

Issuing Office :

EXTRA CARE PLUS
CUSTOMER INFORMATION SHEET

Description is illustrative and not exhaustive.

Sr no.	TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
1	Product Name	Extra Care Plus	
2	What am I covered for?	<p>The Company hereby agrees to pay in respect of an admissible claim in excess of Aggregate deductible, any or all of the following covers subject to the Sum Insured, limits, terms, conditions and definitions, exclusions contained or otherwise expressed in this Policy.</p> <p>Any claim under this policy shall be payable by the Company only if the aggregate of covered Reasonable Medical Expenses during the policy period exceeds the aggregate deductible limit provided in the Policy Schedule, subject to a maximum of Sum Insured.</p> <p>1. Medical Expenses 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, subject to aggregate deductible as specified on the policy document Aggregate deductible is a cost sharing requirement under this policy that provides that the company will not be liable for a specified rupee amount of the covered expenses, which will apply before any benefits are payable by the company. A deductible does not reduce the sum insured. The deductible is applicable in aggregate towards hospitalisation expenses incurred during the policy period</p> <p>a. In patient Hospitalization expense</p> <ol style="list-style-type: none"> Room Rent/ Boarding and Nursing Expenses ICU Rent/ Boarding and Nursing Expenses Fees of Medical Practitioner, Surgeon, Anaesthetist, Nurses and Specialist Doctor Operation theatre charges, Anesthesia, surgical appliances, diagnostic tests, medicines, blood oxygen and cost of prosthetic and other devices or equipment if implanted internally like pacemaker during a surgical process <p>b. Pre-hospitalization expenses The medical expenses incurred in the 60 days immediately before you were Hospitalised, provided that:</p> <ol style="list-style-type: none"> Such medical expenses were incurred for the same condition requiring subsequent Hospitalisation, and; We have accepted the claim Under In – Patient Hospitalisation expenses <p>c. Post-hospitalization expenses The medical expenses incurred in the 90 days immediately after you were discharged, provided that:</p> <ol style="list-style-type: none"> Such medical expenses were in fact incurred for the same condition requiring earlier Hospitalisation, and; We have accepted the claim Under In – Patient Hospitalisation expenses <p>d. Day care treatment We will pay you the medical expenses as listed above under In-patient Hospitalisation Expenses for Day care procedures / Surgeries taken as an inpatient in a hospital or day care centre but not in the outpatient department. Indicative list of Day Care Procedures is given in the annexure I of Policy wordings.</p> <p>e. Modern Treatment Methods Modern Treatment Methods and Advancement in Technologies are covered up to 50% of Sum Insured or 5 lacs whichever is lower, subject to policy terms, conditions, coverages, waiting periods and exclusions.</p> <ol style="list-style-type: none"> Uterine Artery Embolization and HIFU Balloon Sinuplasty Deep Brain stimulation Oral chemotherapy Immunotherapy- Monoclonal Antibody to be given as injection Intra vitreal injections Robotic surgeries Stereotactic radio surgeries Bronchical Thermoplasty Vaporisation of the prostate (Green laser treatment or holmium laser treatment) IONM -(Intra Operative Neuro Monitoring) Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered. <p>2. Maternity Expenses: We will pay the Medical Expenses related to pregnancy, childbirth or medically recommended and lawful termination of pregnancy, limited to maximum 2 deliveries or termination(s) or either, during the lifetime of the insured person as below:-</p> <ol style="list-style-type: none"> We will cover the Medical expenses for maternity including complications of maternity over and above the aggregate deductible limit as specified under the policy schedule We will also cover expenses towards lawful medical termination of pregnancy during the Policy period. In patient Hospitalization Expenses of pre-natal and post-natal hospitalization Waiting Period of 12 months from the date of inception of the first Extra Care Plus Policy with us. However this 12 months exclusion would not be applicable in case of continuous renewal of Extra Care Plus Policy without break in cover. 	A. Operative Parts

