

**A. SALIENT FEATURES OF THE POLICY**

1. You can claim for each day of hospitalisation as per your plan.
2. ICU benefit available for maximum period of 10 days for each hospitalisation and maximum 20 days during the policy period.
3. Per day benefit will be 2 times when hospitalized in an ICU.
4. The product is offered from 6 months to 65 years and renewable lifelong.
5. Children above age of 6 months are eligible if the parent(s) are concurrently insured with Future Generali

<b>Policy Term</b>	1 year
<b>Min Age at entry</b>	6 months
<b>Max Age at entry</b>	65 years
<b>Renewal</b>	Lifelong
<b>Policy Coverage Options</b>	a. Individual basis b. Family Floater basis, covering Self, Spouse, and up to a maximum of three dependent children (up to 25 yrs)

6. No increase/decrease in Plan is allowed during the currency of the policy
7. Change in plan can be allowed at the time of renewal
8. The hospitalization benefit would be uniform for all the members covered under Family Floater policy and/or Individual policy
9. Continuity would be offered from similar Hospital cash policy.
10. Premium paid is exempt under the section 80 D of Income Tax.
11. Portability can be offered as per the Portability guidelines from a similar Hospital Cash Policy.

**B. DEFINITIONS**

- 1 **Accident** is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- 2 **Alternative treatments** are forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context
- 3 **Condition Precedent** shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon
- 4 **Congenital Anomaly:** Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position
  - a. **Internal Congenital Anomaly**-Congenital anomaly which is not in the visible and accessible parts of the body.
  - b. **External Congenital Anomaly**- Congenital anomaly which is in the visible and accessible parts of the body
- 5 **Day care centre** means any institution established for day care treatment of illness and/ or injuries or a medical set-up within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:-
  - has qualified nursing staff under its employment
  - has qualified medical practitioner/s in charge
  - has a fully equipped operation theatre of its own where surgical procedures are carried out
  - maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel
- 6 **Day Care Treatment** refers to medical treatment, and/or surgical procedure which is:
  - i. undertaken under General or Local Anesthesia in a hospital/ day care centre in less than 24 hrs because of technological advancement, and
  - ii. which would have otherwise required a hospitalisation of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.
- 7 **Deductible** is a cost-sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/ hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the sum insured.

- 8 **Dental Treatment** is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and **Surgery** excluding any form of cosmetic surgery/implants
- 9 **Dependent child** refers to a child (natural or legally adopted), who is financially dependent on the primary insured or proposer and does not have his/ her independent sources of income
- 10 **Disclosure to information norm:** The **Policy** shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact
- 11 **Family** means and includes **You, Your Spouse & Your dependent child/ children** (up to a maximum of three children and up to the age of 25 years)
  - i. The maximum number of days of **Hospitalisation** as mentioned in the **Schedule** would float over all members of each Family under the **Policy**.
  - ii. In the event of more than one **Family** member being hospitalised at the same time, the number of days each member has been hospitalised would be added, and the maximum allowable for the whole **Family** would be restricted to the number of days as mentioned in the **Schedule** (maximum number of days would float over the **Family**) under the **Policy**
- 12 **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a **Policy** in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received
- 13 **Hospital** means any institution established for In-patient care and Day Care Treatment of Illness and/ or Injury and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act,2010 or under enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
  - has qualified nursing staff under its employment round the clock;
  - has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places;
  - has qualified medical practitioner(s) in charge round the clock;
  - has a fully equipped operation theatre of its own where surgical procedures are carried out
  - maintains daily records of patients and will make these accessible to the insurance company's authorized personnel
- 14 **Hospitalisation** means admission in a Hospital for a minimum period of 24 In-patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours
- 15 **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment
- 16 **Intensive care unit** means an identified section, ward or wing of a **Hospital** which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
- 17 **Inpatient care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
- 18 **Injury/Bodily Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

