

**HIV & DISABILITY SURAKSHA, FUTURE GENERALI INDIA INSURANCE
COMPANY LIMITED.
CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY**

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

| SI No | Title | Description | Policy Clause Number |
|-------|---|---|----------------------|
| 1 | Name of Insurance Product /Policy | HIV & Disability Suraksha, Future Generali India Insurance Company Limited. | 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- ₹4 Lacs, ₹5 Lacs | Not Applicable |
| 5 | Policy Coverage (What the policy covers?) | <p>Expenses in respect of:</p> <p>Inpatient Care- Admission in a hospital for a minimum period of 24 inpatient Care consecutive hours</p> <p>Day Care Treatment Expenses- Specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours</p> <p>Cataract Treatment subject to a limit Rs.40000/-, per each eye in one policy year.</p> <p>Modern Treatment up to 50% of Sum Insured.</p> <p>AYUSH Treatment expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha, and Homeopathy systems medicines during each Policy Year up to Sum Insured</p> <p>Pre-Hospitalisation Medical Expenses for a fixed period 30 days prior to the date of admissible Hospitalization,</p> <p>Post-Hospitalization Medical Expenses for a fixed period 60 days from the date of discharge from the Hospital</p> <p>Emergency Ground Ambulance subject to a maximum of Rs. 2000/- per hospitalization.</p> | Section 4 |
| 6 | Exclusions (What the policy does not cover) | <p>Standard Exclusions</p> <ul style="list-style-type: none"> • Investigation & Evaluation • Rest Cure, rehabilitation and respite care • Obesity/ Weight Control | Section 8 |

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| | | <ul style="list-style-type: none"> • 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 spas, 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. • Dietary supplements and substances which are available naturally and that can be purchased without prescription. • Refractive Error • Unproven Treatments • Sterility and Infertility • Maternity Expenses | |
| | | <p>Specific Exclusions</p> <ul style="list-style-type: none"> • Any medical treatment taken outside India. • Hospitalization for donation of any body organs by an Insured including complications arising from the donation of organs. • Nuclear damage caused by, contributed to, by or arising from ionizing radiation or contamination by radioactivity. • War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority. • Injury or Disease caused by or contributed to by nuclear weapons/ materials. • Circumcision, unless necessary for treatment of a disease, illness or injury not excluded hereunder, or as may be necessitated due to an Accident. • Treatment with alternative medicines or Treatment, experimental or any other treatment such as acupuncture, acupressure, magnetic, osteopath, naturopathy, chiropractic, reflexology and aromatherapy • Suicide, Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) and any violation of law or participation in an event / activity that is against law with a criminal intent. | Section C.3 |

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| | | <ul style="list-style-type: none"> • Vaccination/ inoculation except as post bite treatment for animal bite • . Convalescences, general debility, “Run Down” condition, rest cure, congenital external illness/disease/ defect. • Outpatient diagnostic, medical and Surgical Procedures or treatments, non-prescribed drugs and medical supplies, hormone replacement therapy and expenses related to domiciliary hospitalization shall not be covered. • Dental Treatment or Surgery of any kind unless requiring Hospitalization as a result of any illness or accidental bodily Injury. • Venereal /Sexually Transmitted disease other than HIV/AIDS • Stem Cell storage. • Any kind of service charge, surcharge levied by the hospital. • Personal comfort and convenience items or services such as television, telephone, barber or guest service and similar incidental services and supplies. • Non –Payable items: The expenses that are not covered in this policy are placed under List-I of Annexure II • Any medical procedure or treatment, which is not medically necessary or not performed by a Medical Practitioner. | |
| 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 the policy coverage | <ul style="list-style-type: none"> • Initial waiting period: 30 days for all illnesses (not applicable in case of continuous renewal or accidents) | Section 7.2 |
| | | <ul style="list-style-type: none"> • Specific waiting periods: (Not applicable for claims arising due to an accident) <ul style="list-style-type: none"> (a) 24 months waiting period for Benign ENT disorders, Tonsillectomy, Adenoidectomy, Mastoidectomy, Tympanoplasty, Hysterectomy, All internal and external benign tumours, 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 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. | Section 7.3 |
| | | <ul style="list-style-type: none"> • Pre-existing diseases: covered after 24 months for pre-existing disability for all pre-existing conditions other than HIV/ AIDS and Disability. | Section 7.1 |
| 8 | Financial Limits of Coverage | The Policy will pay only up to the Sub limits specified hereunder for the following diseases/procedures. In case of claim, this policy | Section 4 |