EXTRA CARE PLUS

		<p>3. Ambulance Expenses If a claim under Medical Expenses is accepted, We will also pay the ambulance expenses to a maximum of Rs 3000/- per valid hospitalization claim for transferring You/Your family member(s) named in the schedule to or between Hospitals in the Hospital's ambulance or in an ambulance provided by any ambulance service provider.</p> <p>4. Organ Donor Expenses We will pay for Medical treatment of the organ donor for harvesting the organ i.e. including surgery to remove organs from a donor provided that,</p> <ul style="list-style-type: none"> i. The organ donor is any person whose organ has been made available in accordance and in compliance with THE TRANSPLANTATION OF HUMAN ORGANS (AMENDMENT) BILL, 2011 ii. The organ donated is for the use of the Insured Person, and iii. We have accepted an inpatient Hospitalisation claim for the insured member under medical expenses section <p>Specific exclusions applicable to Organ Donor Expenses</p> <ul style="list-style-type: none"> 1. Claims which have NOT been admitted under medical expenses section 2. Claims not in compliance with THE TRANSPLANTATION OF HUMAN ORGANS (AMENDMENT) BILL, 2011 3. The organ donors Pre and Post-Hospitalisation expenses <p>Additional benefits (Additional benefits for which aggregate deductible is not applicable)</p> <p>1. Free Medical Check-up At the end of every continuous period of 3 years during which You have held Extra Care Plus policy with us, We will reimburse the free medical checkup expenses as below</p> <ul style="list-style-type: none"> • The actual amount of medical checkup expenses up to Rs. 1000/- for policy covering 1 member. • The actual amount of medical checkup expenses up to Rs. 2000/- for policies covering more than 1 member under the same policy. <p>For the avoidance of doubt, We shall only be liable for medical check up expenses and any other cost incurred such as for transportation, accommodation, food or sustenance shall not be payable by us.</p> <p>OPTIONAL COVER:</p> <p>1. Air Ambulance Cover In consideration of payment of additional premium by the Insured to the Company and realization thereof by the Company, it is hereby agreed and declared that Extra Care Plus Policy is extended to pay the expenses incurred for ambulance transportation in an airplane or helicopter for rapid ambulance transportation from the site of first occurrence of the illness / accident to the nearest hospital during policy period which directly and independently of all other causes results in emergency life threatening health conditions provided such hospitalization claim is admissible under the Extra Care Plus Policy. The claim would be reimbursed up to the actual expenses subject to a maximum limit as specified under the Air Ambulance Cover in the Policy Schedule, subject otherwise to all other terms, conditions and Exclusions of the Policy.</p> <p>Specific Conditions:</p> <ul style="list-style-type: none"> 1. Return transportation to the Insured's home by air ambulance is excluded. 2. Such air ambulance should have been duly licensed to operate as such by competent authorities of the Government/s. 3. Deductible will not be applied on the claim admissible under Air Ambulance cover 	
3	What are the major exclusions in the policy?	<ul style="list-style-type: none"> 1.. We are not liable for claim(s) amount falling within Aggregate Deductible limit as opted and mentioned on the policy schedule. 2. Any Medical Expenses of the new born baby 3. Dental treatment or surgery of any kind unless requiring hospitalisation and as a result of accidental Bodily Injury to natural teeth. 4. Investigation & Evaluation (Excl04) <ul style="list-style-type: none"> a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded even if the same requires confinement at a Hospital. b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded. 5. Rest Cure, rehabilitation and respite care (Excl05) <p>Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:</p> <ul style="list-style-type: none"> i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons. ii. Any services for people who are terminally ill to address medical, physical, social, emotional and spiritual needs. 6. Obesity/Weight Control (Excl06) <p>Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:</p> <ul style="list-style-type: none"> 1. Surgery to be conducted is upon the advice of the Doctor 2. The surgery/Procedure conducted should be supported by clinical protocols 3. The member has to be 18 years of age or older and 4. Body Mass Index (BMI); <ul style="list-style-type: none"> a. greater than or equal to 40 or b. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss: <ul style="list-style-type: none"> i. Obesity-related cardiomyopathy ii. Coronary heart disease iii. Severe Sleep Apnea iv. Uncontrolled Type2 Diabetes 	Policy wording Section C.III

