FUTURE GENERALI
TOTAL INSURANCE SOLUTIONS

POLICY WORDINGS
FUTURE HOSPICASH

CUSTOMER INFORMATION SHEET

Description is illustrative and not exhaustive

S. No.	TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
1	Product Name	Future Hospicash	
2	What I am covered for	Hospital admission longer than 24 hours.	Section A (4) and Section B (I, II and III)
		Hospital cash benefit for each continuous and completed period of 24 hours for a maximum of 30 days /60 days/90 days/180 days as per the schedule.	Section B (I)
		2 times benefit payable for ICU within the city.	Section B (II)
		3 times benefit payable for ICU outside the city.	Section B (III)
		A fixed amount towards convalescence for Hospitalization beyond 10 consecutive days which is payable only once per hospitalization event.	Section B (IV)
3	What are the major exclusions in the policy:	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.	Section C (1)
		Without derogation from the above point No. (1), any medical expenses incurred during the first two consecutive annual periods during which You have the benefit of a Health Insurance Policy with Us in connection with cataract, benign prostatic hypertrophy, hernia of all types, hydrocele, all type of sinuses, fistulae, haemorrhoids, hysterectomy, all internal or external tumours/ cysts/ nodules/ polyps of any kind including breast lump (except malignant condition) surgery for prolapsed intervertebral disc, unless arising from accident, surgery of varicose veins and varicose ulcers.	Section C (2)
		Without derogation from the above point No. (1), any medical expenses incurred during the first annual period 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.	Section C (3)
		Medical expenses incurred during the first three consecutive annual periods during which You have the benefit of the Policy with Us in connection with joint replacement surgery due to degenerative conditions, age related osteoarthritis and osteoporosis unless such joint replacement surgery is necessitated by accidental bodily injury.	Section C (4)
		Medical expenses incurred for any illness diagnosed or diagnosable within 30 days of the commencement of the policy period except those incurred as a result of accidental bodily injury.	Section C (5)
		Injury or diseases directly or indirectly caused by arising from or attributable to war, invasion, act of foreign enemy, war like operations (whether war be declared or not).	Section C (6)
		Dental treatment or surgery of any kind unless requiring hospitalization as a result of accidental bodily injury.	Section C (9)
		General debility," Run down "condition or rest cure, sexually transmitted diseases, intentional self-injury.	Section C (12)
(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing)			
4	Waiting period	Initial waiting Period: 30 days for all illnesses (not applicable on renewal or for accidents)	Section C (5)
		Specific Waiting periods: 24 months for cataracts, Hernia etc diseases.	Section C (2)
		36 months for joint replacement surgeries.	Section C (4)
		Pre-existing diseases: Covered after 48 months	Section C (1)
5	Renewal	The policy is renewable lifelong.	Section D 9 (a)

	Conditions	In case of renewal, Grace period of 30 days is admissible.	Section D 9 (c)
6	Premium Illustration	Premium Illustration in respect of policies offered on individual basis and floater basis **Plan A, Daily Hospicash of Rs. 1000 per day for 30 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.)
40 years	971	Daily Hospital cash of Rs 1000/ day for 30 days	971	NA	971	Daily Hospital cash of Rs 1000/ day for 30 days	971		971	Daily Hospital cash of Rs 1000/ day for 30 days
37 years	971	Daily Hospital cash of Rs 1000/ day for 30 days	971	NA	971	Daily Hospital cash of Rs 1000/ day for 30 days	971	486	486	
12 years	486	Daily Hospital cash of Rs 1000/ day for 30 days	486	NA	486	Daily Hospital cash of Rs 1000/ day for 30 days	486	243	243	
10 years	486	Daily Hospital cash of Rs 1000/ day for 30 days	486	NA	486	Daily Hospital cash of Rs 1000/ day for 30 days	486	243	243	
8 years	486	Daily Hospital cash of Rs 1000/ day for 30 days	486	NA	486	Daily Hospital cash of Rs 1000/ day for 30 days	486	243	243	
Total Premium for all members of the family is Rs. 3,400/-, when each member is covered separately. Sum insured available for each individual is Daily Hospital cash of Rs 1000/day for 30 days			Total Premium for all members of the family is Rs. 3,400/-, when they are covered under a single policy. Sum insured available for each family member is Daily Hospital cash of Rs 1000/day for 30 days.			Total Premium when policy is opted on floater basis is Rs. 2,185/-. Sum insured available for the entire family is Daily Hospital cash of Rs 1000/day for 30 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 are exclusive of Goods and Services Tax applicable.

