

Health PowHER CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

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

SI No	Title	Description	Policy Clause Number																		
1	Name of the Insurance Product /Policy	Health PowHER	Not Applicable																		
2	Policy Number	Not Applicable	Not Applicable																		
3	Type of Insurance Product/Policy	Both Indemnity and benefit	Not Applicable																		
4	Sum Insured (Basis)	<ul style="list-style-type: none"> • Plans- Essential, Advance, Supreme • Sum Insured Options (in ₹): <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Essential</th> <th style="width: 33%;">Advance</th> <th style="width: 33%;">Supreme</th> </tr> </thead> <tbody> <tr> <td>5 Lacs, 10 Lacs</td> <td>15 Lacs, 20 Lacs</td> <td>25 Lacs, 50 Lacs, 75 Lacs, 1 Cr</td> </tr> </tbody> </table>	Essential	Advance	Supreme	5 Lacs, 10 Lacs	15 Lacs, 20 Lacs	25 Lacs, 50 Lacs, 75 Lacs, 1 Cr	Not Applicable												
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5	Policy Coverage (What the policy covers?)	<p>Expenses in respect of:</p> <p>Base Covers</p> <p>Medical Expenses Cover</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>In-patient Hospitalization -Admission in a hospital for a minimum period of 24 inpatient Care consecutive hours.</td> <td>Section 4.1.1. a</td> </tr> <tr> <td>Day Care Treatment-Specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.</td> <td>Section 4.1.2. b</td> </tr> <tr> <td>Other Expenses – Covered LASIK Surgery, Bariatric Surgery, Cataract Surgery.</td> <td>Section 4.1.3.c</td> </tr> <tr> <td>Pre-Hospitalization Medical Expenses for number of days, as per the plan opted.</td> <td>Section 4.1.2</td> </tr> <tr> <td>Post-Hospitalization Medical Expenses within the number of days, from the date of discharge.</td> <td>Section 4.1.3</td> </tr> <tr> <td>Modern Treatment Method and Advancement in Technologies</td> <td>Section 4.1.4</td> </tr> <tr> <td>Cosmetic/Plastic Surgery required to change appearance following an Accident, Burn(s) or Cancer or to remove a direct and immediate health risk of the insured person, as certified by the attending Medical Practitioner.</td> <td>Section 4.1.5</td> </tr> <tr> <td>Emergency Road Ambulance incurred for transportation of an Insured Person by a Road Ambulance.</td> <td>Section 4.1.6</td> </tr> <tr> <td>Emergency Air Ambulance incurred for transportation of an Insured Person by an Air Ambulance.</td> <td>Section 4.1.7</td> </tr> </tbody> </table>	In-patient Hospitalization -Admission in a hospital for a minimum period of 24 inpatient Care consecutive hours.	Section 4.1.1. a	Day Care Treatment-Specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.	Section 4.1.2. b	Other Expenses – Covered LASIK Surgery, Bariatric Surgery, Cataract Surgery.	Section 4.1.3.c	Pre-Hospitalization Medical Expenses for number of days, as per the plan opted.	Section 4.1.2	Post-Hospitalization Medical Expenses within the number of days, from the date of discharge.	Section 4.1.3	Modern Treatment Method and Advancement in Technologies	Section 4.1.4	Cosmetic/Plastic Surgery required to change appearance following an Accident, Burn(s) or Cancer or to remove a direct and immediate health risk of the insured person, as certified by the attending Medical Practitioner.	Section 4.1.5	Emergency Road Ambulance incurred for transportation of an Insured Person by a Road Ambulance.	Section 4.1.6	Emergency Air Ambulance incurred for transportation of an Insured Person by an Air Ambulance.	Section 4.1.7	Section 4
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	AYUSH Treatments - Expenses towards Hospitalization for Ayurveda, Yoga and Naturopathy, Unani, Siddha or Homoeopathy treatment.	Section 4.1.8
	Organ Donor Expenses - Medical Expense incurred for an organ donor's surgery for the harvesting of the organ donated	Section 4.1.9
	Home Health Care Expenses - Medical Expenses incurred for Home Health Care Services, up to maximum of 20% of the Sum Insured	Section 4.1.10
	Restoration of Sum Insured - Under this benefit a Restore Sum Insured (equal to 100% of the base Sum Insured excluding Cumulative Bonus- if any) will automatically be available for the particular Policy year for a second claim being reported during the Policy Year and accepted as payable by Us.	Section 4.1.11
	OPD Treatment incurred for Outpatient treatment.	Section 4.1.12
	Cumulative Bonus - The Sum Insured will be enhanced by 10% for each claim free policy year.	Section 4.1.13
	Ante-Natal Care - An Out-patient treatment related to Ante-natal care after confirmation of Pregnancy during the policy year.	Section 4.1.14
	Maternity Expenses - Medical expenses towards Delivery Expenses (Normal /Cesarean) during the Policy Year.	Section 4.1.15
	Miscarriage & Medical Termination of Pregnancy	Section 4.1.16
	Newborn baby Expenses Cover	Section 4.1.17
	Newborn Defect -A fixed lumpsum benefit amount in case Newborn is diagnosed listed condition.	Section 4.1.18
	Newborn Vaccination until the Newborn Baby completes one year of age.	Section 4.1.19
	Stem Cell Storage - One-time expenses towards the harvesting and storage of stem cells of the Newborn Baby.	Section 4.1.20
	Cancer Care Booster-Additional Sum Insured for the treatment of cancer during policy year	Section 4.1.21
	Women Care	
	Infertility Expenses – Expenses towards medically necessary treatment for Infertility & cryopreservation during Policy Year.	Section 4.1.22
	Voluntary Sterilization (Tubal Ligation)	Section 4.1.23
	Senior Care -Expenses incurred by the female Insured age 60 Years & above towards Curative Care Treatments.	Section 4.1.24
	Nursing Care Expenses - A fixed benefit amount towards the nursing care taken by the female insured person from a Qualified Nurse, immediately following the Insured Person's discharge from Hospital	Section 4.1.25
	Temporary Domestic Help - A fixed benefit amount for engaging services of temporary domestic help at Insured person residential address for the duration while female Insured is hospitalized.	Section 4.1.26
	Puberty & Menopause Disorders	Section 4.1.27