EXTRA CARE PLUS

<p>3</p>	<p>What are the major exclusions in the policy?</p>	<p>7. Change-of-gender treatments: (Excl07) Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex</p> <p>8. Cosmetic or plastic Surgery (Excl08) Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.</p> <p>9. Hazardous or Adventure Sports (Excl09) Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.</p> <p>10. Breach of law: (Excl10) Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.</p> <p>11. Excluded Providers: (Excl11) Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.</p> <p>12. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Excl12)</p> <p>13. Treatments received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or a Hospital where the Hospital has effectively become the Insured Person's home or permanent abode or where admission is arranged wholly or partly for domestic reasons. (Excl13)</p> <p>14. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. (Excl14)</p> <p>15. Refractive Error: (Excl15) Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.</p> <p>16. Unproven Treatments: (Excl16) Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.</p>	<p>Policy wording Section C.III</p>
		<p>17. Sterility and Infertility (Excl17) Expenses related to sterility and infertility. This includes:</p> <ul style="list-style-type: none"> i. Any type of contraception, sterilization ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI iii. Gestational Surrogacy iv. Reversal of sterilization <p>18. The cost of spectacles, contact lenses, hearing aids, crutches, artificial limbs, dentures, artificial teeth and all other external appliances and/or devices whether for diagnosis or treatment except for intrinsic fixtures used for orthopedic treatments such as plates and K-wires.</p> <p>19. 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 nationalization or requisition of or damage by or under the order of any government or public local authority.</p> <p>20. Circumcision unless required for the treatment of illness or accidental bodily injury, cosmetic or aesthetic treatments of any description, treatment or surgery for change of life/gender.</p> <p>21. External medical equipment of any kind used at home as post Hospitalization care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.</p> <p>22. Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)</p> <p>23. Vaccination or inoculation unless forming a part of post bite treatment or if medically necessary and forming a part of treatment recommended by the treating Medical practitioner.</p> <p>24. All non-medical Items as per Annexure II</p> <p>25. Any treatment received outside India is not covered under this Policy.</p> <p>26. Treatment for any other system other than modern medicine (also known as Allopathy)</p> <p>27. Venereal disease or any sexually transmitted disease or sickness.</p>	

EXTRA CARE PLUS

4.	Waiting periods	<p>1. Pre-Existing Diseases - Code- Excl01</p> <p>a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 12 months of continuous coverage after the date of inception of the first Extra Care Plus policy with us.</p> <p>b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.</p> <p>c. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.</p> <p>d. Coverage under the policy after the expiry of 12 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.</p> <p>2. Specified disease/procedure waiting period- Code- Excl02</p> <p>a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 12 months of continuous coverage after the date of inception of the first Extra Care Plus policy with us. This exclusion shall not be applicable for claims arising due to an accident.</p> <p>b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.</p> <p>c. If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.</p> <p>d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.</p> <p>e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.</p> <p>f. List of specific diseases/procedures</p> <table border="1" data-bbox="280 792 1356 1223"> <tr> <td>1. Any types of gastric or duodenal ulcers,</td> <td>11. Hernia of all types</td> </tr> <tr> <td>2. Benign prostatic hypertrophy</td> <td>12. Fistulae, Fissure in ano</td> </tr> <tr> <td>3. All types of sinuses</td> <td>13. Hydrocele</td> </tr> <tr> <td>4. Haemorrhoids</td> <td>14. Fibromyoma</td> </tr> <tr> <td>5. Dysfunctional uterine bleeding</td> <td>15. Hysterectomy</td> </tr> <tr> <td>6. Endometriosis</td> <td>16. Surgery for any skin ailment</td> </tr> <tr> <td>7. Stones in the urinary and biliary systems</td> <td>17. Surgery on all internal or external tumours/ cysts/ nodules/ polyps of any kind including breast lumps with exception of Malignant tumor or growth.</td> </tr> <tr> <td>8. Surgery on ears/tonsils/adenoids/paranasal sinuses</td> <td>18. All Joint Replacement surgeries</td> </tr> <tr> <td>9. Surgery for intervertebral disc disorders</td> <td rowspan="2">19. Internal Congenital</td> </tr> <tr> <td>10. Cataracts</td> </tr> </table>	1. Any types of gastric or duodenal ulcers,	11. Hernia of all types	2. Benign prostatic hypertrophy	12. Fistulae, Fissure in ano	3. All types of sinuses	13. Hydrocele	4. Haemorrhoids	14. Fibromyoma	5. Dysfunctional uterine bleeding	15. Hysterectomy	6. Endometriosis	16. Surgery for any skin ailment	7. Stones in the urinary and biliary systems	17. Surgery on all internal or external tumours/ cysts/ nodules/ polyps of any kind including breast lumps with exception of Malignant tumor or growth.	8. Surgery on ears/tonsils/adenoids/paranasal sinuses	18. All Joint Replacement surgeries	9. Surgery for intervertebral disc disorders	19. Internal Congenital	10. Cataracts	Policy Wording Section C.I & C.II
1. Any types of gastric or duodenal ulcers,	11. Hernia of all types																					
2. Benign prostatic hypertrophy	12. Fistulae, Fissure in ano																					
3. All types of sinuses	13. Hydrocele																					
4. Haemorrhoids	14. Fibromyoma																					
5. Dysfunctional uterine bleeding	15. Hysterectomy																					
6. Endometriosis	16. Surgery for any skin ailment																					
7. Stones in the urinary and biliary systems	17. Surgery on all internal or external tumours/ cysts/ nodules/ polyps of any kind including breast lumps with exception of Malignant tumor or growth.																					
8. Surgery on ears/tonsils/adenoids/paranasal sinuses	18. All Joint Replacement surgeries																					
9. Surgery for intervertebral disc disorders	19. Internal Congenital																					
10. Cataracts																						
4.	Waiting periods	<p>3. 30-day waiting period- Code- Excl03</p> <p>a. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.</p> <p>b. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.</p> <p>c. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.</p> <p>II. Waiting Period for Maternity Expenses</p> <p>1. Any treatment arising from or traceable to pregnancy, child birth including cesarean section and/or any treatment related to pre and postnatal care and complications arising out of Pregnancy and Childbirth until 12 months continuous period has elapsed since the inception of the first Extra Care Plus with US. However this exclusion will not apply to Ectopic Pregnancy proved by diagnostic means and certified to be life threatening by the attending medical practitioner.</p>	Policy Wording Section C.I & C.II																			
5.	Payout basis	<p>Indemnity Basis:</p> <p>1. Medical Expenses</p> <p>a. In-patient Hospitalisation Expenses</p> <p>b. Pre-Hospitalisation</p> <p>c. Post Hospitalisation</p> <p>d. Day Care Treatment</p> <p>e. Modern techniques</p> <p>2. Ambulance expenses</p> <p>3. Maternity expenses</p> <p>4. Organ Donor Expenses</p> <p>Additional Benefit</p> <p>1. Free Medical Check Up : Indemnity Basis</p> <p>Optional Cover</p> <p>1. Air Ambulance Cover : Indemnity Basis</p>	A. Operative Parts																			
6.	Cost sharing	Cumulative Deductible of Rs.2lacs/ 3lacs/ 5lacs and 10 lacs as per sum insured	A. Operative Parts																			