- 19 **Maternity expense** shall include
- medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalisation)
  - expenses towards lawful medical termination of pregnancy during the policy period.
- 20 **Medical Advice:** Any consultation or advice from a **Medical Practitioner** including the issue of any prescription or repeat prescription.
- 21 **Medical Practitioner** is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his licence. The registered practitioner should not be the insured or close **Family** members.
- 22 **Policy** means the complete documents consisting of the Proposal, **Policy** wording, **Schedule** and Endorsements and attachments, if any.
- 23 **Policy Period** means the period between the commencement date and the expiry date specified in the **Schedule** and includes both the commencement date as well as the expiry date.
- 24 **Portability** means transfer by an individual health insurance policyholder (including **Family** cover) of the credit gained for **Pre-existing** conditions and time-bound exclusions if he/she chooses to switch from one **Insurer** to another.
- 25 **Pre-existing Condition** means any condition, ailment or **Injury** or related condition(s) for which **You** had signs or symptoms, and / or were diagnosed, and / or received **Medical Advice** / treatment within 48 months to prior to the first **Policy** issued by the **Insurer**.
- 26 **Proposal** means the application (Proposal) form for insurance cover submitted to Us along with all information which has enabled Us in considering whether and on what terms to offer this insurance.
- 27 **Renewal** defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of **Grace Period** for treating the **Renewal** continuous for the purpose of all waiting periods.
- 28 **Schedule** means that portion of the Policy which sets out Your personal details, the type of insurance cover in force, the period and the sum insured. Any Annexure or Endorsement to the Schedule shall also be a part of the Schedule.
- 29 **Surgery** or **Surgical Procedure** means manual and/ or operative procedure(s) required for treatment of an **Illness** or **Injury**, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a **Hospital** or **Day care centre** by a medical practitioner.
- 30 **Unproven/Experimental treatment:** Treatment including drug experimental therapy which is not based on established medical practice in India.
- 31 **We, Our, Us, Insurer** means Future Generali India Insurance Company Limited.
- 32 **You, Your, Yourself** means the Insured person shown in the **Schedule**.

### C. POLICY BENEFITS

In the event of Injury/ Bodily Injury or Illness first occurring or manifesting itself during the **Policy Period** and causing the Insured's Hospitalisation within the Policy Period, the Company will pay:

- The Hospital Cash benefit for each continuous and completed period of 24 hours of Hospitalisation necessitated solely by reason of the said Accidental Bodily Injury or Sickness, for a maximum of 5 days/ 10 days/ 15 days/ 20 days/ 25 days as per the schedule OR
- 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, during any period of Hospitalisation necessitated solely by reason of the said Accidental

Bodily Injury or illness. The benefit would be limited for a maximum period as mentioned in the table below:

Options	Daily Hospital Cash	Daily ICU Cash Benefit
5 days	Maximum up to 5 days	Maximum up to 5 days for each hospitalization and maximum up to 5 days during the policy period
10 days	Maximum up to 10 days	Maximum up to 5 days for each hospitalization and maximum up to 10 days during the policy period
15 days	Maximum up to 15 days	Maximum up to 10 days for each hospitalization and maximum up to 10 days during the policy period
20 days	Maximum up to 20 days	Maximum up to 10 days for each hospitalization and maximum up to 20 days during the policy period
25 days	Maximum up to 25 days	Maximum up to 10 days for each hospitalization and maximum up to 20 days during the policy period

a) In case of Sec I (Daily Hospital Cash) and II (Daily ICU Cash) the maximum benefits would however be restricted to **5 days/ 10 days/ 15 days/ 20 days/ 25 days** as per the plan opted for each **Hospitalisation** or all **Hospitalisations** during the **Policy** period, for both sections individually or put together.

b) In case the **Hospitalisation** exceeds the maximum stipulated under Sec I (Daily Hospital Cash) as per the selected plan while adjudicating any claim the benefits under ICU would have precedence over non ICU **Hospitalisation**.

c) In case the **Hospitalisation** in ICU exceeds the per **Hospitalisation** maximum limit of 5 days/ 10 days or the per **Policy** period limit of 5 days/ 10 days/ 20 days, the remaining period of **Hospitalisation** in ICU will be paid as per non ICU **Hospitalisation** benefits subject to the overall **Policy** maximum of **5 days/ 10 days/ 15 days/ 20 days/ 25 days**.

#### d) For Family Floater cover:

- The maximum number of days of **Hospitalisation** as mentioned in the **Schedule** would float over all members of each Family under the **Policy**
  - In the event of more than one **Family** member being hospitalised at the same time, the number of days each member has been hospitalised would be added, and the maximum allowable for the whole **Family** would be restricted to the number of days as mentioned in the **Schedule** (maximum number of days would float over the **Family**) under the **Policy**
- e) An insured event shall be deemed to be a continuous and completed period of 24 hours as mentioned below:
- continuous and completed period of minimum 12 hours of **Day Care Treatment**, or
  - continuous and completed period of minimum 24 hours of **Hospitalisation** (other than **Day Care Treatment**)

The hospitalization benefit should be uniform for all the members covered under Family Floater policy and/or Individual policy

### III. Optional Benefits

The Company hereby agrees, subject to the terms, exclusions and conditions herein contained or otherwise expressed hereon, to extend the below optional covers by charging additional premium

- Deductible** - Discount will be available if the deductible type 1 day/ 2 days/ 3 days is/are opted by the insured(s) under the Policy  
  
Number of days stated in the Schedule shall be deducted in respect of each and every Claim made under this Policy.
- Convalescence Benefit** - This is an optional cover which can be obtained on payment of additional premium for all the Insured Persons under the Policy. A fixed amount of Rs. 1000/ 1500/ 2000, as stated in the policy schedule will be payable only once per hospitalisation event, for hospitalisation of more than 10 days.
- Maternity Benefit Expense Cover** - This is an optional cover which can be obtained on payment of additional premium for all the Insured Persons under the Policy.