***(*LEGAL DISCLAIMER) NOTE:** The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document the terms and conditions mentioned in the policy document shall prevail.

FUTURE HOSPICASH

This **Policy** is issued to **You** based on **Your Proposal** to **Us** and **Your** payment of the premium. **You** are eligible to be covered under this **policy** if **Your** age is between 6 months to 65 years with life long renewability. This **Policy** records the agreement between **Us** and sets out the terms of insurance and the obligations of each party.

A. DEFINITIONS

The following words or terms shall have the meaning ascribed to them wherever they appear in this **Policy**, and references to the singular or to the masculine shall include references to the plural and to the female wherever the context so permits:

1. **Accident** is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **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.
3. **Hospital -** A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries 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) and the said act Or complies with all minimum criteria as under:
   i. has qualified nursing staff under its employment round the clock;
   ii. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
   iii. has qualified medical practitioner(s) in charge round the clock;
   iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
   v. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;
4. **Hospitalization** means admission in a Hospital for a minimum period of 24 consecutive '**Inpatient Care'** hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
5. **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.
6. **You, Your, Yourself** means the Insured Person shown in the Schedule.
7. **We, Our, Us, Insurer** means Future Generali India Insurance Company Limited.
8. **Family means** and includes You, Your Spouse & Your dependent child/ children (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 under the Family Floater 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 Family Floater **Policy**

9. **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.
10. **Proposal** means that portion of the policy which sets out your personal details, they type of insurance cover in force, the period and the sum insured.
11. **Policy** means the complete documents consisting of the Proposal, Policy wording, Schedule and Endorsements and attachments if any.

12. **Policy Period** means the period between commencement date and the expiry date specified in a schedule and include both commencement date as well as the expiry date.

13. **Medical Practitioner** means 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 its scope and jurisdiction of license. The registered practitioner should not be the insured or close Family members.

14. **Pre-existing Disease** means any condition, ailment or injury related condition(s) for which you had signs or symptoms, and/ or were diagnosed, and/or received medical advice/treatment within 48 months prior to the first policy issued by the insurer.

15. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which mainfests itself during the policy period and requires medical treatment.

16. **Home City** means the city of residence

17. **Other Than Home City** means the city other than the residential city of the insured.

18. **Day care treatment** refer to medical treatment, and/or surgical procedure which is:
    i. undertaken under General or Local Anaesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
    ii. which would have otherwise required hospitalization of more than 24 hours.

    Treatment normally taken on an out-patient basis is not included in the scope of this definition.

19. **Deductible** means 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.

20. **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.

21. **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.

22. **Inpatient Care** means treatment for which the insured person has to stay in a Hospital for more than 24 hours for a covered event.

23. **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

24. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or repeat prescription.

25. **Maternity expense/treatment** shall include
    i. medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);
    ii. Expenses towards lawful medical termination of pregnancy during the policy period.

26. **Dental Treatment is** a treatment carried our by a dental practioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any forms of cosmetic surgery/implant.

27. **Any one Illness** means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.

28. **Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
    i. **Internal Congenital Anomaly -**Congenital Anomaly which is not in the visible and accessible parts of the body.
    ii. **External Congenital Anomaly** - Congenital Anomaly which is in the visible and accessible parts of the body.

29. **Conditions precedent** shall mean a policy terms or conditions upon which the insurers liability under the policy is conditional upon.

30. **Unproven/ Experimental treatment** means the treatment including drug experimental therapy which is not based on established medical practice in India is treatment experimental or unproven.

31. **Disclosure to information norm** – The policy shall be void and all the premium paid hereon shall be forefeited to the company, event of misrepresentation, misdescription or non disclosure of any material fact.

32. **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.

33. **Portability** means transfer by an individual health insurance policy holder (including family)cover of te credit gained for pre existing condition and time bound exclusions if he/she choses to switch from one insurer to another.

34. **Alternative treatment** are forms of treatment other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian content.

