

## Exposure Draft

Annexure-2 of Consolidated Guidelines on Product filing in Health Insurance Business Ref: IRDAI/HLT/REG/CIR/194/07/2020 dated 22nd July, 2020 is modified as under: -

### CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

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

<b>Sl No</b>	<b>Title</b>	<b>Description</b> (Please refer to applicable Policy Clause Number in next column)	<b>Policy Clause Number</b>
1	Name of Insurance Product/Policy	XXXXXX	
2	Type of Insurance Product/ Policy	<ul style="list-style-type: none"><li>• Indemnity (Where insured losses are covered up to the Sum Insured under the policy)</li><li>• Benefit (Where an Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event)</li><li>• Both Indemnity and Benefit (where policy has elements of both the above)</li></ul>	
3	Sum Insured (Basis) (Along with amount)	<ul style="list-style-type: none"><li>• Individual Sum Insured -Where each member has a separate sum insured under the policy), or</li><li>• Floater Sum Insured-Where all members</li></ul>	

		under the policy have a single sum insured limit which may be utilised by any or all members	
4	Policy Coverage (What am I covered for?)  (Policy Number/s)                      Clause	<p><b>Expenses in respect of:</b></p> <p>Admission in Hospital beyond xx hrs</p> <p>Pre-hospitalisation (treatment prior to admission in hospital) of xx days amounting to x% of claim</p> <p>Post-hospitalisation (treatment after discharge from hospital) within xx days from date of discharge amounting to x% of claim.</p> <p>Specified / Listed procedures requiring less than xx hours of hospitalization (day care)</p> <p>Undergoing specified procedure in case of xx Critical illnesses</p> <p>Diagnosis of an illness of specified severity</p> <p>Daily cash benefit of Rs___per day during admission in hospital</p> <p>OPD / Dental/ Maternity coverage</p> <p>Emergency or Travel Medical Assistance</p> <p>Personal Accident Cover</p> <p>Travel Cover</p> <p>(Note: This is an indicative list. Insurer must ensure that all the benefits of the policy are listed above)</p>	
5	Exclusions  (what the policy does not cover)	(Note: Insurer has to ensure that all the applicable exclusions are listed here)	
6	Waiting period  • Time period during which specified diseases/treatment	<p><b>Initial waiting Period:</b> xx days for all illnesses (not applicable in case of continuous renewal or accidents)</p> <p><b>Specific Waiting periods (Not applicable for</b></p>	

	<p>s are not covered</p> <ul style="list-style-type: none"> <li>It is counted from the beginning of the policy coverage.</li> </ul>	<p><b>claims arising due to an accident):</b></p> <ul style="list-style-type: none"> <li>xx months for xx diseases/procedures</li> <li>yy months for yy diseases/procedures</li> </ul> <p><b>Pre-existing diseases:</b> Covered after xx months</p>	
<p><b>7</b></p>	<p>Financial limits of coverage</p> <p>i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>ii. Co-payment (It is a specified amount /percentage of the admissible claim amount to be paid by policyholder/insured).</p> <p>iii. Deductible (It is a specified amount:</p> <ul style="list-style-type: none"> <li>upto which an insurance company will not pay any claim, and</li> <li>which will be deducted from total claim amount (if claim amount is more than the specified amount)</li> </ul> <p>iv. Any other limit (as applicable)</p>	<p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <p style="text-align: center;">XX                      XX</p> <p>In case of a claim, this policy requires you to share the following costs: Expenses exceeding the following <b>Sub-limits</b></p> <ul style="list-style-type: none"> <li>Room / ICU charges beyond -----</li> <li>For the following specified diseases:</li> <li>_____</li> <li>_____</li> </ul> <p>XXXX</p> <p><b>Deductible</b> of Rs. XXX per claim / per year / both</p>	

8	Claims/Claims Procedure	<p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <p><b>Turn Around Time (TAT)</b> for claims settlement: XX</p> <p><i>Provide the details /web link for following:</i></p> <ul style="list-style-type: none"> <li>i. Network Hospital details</li> <li>ii. Helpline number</li> <li>iii. Downloading/getting claim form</li> </ul>	
9	Policy Servicing	<p>Call center number of the insurer</p> <p>Details of Company officials</p>	
10	Grievances/Complaints	<p>Details of</p> <ul style="list-style-type: none"> <li>- Grievance Redressal Officer of the insurer</li> <li>- Insurance company grievance portal/ Department:</li> <li>- Ombudsman:</li> </ul> <p><i>(Please provide contact details, Toll free number/email)</i></p>	
11	Things you need to know	<p><b>Free Look cancellation:</b> You may cancel the insurance policy if you do not want it, within xx days from the beginning of the policy.</p> <p>Insurer to specify the process for free look cancellation</p> <p><b>Policy renewal:</b> Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.</p> <p><b>Migration and Portability:</b> When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.</p> <p>Insurer to specify the process for migration and portability</p>	

12	Your Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.  Disclosure of other material information during the policy period.)  Insurer to specify the material information	
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Declaration by the Policy Holder;

I have read the above and confirm having noted the details.

Place:

Date: \_\_\_\_\_ (Signature of the Policy)

Note:

- i. Insurer shall provide web-link where the product related documents including the Customer Information sheet are available on the website of the insurer.
- ii. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.
- iii. **Insurer to take confirmation of the policyholder regarding receiving of the Customer Information Sheet.**