

SECURE PREMIUM CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY.

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

| ocum | ents. | | |
|------------|---|---|----------------------------|
| SI. No. | Title | Description | Policy Clause Number |
| 1 | Name of the Insurance Product /Policy | Secure Premium | Not Applicable |
| 2 | Policy Number | XXXXXXXX | Not Applicable |
| 3 | Type of Insurance Product/Policy | Indemnity (Base Product) | Not Applicable |
| 4 | Sum Insured (Basis) | Not Applicable | Not Applicable |
| 5 | Policy Coverage (What the policy covers?) | Secure Premium - This Rider, when opted for along with the Base Policy, will freeze the premium amount in the Base Policy, basis the age of the Insured Persons at the time of opting in for this Rider. Freezing of the premium amount, here, means that the premium amount paid for in the Base Policy shall remain constant and shall not be subject to change upon renewal of the Base Policy, until: a) A claim is made by You and accepted and settled by Us b) Change in Sum Insured c) Change in Plan | Section 4.1 |
| 6 | Exclusions (What the policy does not cover) | As per Base Policy | Not Applicable |
| 7 | Waiting period Time period during which specified | Initial waiting period: Not Applicable Specific waiting periods: Not Applicable Pre-existing diseases: Not Applicable | |
| | diseases/ treatments are not covered. It is counted from the beginning of the policy coverage | | |
| 8 | Financial Limits of Coverage i. Sub Limits- (It is a predefined limit, and the insurance company will not pay | Not Applicable | Not Applicable |

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| | | | 1 |
|----|---------------------------|--|------------|
| | any amount in excess | | |
| | of this limit) | | |
| | ii. Co-payment – (It is a | | |
| | specified amount | | |
| | /percentage of the | | |
| | admissible claim | | |
| | amount to be paid by | | |
| | 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) | | |
| | v. Any other limit (as | | |
| | applicable) | | |
| 9 | Claims/ Claims | Not Applicable | Not |
| | Procedure | | Applicable |
| | | | |
| 10 | Policy Servicing | a) Call Centre number of Insurer: | Not |
| | | Policy Servicing: 1800 220 233/1860 500 3333/ 022- | Applicable |
| | | 67837800 | |
| | | Timing: 7 am to 10 pm | |
| | | Claims Servicing:1800 103 8889/1800 209 1016 | |
| | | Timing: 24*7 | |
| | | 7 ming. 2 1 7 | |
| | | b) Details of company officials | |
| | | | |
| | | Policy Servicing Office: < <as appearing="" on="" policy="" schedule="" the="">></as> | |
| 11 | Criovanas/Camplaints | Details of | Not |
| 11 | Grievance/ Complaints | | Not |
| | | - Grievance Redressal Officer of the Insurer: | Applicable |
| | | https://general.futuregenerali.in/customer- | |
| | | | |
| | | | |
| | | ' | |
| | | | |
| | | Email: <u>Fgcare@futuregenerali.in</u> | |
| | | Website: <u>www.futuregenerali.in</u> | |
| | | | |
| | | - Ombudsman: The guidelines of taking up a compliant in | |
| | | ombudsman and the addresses of ombudsman are | |
| | | service/grievance-redressal Insurance Company grievance portal / Department: Helplines: 1800-220-233/ 1860-500-3333/ (022) 67837800 Email: Fgcare@futuregenerali.in Website: www.futuregenerali.in | |

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| | | available http://www.policyholder.gov.in/Ombudsman.aspx | on <u>:</u> | |
|----|--------------------|---|-------------|-------------------|
| 12 | Things to remember | Free Look Cancellation | | Not |
| | | Policy Renewal | | Applicable |
| | | Migration & Portability | | |
| | | Change in Sum Insured | | |
| | | Moratorium Period | | |
| 13 | Your Obligations | Not Applicable | | Not Applicable |
| | | | | <u> </u> |

14 | Premium Illustration

| Age of the members insured | separately | basis each of the family | 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) | | | | |
|---|--------------------|--------------------------------|---|-------------------------|--|---|---|---------------------------------|--|--------------------------|
| | Premiu m (in ₹) | Sum insured (in ₹) | Premiu m (in ₹) | Discoun t, if any | Premiu m after discoun t (in ₹) | Sum insured (in ₹) | Premium or consolidate d premium for all members of family (in ₹) | Floater discoun t, if any | Premiu m after discoun t (in ₹) | Sum insured (in ₹) |
| 50 years | 11,311 | 500,000 | 11,307 | NA | 11,307 | 500,000 | 11,307 | 0 | 11,307 | 500,000 |
| 42 years | 8,772 | 500,000 | 8,768 | NA | 8,768 | 500,000 | 8,768 | 3507 | 5,261 | |
| 17 years | 4,713 | 500,000 | 4,666 | NA | 4,666 | 500,000 | 4,666 | 2799 | 1,866 | |
| 20 years | 6,340 | 500,000 | 6,277 | NA | 6,277 | 500,000 | 6,277 | 3452 | 2,825 | |
| 27 years | 6,954 | 500,000 | 6,884 | NA | 6,884 | 500,000 | 6,884 | 3442 | 3,442 | |
| Total Premium for all members of the family is ₹38,089/-, when each member is covered separately. | | | Total Premium for all members of the family is ₹38,089/-, when they are covered under a single policy. | | | Total Premium when policy is opted on floater basis is ₹24,789/- | | | | |
| Sum insured available for each individual is ₹500000 | | | Sum insure member is | ed available ₹500000 | for each fam | illy | Sum insured of ₹500000 is available for the entire family. | | | r the entire |

Note:

- i. This is just an illustration of premium calculation.
- ii. Premiums may vary with respect to Base policy Plan and Sum Insured opted by the insured.
- iii. Premium rates specified in the above illustration are the standard premium rates of Health Vital with Secure Premium for 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:

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| 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.

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