35. **Day care centre** means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner and must comply with all minimum criterion as under -
    i. has qualified nursing staff under its employment;
    ii. has qualified medical practitioner/s in charge;
    iii. has fully equipped operation theatre of its own where surgical procedures are carried out;
    iv. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

B. POLICY BENEFITS:

In the event of Accidental Bodily Injury or illness first occurring or manifesting itself during the Policy Period and causing the Insured's Hospitalisation for Inpatient Care within the Policy Period, the Company will pay:

I. 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 30 days / 60 days /90 days/ 180 days as per the **schedule**.

OR

II. 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 situated in the Home city of the Insured, during any period of Hospitalisation necessitated solely by reason of the said Accidental Bodily Injury or Sickness for a maximum period of 10 days for each hospitalisation and 20 days during the policy period

OR

III. three 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 situated in a city other than Home city of the Insured, during any period of Hospitalisation necessitated solely by reason of the said Accidental Bodily Injury or Sickness for a maximum period of 10 days for each hospitalisation and 20 days during the policy period.

* *In case of Section II and III the maximum benefit payable in case of ICU whether in Home city / other than Home city, is limited upto 10 days for each hospitalisation and maximum of 20 days for all hospitalisations put together in the policy period. In case of the same hospitalisation involving ICU stay in both Home city as well as other than Home city, the benefits under the "other than home city" would have precedence over benefits under Home city while adjudication of claim.*

*** In case of Sec I, II and III the maximum benefits would however be restricted to 30 /60 / 90 /180 days as per the plan opted for each hospitalisation or all hospitalisations during the policy period.*

****In case the hospitalisation exceeds the maximum stipulated under Sec I as per the selected plan while adjudicating any claim the benefits under ICU would have precedence over non ICU hospitalisation.*

***** In case the hospitalisation in ICU exceeds the per hospitalisation maximum limit of 10 days or the per policy period limit of 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 30/60/90 or 180 days.*

IV. A Fixed amount towards convalescence for **Hospitalization** beyond 10 consecutive days which is payable only once per **Hospitalization** event. This benefit is payable only if there is an admissible claim under any of the daily benefits.

C. 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 48 months, without break from the date of **Your** first Hospital 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 the same per day benefit amount of another Insurer. 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.

   This Exclusion shall apply only to the extent of the amount by which the benefit amount has been increased if the **Policy** is a **Renewal** of a Hospital cash **Policy** without break in cover.

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 and varicose ulcers.

   This exclusion shall apply for a continuous Period of 48 months from the date of **Your** first Hospital cash **Policy** with **Us** if the above referred **Illness** were present at the time of commencement of the **Policy** and if **You** had declared 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 the same per day benefit amount of another **Insurer**. 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**.

   This Exclusion shall apply only to the extent of the amount by which the benefit amount has been increased if the **Policy** is a **Renewal** of a Hospital **Policy** without break in cover.

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 shall apply for a continuous period of 48 months from the date of **Your** first Hospital cash **Policy** with **Us** if the above referred **Illness** were present at the time of commencement of the **Policy** and if **You** had declared 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 the same per day benefit amount of another **Insurer**. 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**.

This Exclusion shall apply only to the extent of the amount by which the benefit amount has been increased if the **Policy** is a **Renewal** of a Hospital cash **Policy** without break in cover.

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 Hospital cash **Policy** with **Us** if the above referred **Illness** were present at the time of commencement of the **Policy** and if **You** had declared 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 the same per day benefit amount of another **Insurer.** 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**.

   This Exclusion shall apply only to the extent of the amount by which the benefit amount has been increased if the **Policy** is a **Renewal** of a Hospital cash **Policy** without break in cover.

5. **Hospitalisation** for any **Illness** diagnosed or diagnosable within 30 days (1 month), 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 accidental bodily **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 Invitro fertilization (IVF), Gamete intrafallopian transfer (GIFT) procedures, and zygote intrafallopian 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 internal and/or 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**/ Nursing Home.
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. Genetic disorders and 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.

D. CONDITIONS

1. **Due Care**
   Where the Policy requires You to do or not to do something, then the complete satisfaction of that requirement by You or Someone claiming on your behalf is a precondition to any obligation under this Policy. If you or someone claiming on Your behalf fails to completely satisfy that requirement, then We may refuse to consider Your claim. You will cooperate with us at all times.

2. **Insured**
   Only those persons named, as the Insured in the schedule shall be covered under this policy. The details of the insured are as provided by You. A person may be added as an Insured during the Policy period after his application has been accepted by Us, an additional premium has been paid and Our agreement to extend cover has been indicated by it, issuing an endorsement confirming the addition of such person as an Insured cover under this Policy shall be withdrawn from any Insured upon that Insured giving 14 days written notice to be recovered by Us.