		Preventive Care – Expenses of Dexa Scan & HPV vaccination up to limit specified in Schedule of Benefit	Section 4.1.28
		Value Added Services	
		Wellness Benefits	Section 4.1.29
		Optional Covers	
		Critical Care	
		A. Critical illness -A Lumpsum Benefit if the Insured Person suffers from a Critical Illness of the nature during the Policy Period. B. E- Medical Second Opinion if an Insured Person is diagnosed with any listed critical Illnesses.	Section 4.2.1
		Accident Care	
		Personal Accident Cover – A Lumpsum benefit in case of Death, Permanent Total Disablement or Permanent Partial Disability of Insured Person following accidental injury	Section 4.2.2
		Voluntary Co-payment -10% or 20% or 30%	Section 4.2.3
		<i>Note: All the above covers are offered under this Product. However, the cover offerings are plan specific and shall be applicable as per the opted plan.</i>	
6	Exclusions (What the policy does not cover)	Standard Exclusions <ul style="list-style-type: none"> • Investigation & Evaluation • Rest Cure, rehabilitation, and respite care. • Obesity/ Weight Control • Change-of-Gender treatments. • Cosmetic or Plastic Surgery • Hazardous or Adventure sports • Breach of law • Excluded Providers • Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. • Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as nursing home. • Dietary supplements and substances that can be purchased without prescription. • Refractive Error • Unproven Treatments • Sterility and Infertility • Maternity 	Section 6.1
		Specific Exclusions <ul style="list-style-type: none"> • Illness or Injury 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). • Circumcision, unless necessary for treatment of an Illness or necessitated due to an Accident. • Vaccination/ inoculation (except as post bite treatment) 	Section 6.2