When Maternity Expenses Benefit is opted for in the policy, Exclusion D. 14 of the Policy stands deleted. Option for Maternity Benefits has to be exercised at the inception of the Policy Period and no refund is allowable in case of Insured's cancellation of this option during currency of the Policy

Maternity Benefit cover will be available to females within age band of 0-45 years only

Maternity Benefit loading will be applicable to the corresponding female member only, if opted.

A waiting period of 9 months is applicable for payment of any claim related to normal delivery, caesarean section and complications of maternity (including and not limited to medical complications). The waiting period stands waived if additional premium is paid for the same

1. Claim in respect of delivery for only first two children and/ or operations associated therewith will be considered in respect of any one Insured Person covered under the Policy or any renewal thereof. Those Insured Persons who are already having two or more living children will not be eligible for this benefit. In case the first delivery is a twin (more than 1 child) delivery, then the second delivery will not be covered.
  2. Pre-natal and post natal expenses including expenses for the new born baby are not covered.
- d) **Pre-existing Disease Cover** - This is an optional cover which can be obtained on payment of additional premium for all the Insured Persons under the Policy.

Pre-existing disease loading will be applicable to the corresponding family member only.

When Pre-Existing Disease Cover is opted for in the policy, Exclusion, Section D.1 of the Policy stands deleted

#### **D. EXCLUSIONS**

We will not pay for any expenses incurred by You in respect of claims arising out of or howsoever related to any of the following:

- 1 Benefits will not be available for Any condition, ailment or Injury or related condition(s) for which You have been diagnosed, received medical treatment, had signs and/or symptoms, prior to inception of Your first Policy, until 48 consecutive months have elapsed, after the date of inception of the first Policy with Us.

This Exclusion shall cease to apply if You have maintained the Policy with Us for a continuous period of a 48 months, without break from the date of Your first Sukshma Hospi-Cash Policy with Us.

The period of this exclusion would stand reduced if this Policy is a continuous Renewal of an earlier Hospital cash/ Daily allowance Policy of another Insurer and has been ported as per the portability regulations of the IRDAI. The period of exclusion would stand reduced by the period of continuous existence of the earlier Policy with another Insurer of which this Policy is a Renewal.

- 2 Without derogation from the above point no. (1), any Hospitalisation during the first consecutive 24 months during which You have the benefit of a Health Insurance Policy with Us in connection with 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 and Congenital internal **Illness/disease**.

This exclusion Period shall apply for a continuous Period of 48 months from the date of Your first Sukshma Hospi-Cash Policy with Us if the above referred Illness were present at the time of commencement of the Policy and if You had declared or were aware of such Illness at the time of proposing the Policy for the first time.

The period of this exclusion would stand reduced if this Policy is a continuous Renewal of an earlier Hospital cash/ Daily allowance Policy of another Insurer and has been ported as per the portability regulations of the IRDAI. The period of exclusion would stand reduced by the period of continuous existence of the earlier Policy with

another Insurer of which this Policy is a Renewal.

- 3 Without derogation from the above point No.(1), any Hospitalisation during the first 12 months during which You have the benefit of a Health Insurance Policy with Us in connection with any types of gastric or duodenal ulcers, stones in the urinary and biliary systems, Surgery on ears/ tonsils/ adenoids.

This exclusion period shall apply for a continuous period of 48 months from the date of Your first Sukshma Hospi-Cash Policy with Us if the above referred Illness were present at the time of commencement of the Policy and if You had declared or were aware of such Illness at the time of proposing the Policy for the first time.

The period of this exclusion would stand reduced if this Policy is a continuous Renewal of an earlier Hospital cash/ Daily allowance Policy of another Insurer and has been ported as per the portability regulations of the IRDAI. The period of exclusion would stand reduced by the period of continuous existence of the earlier Policy with another Insurer of which this Policy is a Renewal.

- 4 Hospitalisation during the first consecutive 36 months during which You have the benefit of the Policy with Us in connection with joint replacement Surgery due to degenerative condition, Age related osteoarthritis and Osteoporosis unless such joint replacement Surgery is necessitated by accidental Bodily Injury.

This exclusion period shall apply for a continuous period of 48 months from the date of Your first Sukshma Hospi-Cash Policy with Us if the above referred Illness were present at the time of commencement of the Policy and if You had declared or were aware of such Illness at the time of proposing the Policy for the first time.