3. **Cost of Pre-insurance Medical examination**
   We will reimburse 50% of the cost of any pre-insurance medical examination once the Proposal is accepted and the Policy is issued for that Insured. We shall maintain a list of and the fee chargeable by institutions where such pre insurance medical examination may be conducted, the reports from which will be accepted by us such list shall be furnished to the prospective policy holder at the time of pre insurance medical examination.

4. **Communication**
   a) Any communications, meant for Us must be in writing and delivered to Our address shown in the Schedule. Any communication meant for You will be sent by Us to Your address shown in the Schedule.
   b) All the notifications and declarations for us must be in writing and sent to the address specified in the schedule. Agents are not authorized to receive, notices or declarations on Our behalf.
   c) You must notify Us immediately for any change in address.

5. **Claims Procedure**
   If You meet with any accidental Bodily 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 the aforesaid Illness or Bodily injury. You must immediately consult a Medical Practitioner and follow the Medical 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 hospitalization. The claim and/ Our liability hereunder that may be requested. 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:
- Completely filled Future Hospicash Claim form (original)
- Discharge certificate/ card from Hospital (photocopy)
- Final Hospital bill with receipt (photocopy)

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

6. **Settlement of Claims**

i. Our doctors will scrutinize the claims and flag the claims as Settled/Rejected/Pending within the period of 30 days of the receipt of the last `necessary` documents.
ii. Pending claims will be asked for submission of incomplete documents.
iii. Rejected claims will be informed to the insured person in writing with the reason for rejection.
iv. Upon acceptance of an offer of settlement, as stated in sub regulation (5), of the (Protection of Policy Holders Interest) regulations, 2005, we will make payment of the amount due within 7 days from the date of acceptance of the offer by the insured. In the case of delay in the payment, We shall be liable to pay at a rate which is 2% above the bank rate prevalent at the beginning of the financial year.

7. **Basis of Claim Payment**

i. If You suffer a relapse within 45 days of the date when You last obtained medical treatment or consulted a Medical Practitioner and for which a claim has been made, then such relapse shall be deemed to be part of the same claim.
ii. 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 period, including the deductibles for each policy period. Such eligible claim amount to be payable to the Insured shall be reduced to the extent of the premium to be received for the Renewal/ due date of premium of health insurance Policy, if not received earlier.
iii. We shall make payment in India in Indian Rupees only.
iv. 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.
v. A continuous and completed period of less than 24 hours of Hospitalization or Day care treatment consequent upon an insured event shall be deemed to be a continuous and completed period of 24 hours if such period extends to at least 12 hours.

8. **Fraud**

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

9. **Renewal and Cancellation**

a) Your policy shall be renewable lifelong except on grounds of fraud, or moral hazard or misrepresentation or non-cooperation by the insured.
b) This policy may be renewed by mutual consent every year and in such event the renewal premium shall be paid to us on or before the date of expiry of a policy or of the subsequent renewal thereof.
c) 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 years waiting periods/ four years waiting periods. Any hospitalisation as a result of accident /disease contracted during the break period will not be admissible under the policy.
d) In case of Hospicash policy there will be no loading on premium for adverse claims experience (except for Group policies)
e) 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.
f) 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

g) 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.

h) In case of a group policies, the following would apply:

i. Discount percentage for a favourable claim ratio (bonus): Low claim ratio discount at the following scales will be allowed on the total premium at the renewal only, depending upon the incurred claim ratio for the entire group insured under the Group Future Hospicash Policy for up to preceding 3 years.

Incurred claim Ratio Under the Group Policy	Discount Percentage (%)
Up to 20%	20
21-35%	15
36-50%	10
51-55%	5

ii. Loading percentage for High claims ratio (MALUS): The total premium payable at renewal of the group policy will be loaded at the following scale depending upon the incurred claims ratio for the entire group insured under the Group Future Hospicash Policy up to preceding 3 years.

