

**FUTURE AROGYA BIMA
CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY**

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

Sn	Title	Description	Policy Clause Number
1	Name of Insurance Product/Policy	Future Aarogya Bima	Not Applicable
2	Policy Number	Not Applicable	Not Applicable
3	Type of Insurance Product/Policy	Indemnity	Not Applicable
4	Sum Insured (Basis)	Sum Insured Options: ₹2 Lacs, ₹3 Lacs, ₹5 Lacs.	Not Applicable
5	Policy Coverage (What the Policy Covers?)	Expenses in respect of:	
		Hospitalization Medical Expenses – Admission in a hospital for a minimum period of 24 inpatient Care consecutive hours.	Section B.1,2,3
		Pre-Hospitalisation Medical Expenses for up to 60 days immediately prior to date of admission of Insured Person into the Hospital.	Section B.4
		Post-Hospitalisation Medical expenses n for up to 90 days after the date of discharge of Insured Person from the Hospital	Section B.5
		Day Care expenses- Specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours	Section B.6

		<ul style="list-style-type: none"> • Congenital External Illness/ disease/ defect anomaly. • Stem cell storage. • Expenses related to donor screening, treatment, including Surgery to remove organs from the donor in case of a transplant Surgery. We will also not pay donor's pre and post Hospitalisation expenses or any other medical treatment for the donor consequent to Surgery. • Outpatient Diagnostic, Medical and Surgical Procedures or OPD treatments, non-prescribed drugs and medical supplies, Hormone replacement therapy, Sex change or treatment which results from or is in any way related to sex change. • Medical Practitioner's home visit charges during pre and post Hospitalisation period, Attendant Nursing charges. • Domiciliary hospitalisation, treatment received outside India. • 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). • Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons/ materials. • Personal comfort and convenience items or services such as television, telephone, barber or guest service and similar incidental services and supplies. • Standard list of excluded items as mentioned in Annexure 1 and our website https://general.futuregeneralali.in/non-medical-expenses. • Any specific exclusion(s) applied by Us, specified in the Schedule and accepted by the insured. 	
7	Waiting period <ul style="list-style-type: none"> • Time period during which specified diseases/ treatments are not covered. 	Initial waiting Period: 30 days for all illnesses (not applicable on renewal or for accidents)	Section C.1.b.II
		<ul style="list-style-type: none"> • Specific Waiting periods <ol style="list-style-type: none"> a) 24 months waiting period for Cataract, Para nasal sinuses, Surgery on ears/ tonsils/ adenoids, Deviated Nasal Septum, Hernia, Hydrocele, Fistula/ Fissure in Ano and 	Section C.1.b.I

	<ul style="list-style-type: none"> It is counted from the beginning of the policy coverage 	<p>Hemorrhoids, Benign Prostatic Hypertrophy, , stones in the Urinary and Biliary systems, all treatments for Uterine Prolapse, Dysfunctional Uterine Bleeding, Fibromyoma, Endometriosis, Hysterectomy, Arthroscopic repair/ removal [other than caused by an accident], Joint replacement Surgery due to Degenerative condition, Age related Osteoarthritis and Osteoporosis unless such joint replacement Surgery is necessitated by accidental Bodily Injury, all internal or external Tumours/ Cysts/ Nodules/ Polyps of any kind including breast lumps with exception of malignant tumour or growth, Degenerative disc, vertebral diseases and prolapse of intervertebral disc (other than caused by accident), Varicose Veins and Varicose Ulcers</p>							
		<ul style="list-style-type: none"> Pre-existing diseases: Covered after 36 months 	Section C.1.a						
8	<p>Financial Limits of Coverage</p> <p>i. Sub Limits- (It is a predefined limit and the insurance company will not pay any amount in excess of this limit)</p>	<p>The Policy will pay only up to the limits specified hereunder for the following diseases/procedures. In case of claim, this policy requires you to share the following costs: Expenses exceeding the following Sub-limits.</p> <table border="1" data-bbox="505 1150 1227 1446"> <tr> <td>Room Rent and Boarding Expenses</td> <td>1% of the Sum Insured per day</td> </tr> <tr> <td>Pre-hospitalisation and post-hospitalisation medical expenses</td> <td>up to 2% of Sum Insured opted for each hospitalisation</td> </tr> <tr> <td>Modern Treatment and Advancements in Technologies</td> <td>Up to 50% of Sum Insured</td> </tr> </table>	Room Rent and Boarding Expenses	1% of the Sum Insured per day	Pre-hospitalisation and post-hospitalisation medical expenses	up to 2% of Sum Insured opted for each hospitalisation	Modern Treatment and Advancements in Technologies	Up to 50% of Sum Insured	Section D. II.A.2
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Modern Treatment and Advancements in Technologies	Up to 50% of Sum Insured								
	<p>ii. Co-payment – (It is a specified amount /percentage of the admissible claim amount to be paid by policy holder/Insured)</p>	<p>a. Plan A – with Mandatory co-payment of 10%</p> <p>b. Plan B- with Mandatory co-payment of 10% and additional co-payment of 20%</p> <p>c. Plan C- with Mandatory co-payment of 10% and additional co-payment of 30%</p>	Section D. II.A.1						

