

**SUKSHMA HOSPI-CASH (MICRO-INSURANCE PRODUCT)  
CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY**

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

Sl. No	Title	Description	Policy Clause Number
1	Name of Insurance Product /Policy	Sukshma Hospi-Cash (Micro-Insurance Product)	Not Applicable
2	Policy Number	Not Applicable	Not Applicable
3	Type of Insurance Product/ Policy	Benefit	Not Applicable
4	Sum Insured (Basis)	<ul style="list-style-type: none"> <li>• <b>Plans:</b> A, B, C, D, E, F, G, H, I, J</li> <li>• <b>Sum Insured Options:</b> ₹100/day, ₹200/day, ₹300/day, ₹400/day, ₹500/day, ₹600/day, ₹700/day, ₹800/day, ₹900/day, ₹1000/day</li> </ul>	Not Applicable
5	Policy Coverage (What the policy covers?)	<b>Expenses in respect of:</b>	
		Hospital Cash benefit for each continuous and completed period of 24 hours for a maximum of 5 days/ 10 days/ 15 days/ 20 days/ 25 days as per the schedule.	Section B. I
		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.	Section B. II
		<b>Optional Benefits:</b>	
		Deductible – Discount will be available if any of the deductible type is opted by the group	Section B.III.a
		Convalescence Benefit – A fixed amount towards convalescence for Hospitalization more than 10 consecutive days will be payable only once per Hospitalization event	Section B.III.b
		Maternity Benefit Expense Cover, with and without 9 months waiting period– This benefit covers treatment taken in Hospital arising from or traceable to pregnancy, child birth including normal/ caesarean section.	Section B.III.c
Pre-Existing Disease Cover – Cover any condition, ailment or Injury or related condition(s) for which Insured have been diagnosed, received medical treatment, had signs and/or symptoms, prior to inception of first Policy	Section B.III.d		

		<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)	<p><b>Standard Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Investigation &amp; Evaluation</li> <li>• Cosmetic or Plastic Surgery</li> <li>• Change-of-Gender treatments</li> <li>• Hazardous or Adventure sports</li> <li>• Breach of law</li> <li>• Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.</li> <li>• Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons.</li> <li>• Refractive Error</li> <li>• Unproven Treatments</li> <li>• Birth Control, Sterility and Infertility</li> <li>• Maternity</li> </ul> <p><b>Specific Exclusions</b></p> <ul style="list-style-type: none"> <li>• 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).</li> <li>• Circumcision, unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an Accident.</li> <li>• Vaccination (unless post bite) inoculation.</li> <li>• Dental Treatment or Surgery of any kind unless requiring Hospitalisation as a result of Injury.</li> <li>• The treatment of obesity (including morbid obesity) and other weight control programs, services and supplies.</li> <li>• Hospitalisation for General debility, “Run-down” condition or rest cure, sexually transmitted disease other than HIV/ AIDS, intentional self-Injury.</li> <li>• Hospitalisation arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus type III (HTLB-III) or Lymphadenopathy Associated Virus (LAV) and its variants or mutants.</li> <li>• Congenital external Illness/disease/defect anomaly.</li> <li>• Injury or Disease directly or indirectly caused by or</li> </ul>	Section C.II

		<p>contributed to by nuclear weapons/materials.</p> <ul style="list-style-type: none"> <li>• Stem cell implantation/ surgery/ storage.</li> <li>• Any treatment received in convalescent home, health hydro, nature care clinic or similar establishments.</li> <li>• Hormone replacement therapy</li> <li>• Any treatment including Surgery to remove organs from the donor in case of a transplant surgery.</li> <li>• Any Hospitalization received out of India.</li> </ul>	
7	<p>Waiting Period</p> <ul style="list-style-type: none"> <li>• Time period during which specified diseases/ treatments are not covered.</li> <li>• It is counted from the beginning of the policy coverage</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Initial waiting period:</b> 30 days for all illnesses (not applicable on renewal or for accidents)</li> <li>• <b>Specific waiting periods:</b> <ol style="list-style-type: none"> <li>a) 12 months for any types of gastric or duodenal ulcers, stones in the urinary and biliary systems, Surgery on ears/ tonsils/ adenoids.</li> <li>b) 24 months for cataracts, benign prostatic hypertrophy, hernia of all types, hydrocele, all types of sinuses, fistulae, hemorrhoids, fissure in ano, dysfunctional uterine 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.</li> <li>c) 36 months for joint replacement Surgery due to degenerative condition, Age related osteoarthritis and Osteoporosis unless such joint replacement Surgery is necessitated by accidental Bodily Injury.</li> </ol> </li> <li>• <b>Pre-existing diseases:</b> Covered after 36 months</li> </ul>	<p>Section C. I.5</p> <p>Section C. I.2, 3,4.</p> <p>Section C. I.1</p>
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>	Not Applicable	Not Applicable

	ii. Co-payment – (It is a specified amount /percentage of the admissible claim amount to be paid by policy holder/ Insured)	Not Applicable	Not Applicable
	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))	Deductible, if opted, of 1/ 2/ 3 day(s) shall be deducted in respect of each and every Claim made under this Policy	Section E – Schedule of Benefits
	iv. 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- <a href="https://general.futuregenerali.in/hospital-locator">https://general.futuregenerali.in/hospital-locator</a></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. - <a href="https://general.futuregenerali.in/hospital-locator">https://general.futuregenerali.in/hospital-locator</a></p> <p>Downloading/getting claim form - <a href="https://general.futuregenerali.in/customer-service/downloads">https://general.futuregenerali.in/customer-service/downloads</a></p>	Section D. 2. 14

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>	Not Applicable
11	Grievances /Complaints	<p>Details of  -Grievance Redressal Officer of the Insurer:  <a href="https://general.futuregenerali.in/customer-service/grievance-redressal">https://general.futuregenerali.in/customer-service/grievance-redressal</a></p> <p>-Insurance Company grievance portal / Department:</p> <ul style="list-style-type: none"> <li>• Helplines: 1800-220-233/ 1860-500-3333/ (022) 67837800</li> <li>• Email: <a href="mailto:Fgcare@futuregenerali.in">Fgcare@futuregenerali.in</a></li> <li>• Website: <a href="http://www.futuregenerali.in">www.futuregenerali.in</a></li> </ul> <p>-Ombudsman: The guidelines of taking up a complaint in ombudsman and the addresses of ombudsman are available on:  <a href="http://www.policyholder.gov.in/Ombudsman.aspx">http://www.policyholder.gov.in/Ombudsman.aspx</a></p>	Section D.1.10

12	Things to remember	<ul style="list-style-type: none"> <li>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"> <li>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</li> <li>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</li> <li>Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.</li> </ol> </li> </ul>	Section D.1.3
		<ul style="list-style-type: none"> <li>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.</li> </ul>	Section D.2.16
		<ul style="list-style-type: none"> <li>Migration &amp; 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 &amp; Registered Office 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai – 400083 Email: <a href="mailto:Fgcare@futuregeneralii.in">Fgcare@futuregeneralii.in</a>  For Detailed Guidelines on migration and portability kindly refer the link <a href="https://general.futuregeneralii.in/general-">https://general.futuregeneralii.in/general-</a></li> </ul>	Section D.1.4

		<a href="#">insurance/pdf/Guide_to_Portability_and_Migration_25-Mar2020.pdf</a>									
		<ul style="list-style-type: none"> <li>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.</li> </ul>					Not Applicable				
		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 D.1.7				
13	Your Obligations	Please disclose all Pre-Existing Disease/s, or condition/s before buying a policy. Non-disclosure may affect claim settlement.  Disclosure of other material information during the policy period.									
14	<b>Premium illustrations</b> Premium illustration in respect of policies offered on individual and family floater basis. Plan E, Rs.500/day for 10 days.										
	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.)
	45 years	288	Daily Hospital cash of Rs 500/ day for 10 days	288	NA	288	Daily Hospital cash of Rs 500/ day for 10 days	288		288	Daily Hospital cash of Rs 500/ day for 10 days

37 years	204	Daily Hospital cash of Rs 500/ day for 10 days	204	NA	204	Daily Hospital cash of Rs 500/ day for 10 days	204	13	191
12 years	204	Daily Hospital cash of Rs 500/ day for 10 days	204	NA	204	Daily Hospital cash of Rs 500/ day for 10 days	204	15	189
10 years	204	Daily Hospital cash of Rs 500/ day for 10 days	204	NA	204	Daily Hospital cash of Rs 500/ day for 10 days	204	17	187
8 years	204	Daily Hospital cash of Rs 500/ day for 10 days	204	NA	204	Daily Hospital cash of Rs 500/ day for 10 days	204	19	185
Total Premium for all members of the family is Rs. 1,104/-, when each member is covered separately.  Sum insured available for each individual is Daily Hospital cash of Rs 500/day for 10 days			Total Premium for all members of the family is Rs. 1,104/-, when they are covered under a single policy.  Sum insured available for each family member is Daily Hospital cash of Rs 500/day for 10 days.			Total Premium when policy is opted on floater basis is Rs. 1,040/-.  Sum insured available for the entire family is Daily Hospital cash of Rs 500/day for 10 days.			

**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.**