		<ul style="list-style-type: none"> • Charges incurred in connection with cost of spectacles and contact lenses, hearing aids, durable medical equipment (including but not limited to cost of instrument used in the treatment of Sleep Apnea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and oxygen concentrator for asthmatic condition, wheel chair, crutches, artificial limbs, belts, braces, stocking, Glucometer and the like), namely that equipment used externally for the human body which can withstand repeated use; is not designed to be disposable; is used to serve a medical purpose, such cost of all appliances/devices whether for diagnosis or treatment after discharge from the Hospital. • Venereal /Sexually Transmitted disease other than HIV/AIDS. • External Congenital Anomaly and related Illness/ defect. • Injury or Illness directly or indirectly caused by or contributed to by nuclear weapons/materials. • Stem cell storage. • Non-prescribed drugs and medical supplies, hormone replacement therapy. • Personal comfort and convenience items or services such as television, telephone, barber or guest service and similar incidental services and supplies. • Outpatient diagnostic, medical and Surgical Procedures or treatments. • Dental Treatment or Surgery of any kind unless requiring Hospitalization as a result of Injury. • A Medical Practitioner's home visit charges during pre and post Hospitalization period and attendant nursing charges. • Commercial Surrogacy / Traditional surrogacy • Treatment outside India. • Intentional self-Injury. • Non –Payable items: The expenses that are not covered in this policy are placed under List-I of Annexure III. • Any specific exclusion(s) applied by Us, specified in the Schedule, and accepted by the insured. 	
7	<p>Waiting period</p> <ul style="list-style-type: none"> • Time period during which specified diseases/ treatments are not covered. • It is counted from the beginning of 	<ul style="list-style-type: none"> • Initial waiting period: 30 days for all illnesses (not applicable in case of continuous renewal or accidents) • Specific waiting periods: (Not applicable for claims arising due to an accident) <ul style="list-style-type: none"> (a) 24 Months waiting period - Benign ENT disorders, Tonsillectomy, Adenoidectomy, Mastoidectomy, Tympanoplasty, Hysterectomy, All internal and external benign tumors, cysts, polyps of any kind, including benign breast lumps, Benign prostate hypertrophy, Cataract and age-related eye ailments, Gastric/ Duodenal Ulcer, Gout and Rheumatism, Hernia of all types, Hydrocele, Non-Infective Arthritis, Piles, Fissures and Fistula in anus, Pilonidal sinus, Sinusitis 	<p>Section 5.3</p> <p>Section 5.2</p>

	the policy coverage	and related disorders, Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident, Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy, Varicose Veins and Varicose Ulcers, LASIK Surgery (b) 36 Months waiting period - Treatment for joint replacement unless arising from accident, Age-related Osteoarthritis & Osteoporosis.																					
		<ul style="list-style-type: none"> Pre-existing diseases: covered after 36 Months 	Section 5.1																				
8	Financial Limits of Coverage i. Sub Limits- (It is a predefined limit, and the insurance company will not pay any amount in excess of this limit)	<p>The Policy will pay only up to the Sub limits specified hereunder for the following diseases/procedures. In case of claim, this policy require you to share the following costs: Expenses exceeding the following Sub-limits.</p> <table border="1"> <tr> <td>Room Rent Limit (Normal Room)</td> <td>Single Private Room for Essential / Advance Plan, Actuals for Supreme Plan</td> </tr> <tr> <td>LASIK Surgery</td> <td>Essential Plan-Up to ₹50K each policy year Advance Plan- Up to ₹75K each policy year Supreme Plan- Up to ₹1L each policy year</td> </tr> <tr> <td>Bariatric Surgery</td> <td>Essential Plan- Up to 50% of SI, Max up to ₹5L each policy year Advance/Supreme Plan- Up to ₹5L each policy year</td> </tr> <tr> <td>Cataract Treatment</td> <td>Up to ₹1L each eye per policy year</td> </tr> <tr> <td>Emergency Road Ambulance</td> <td>Essential Plan- Up to ₹2K per hospitalization Event Advance Plan- Up to ₹3K per hospitalization Event Supreme Plan- Up to ₹4K per hospitalization Event</td> </tr> <tr> <td>Emergency Air Ambulance</td> <td>Essential Plan- NA Advance Plan- Up to ₹2L each policy year Supreme Plan- Up to ₹3L each policy year</td> </tr> <tr> <td>Home Health Care Expenses</td> <td>Essential Plan- NA Advance/Supreme Plan -Up to 20% of Sum Insured</td> </tr> <tr> <td>OPD Treatment</td> <td>Essential Plan- Up to ₹2.5K each policy year Advance Plan- Up to ₹3.5K each policy year Supreme Plan- Up to ₹5K each policy year</td> </tr> <tr> <td>Ante-Natal Care</td> <td>Essential Plan-Up to ₹7.5K each policy year Advance Plan-Up to ₹10K each policy year Supreme Plan- Up to ₹15K each policy year</td> </tr> <tr> <td>Maternity Expenses (Normal/Cesarean Delivery)</td> <td>Essential Plan- Normal Delivery - Up to ₹ 50K, Cesarean – Up to ₹ 75K</td> </tr> </table>	Room Rent Limit (Normal Room)	Single Private Room for Essential / Advance Plan, Actuals for Supreme Plan	LASIK Surgery	Essential Plan-Up to ₹50K each policy year Advance Plan- Up to ₹75K each policy year Supreme Plan- Up to ₹1L each policy year	Bariatric Surgery	Essential Plan- Up to 50% of SI, Max up to ₹5L each policy year Advance/Supreme Plan- Up to ₹5L each policy year	Cataract Treatment	Up to ₹1L each eye per policy year	Emergency Road Ambulance	Essential Plan- Up to ₹2K per hospitalization Event Advance Plan- Up to ₹3K per hospitalization Event Supreme Plan- Up to ₹4K per hospitalization Event	Emergency Air Ambulance	Essential Plan- NA Advance Plan- Up to ₹2L each policy year Supreme Plan- Up to ₹3L each policy year	Home Health Care Expenses	Essential Plan- NA Advance/Supreme Plan -Up to 20% of Sum Insured	OPD Treatment	Essential Plan- Up to ₹2.5K each policy year Advance Plan- Up to ₹3.5K each policy year Supreme Plan- Up to ₹5K each policy year	Ante-Natal Care	Essential Plan-Up to ₹7.5K each policy year Advance Plan-Up to ₹10K each policy year Supreme Plan- Up to ₹15K each policy year	Maternity Expenses (Normal/Cesarean Delivery)	Essential Plan- Normal Delivery - Up to ₹ 50K, Cesarean – Up to ₹ 75K	Annexure I
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		<p>Advance Plan- Normal Delivery - Up to ₹ 75K, Cesarean – Up to ₹ 1.25L Supreme Plan- Normal Delivery - Up to ₹1.25L, Cesarean – Up to ₹ 2L</p>	
	Miscarriage & Medical Termination of Pregnancy	<p>Essential Plan- Up to ₹25K Advance Plan- Up to ₹35K Supreme Plan- Up to ₹50K</p>	
	Newborn Defect	<p>Essential Plan- 50K Advance Plan- 75K Supreme Plan- 1L</p>	
	Newborn Vaccination (Up to One year of age)	<p>Essential Plan- 5K Advance Plan- 7.5K Supreme Plan- 10K</p>	
	Stem Cell Storage	<p>Essential Plan- 15K Advance/Supreme Plan- 20K</p>	
	Infertility Expenses	<p>Essential Plan- NA Advance Plan- Infertility - Up to ₹2L, Cryopreservation - Up to ₹15K Supreme Plan- Infertility - Up to ₹3L, Cryopreservation - Up to ₹20K</p>	
	Voluntary Sterilization (Tubal Ligation)	<p>Essential Plan- NA Advance/Supreme Plan- ₹50K</p>	
	Senior Care	<p>Essential Plan- Up to ₹15K Advance/Supreme Plan- 20K</p>	
	Nursing Care Expenses	<p>Essential Plan- NA Advance Plan- ₹500 per day Supreme Plan- ₹750 per day</p>	
	Temporary Domestic Help	<p>Essential Plan- ₹500 per day Advance Plan- ₹750 per day Supreme Plan- ₹1K per day</p>	
	Puberty & Menopause Disorders	<p>Essential Plan-OPD Limit - Up to ₹7.5K Advance Plan- OPD Limit - Up to ₹10K Supreme Plan- OPD Limit Up to ₹15K</p>	
ii.	Co-payment – (It is a specified amount /percentage of the admissible claim amount to be paid by	Voluntary Co-payment - 10 % or 20% or 30%	Section 4.2.3

	policy holder/ Insured)		
	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
	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 details /web link:</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 8
10	Policy Servicing	<p>a) Call Centre number of Insurer.</p> <p>Policy Servicing: 1800 220 233/1860 500 3333/ 022-67837800</p> <p>Timing: 7 am to 10 pm</p> <p>Claims Servicing:1800 103 8889/1800 209 1016</p>	Section 7.1.18

		Timing: 24*7	
		b) Details of company officials Policy Servicing Office: Refer the Policy Schedule	
11	Grievances /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 7.1.18
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 <ol 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. 	Section 7.1.13
		<ul style="list-style-type: none"> • Policy Renewal: Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn. 	Section 7.2.6
		<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, 	Section 7.2.3 & 7.2.4

		L.B.S. Marg, Vikhroli (W), Mumbai – 400083 Email: Fgcare@futuregenerali.in	
		<ul style="list-style-type: none"> For Detailed Guidelines on migration and portability, kindly refer the link https://general.futuregenerali.in/general-insurance/pdf/Guide to Portability and Migration 25-Mar2020.pdf 	
		<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 7.2.1
		<ul style="list-style-type: none"> 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.. 	Section 7.1.16
13	Your Obligations	Please disclose all Pre-Existing Disease/s, or condition/s before buying a policy. Non-disclosure may affect claim settlement.	Section 7.1.1

14	Premium Illustration in respect of policies offered on individual and family floater basis.										
	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 (in ₹)	Sum insured (in ₹)	Premium (in ₹)	Discount, if any	Premium after discount (in ₹)	Sum insured (in ₹)	Premium or consolidated premium for all members of family (in ₹)	Floater discount if any	Premium after discount (in ₹)	Sum insured (in ₹)
	50 years	23,848	500,000	23,848	2385	21,463	500,000	23,848	9539	14,309	500,000
	42 years	20,235	500,000	20,235	2024	18,212	500,000	20,235	8094	12,141	
	17 years	8,436	500,000	8,436	844	7,592	500,000	8,436	5062	3,374	
	20 years	10,891	500,000	10,891	1089	9,802	500,000	10,891	5990	4,901	
	27 years	17,005	500,000	17,005	1701	15,305	500,000	17,005	8503	8,503	
	27 years	17,005	500,000	17,005	1701	15,305	500,000	17,005	8503	8,503	
	32 years	17,836	500,000	17,836	1784	16,052	500,000	17,836	8026	9,810	
	35 years	18,321	500,000	18,321	1832	16,489	500,000	18,321	8244	10,077	
	36 years	18,476	500,000	18,476	1848	16,628	500,000	18,476	8314	10,162	
	40 years	18,639	500,000	18,639	1864	16,775	500,000	18,639	8388	10,251	
	52 years	26,115	500,000	26,115	2612	23,504	500,000	26,115	10446	15,669	
	57 years	31,738	500,000	31,738	3174	28,564	500,000	31,738	11108	20,630	
	65 years	45,339	500,000	45,339	4534	40,805	500,000	45,339	15869	29,470	
	65 years	45,339	500,000	45,339	4534	40,805	500,000	45,339	15869	29,470	
	70 years	56,677	500,000	56,677	5668	51,009	500,000	56,677	0	56,677	

Total Premium for all members of the family is ₹3,75,900/-, when each member is covered separately.	Total Premium for all members of the family is ₹3,38,310/-, when they are covered under a single policy.	Total Premium when policy is opted on floater basis is ₹2,43,946/-
Sum insured available for each individual is ₹500000	Sum insured available for each family member is ₹500000	Sum insured of ₹500000 is available for the entire family.

Note:

- i. This is just an illustration of premium calculation.
- ii. Premiums may vary with respect to Plan and Sum Insured opted by the insured.
- iii. Premium rates specified in the above illustration are the standard premium rates for Female Insured without considering any loading and/or discounts like – Online (Website) Sales discount etc.
- iv. In case premium is paid on instalment basis, the loading will be applicable accordingly.
- v. 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.**