table will be used and in case where age bands are not made available for underwriting, then the Individual Premium Plan wise will be used based on flat premium for administrative ease)

i. Individual Premiums is mentioned below, exclusive of Goods and Services Tax

| Per day Benefit | Convalescence Benefit Amount | Premium Rate |
|---|---|---|
| Rs 100/day to Rs 400/day | Rs 1000 | Rs 6 |
| Rs 500/day to Rs 700/day | Rs 1500 | Rs 9 |
| Rs 800/day to Rs 1000/day | Rs 2000 | Rs 12 |

ii. Age Band wise Individual Premium Table is mentioned below, exclusive of Goods and Services Tax

| Per day Benefit | Convalescence Benefit Amount | Upto 45 years | Above 45 years |
|---|---|---|---|
| Rs 100/day to Rs 400/day | Rs 1000 | Rs 4 | Rs 15 |
| Rs 500/day to Rs 700/day | Rs 1500 | Rs 6 | Rs 22 |
| Rs 800/day to Rs 1000/day | Rs 2000 | Rs 7 | Rs 29 |

e) **Deductible**: It is a cost-sharing requirement under this product that provides that the company will not be liable for a specified number of days in case of hospitalization which will apply before any benefits are payable by the company. There are 3 deduct ible options which the company plans to provide- 1 day, 2 day or 3 days. The discount rates for each option are calculated on the premium rates with the deductible option.

| Deductible Option | Discount Rate |
|---|---|
| 1 Day | 6% |
| 2 Days | 20% |
| 3 Days | 35% |

**5) Direct Sales Discount**: An additional discount of 15% will be applicable in case the proposal comes through direct sales channel (without any intermediary)

**6) Renewal Premium**: At the time of renewals or for groups with past insurance experience, for larger groups with adequate credible statistical information as per table below the past burning cost with adjustment for exposure will be used for further pricing.

**Renewal Premium = Z * (Burning cost of the group own experience) + (1-Z) * (Risk rate or Premium)**

Where Z is the credibility factor given to the Group based on the size of the group as per the table below:

| Size of Group | Credibility Factor |
|---|---|
| 0-20 | 0% |
| 21-40 | 10% |
| 41-50 | 15% |
| 51-100 | 20% |
| 101-200 | 35% |
| 201-400 | 50% |
| 401-800 | 70% |
| 801 and above | 100% |

The renewal premium is the risk premium which will be further loaded to arrive at Gross Premium and accordingly will be charged to the policyholder

7) **Group Discount** For group policy, the discount is provided since a group buys cover in a single policy which leads to savings in expenses for the company which is passed on to the policyholder. We expect savings in expenses for issuance of group policy instead of individual policies depending on the number of people insured under a group policy. Also there is an element of risk reduction due to correlation impact on group size. The Group Discount rates are as given in the table below.

| Group Discount Rates | |
|---|---|
| **Number of Insured persons under the Group Policy** | **Group Discounts in %** |
| 101 – 500 | 5% |
| 501 – 1000 | 7.5% |
| 1001 – 10000 | 12.5% |
| Above 10000 | 15% |