Incurred claim Ratio Under the Group Policy	Loading Percentage (%)
Between 71% and 80%	25
Between 81% and 100%	50
Between 101% and 125%	85
Between 126% and 150%	115
Between 151% and 175%	150
Between 176% and 200%	180
Over 200%	Cover to be reviewed

i) The brochure/ prospectus mentions the premiums as per the age slabs/ Sum Insured and the same would be charged as per the completed age at every Renewal. The premium as shown in the brochure/prospectus are subject to revision as and when approved by the regulator. However such revised premium would be applicable only from subsequent renewal and with due notice whenever implemented.

10. **Free Look Period**

a. The insured person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

b. If the insured has not made any claim during the free look period, the insured shall be entitled to-

i. A refund of the premium paid less any expenses incurred by the Insurer on medical examination of the insured person and the stamp duty charges or;

ii. Where the risk has already commenced and the option of return of the Policy is exercised by the policy holder, a deduction towards the proportionate risk premium for period on cover or;

iii. Where only a part of the risk coverage has commenced, such proportionate risk premium commensurate with the risk covered during such period.

11. **Portability**

i. Portability will be granted to policy holder of a similar Hospital cash policy (fixed daily benefit policy) of another insurer to Future Hospicash policy as per portability guidelines.

ii. Portability will be granted subject to the policyholder desirous for porting his policy Future Hospicash applying to Future Generali India Insurance Company Ltd at least 45 days before the premium renewal date of his or her existing renewal policy.

iii. We will not be liable to offer Portability if policy holder failed to approach us at least 45 days before the premium renewal date.

iv. Were the outcome of acceptance portability is still awaited from us on the date of renewal the existing policy holder should extend his existing policy with the existing insurer on a short period basis as per the portability guidelines.
v. Portability will be allowed for all individual Hospital cash polices (Daily benefit policies) issued by Non Life insurance companies including Family floater policies.
vi. Individual members including the family members covered under Group Future Hospicash of Future Generali India Insurance Company shall have the right to migrate from such a Group policy to an individual Future Hospicash Policy or a family floater policy with the same insurer.

12. **Dispute Resolution**
    a. Any and all disputes or differences which may arise under or in relation to this Policy, relating to the quantum of any claim/liability otherwise being admitted, shall be referred to arbitration in accordance with Arbitration and Conciliation Act 1996 within a period of 30 days of either the Company or the insured giving notice in this regard.
    b. The applicable law in and of the arbitration shall be Indian law.
    c. The expenses of the arbitrator shall be shared between the parties equally and such expenses along with all reasonable cost in the conduct of the arbitration shall be avoided by the arbitrator to the successful party, or where no party can be said to have been wholly successful to such a party as substantially succeeded.
    d. It is agreed a **condition precedent** to any right of action or suit upon this **policy** that an award by such arbitrator or arbitrators shall be first obtained.
    e. In the event that these arbitration provisions shall be held to be invalid then all such disputes shall be referred to the exclusive jurisdiction of the Indian Courts.

13. **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.

14. **Territorial Limits and Law**
    a) 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.
    b) The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian Law.
    c) The **Policy** constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by **Us**, for which approval shall be evidenced by an endorsement on the **Schedule**.

Dear Customer,

At **Future Generali** we are committed to provide **"Exceptional Customer-Experience"** that you remember and return to fondly. We encourage you to read your policy & schedule carefully. We want to make sure the plan is working for you and welcome your feedback.

What Constitutes a Grievance?

"Complaint" or "Grievance" means expression (includes communication in the form of electronic mail or other electronic scripts, Inbound Call, SMS, Letter), of dissatisfaction by a complainant with insurer, distribution channels, intermediaries, insurance intermediaries or other regulated entities about an action or lack of action about the standard of service or deficiency of service of such insurer, distribution channels, intermediaries, insurance intermediaries or other regulated entities;

Explanation: An Inquiry/Query or Request would not fall within the definition of the "complaint" or "grievance".

"Complainant" means a policyholder or prospect or any beneficiary of an insurance policy who has filed a complaint or grievance against an insurer or a distribution channel

If you have a complaint or grievance you may reach us through the following avenues:

	**Help – Lines**	**1800-220-233 / 1860-500-3333 / 022-67837800**		**Email**	**Fgcare@futuregenerali.in**
				Website	**https://general.futuregenerali.in/**
	**GRO at each Branch**	Walk-in to any of our branches and request to meet the **Grievance Redressal Officer (GRO).**			

What can I expect after logging a Grievance?

