

**Silver Health Customer Information Sheet**

Description is illustrative and not exhaustive

Sr no.	TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
1	Product Name	Silver Health	
2	What am I covered for?	<b>1. Medical Expenses</b> If You are hospitalized on the advice of a Doctor because of Illness or Accidental Bodily Injury sustained or contracted during the Policy Period, then We will pay You, Reasonable and Customary Medical Expenses incurred as below:- <b>a. Hospitalization expenses</b> As an in-patient in a Hospital for accommodation, Boarding Expenses including patients diet as provided by the hospital / nursing home, nursing care, the attention of medically qualified staff, undergoing medically necessary procedures, and medical consumable.	Section A.1.a
		<b>b. Pre Hospitalisation and Post Hospitalisation expenses</b> An amount equivalent to 3% of the hospitalisation expenses covered in a) in respect of any and all pre hospitalisation and posthospitalisation expenses.	SectionA.1.b
		<b>2. Ambulance Expenses</b> If a claim under Cover 1) is accepted, We will also pay the reasonable cost to a maximum of Rs 1000/- per valid hospitalization claim for transferring You to or between Hospitals in the Hospital's ambulance or in an ambulance provided by any ambulance service provider	Section A.2
3	What are the major exclusions?	1. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority and claims due to nuclear weapons and/or materials.	Section C.5 and C 17
		2. Cosmetic or aesthetic treatments of any type, plastic surgery (unless necessary for the treatment of Illness or accidental Bodily Injury).	Section C.6
		3. The cost of spectacles, contact lenses, hearing aids, crutches, artificial limbs, dentures, artificial teeth and all other external medical equipments or devices used at home as post hospitalisation care.	Section C.7 and C.8
		4. Dental treatment or surgery of any kind unless requiring hospitalisation and as a result of accidental Bodily Injury to natural teeth	Section C.9
		5. Convalescence, general debility, rest cure, congenital diseases or defects or anomalies	Section C.10
		6. Intentional self-injuries (including but not limited to the use or misuse any intoxicating drugs or alcohol).	Section C.12
		7. Treatment arising from or traceable to pregnancy and childbirth and related complications. (Ectopic pregnancy is covered under the policy)	Section C.13
		8. Any treatment towards infertility, sub-fertility or assisted conception procedure or sterilization procedure	Section C.14
		9. Human Immunodeficiency Virus or Variant/mutant viruses and AIDS, Venereal disease or any sexually transmitted disease	Section C.11 and C 15
		10. Hospitalisation primarily and specifically for diagnostic, X-ray or laboratory examinations and investigations.	Section C.16
		11. Vaccination or inoculation unless forming a part of post bite treatment.	Section C.18
		12. Vitamins, tonics, nutritional supplements unless forming part of the treatment for injury or disease as certified by the attending Doctor	Section C.19
		13. Treatment for any other system other than modern medicine (also known as Allopathy), Experimental, unproven or non-standard treatment.	Section C.20 and C 22
		14. Surgery to correct deviated septum and hypertrophied turbinates	Section C.21
		15. Expenses related to donor screening, treatment, including surgery to remove organs from a donor in the case of transplant surgery.	Section C.23
		16. Weight management services and treatment related to weight reduction programmes including treatment of obesity.	Section C.24
		17. Treatment for any mental illness or psychiatric illness	Section C.25

4	Waiting periods	1. Any Pre-existing condition /Ailment and /or its complications, until 12 consecutive months have elapsed, after the date of inception of the first policy, with us. For any one Pre-existing Illness covered under this Policy, after period of one Year, our liability will be restricted to 50% of the Limit of Indemnity.	Section C.1								
		2. During the first year policy any Medical Expenses incurred on treatment of the following diseases: cataract, benign prostatic hypertrophy, prolapse of genitourinary/intraabdominal organs, hernia of all types, hydrocele, fistulae, hemorrhoids, fissure in anus, dysfunctional uterine bleeding, fibromyoma, endometriosis, hysterectomy, stones in the urinary and biliary systems; surgery on ears, surgery on skin/ internal tumours/cysts/nodules/polyps; treatment for benign tumors or malignant conditions or for organomegaly, surgery on joints, treatment for prolapsed intervertebral discs, surgery for gastric or duodenal ulcers.	Section C.2								
		3. First four years waiting period for joint replacement surgery unless such joint replacement surgery is necessitated by accidental Bodily Injury.	Section C.3								
		4. Any Medical Expenses incurred for any Illness diagnosed or diagnosable within 30 days of the commencement of the Period of Insurance except those incurred as a result of accidental Bodily Injury.	Section C.4								
5	Payout basis	1. Inpatient Hospitalisation benefit on indemnity payment basis.	Section D.6.i								
		2. For any one Pre-existing Illness covered under this Policy, after period of one Year, our liability will be restricted to 50% of the Limit of Indemnity. 3. Payment in respect of surgery for cataracts (after the expiry of 1 year waiting period), shall be restricted to 10% of the sum insured for each and every claim, subject to a minimum of Rs 12,000 and maximum of Rs 25,000/- and subject always to the Limit of Indemnity.	Section D.6.vi								
6	Cost sharing	In case of admission in non network hospital 20% Co-payment Applicable.	Section D.6.ii								
7	Renewal Conditions	i. Under normal circumstances, lifetime renewal benefit is available under the policy except on the grounds of fraud, misrepresentation or moral hazard.	Section D.11								
		ii. 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 all waiting periods and Health Check-up benefit. Any medical expenses incurred as a result of disease condition/ Accident contracted during the break period will not be admissible under the policy.									
8	Special Condition	<b>Free Look Period</b> You have a period of 15 days from the date of receipt of the first policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation. If you have not made any claim during the Free look period, you shall be entitled to refund of premium subject to, <ul style="list-style-type: none"> <li>a deduction of the expenses incurred by Us on Your medical examination, stamp duty charges and if the risk has not commenced</li> <li>If the risk has commenced the stamp duty charges, medical examination charges &amp; proportionate risk premium for period on cover would be deducted.</li> <li>Where only a part of risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.</li> </ul> Free look period is not applicable for renewal policies.	Section D.10								
9	Renewal Benefits:	1. If You renew Your Silver Health Policy with Us without any break and there has been no claim in the preceding year, We will increase the Limit of Indemnity by 10% per annum, but the maximum cumulative increase in the Limit of Indemnity will be limited to 5 years and 50% of Your first Silver Health Policy with Us. In case a claim is made during a policy year, the cumulative bonus would reduce by 10% in the following year.	Section D.7								
		2. Free Medical Check- up in designated Bajaj Allianz Diagnostic centers at the end of continuous four claim-free years	Section A.3								
10	Cancellation	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. Under normal circumstances, policy will not be cancelled except for reasons of non-disclosure while proposing for insurance and /or lodging any fraudulent claim	Section D.11.v								
		You may cancel this insurance by giving Us at least 15 days written notice, and if no claim has been made then the We shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below	Section D.11. vi								
		<table border="0"> <thead> <tr> <th>PERIOD ON RISK</th> <th>RATE OF PREMIUM REFUNDED</th> </tr> </thead> <tbody> <tr> <td>Up to one month</td> <td>75% of annual rate</td> </tr> <tr> <td>Up to three months</td> <td>50% of annual rate</td> </tr> <tr> <td>Up to six months</td> <td>25% of annual rate</td> </tr> <tr> <td>Exceeding six months</td> <td>Nil</td> </tr> </tbody> </table>	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
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(LEGAL DISCLAIMER) NOTE: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the KFD and the policy document the terms and conditions mentioned in the policy document shall prevail.