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| | <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>require you to share the following costs: Expenses exceeding the following Sub-limits.</p> <table border="1" data-bbox="418 302 1360 674"> <tr> <td>Room Rent</td> <td>Up to maximum of 1% of SI, per day</td> </tr> <tr> <td>ICU charges</td> <td>Up to maximum of 2 % of SI per day</td> </tr> <tr> <td>Cataract</td> <td>up to Rs. 40,000/- per each eye in or policy year</td> </tr> <tr> <td>Modern treatment methods and Advancements in technology</td> <td>Up to 50% of the Sum Insured.</td> </tr> <tr> <td>Emergency Ground Ambulance</td> <td>maximum of Rs.2000/- per hospitalization</td> </tr> </table> | Room Rent | Up to maximum of 1% of SI, per day | ICU charges | Up to maximum of 2 % of SI per day | Cataract | up to Rs. 40,000/- per each eye in or policy year | Modern treatment methods and Advancements in technology | Up to 50% of the Sum Insured. | Emergency Ground Ambulance | maximum of Rs.2000/- per hospitalization | |
| Room Rent | Up to maximum of 1% of SI, per day | | | | | | | | | | | | |
| ICU charges | Up to maximum of 2 % of SI per day | | | | | | | | | | | | |
| Cataract | up to Rs. 40,000/- per each eye in or policy year | | | | | | | | | | | | |
| Modern treatment methods and Advancements in technology | Up to 50% of the Sum Insured. | | | | | | | | | | | | |
| Emergency Ground Ambulance | maximum of Rs.2000/- per hospitalization | | | | | | | | | | | | |
| | <p>ii. Co-payment – (It is a specified amount /percentage of the admissible claim amount to be paid by policy holder/ Insured)</p> | <p>Co-payment – 20 % Co-payment applicable to Each and every claim. This copayment can be waived of by paying an additional premium (optional).</p> | <p>Section 10.5</p> | | | | | | | | | | |
| | <p>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)</p> | <p>Not Applicable</p> | | | | | | | | | | | |

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| | amount (if claim amount is more than the specified amount) | | |
| | iv. Any other limit (as 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. 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 10 |
| 10 | Policy Servicing | <p>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 1016 Timing: 24*7</p> <p>b) Details of company officials Policy Servicing Office: Refer the Policy Schedule</p> | |

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| | | <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@futuregeneralii.in For Detailed Guidelines on migration and portability, kindly refer the link https://general.futuregeneralii.in/general-insurance/pdf/Guide to Portability and Migration 25-Mar2020.pdf | Section 9.1.1.8 & 9 |
| | | <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, the waiting period if any shall start afresh only for the enhanced portion of the sum insured. | Section 9.2 l. a |
| | | <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 9.1.1.12 |
| 13 | Your Obligations | Please disclose all Pre-Existing Disease/s, or condition/s before buying a policy. Non-disclosure may affect claim settlement. | Section 9.1.1 |
| 14 | Premium Illustration | | |
| | Premium Illustration in respect of policies offered on individual basis for Category 1. | | |
| | Age of the members | Coverage opted on individual basis covering each member of | Coverage opted on an individual basis covering multiple members of the family under a single policy. (Sum Insured is available for each member of the |
| | | | Coverage opted on family floater basis with overall Sum Insured (Only one Sum Insured is available for the entire family) |

| ins ure d (In Ye ars) | the family separately (at a single point in time) | | family) | | | | | | | |
|---|--|--|--|--|---|--|--|---|---|-------------------------------------|
| | Premi um (Rs.) | Sum Insur ed in Lakh s (Rs.) | Pre miu m (Rs.) | Famil y Disco unt (if any) | Premi um after disco unt (Rs.) | Sum Insur ed in Lakh s (Rs.) | Premium or consolidated premium for all family members of the family (Rs.) | Floate r disco unt (if any) | Premiu m after discou nt (Rs.) | Sum Insured in Lakhs (Rs.) |
| 25 | 46,79 2 | 500,0 00 | Not Applicable as the Sum Insured under this product is only on Individual Basis | | | | Not Applicable as the Sum Insured under this product is only on Individual Basis | | | |
| Total premium for member is Rs. 46,792 excl. GST. Sum Insured available for each individual is Rs. 5 Lakhs. | | | Not Applicable as the Sum Insured under this product is only on Individual Basis | | | | Not Applicable as the Sum Insured under this product is only on Individual Basis | | | |

Premium Illustration in respect of policies offered on individual basis for Category 3.

| Age of the me mbe rs insu red (in Yea rs) | Coverage opted on individual basis covering each member of the family separately (at a single point in time) | Coverage opted on an 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) | | | | |
|---|---|--|------------------------------|--|---|--|---|--|---|--|
| | Premi um (Rs.) | Sum Insur ed in Lakh s (Rs.) | Pre miu m (Rs.) | Famil y Disco unt (if any) | Premi um after disco unt (Rs.) | Sum Insured in Lakhs (Rs.) | Premium or consolida ted premium for all family | Floate r disco unt (if any) | Premiu m after discoun t (Rs.) | Sum Insure d in Lakhs (Rs.) |
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|--|---|------------|-------------|--|--|--|--|--|--|--|--|
| | | | | | | | | members of the family (Rs.) | | | |
| | 25 | 99,3 16 | 500,0 00 | Not Applicable as the Sum Insured under this product is only on Individual Basis | | | | Not Applicable as the Sum Insured under this product is only on Individual Basis | | | |
| | Total premium for member is Rs. 99,316 excl. GST. Sum Insured available for each individual is Rs. 5 Lakhs. | | | Not Applicable as the Sum Insured under this product is only on Individual Basis | | | | Not Applicable as the Sum Insured under this product is only on Individual Basis | | | |

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.**