The period of this exclusion would stand reduced if this Policy is a continuous Renewal of an earlier Hospital cash/Daily allowance Policy of another Insurer and has been ported as per the portability regulations of the IRDAI. The period of exclusion would stand reduced by the period of continuous existence of the earlier Policy with another Insurer of which this Policy is a Renewal.

- 5 Hospitalisation for any Illness diagnosed within 30 days, of the commencement of the Policy Period except those incurred as a result of accidental Bodily Injury.
- 6 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).
- 7 Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an Accident.
- 8 Vaccination (unless post bite) inoculation, cosmetic treatments (for change of life or cosmetic or aesthetic treatment of any description), plastic Surgery other than as may be necessitated due to an Accident or as a part of any Illness, refractive error corrective procedures, Unproven/ Experimental treatment, investigational or unproven procedures or treatments, devices and pharmacological regimens of any description.
- 9 Dental Treatment or Surgery of any kind unless requiring Hospitalisation as a result of Injury.
- 10 The treatment of obesity (including morbid obesity) and other weight control programs, services and supplies.
- 11 Hospitalisation towards treatment of Illness/ disease/ condition arising out of abuse of alcohol, substance or drugs.
- 12 Hospitalisation for General debility, "Run-down" condition or rest cure, sexually transmitted disease, intentional self-Injury.
- 13 Hospitalisation for In-vitro fertilization (IVF), Gamete intrafallopian transfer (GIFT) procedures, and zygote intra fallopian transfer (ZIFT) procedures, and any related prescription medication treatment; embryo transport; donor ovum and semen, voluntary medical termination of pregnancy; any treatment related to infertility and sterilization.
- 14 Maternity expense for Hospitalisation or treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of this, including caesarian section. However, this exclusion will not apply to abdominal operation for extra uterine

pregnancy (Ectopic Pregnancy).

- 15 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) or Human 5 Immunodeficiency Virus or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.
- 16 Congenital external Illness/ disease/ defect anomaly.
- 17 Hospitalisation primarily for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or Injury, for which confinement is required at a Hospital.
- 18 Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons/ materials.
- 19 Costs incurred on all methods of treatment including Alternative treatments other than Allopathy.
- 20 Stem cell implantation/ surgery/ storage.
- 21 Any Hospitalisation arising from Insured's participation in any hazardous activity including but not limited to scuba diving, motor racing, parachuting, hang gliding, and rock or mountain climbing.
- 22 Any treatment received in convalescent home, health hydro, nature care clinic or similar establishments.
- 23 Hormone replacement therapy, Sex change or treatment which results from or is in any way related to sex change.
- 24 Any treatment including Surgery to remove organs from the donor in case of a transplant surgery.
- 25 Hospitalisation for any mental Illness or psychiatric Illness.
- 26 Any Hospitalisation received out of India.

#### E. POLICY OPTIONS

Individual and/or Family floater basis

#### F. FAMILY DEFINITIONS

Family means Self, Spouse & up to a maximum of three dependent children (up to 25 yrs)

The minimum age for covering children is 6 months.

The maximum age for covering children as dependents is 25 yrs. Above 25 yrs can be covered as self-proposers.

If any Dependent Child has completed 25 years at the time of Renewal, then such Insured Person can be covered under a separate policy. The continuity benefits will be passed on to the separate policy taken by such Insured Person.

#### G. CLAIMS PROCEDURE

If You meet with any Injury or suffer an Illness/ sickness that may result in a claim, then as a condition precedent to Our liability, you must comply with the following:

- a) You or someone claiming on Your behalf must inform Us in writing immediately, and in any event within 48 hours of hospitalization. You must immediately consult a Medical Practitioner and follow the advice and treatment that he recommends.
- b) You must take reasonable steps or measure to minimise the quantum of any claim that may be made under this Policy.
- c) You shall expeditiously provide the Company with any and all information and documentation in respect of the Hospitalisation. The claim and/ Our liability hereunder that may be requested, and You shall submit Yourself for examination by the Company's medical advisors as often as may be considered necessary by Us. The cost of such medical examination will be borne by Us.
- d) You or someone claiming on Your behalf must promptly and in any event within 30 days of discharge from a Hospital give Us the documentation (written details of the quantum of any claim along with certified copies of discharge card, hospital bill and receipt) and

other information if We ask for to investigate the claim or Our obligation to make payment for it.