- We will acknowledge receipt of your concern within 3 - business days.
- Within 2 - weeks of receiving your grievance, we shall revert to you the final resolution.
- We shall regard the complaint as closed if we do not receive a reply within 8 weeks from the date of receipt of response.

How do I escalate?

- You can directly contact our **Grievance Redressal Officer** at our Head office.
  - ⇨ **You can email to : fggro@futuregenerali.in or call at: 7900197777**
  - ⇨ You can write directly to our **Grievance Redressal Cell at our Head office:**

	**Grievance Redressal Cell**	**Grievance Redressal Cell, Future Generali India Insurance Company Ltd.** Lodha I – Think Techno Campus, B Wing – 2nd Floor, Pokhran Road – 2, Off Eastern Express Highway Behind TCS, Thane West – 400607 Please send your complaint in writing. You can use the complaint form, annexed with your policy. Kindly quote your policy number in all communication with us. This will help us to deal with the matter faster

What should I do, if I face difficulty in registering a grievance?

While we constantly endeavour to promptly register, acknowledge & resolve your grievance, if you feel that you are experiencing difficulty in registering your complaint, you may register your complaint through the **IRDAI** (**Insurance Regulatory and Development Authority of India**).

- **CALL CENTER: TOLL FREE NUMBER (155255)**
- **REGISTER YOUR COMPLAINT ONLINE AT: HTTP://WWW.IGMS.IRDA.GOV.IN/**

Grievances of Senior Citizens:

We have established a separate channel to address the grievances of Senior Citizens. The concerns will be addressed to the Senior Citizen's channel for faster attention or speedy disposal of grievance, if any

Insurance Ombudsman:

If you are still dissatisfied with the resolution provided or if it is already 30 days since you filed your complaint, you can approach the office of Insurance Ombudsman, provided the same is under their purview. The guidelines for taking up a complaint with the Insurance Ombudsman, along with their addresses are available on the consumer education website of the IRDAI. http://www.policyholder.gov.in/Ombudsman.aspx

For ease of reference, the list of Insurance Ombudsmen offices is as mentioned below.

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD	Office of the Insurance Ombudsman 6th Floor, Jeevan Prakash Building, Tilak Marg, Relief Road, **AHMEDABAD - 380 001** Tel: 079-25501201/02/05/06 E-mail: bimalokpal.ahmedabad@ecoi.co.in	Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu

BENGALURU	Office of the Insurance Ombudsman Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road,JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 26652048 / 26652049 E-mail: bimalokpal.bengaluru@ecoi.co.in	Karnataka
BHOPAL	Office of the Insurance Ombudsman Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, **BHOPAL - 462 003** Tel: 0755 - 2769201 / 2769202 Fax: 0755-2769203 E-mail: bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Office of the Insurance Ombudsman 62, Forest Park, **BHUBANESHWAR - 751 009** Tel: 0674-2596461/2596455 Fax: 0674-2596429 E-mail: bimalokpal.bhubaneswar@ecoi.co.in	Orissa
CHANDIGARH	Office of the Insurance Ombudsman S.C.O. No.101 - 103, 2nd Floor, Batra Building, Sector 17-D, **CHANDIGARH - 160 017** Tel: 0172-2706196/2706468 Fax: 0172-2708274 E-mail: bimalokpal.chandigarh@ecoi.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, UT of Chandigarh
CHENNAI	Office of the Insurance Ombudsman Fatima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, **CHENNAI - 600 018** Tel:044-24333668 /5284 Fax: 044-24333664 E-mail: bimalokpal.chennai@ecoi.co.in	Tamilnadu, UT- Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
DELHI	Office of the Insurance Ombudsman 2/2 A, Universal Insurance Bldg. Asaf Ali Road, **NEW DELHI - 110 002** Tel: 011-2323481/23213504 Fax: 011-23230858 E-mail: bimalokpal.delhi@ecoi.co.in	Delhi
GUWAHATI	Office of the Insurance Ombudsman Jeevan Nivesh, 5th floor Nr. Panbazar Overbridge, S.S. Road, **GUWAHATI - 781 001** Tel:0361-2132204/05 Fax: 0361- 2732937 E-mail: bimalokpal.guwahati@ecoi.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Office of the Insurance Ombudsman 6-2-46 , 1st Floor, Moin Court Lane, Opp. Saleem Function Palace, A.C.Guards, Lakdi-Ka-Pool, **HYDERABAD - 500 004** Tel: 040-65504123/23312122 Fax: 040-23376599 E-mail: bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana and UT of Yanam - a part of UT of Pondicherry
JAIPUR	Office of the Insurance Ombudsman Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, **Jaipur - 302 005**. Tel : 0141-2740363 E-mail: bimalokpal.jaipur@ecoi.co.in	Rajasthan
ERNAKULAM	Office of the Insurance Ombudsman 2nd Floor, Pulinat Building, Opp. Cochin Shipyard, M.G. Road, **ERNAKULAM - 682 015** Tel: 0484-2358759/2359338 Fax: 0484-2359336 E-mail: bimalokpal.ernakulam@ecoi.co.in	Kerala, UT of (a) Lakshadweep, (b) Mahe - a part of UT of Pondicherry
KOLKATA	Office of the Insurance Ombudsman Hindusthan Bldg. Annexe, 4th Floor,4, C.R.Avenue, **KOLKATA - 700 072** Tel: 033-22124339 /40 Fax: 033-22124341 E-mail : bimalokpal.kolkata@ecoi.co.in	West Bengal, Sikkim and UT of Andaman & Nicobar Islands
LUCKNOW	Office of the Insurance Ombudsman 6th Floor, Jeevan Bhawan, Phase 2, Nawal Kishore Road, Hazratganj, **LUCKNOW - 226 001** Tel: 0522 -2231331/30 Fax: 0522-2231310 E-mail: bimalokpal.lucknow@ecoi.co.in	Districts of U.P:- Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Futurerajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar
MUMBAI	Office of the Insurance Ombudsman 3rd Floor, Jeevan Seva Annexe, S.V.Road, Santacruz (W), **MUMBAI - 400 054** Tel: 022-26106960/26106552 Fax: 022-26106052 E - mail: bimalokpal.mumbai@ecoi.co.in	Goa and Mumbai Metropolitan Region excluding Areas of Navi Mumbai & Thane