	iii. Deductible- (It is a specified amount up to which an insurance company will not pay any claim, and which will be deducted from total claim amount (if claim amount is more than the specified amount)	Not Applicable	Not Applicable
	v. Any other limit (as applicable)	Not Applicable	Not Applicable
9	Claims/Claims Procedure	<p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <p>Turn Around Time (TAT) for claims settlement:</p> <p>i. TAT for preauthorization of cashless facility: 1 hour (from the time of receipt of last necessary documents)</p> <p>ii. TAT for cashless final bill authorization: 1 hour (from the time of receipt of last necessary documents)</p> <p>Please find below the details /web link for following:</p> <p>i. Network hospital details- https://general.futuregenerali.in/hospital-locator</p> <p>ii. Helpline Number (toll-free)- 1800 209 1016 / 1800-103-8889</p> <p>iii. Hospitals which are blacklisted or from where no claims will be accepted by Insurer. https://general.futuregenerali.in/hospital-locator</p> <p>iv. Downloading/getting claim form - https://general.futuregenerali.in/customer-service/downloads</p>	Section D. II. B.I
10	Policy Servicing	a) Call Centre number of Insurer Policy Servicing: 1800 220 233/1860 500 3333/ 022-67837800 Timing: 7 am to 10 pm Claims Servicing:1800 103 8889/1800 209	Not Applicable

		<p>1016 Timing: 24*7</p> <p>b) Details of company officials Policy Servicing Office: Refer Policy Schedule</p>	
11	Grievance/ Complaints	<p>Details of</p> <p>-Grievance Redressal Officer of the Insurer: https://general.futuregenerali.in/customer-service/grievance-redressal</p> <p>-Insurance Company grievance portal / Department:</p> <ul style="list-style-type: none"> • Helplines: 1800-220-233/ 1860-500-3333/ (022) 67837800 • Email: Fgcare@futuregenerali.in • Website: www.futuregenerali.in <p>-Ombudsman: The guidelines of taking up a complaint in ombudsman and the addresses of ombudsman are available on: http://www.policyholder.gov.in/Ombudsman.aspx</p>	Section D.I.13
12	Things to remember	<ul style="list-style-type: none"> • Free Look Cancellation: You may cancel the insurance policy if you do not want it, within 30 days from the beginning of policy. The Free Look Period shall only be applicable for new policies and shall not be available on renewal policies, ported policies and migrated policies. In the event you want to exercise Free Look Cancellation, you will need to place a request for the same through registered e-mail id or registered contact number by calling on our Helpline Numbers 1800-220-233, 1860-500-3333, 022-67837800 or by submitting a request at any of our branch offices. If you have not made any claim during the Free Look Period, then you shall be entitled to <ul style="list-style-type: none"> a) a refund of the premium paid less any expenses incurred by the Company on medical examination of the Insured Person and the stamp duty charges or b) Where the risk has already commenced and the option of return of the policy is exercised by the Insured Person, a deduction towards the proportionate risk premium for period of cover or c) Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period. • Policy Renewal: Except on grounds of fraud, 	Section D.I.3
		<ul style="list-style-type: none"> • Policy Renewal: Except on grounds of fraud, 	Section D.II.C

		<p>moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.</p>	
		<ul style="list-style-type: none"> • Migration & Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy with other Insurer. The e-mail and address to be contacted for outward portability is: Customer Service Cell, Future Generali India Insurance Company Ltd. Corporate & Registered Office 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai – 400083 Email: Fgcare@futuregenerali.in For Detailed Guidelines on migration and portability, kindly refer the link https://general.futuregenerali.in/general-insurance/pdf/Guide to Portability and Migrati on 25-Mar2020.pdf 	Section D.I.4 and D.I.5
		<ul style="list-style-type: none"> • Change in Sum Insured- Sum insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For Increase in SI, waiting period if any shall start afresh only for the enhanced portion of the sum insured. 	Section D.II.C
		<p>Moratorium Period-After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits</p>	Section D. I. 10
13	Your Obligations	<p>Please disclose all Pre-Existing Disease/s, or condition/s before buying a policy. Non-disclosure may affect claim settlement.</p>	

14

Premium illustration

Age of the members insured	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum insured (Only one sum insured is available for the entire family)			
	Premium (Rs.)	Sum insured (Rs.)	Premium (Rs.)	Discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)
41 years	7,622	50000	7,622	381	7,241	50000	28,005	9,337	18,668	500000
46 years	9,825	50000	9,825	491	9,334	50000				
17 years	3,318	50000	3,318	166	3,152	50000				
20 years	3,922	50000	3,922	196	3,726	50000				
14 years	3,318	50000	3,318	166	3,152	50000				
Total Premium for all members of the family is Rs. 28,005/-, when each member is covered separately. Sum insured available for each individual is Rs. 500000.			Total Premium for all members of the family is Rs. 26,605/-, when they are covered under a single policy. Sum insured available for each family member is Rs. 500000.				Total Premium when policy is opted on floater basis is Rs. 18,668/-. Sum insured of Rs. 500000 is available for the entire family.			

Note:

1. This is just an illustration of premium calculation.
2. Premiums may vary with respect to Plan and Sum Insured opted by the insured.
3. Premium rates specified in the above illustration are the standard premium rates without considering any loading and/or discounts like – Online (Website) Sales discount etc.
4. In case premium is paid on instalment basis, the loading will be applicable accordingly.
5. Premium rates are exclusive of Goods and Services Tax applicable.

Declaration by the Policy Holder:

I have read the above and confirm having noted the details:

Place _____

Date _____ (Signature of the Policyholder)

Note

- i. The web-link, where the product related documents including the Customer Information Sheet are available on the website of FGII, is at <https://general.futuregenerali.in/customer-service/downloads>
- ii. In case of any conflict, the terms and conditions mentioned in the policy documents shall prevail.

- iii. **Your confirmation, being the policyholder, regarding receiving of the Customer Information Sheet is necessary.**