- e) In the event of the death of the insured person, nominee claiming on his/ her behalf must inform Us in writing immediately and send Us a copy of the post mortem report (if any) within 14 days.
- f) Mandatory documents required to process claim are
  - i. Completely filled Sukshma Hospi-Cash **Policy** Claim form (original)
  - ii. Discharge certificate/ card containing all the relevant details from **Hospital** (photocopy)
  - iii. Final **Hospital** bill with receipt (photocopy)
  - iv. All reports and prescriptions (photocopy)
  - v. First Prescription/ Consultation Letter from your Doctor
  - vi. Original Money Receipt duly signed with a Revenue Stamp
  - vii. Copy of Proposer/ Employee Photo ID Proof & Address Proof
- g) The periods for intimation or submission of any documents as stipulated under (d) and (e) will be waived in case of any hardships being faced by the insured or his representative which is supported by some documentation

- h) On receipt of claim documents as mentioned above or any other relevant document as required by the company from You, We shall assess the admissibility of claim as per Policy terms and conditions. Upon satisfactory completion of assessment and admission of claim, the Company will make the payment of benefit as per the contract. In case if the claim is repudiated, We will inform the claimant about the same in writing with reason for repudiation

#### H. SETTLEMENT OF CLAIMS

- i. Our doctors will scrutinize the claims and flag the claim as settled/ Rejected/ Pending within the period of 30 days of the receipt of the last 'necessary' documents.
- ii. Settled claims will be forwarded for payment
- iii. Pending claims will be asked for submission of incomplete documents.
- iv. Rejected claims will be informed to the Insured Person in writing with reason for rejection.
- v. In the cases of delay in the payment of a settled claim beyond the period of 30 days of the receipt of last Mandatory necessary document, We shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year

#### I. BASIS OF CLAIMS PAYMENT

- a) If You suffer a relapse within 45 days of the date when You last obtained medical treatment or consulted a Doctor and for which a claim has been made, then such relapse shall be deemed to be part of the same claim.
- b) If the claim event falls within two policy periods, the claims shall be paid taking into consideration the available sum insured in the two policy periods, including the deductibles for each policy period. Such eligible claim amount to be payable to the insured shall be reduced to the extent of premium to be received for the renewal/ due date of premium of health insurance policy, if not received earlier.
- c) We shall make payment in India in Indian Rupees only.
- d) The Company shall only make payment under this Policy to the Insured or in the event of death or total incapacitation of the Insured to the Proposer/ Nominee. Any payment made in good faith by the Company as aforesaid shall operate as a complete and final discharge of the Company's liability to make payment under this Policy for such claim.
- e) An insured event shall be deemed to be a continuous and completed period of 24 hours as mentioned below
  - a. continuous and completed period of minimum 12 hours of **Day Care Treatment, or**
  - b. continuous and completed period of minimum 24 hours of **Hospitalisation (other than Day Care Treatment).**
- f) Deductible will be applicable for each separate incident reported for claims payment, even though the claim may be registered under the same benefit more than once subject to the terms and conditions of the Policy
- g) **For Family Floater cover:**
  - The maximum number of days of **Hospitalisation** as mentioned in the **Schedule** would float over all members of each Family under the **Policy**

- In the event of more than one **Family** member being hospitalised at the same time, the number of days each member has been hospitalised would be added, and the maximum allowable for the whole **Family** would be restricted to the number of days as mentioned in the **Schedule** (maximum number of days would float over the **Family**) under the **Policy**.

#### J. FRAUD

If You or any of Your family member make or progress any claim knowing it to be false or fraudulent in any way, then this Policy will be void and all claims or payments due under it shall be lost and the premium paid shall become forfeited.

#### K. RENEWAL & CANCELLATION

- Your policy shall be renewable lifelong except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the insured.
- This Policy may be renewed every year and in such event, the renewal premium shall be paid to Us on or before the date of expiry of the Policy or of the subsequent renewal thereof.
- In case of Our own renewal a grace period of 30 days is permissible and the Policy will be considered as continuous for the purpose of two year waiting period/ three year waiting period/ four year waiting periods. Any Hospitalisation as a result of Accident/ disease contracted during the break period will not be admissible under the policy.
- We may cancel this insurance by giving You at least 15 days written notice, and if no claim has been made then We shall refund a pro-rata premium for the unexpired Policy Period.
- You may cancel this insurance by giving Us at least 15 days written notice, and if no claim has been made then We shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

Period on risk	Rate of premium refunded
Up to one month	75% of annual rate
Up to three months	50% of annual rate
Up to six months	25% of annual rate
Exceeding six months	Nil

- For Family floater policies, in the event of the death of any of the insured members, the cover ceases to exist for that insured and the remaining members would continue to have the coverage until the end of the policy period.
- The premiums as shown in the brochure/ prospectus are subject to revision as and when approved by the regulator. However such revised premiums would be applicable only from subsequent Renewals and with due notice whenever implemented.
- Any change in benefit or premium will be done with the approval of the Insurance Regulatory and Development Authority of India, IRDAI and will be intimated to You atleast 3 months in advance. In the likelihood of this policy being withdrawn in future, we will intimate you about the same 3 months prior to expiry of the policy. You will have the option to migrate to similar health insurance policy available with us at the time of renewal with all the accrued continuity benefits such as waiver of waiting period etc. provided the policy has been maintained without a break as per portability guidelines issued by IRDAI
- We will not apply any additional loading on your policy premium at renewal based on adverse claim experience
- The premium rates or loadings for the product would not be changed without approval from Authority

#### L. FREE LOOK PERIOD

- The insured will be allowed a period of at least 15 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable
- If the insured has not made any claim during the free look period, the insured shall be entitled to
  - A refund of the premium paid less any expenses incurred by the insurer on medical examination of the insured persons and the stamp duty charges or;
  - Where the risk has already commenced and the option of return of the policy is exercised by the policyholder, a deduction towards the proportionate risk premium for period on cover or;
  - Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

#### M. PORTABILITY

- Portability will be granted to policy holders as per portability guidelines of the IRDAI.
- We will not be liable to offer portability if policyholder fails to approach us at least 45 days before the premium renewal date.
- Where the outcome of acceptance of portability is still awaited from us on the date of renewal the existing policyholder should extend his existing policy with the existing insurer on a short period basis as per the portability guidelines.
- Portability will be allowed for all individual Hospital Cash policies (Daily Benefit policies) issued by non-life insurance companies and/ or standalone health insurance companies including family floater policies.
- Individual members, including the **Family** members covered under Sukshma Hospi-Cash (Group) policy of Future Generali India Insurance Company shall have the right to migrate from such a group **Policy** to an individual Future Hospi Cash **Policy** or a **Family Floater Policy** with Us.

#### N. JURISDICTION

Each party agrees that the Indian courts shall have exclusive jurisdiction to settle any dispute which may arise out of or in connection with this Policy.

#### O. COMPLIANCE WITH POLICY PROVISIONS

Failure by You or the Insured Person to comply with any of the provisions in this Policy may invalidate all claims hereunder.

#### P. TERRITORIAL LIMITS AND LAW

- We cover Hospital Cash benefit due to Accidental Bodily injury or Sickness sustained by the Insured Person during the Policy Period anywhere in India only.
- The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian Law.
- The Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by Us, which approval shall be evidenced by an endorsement on the Schedule.

#### Q. Entire Contract

The Policy and the proposal form constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by Us, which approval shall be evidenced by an endorsement on the Schedule.

#### R. MANDATORY DISCLOSURES

- Renewals will not be refused or cancellation will not be invoked by Us except on ground of fraud, moral hazard or misrepresentation. If you prefer to cancel the policy the cancellation will be on short period basis.
- Detailed exclusions are given in the Prospectus.

#### S. PREMIUMS

As per Annexure.

#### T. CLAIMS ADMINISTRATION

In case of any claims please contact  
 Claims Department  
 Future Generali Health (FGH)  
 Future Generali India Insurance Co. Ltd.  
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 Toll Free Number: 1800 103 8889  
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**This prospectus shall form part of your proposal form, hence please sign as you have noted the contents of this prospectus**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Place:** \_\_\_\_\_

**U. SCHEDULE OF BENEFITS**

Plans A, B, C, D, E, F G, H, I, J can be offered for different options 5 days/ 10 days/ 15 days/ 20 days/ 25 days

<b>Option – 5 Days</b>											
Sno	Benefits	Plans									
		A	B	C	D	E	F	G	H	I	J
1	Daily Hospital Cash (in INR), maximum up to 5 days	100	200	300	400	500	600	700	800	900	1000
2	Daily ICU Cash (in INR), subject to maximum up to 5 days for each hospitalization and maximum up to 5 days during the policy period	200	400	600	800	1000	1200	1400	1600	1800	2000
<b>Optional Benefits</b>											
3	Deductible	1 day/ 2 days/ 3 days as opted									
4	Maternity Benefit Expenses Cover	with 9 months waiting period					Optional				
		without 9 months waiting period					Optional				
5	Pre-Existing Disease Cover	Optional									

<b>Option – 10 Days</b>											
Sno	Benefits	Plans									
		A	B	C	D	E	F	G	H	I	J
1	Daily Hospital Cash (in INR), maximum up to 10 days	100	200	300	400	500	600	700	800	900	1000
2	Daily ICU Cash (in INR), subject to maximum up to 10 days for each hospitalization and maximum up to 10 days during the policy period	200	400	600	800	1000	1200	1400	1600	1800	2000
<b>Optional Benefits</b>											
3	Deductible	1 day/ 2 days/ 3 days as opted									
4	Maternity Benefit Expenses Cover	with 9 months waiting period					Optional				
		without 9 months waiting period					Optional				
5	Pre-Existing Disease Cover	Optional									

<b>Option – 15 Days</b>											
Sno	Benefits	Plans									
		A	B	C	D	E	F	G	H	I	J
1	Daily Hospital Cash (in INR), maximum up to 15 days	100	200	300	400	500	600	700	800	900	1000
2	Daily ICU Cash (in INR), subject to maximum up to 10 days for each hospitalization and maximum up to 10 days during the policy period	200	400	600	800	1000	1200	1400	1600	1800	2000
<b>Optional Benefits</b>											
3	Deductible	1 day/ 2 days/ 3 days as opted									
4	Convalescence Benefit, Fixed amount (in INR) beyond 10 consecutive days will be payable once per Hospitalisation event	1000	1000	1000	1000	1500	1500	1500	2000	2000	2000
5	Maternity Benefit Expenses Cover	with 9 months waiting period					Optional				
		without 9 months waiting period					Optional				
6	Pre-Existing Disease Cover	Optional									

<b>Option – 20days</b>											
Sno	Benefits	Plans									
		A	B	C	D	E	F	G	H	I	J
1	Daily Hospital Cash (in INR), maximum up to 20 days	100	200	300	400	500	600	700	800	900	1000
2	Daily ICU Cash (in INR), subject to maximum up to 10 days for each hospitalization and maximum up to 20 days during the policy period	200	400	600	800	1000	1200	1400	1600	1800	2000
<b>Optional Benefits</b>											
3	Deductible	1 day/ 2 days/ 3 days as opted									
4	Convalescence Benefit, Fixed amount (in INR) beyond 10 consecutive days will be payable once per Hospitalisation event	1000	1000	1000	1000	1500	1500	1500	2000	2000	2000
5	Maternity Benefit Expenses Cover	with 9 months waiting period					Optional				
		without 9 months waiting period					Optional				
6	Pre-Existing Disease Cover	Optional									

<b>Option – 25 days</b>											
Sno	Benefits	Plans									
		A	B	C	D	E	F	G	H	I	J
1	Daily Hospital Cash (in INR), maximum up to 25 days	100	200	300	400	500	600	700	800	900	1000
2	Daily ICU Cash (in INR), subject to maximum up to 10 days for each hospitalization and maximum up to 20 days during the policy period	200	400	600	800	1000	1200	1400	1600	1800	2000
<b>Optional Benefits</b>											
3	Deductible	1 day/ 2 days/ 3 days as opted									
4	Convalescence Benefit, Fixed amount (in INR) beyond 10 consecutive days will be payable once per Hospitalisation event	1000	1000	1000	1000	1500	1500	1500	2000	2000	2000
5	Maternity Benefit Expenses Cover	with 9 months waiting period					Optional				
		without 9 months waiting period					Optional				
6	Pre-Existing Disease Cover	Optional									

- a) In case of Sec I (Daily Hospital Cash) and II (Daily ICU Cash) the maximum benefits would however be restricted to **5 days/ 10 days/ 15 days/ 20 days/ 25 days** as per the plan opted for each **Hospitalisation** or all **Hospitalisations** during the **Policy** period.
- b) In case the **Hospitalisation** exceeds the maximum stipulated under Sec I (Daily Hospital Cash) as per the selected plan while adjudicating any claim the benefits under ICU would have precedence over non ICU **Hospitalisation**.
- c) In case the **Hospitalisation** in ICU exceeds the per **Hospitalisation** maximum limit of 5 days/ 10 days or the per **Policy** period limit of 5 days/ 10 days/ 20 days (*as per the plan opted*), the remaining period of **Hospitalisation** in ICU will be paid as per non ICU **Hospitalisation** benefits subject to the overall **Policy** maximum of **5 days/ 10 days/ 15 days/ 20 days/ 25 days**
- d) **For Family Floater cover:**
- The maximum number of days of **Hospitalisation** as mentioned in the **Schedule** would float over all members of each Family under the **Policy**
  - In the event of more than one **Family** member being hospitalised at the same time, the number of days each member has been hospitalised would be added, and the maximum allowable for the whole **Family** would be restricted to the number of days as mentioned in the **Schedule** (maximum number of days would float over the **Family**) under the **Policy**

**ANNEXURE**

**1) Age Band wise Individual Premium Table exclusive of Goods & Service Tax**

5 days			10 days		
Per day Benefit	Upto 45 years (in Rs.)	Above 45 years (in Rs.)	Per day Benefit	Upto 45 years (in Rs.)	Above 45 years (in Rs.)
Rs 100/day	38	55	Rs 100/day	42	59
Rs 200/day	73	110	Rs 200/day	83	115
Rs 300/day	109	165	Rs 300/day	123	173
Rs 400/day	144	218	Rs 400/day	163	230
Rs 500/day	180	273	Rs 500/day	204	288
Rs 600/day	215	328	Rs 600/day	246	344
Rs 700/day	250	381	Rs 700/day	286	400
Rs 800/day	286	436	Rs 800/day	326	459
Rs 900/day	321	491	Rs 900/day	367	515
Rs 1000/day	359	546	Rs 1000/day	407	573

15 days			20 days		
Per day Benefit	Upto 45 years (in Rs.)	Above 45 years (in Rs.)	Per day Benefit	Upto 45 years (in Rs.)	Above 45 years (in Rs.)
Rs 100/day	46	63	Rs 100/day	50	67
Rs 200/day	91	125	Rs 200/day	99	133
Rs 300/day	136	186	Rs 300/day	147	199
Rs 400/day	181	249	Rs 400/day	196	263
Rs 500/day	226	310	Rs 500/day	244	330
Rs 600/day	270	371	Rs 600/day	292	396
Rs 700/day	315	433	Rs 700/day	341	460
Rs 800/day	360	496	Rs 800/day	391	526
Rs 900/day	405	557	Rs 900/day	439	592
Rs 1000/day	450	618	Rs 1000/day	488	657

25 days		
Per day Benefit	Upto 45 years (in Rs.)	Above 45 years (in Rs.)
Rs 100/day	54	70
Rs 200/day	105	139
Rs 300/day	159	209
Rs 400/day	210	278
Rs 500/day	262	347
Rs 600/day	315	417
Rs 700/day	367	486
Rs 800/day	418	555
Rs 900/day	471	625
Rs 1000/day	523	694

**2) Family Floater discount:**

For Family floater Policy, the number of the days of hospitalization, chosen as per the Plan will float over the members of the Floater policy

**Premium for the primary insured remains at actuals from the individual table**

**For remaining dependent members, discounts applicable as table below (on their respective individual premium)**

Plan Limit	Family Floater Discount			
	2nd member	3rd member	4th member	5th member
5 days	9.00%	12.50%	15.50%	18.25%
10 days	6.50%	7.50%	8.25%	9.25%
15 days	5.75%	6.00%	6.50%	6.75%
20 days	5.40%	5.60%	5.80%	6.00%
25 days	5.30%	5.40%	5.60%	5.70%

**Primary member/ Proposer will always be the member with highest age. For calculation of family floater premium, the discount is applied in the descending order of age of the persons covered in the family.**

**An illustration of calculation for Family Floater option:**

**Plan Limit: 15 days**

**Benefit Amount: Rs.300 per day**

**Family Floater: Self (Age: 49 years), Spouse (Age: 47 years), 1 Child (Age: 16 years)**

**Self-Premium: Rs.186**

**Spouse Premium: Rs.186 (Individual Premium)\*(5.75% discount) =Rs. (186-10.70) = Rs. 175.31**

**Child Premium: Rs.136 (Individual Premium)\*(6% discount) =Rs. (136-8.16) = Rs. 127.84**

**Total Premium=186+175.31+127.84= Rs. 489.15**

**3) Optional Covers:**

- a) **Maternity with 9 months waiting period applicable:** Loading of 30% on the premium as per the plan opted will be applied
- b) **Maternity without 9 months waiting period applicable:** Loading of 40% on the premium as per the plan opted  
Maternity Benefit loading will be applicable to the corresponding female member only, if opted.



- c) **Pre-existing disease cover:** Pre-existing disease loading of 20% on the premium will be applicable to the corresponding family member only

- d) **Convalescence Benefit:**

Individual Premiums is mentioned below, exclusive of Goods & Service Tax.

Per day Benefit	Convalescence Benefit Amount	Upto 45 years (in Rs.)	Above 45 years (in Rs.)
Rs 100/day to Rs 400/day	Rs. 1000	4	15
Rs 500/day to Rs 700/day	Rs. 1500	6	22
Rs 800/day to Rs 1000/day	Rs. 2000	7	29

- e) **Deductible:** It is a cost-sharing requirement under this product that provides that the company will not be liable for a specified number of days in case of hospitalization which will apply before any benefits are payable by the company. There are 3 deductible options which the company plans to provide- 1 day, 2 days or 3 days. The discount rates will be applicable as per the table mentioned below in case deductible is opted.

Deductible Option	Discount Rate
1 Day	6%
2 Days	20%
3 Days	35%

**4) Direct Sales Discount**

An additional discount of 15% will be applicable in case the proposal comes through direct sales channel

ISO No.: FGH/UW/RET/99/03



**Future Generali India Insurance Company Limited**

(IRDAI Regn. No. 132), (CIN: U66030MH2006PLC165287).

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