NOIDA	Office of the Insurance Ombudsman Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar**, U.P-201301.** Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA	Office of the Insurance Ombudsman 1st Floor,Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, **Patna. Bihar, 800006** Tel.: 0612-2680952, Email: bimalokpal.patna@ecoi.co.in	Bihar and Jharkhand
PUNE	Office of the Insurance Ombudsman Jeevan Darshan Bldg., 2nd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, **Pune – 411 030.** Tel: 020-41312555 E-mail: bimalokpal.pune@ecoi.co.in	Futurerashtra, Area of Navi Mumbai and Thane but excluding Mumbai Metropolitan Region

The updated details of Insurance Ombudsman are available on IRDA website: www.irdai.gov.in, on the website of Office of Executive Council of Insurers: http://www.ecoi.co.in/ , our website www.futuregenerali.in or from any of our offices.

Future Generali India Insurance Company Limited. IRDAI Regn. No. 132 | CIN: U66030MH2006PLC165287.
Regd. and Corp. Office: 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai – 400083. Call us at: 1800-220-233 / 1860-500-3333 / 022-67837800| Fax No: 022 4097 6900 | Website: https://general.futuregenerali.in | Email: fgcare@futuregenerali.in.

FUTURE GENERALI
TOTAL INSURANCE SOLUTIONS

FORM FOR REQUEST / COMPLAINT / FEEDBACK / APPRECIATION

I want to submit a ☐ Request ☐ Complaint ☐ Suggestion / Feedback ☐ Appreciation

Policy Type ☐ Motor ☐ Health ☐ Personal Accident ☐ Other _____

Policy Details ☐ Policy No. ☐ Claim No. ☐ Cover Note ☐ Health Card ☐ Existing Service Request

Customer Name _____

Address _____
_____
_____
_____

City: _____ Pin code: _____ Telephone No. : _____ Mobile No. : _____

Detailed Description _____
_____
_____
_____
_____
_____
_____

D	D	M	M	Y	Y	Y	Y

Date

_____
Customer's Signature

You may submit the form to the Nearest Branch Office or mail it to our Customer Service Cell at:
Customer Service Cell | Future Generali India Insurance Company Ltd.
Registered and Corporate Office: 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai – 400083. Website: https://general.futuregenerali.in | Email: fgcare@futuregenerali.in | Call us at: 1800-220-233 / 1860-500-3333 / 022-67837800

For office use only

Service / Case #

Comments: