

I. SALIENT FEATURES OF THE POLICY

- The product is offered from Day 1 to 65 years and renewable lifelong.
- The policy covers Self, Spouse, Up to 3 Dependent children (Unmarried and up to the age of 25 years) and 2 dependent parents under single policy on individual sum insured basis.
- Children from 1 day – 25 years can be covered if either parent is insured with us.
- The policy will be issued for policy period 1 year, 2 years and 3 years.

Minimum Policy Term	1 year
Maximum Policy Term	3 Years
Minimum Age at entry	Day 1
Maximum Age at entry	65 years
Renewability	Lifelong
Sum insured options	₹ 10000, 25000, 50000, 75000

- Lump-sum payment of 100% will be made if the policyholder gets hospitalized due to any of the following conditions:
 - Malaria
 - Dengue
 - Lymphatic Filariasis
 - Kala-azar
 - Japanese Encephalitis
 - Chikungunya
 - Zika Virus
- No increase/ decrease of Sum Insured is allowed during the currency of the policy
- Change in Sum insured is allowed at the time of renewal

II. 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:

- AYUSH Treatment** refers to the medical and / or hospitalization treatments given under 'Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
- Bank Rate means** Bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.
- Condition Precedent** shall mean a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.
- Commencement Date** means the commencement date of this Policy as specified in the Schedule.
- Cooling off period** means no claim period of 60 days, which will be applicable from the date of admission of a claim against a covered condition. The same condition will not be covered during the cooling off period in the reinstated policy.
- 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.
- Disclosure to information norm:** The policy shall be void and all premium paid thereon shall be forfeited to the Insurer in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- Emergency care** means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.
- Family** means and includes You, Your Spouse, Your up to 3 dependent children up to the age of 25 years and two dependent parents in the Individual Policy.
- 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.
- 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:
 - 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 in-patient 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 makes these accessible to the insurance company's authorized personnel;
- Hospitalization** means admission in a **Hospital** for a minimum period of 24 consecutive '**In- patient Care**' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
- 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.
 - Acute condition** is a disease, Illness or Injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/Illness/Injury which leads to full recovery.

- b. **Chronic condition** is defined as a disease, illness, or injury that has one or more of the following characteristics:
- i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
 - ii. it needs ongoing or long-term control or relief of symptoms
 - iii. it requires your rehabilitation or for you to be specially trained to cope with it
 - iv. it continues indefinitely
 - v. it comes back or is likely to come back.
14. **Inpatient Care** means treatment for which the insured person has to stay in a Hospital for more than 24 hours for a covered event.
 15. **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.
 16. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
 17. **Medical expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of **Illness** or **Accident** on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
Note: Medical Treatment would include medical treatment and/ or surgical treatment
 18. **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.
 19. **Medically necessary treatment** is defined as any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which is required for the medical management of the illness or injury suffered by the insured; must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity; must have been prescribed by a medical practitioner, must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
 20. **Notification of claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
 21. **OPD treatment** is one in which the Insured visits a clinic / Hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
 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 commencing with the start date mentioned in the Schedule till the end date mentioned in the Schedule.
 24. **Policy Year** means every annual period within the Policy Period starting with the commencement date.
 25. **Portability** means the right accorded to an individual health insurance policyholder (including family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another or from one plan to another plan of the same insurer.
 26. **Pre-Existing Disease** means any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which medical advice / treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter.
 27. **Proposal form** means a form to be filled in by the prospect in written or electronic or any other format as approved by the Authority, for furnishing all material information as required by the insurer in respect of a risk, in order to enable the insurer to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, advantages, terms and conditions of the cover to be granted.
 28. **Prospect** means any person who is a potential customer of an insurer and likely to enter into an insurance contract either directly with the insurer or through a distribution channel.
 29. **Prospectus** means a document either in physical or electronic or any other format issued by the insurer to sell or promote the insurance products.
 30. **Qualified nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
 31. **Renewal** means 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 gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.
 32. **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**.
 33. **Sum Insured** means the amount specified in the Policy Schedule, which We will pay for claims made by You under the Policy Year in respect of the Insured Person(s).
 34. **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 from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.
 35. **Unproven/ Experimental treatment** means the treatment including drug experimental therapy which is not based on established medical practice in India.
 36. **We, Our, Us, Insurer** means Future Generali India Insurance Company Limited.
 37. **You, Your, Yourself** means the Insured Person shown in the **Schedule**.

III. Scope of Cover

We will pay the **Insured Person** the Sum insured as a lump sum amount for the listed condition provided it occurs or manifests itself during the **policy period** and meets the conditions specified in this policy document.

1. Dengue fever

The applicant will be eligible for the benefit pay out in case of being diagnosed with Dengue confirmed by a Medical Practitioner. Hospitalization must be absolutely necessary as advised by the Medical Practitioner and the Laboratory examination result countersigned by a pathologist/ microbiologist must confirm the following:

- Decreasing platelet levels- less than 100,000 cells/mm³; and
- Immunoglobulins/PCR test showing positive results for Dengue

Indoor case papers should be mandatorily obtained and the diagnosis of admission should be Dengue in addition to the above two conditions.

Specific exclusions for this cover:

- Any Treatment other than for Dengue (as defined above)
- Hospitalization less than 24 hours
- Treatment outside India
- Any claim of Dengue fever during the waiting period

2. Malaria

Diagnosis of Malaria should be confirmed by a Medical Practitioner with confirmatory tests indicating presence of Plasmodium Falciparum/ Vivax/ Malariae in the patient's blood by laboratory examination countersigned by a pathologist/microbiologist in peripheral blood smear or positive rapid diagnostic test (antigen detection test).

Continuous Hospitalization of 24 hours should be absolutely necessary along with high fever and shaking chills.

Indoor case papers should be mandatorily obtained and the diagnosis of admission should be malaria and its complications, if any.

Specific exclusions for this cover:

- Any Treatment other than for malaria and its complications
- Hospitalization less than 24 hours
- Treatment outside India
- Any claim of malaria fever during the waiting period

3. Lymphatic Filariasis

Commonly known as Elephantiasis, must be confirmed by a Medical Practitioner and the laboratory examination countersigned by a pathologist must be documented with presence of microfilariae in a blood smear by microscopic examination and along with any two of the following criteria:

- Lymphoedema,
- Elephantiasis,
- Scrotal swelling

Indoor case papers should be mandatorily obtained and the diagnosis of admission should be Filariasis in addition to the two of the above conditions.

Specific condition for this cover:

- Filariasis will be payable once in lifetime

Specific exclusions for this cover:

- Any Treatment other than for Filariasis and its complications (as defined above)
- Hospitalization less than 24 hours
- Treatment outside India
- Any claim or Filariasis during the waiting period

4. Kala-azar

Visceral leishmaniasis, also known as Kala-azar, is characterized by irregular bouts of fever, substantial weight loss, swelling of the spleen and liver, and anaemia.

The diagnosis must be confirmed by a Medical Practitioner and by parasite demonstration in bone marrow/spleen/lymph node aspiration or in culture medium as the confirmatory diagnosis or positive serological tests for Kala-azar should clearly indicate the presence of this disease.

Indoor case papers should be mandatorily obtained and the diagnosis of admission should be Kala-azar.

Specific exclusions for this cover:

- Any Treatment other than for Kala-azar (as stated above)
- Hospitalization less than 24 hours
- Treatment outside India
- Any claim of Kala-azar during the waiting period

5. Chikungunya

Chikungunya is characterized by an abrupt onset of fever with Joint pain. Other common signs and symptoms include muscle pain, headache, nausea, fatigue and rash.

The diagnosis must be documented by a Medical Practitioner and by Serological tests, such as enzyme-linked immunosorbent assays (ELISA), confirming the presence of IgM and IgG anti-chikungunya antibodies.

Indoor case papers should be mandatorily obtained and the diagnosis of admission should be Chikungunya.

Specific exclusions for this cover:

- Any Treatment other than for Chikungunya
- Hospitalization less than 24 hours
- Treatment outside India
- Any claim of Chikungunya during the waiting period

6. Japanese Encephalitis

Characterized by rapid onset of high fever, headache, neck stiffness, disorientation, coma, seizures, spastic paralysis. To confirm Japanese Encephalitis (JE) infection and to rule out other causes of encephalitis requires a laboratory testing of serum or preferably cerebrospinal fluid.

The diagnosis must be confirmed by a Medical Practitioner and positive serological test for JE by immunoglobulin M (IgM) antibody capture ELISA (MAC ELISA) for serum and cerebrospinal fluid (CSF).

Indoor case papers should be mandatorily obtained and the diagnosis of admission should be Japanese Encephalitis.

Specific exclusions for this cover:

- Any treatment other than for Japanese Encephalitis (as stated above)
- Hospitalization less than 24 hours
- Treatment outside India
- Any claim of Japanese Encephalitis fever during the waiting period

7. Zika Virus

People with Zika virus disease can have symptoms like mild fever, skin rash, conjunctivitis, muscle and joint pain, malaise or headache.

A diagnosis of Zika virus infection should be confirmed by a Medical Practitioner and by plaque-reduction neutralization testing (PRNT). PRNT is performed by CDC (Centers for Disease Control and Prevention) or a CDC-designated confirmatory testing laboratory to confirm presumed positive, equivocal, or inconclusive IgM results.

Indoor case papers should be mandatorily obtained and the diagnosis of admission should be Zika virus.

Specific exclusions for this cover:

- Any treatment other than for Zika virus (as stated above)
- Hospitalization less than 24 hours
- Treatment outside India
- Any claim of Zika virus during the waiting period

IV. Exclusions

1. Waiting Periods

a) 15 days waiting period

We are not liable for any claim arising for listed **illness** diagnosed or diagnosable within 15 days from policy inception of **Your first Policy with Us**.

b) Special Conditions applicable for Section IV. 1. a)

- The initial waiting period of 15 days will be increased to 60 days, if the insured is suffering or has suffered within 60 days prior to the date of proposal, from any one of the listed condition except Lymphatic Filariasis at the time of taking the policy.
- In case, if the insured is suffering or has suffered within 60 days prior to the date of proposal, from Lymphatic Filariasis at the time of taking the policy, Lymphatic Filariasis will be excluded from the policy and the other listed conditions shall have an initial waiting period increased to 60 days.

2. Standard 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:

- Any condition other than Malaria, Lymphatic Filariasis, Dengue Fever, Japanese Encephalitis, Kala Azar, Chikungunya or Zika virus as defined under this policy.
- Any condition with respect to the covered benefits, for which the insured was diagnosed, and/or received medical advice/treatment within the waiting period.
- Any treatment taken on Outpatient basis.
- Hospitalisation primarily for any purpose which in routine could have been carried out on an out-patient basis and which is not followed by an active treatment or intervention during the period of hospitalization.
- Experimental or unproven procedures or treatments, devices or pharmacological regimens of any description (not recognized by Indian Medical Council) or hospitalization for treatment under any system other than allopathy.
- Convalescence, rest cure, sanatorium treatment, rehabilitation measures, respite care, long term nursing care or custodial care and general debility or exhaustion.
- The insured has delayed medical treatment.
- Diagnosis and treatment outside India. However, this exclusion shall not be applicable in the following countries/ cities: Canada, Dubai, Hong Kong, Japan, Malaysia, New Zealand, Singapore, Switzerland, USA, and countries of the European Union. The company may review the above list of accepted foreign countries from time to time. Claims documents from outside India are only acceptable in English language unless specifically agreed otherwise, and duly authenticated.
- Treatment in any hospital or any other provider network that We have blacklisted as listed on our website <https://general.futuregenerali.in/general-insurance/network-hospitals>. However, this exclusion will not apply in case of emergency hospitalisation, subject to verification of claim.

V. Pre-Insurance Medical Examination

No pre-insurance medical examination test is required, irrespective of the sum insured and age of the insured

VI. Sum Insured

The Sum Insured that can be offered is ₹ 10000/-, 25000/-, 50000/-, 75000/-

Note –In case multiple Future Vector Care policies are opted by single insured person, Our maximum liability for claim towards a single hospitalisation shall be restricted to Sum Insured of ₹ 75,000/- (all policies put together).

VII. Conditions

1. Condition Precedent to the contract

(i) Portability

- a) Portability will be granted to policyholders of a similar health benefit policy of Us/another insurer to Future Vector Care Policy as per portability guidelines of the IRDAI.
- b) This clause does not alter the annual character of this insurance policy or Our right to decline to renew or to cancel the Policy.
- c) Portability will be granted subject to the policyholder desirous of porting his policy to Future Vector Care Policy by applying to Us at least 45 days before the premium renewal date of his/her existing policy.
- d) We will not be liable to offer portability if policyholder fails to approach us at least 45 days but not earlier than 60 days before the premium renewal date.
- e) Portability will be allowed for all individual health insurance policies issued by non-life insurance companies including family floater policies.

2. Conditions applicable during the contract

(i) Due Care

Where this **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.

(ii) 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.

(iii) Communications

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

(iv) Cancellation

- a) Cancellation will not be invoked by **Us** except on ground of fraud, moral hazard, misrepresentation or non-cooperation by the insured.
- b) **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**.
- c) In case the **Policy Period** is one year, **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

- d) In case the **Policy Period** exceeds one year, **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 a pro-rata basis by reference to the time period for which cover is provided, subject to a minimum retention of premium of 25%.
- e) No refund of premium shall be due on cancellation if the Insured Person has made a claim under this Policy.
- f) In case of long term policies with single premium payment, in the event of death of the insured person, in a particular **Policy Year**, the policy benefit ceases and the premium for the subsequent (unutilized) Policy Year(s), if any, shall be refunded, if the same is intimated to us.

(v) Policy Period

The **Policy** can be issued for tenure of 1 year, 2 years and 3 years.

(vi) Territorial Limits and Law

- a) **We** cover sickness sustained by the Insured Person during the **Policy Period** anywhere in India.
- b) All medical/ surgical treatments including investigations under this policy shall have to be taken in India, however if diagnosis and treatment is taken in following countries/ cities: Canada, Dubai, Hong Kong, Japan, Malaysia, New Zealand, Singapore, Switzerland, USA, and countries of the European Union, the same would be accepted, provided that the claims documents are only in English language unless specifically agreed otherwise, and duly authenticated. The admissible claims thereof shall be payable in Indian currency (Indian Rupees).
- c) The construction, interpretation and meaning of the provisions of this **Policy** shall be determined in accordance with Indian Law.
- d) 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**.

(vii) Free Look Period

- a) The free look period shall be applicable at the inception of the **Policy**.
- b) 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.
- c) 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 persons 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 policyholder, a deduction towards the proportionate risk premium for period on cover or;
 - iii. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

(viii) 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.

- (ix) **Endorsements**
This **Policy** constitutes the complete contract of insurance. This **Policy** cannot be changed by anyone (including an insurance agent or broker) except Us. Any change **We** make will be evidenced by a written endorsement signed and stamped by **Us**.
- (x) **Special Conditions applicable for long term policies (2 years and 3 years) with single premium payment**
If **You** have opted long term policies with single premium payment, the following conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy):
- a) If any of the listed condition occur, 100% of sum assured shall be paid (subject to other terms and conditions mentioned in the policy document). Policy shall be reinstated automatically by deduction of pro-rata premium from the payable claim amount for the remaining duration of the policy year
 - b) Considering that the subsequent policy premium has already been paid by **You**, the policy will continue further
3. **Conditions when a claim arises**
- A. **Claims Procedure**
- a) We must be informed of any event or occurrence that may give rise to a claim under this Policy within 48 hours of hospitalisation of the illness. You can intimate us through letter, email, fax or telephone.
 - b) **You** or someone claiming on **Your** behalf must promptly and in any event within 15 days of discharge from a **Hospital** give **Us** the necessary documents along with all original supporting documentation, including but not limited to the following, and other information **We** ask for, to investigate the claim for **Our** obligation to make payment for it
 - i. Our claim form duly completed (along with captioned documents) and signed by/ on behalf of the Insured Person.
 - ii. Original Discharge Summary.
 - iii. Medical certificate confirming the diagnosis/treatment of Illness from Medical Practitioner.
 - iv. A precise diagnosis of the treatment for which a claim is made.
 - v. Treating doctor's certificate regarding the duration of the illness & etiology.
 - vi. KYC documents.
 - vii. Laboratory reports.
- B. **Claims Payment**
- a) We shall be under no obligation to make any payment under this Policy unless We have been provided with the documentation and information We have requested to establish the circumstances of the claim or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.
 - b) We will only make payment to **You** under this Policy. Your receipt shall be considered as a complete discharge of Our liability against any claim under this Policy.
 - c) In the event of **Your** death, We will make payment to the Nominee (as named in the Schedule). No assignment of this Policy or the benefits there under shall be permitted.
- C. **Settlement of Claims**
- a) Our Medical Practitioners 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 specified in Section 3. A. b above
 - b) In case of 'pending' claims, We will ask for submission of incomplete documents.
 - c) 'Rejected' claims will be informed to the Insured Person in writing with reason for rejection.
 - d) In the circumstances where a claim warrant an investigation in **Our** opinion, **We** shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last 'necessary' document. In such cases, **We** shall settle the claim within 45 days from the date of receipt of last 'necessary' document
 - e) In the cases of delay in the payment of a 'settled' claim, We shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate which is 2% above the bank rate.
 - f) In case multiple Future Vector Care policies are opted by single insured person, Our maximum liability for claim towards a single hospitalisation shall be restricted to Sum Insured of ₹ 75,000/- (all policies put together)
- D. **Cooling off period**
- a) Once the claim has been paid, the sum insured will be exhausted. However the policy shall be reinstated automatically by deduction of pro-rata premium from the payable claims amount for the remaining duration of policy year
 - b) A cooling off period of 60 days will be applicable from the date of admission of a claim, wherein no claim will be payable for the same listed condition.
- E. **Dispute Resolution**
Any and all disputes or differences under or in relation to this Policy shall be subject to the exclusive jurisdiction of the Indian Courts and subject to Indian law.
- F. **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
- G. **Examination of Records**
We may examine **Your** records relating to the insurance under this Policy at any time during the Policy Period and up to three years after the Policy expiration, or until final adjustment (if any) and resolution of all claims under this Policy
4. **Conditions for renewal of the contract**
- (i) **Renewal**
- a) Your Future Vector Care Policy shall be renewable lifelong
 - b) Renewals will not be refused by Us except on ground of fraud, moral hazard, misrepresentation or non-cooperation by the insured.
 - c) In case of a Renewal, a Grace Period of 30 days is permissible for all policies. Policy will be considered as continuous for the purpose of all waiting periods and cooling off period.
 - d) Any Medical expenses incurred as a result of disease condition contracted during the break period will not be admissible under the Policy.
 - e) For Renewal Proposal received after completion of Grace Period of 30 days, all waiting periods would apply afresh.
 - f) This Policy may be renewed by mutual consent 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.
 - g) There will be no loading on premium for adverse claims experience.
 - h) Any change in benefit or premium will be done with the approval of the **IRDAI** and will be intimated to **You** at least 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**.
- The brochure/ prospectus mentions the premiums as per the Sum Insured and the same would be charged at every Renewal. 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.
 - If any **Dependent Child** has completed 25 years at the time of **Renewal**, then such person can be covered under a separate policy.
 - No increase/ decrease in Sum Insured during the currency of the **Policy**. However increase/ decrease in Sum Insured, will be allowed at the time of Renewal of the Policy. **You** can submit a request for the changes by filling the **Proposal** before the expiry of the Policy.
 - Renewal** upon admission of a claim:
 - In this scenario, under the renewed cover, all conditions will be covered from day one except the condition for which the claim was made in the previous policy. However this claimed condition will be covered after 60 days cooling off period post renewal.
 - If a claim is admitted against Lymphatic Filariasis, upon renewal of policy, coverage will be available for all conditions except Lymphatic Filariasis i.e. for Lymphatic Filariasis, once the sum insured is paid for any insured, no other claim for Lymphatic Filariasis shall be paid to the insured in the entire lifetime.

VIII. Mandatory Disclosures

- Your Future Vector Care **Policy** shall be renewable lifelong if renewed continuously without any break in insurance.
- The brochure/ prospectus mentions the premiums as per the Sum Insured and the same would be charged at every Renewal.
- The premiums as shown in the prospectus/ brochure 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.
- Renewals** will not be refused or cancellation will not be invoked by **US** except on ground of fraud, moral hazard, misrepresentation or non-cooperation by the insured. If **You** prefer to cancel the **Policy** the cancellation will be on short period basis.
- There will be no loading on premium for adverse claims experience.
- Long term discount will be applicable as mentioned below, in case of single premium payment for policy term of more than one year.

Number of years	Discount
1 year	Nil
2 years	5%
3 years	7.5%

- Direct sales discount – A discount of 15% in lieu of intermediary commissions if policy is taken directly from the insurer and /or Online.
- No increase/ decrease in Sum Insured during the currency of the **Policy**. However increase/decrease in Sum Insured, addition/deletion of Insured Persons, etc will be allowed at the time of Renewal of the Policy. You can submit a request for the changes by filling the proposal form before the expiry of the Policy.
- Detailed exclusions are given under Section IV of the Prospectus.

IX. Payment of Premium

- As per table annexed

X. This prospectus shall form part of your proposal form, hence please sign as you have noted the contents of this prospectus

"I agree to undergo medical tests as advised by the Insurance Company. I agree to a medical underwriting loading as per underwriting guidelines of the Company."

Signature _____ Place _____
 Name _____ Date _____

In case of any claims please contact:

Claims Department Future Generali Health (FGH) Future Generali India Insurance Co. Ltd. Office No. 3, 3rd Floor, "A" Building, G - O - Square S. No. 249 & 250, Aundh Hinjewadi Link Road, Wakad, Pune - 411 057.

Toll Free Number: 1800 103 8889

Toll Free Fax: 1800 103 9998

Email: fgf@futuregenerali.in

Annexure 1: Premium (in ₹, exclusive of Goods and Services Tax)

Sum Insured (in ₹)	Annual premium per person (in ₹ exclusive of Goods and Services Tax)
10000	254
25000	461
50000	923
75000	1384

ISO No. FGH/UW/RET/189/02

Future Generali India Insurance Company Limited (IRDAI Regn. No. 132), (CIN: U66030MH2006PLC165287)

Regd. and Corp. Office: Indiabulls Finance Centre, Tower 3, 6th Floor, Senapati Bapat Marg, Elphinstone, Mumbai – 400013. Website: <https://general.futuregenerali.in> | Email: fgcare@futuregenerali.in | Call us at: 1800-220-233 / 1860-500-3333 / 022- 67837800 | Fax No: 022 4097 6900. Trade Logo displayed above belongs to M/S Assicurazioni Generali - Societa Per Azioni and used by Future Generali India Insurance Co Ltd. Under license.

IMPORTANT GUIDELINES:

- Insurance is the contract of utmost good faith requiring of the proposer and the insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form.
- It is important to fill all questions, information for fields marked with asterisk [*] is mandatory
- Cover shall commence not earlier than the date and the time of acceptance and subsequent to payment of the premium.

PERIOD OF INSURANCE DESIRED*:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Name of the Proposer*	
	Sur Name		First Name		Middle Name	
Full Address*						
State				Pin code		
Contact Number	Landline:			Mobile:		
Email Id						
Date of Birth*	DD/MM/YYYY			Gender*		<input type="checkbox"/> Male <input type="checkbox"/> Female
PAN*				Aadhaar Number*		
PAN Enrolment Form				Aadhaar Enrolment Form		
Note:						
> If PAN / Aadhaar numbers are not available and applied for the same kindly provide the enrolment form numbers OR > If you doesn't hold PAN and not applied for PAN then kindly submit FORM 60 / 61 as per your income status. > In case proposer is resident of in the States of Jammu and Kashmir, Assam or Meghalaya and does not submit the Permanent Account Number, needs to submit any one "Officially Valid Document" – please seek your sales person assistance for the form to get signed by designated person.						
e-IA Number <small>(e-Insurance Account Number)</small>	If not available request you to kindly download the form from our website and request you to kindly submit along with this proposal form					
Marital Status	<input type="checkbox"/> Married		<input type="checkbox"/> Single		<input type="checkbox"/> Widow/Widower <input type="checkbox"/> Divorced	
Nationality*						
Occupation*	<input type="checkbox"/> Service		<input type="checkbox"/> Self Employed		<input type="checkbox"/> Others:	
Are you an existing Future Generali customer*? If yes, please provide:						<input type="checkbox"/> Yes <input type="checkbox"/> No
Existing Policy No.:			Customer ID No.:			

DETAILS OF INSURED*

Note: Proposer can propose cover only for self, spouse, up to 3 dependent child/children and 2 dependent parents

Details	Insured	Spouse	First Child	Second Child	Third Child	Father	Mother
Name							
Gender							
Date of Birth/ Age							
Relationship with Proposer							
Nominee Name [#]							
Relationship of Nominee with Insured							
Sum Insured opted (in ₹) [#]							
Premium computation (in ₹)							
Premium with GST (in ₹)							
Total Premium (including GST) (in ₹)							

[#]Nominee needs to be above 18 years only. Please provide the name of the appointee in case the nominee is a minor.

[#]You can choose sum insured options as ₹ 10000, ₹ 25000, ₹ 50000 and ₹ 75000.

Policy term* (please tick the term opted): 1 Year 2 Years 3 Years

For Long term policies (2 and 3 years), long term premium discount is applicable and premium has to be paid as single payment

HEALTH DETAILS* (Please tick "yes" or "no" against each of the questions and provide the details wherever required. A mere dash is not sufficient.)

Insured Person (s)	Have you in the last 60 days or are you presently suffering from or undergoing any treatment or medical consultation or investigation for below disease/s. Please tick Yes/ No						
	Malaria	Dengue	Lymphatic Filariasis	Kala-azar	Japanese Encephalitis	Chikungunya	Zika Virus
Insured	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
First Child	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Second Child	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Third Child	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Father	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mother	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you or any of the insureds mentioned in the proposal have concurrent Future Vector Care policy: (please provide details)*

Description	Policy No.	Sum Insured	Period of insurance (first inception date -dd/mm/yy)	From: dd/mm/yy to: dd/mm/yy	Claim details, claim amount received or receivable (in ₹)
Insured					
Spouse					
First Child					
Second Child					
Third Child					
Father					
Mother					

Please note that in case multiple Future Vector Care policies are opted by single insured person, Our maximum liability for claim towards a single hospitalisation shall be restricted to Sum Insured of ₹ 75,000/- (all policies put together)
In case of portability, kindly fill portability request form along with this form

DECLARATION

- I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorised to propose on behalf of these other persons.
- I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable.
- I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
- I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
- I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.
- I hereby authorize the company to authenticate and/or verify my Aadhaar number for e-KYC purpose

I/ We hereby declare that the premium for the said policy is paid out of the legally declared and assessed sources of my/ our income OR
 I/ We hereby declare that the premium is paid from the Bank Account of Mr. / Ms. _____, the payment is allowed under the Income Tax Act 1961, and there is insurable interest with the payee.

Note: I hereby acknowledge that I have read and understood the contents of the prospectus and have been explained the features, contents and terms of the * Prospectus / Product by the Intermediary/Agent to my/our satisfaction (*To download a copy of the Prospectus and for further details about the product, please visit our website <https://general.futuregeneral.in/>)

Date: DD / MM / YYYY Place: Proposer's Name: Proposer's Signature:

I hereby confirm that the product features and terms of the above product have been explained to the prospect in detail (including product suitability) and to the prospects' complete satisfaction. (In case prospect signs in a vernacular language/or is not literate)

Intermediary / Agent Name: Intermediary / Agent Signature: Prospect's Thumb Impression:

Payment Details

Premium paid by Cash/ Cheque No	Date: DD MM YYYY
Bank Name	Amount (INR):
Amount (in words)	
GSTIN (If more than one GSTIN, kindly attach an annexure with details)	
Please fill up the request for authorization form attached with this proposal form to receive Claim/ Refund payments if any, directly into your bank account through NEFT if the Premium is more than ₹25000/-	

For Office Use Only

Intermediary Name:	Intermediary Code:
Sales Manager Name:	Sales Manager Code:

SECTION 41 SUB-SECTION (2) OF INSURANCE LAWS (Amendment) ACT, 2015 - PENALTY FOR ACCEPTING AND/OR OFFERING OF REBATE:
 Any person making default in complying with the provisions of this section shall be liable for a penalty, which may extend to Ten Lakh Rupees.



ISO No. FGH/UW/RET/191/02

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