EXTRA CARE PLUS

7.	Renewal Conditions	<p>The policy shall ordinarily be renewable except on misrepresentation by the insured person. grounds of fraud, misrepresentation by the insured person.</p> <p>i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.</p> <p>ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.</p> <p>iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.</p> <p>iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.</p> <p>v. No loading shall apply on renewals based on individual claims experience</p>	Policy Wordings Section D.III-1. Terms of Renewal																																																	
8	Renewal Benefits	<p>Free Medical Check-up At the end of every continuous period of 3 years during which You have held Extra Care Plus policy with us, We will reimburse the free medical checkup expenses as below</p> <ul style="list-style-type: none"> The actual amount of medical checkup expenses up to Rs. 1000/- for policy covering 1 member. The actual amount of medical checkup expenses up to Rs. 2000/- for policies covering more than 1 member under the same policy. <p>For the avoidance of doubt, We shall only be liable for medical check-up expenses and any other cost incurred such as for transportation, accommodation, food or sustenance shall not be payable by us.</p>	Policy Wording Section A.5 Medical Check Up																																																	
9	Cancellation	<p>i. The policyholder may cancel this policy by giving 15days'written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below. Cancellation grid for premium received on annual & long term basis and refund is as under</p> <table border="1" data-bbox="280 801 1358 1379"> <thead> <tr> <th rowspan="2">Period in Risk</th> <th colspan="3">Premium Refund</th> </tr> <tr> <th>Policy Period 1 Year</th> <th>Policy Period 2 Year</th> <th>Policy Period 3 Year</th> </tr> </thead> <tbody> <tr> <td>Within 15 Days</td> <td colspan="3">As per Free Look Period Condition</td> </tr> <tr> <td>Exceeding 15 days but less than or equal to 3 months</td> <td>65.00%</td> <td>75.00%</td> <td>80.00%</td> </tr> <tr> <td>Exceeding 3 months but less than or equal to 6 months</td> <td>45.00%</td> <td>65.00%</td> <td>75.00%</td> </tr> <tr> <td>Exceeding 6 months but less than or equal to 12 months</td> <td>0.00%</td> <td>45.00%</td> <td>60.00%</td> </tr> <tr> <td>Exceeding 12 months but less than or equal to 15 months</td> <td rowspan="6"></td> <td>30.00%</td> <td>50.00%</td> </tr> <tr> <td>Exceeding 15 months but less than or equal to 18 months</td> <td>20.00%</td> <td>45.00%</td> </tr> <tr> <td>Exceeding 18 months but less than or equal to 24 months</td> <td>0.00%</td> <td>30.00%</td> </tr> <tr> <td>Exceeding 24 months but less than or equal to 27 months</td> <td></td> <td>20.00%</td> </tr> <tr> <td>Exceeding 27 months but less than or equal to 30 months</td> <td></td> <td>15.00%</td> </tr> <tr> <td>Exceeding 30 months but less than or equal to 36 months</td> <td></td> <td>0.00%</td> </tr> </tbody> </table> <p>Note:</p> <ul style="list-style-type: none"> The first slab of Number of days "within 15 days" in above table is applicable only in case of new business. In case of renewal policies, period is risk "Exceeding 15 days but less than 3 months" should be read as "within 3 months". <p>Cancellation grid for premium received on instalment basis and refund is as under For monthly/quarterly premium modes, no premium is refunded. For half yearly premium payment mode, the premium will be refunded as per the below table:</p> <table border="1" data-bbox="280 1585 1358 1738"> <thead> <tr> <th rowspan="2">Period in Risk (from latest instalment date)</th> <th>Premium Refund Pro Rate</th> </tr> <tr> <th>% of Half Yearly Premium</th> </tr> </thead> <tbody> <tr> <td>Exceeding 15 days but less than or equal to 3 months</td> <td>30%</td> </tr> <tr> <td>Exceeding 3 months but less than or equal to 6 months</td> <td>0%</td> </tr> </tbody> </table> <p>Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.</p> <p>ii. The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.</p>	Period in Risk	Premium Refund			Policy Period 1 Year	Policy Period 2 Year	Policy Period 3 Year	Within 15 Days	As per Free Look Period Condition			Exceeding 15 days but less than or equal to 3 months	65.00%	75.00%	80.00%	Exceeding 3 months but less than or equal to 6 months	45.00%	65.00%	75.00%	Exceeding 6 months but less than or equal to 12 months	0.00%	45.00%	60.00%	Exceeding 12 months but less than or equal to 15 months		30.00%	50.00%	Exceeding 15 months but less than or equal to 18 months	20.00%	45.00%	Exceeding 18 months but less than or equal to 24 months	0.00%	30.00%	Exceeding 24 months but less than or equal to 27 months		20.00%	Exceeding 27 months but less than or equal to 30 months		15.00%	Exceeding 30 months but less than or equal to 36 months		0.00%	Period in Risk (from latest instalment date)	Premium Refund Pro Rate	% of Half Yearly Premium	Exceeding 15 days but less than or equal to 3 months	30%	Exceeding 3 months but less than or equal to 6 months	0%	Policy Wordings Section D.IV-3 Cancellation
Period in Risk	Premium Refund																																																			
	Policy Period 1 Year	Policy Period 2 Year	Policy Period 3 Year																																																	
Within 15 Days	As per Free Look Period Condition																																																			
Exceeding 15 days but less than or equal to 3 months	65.00%	75.00%	80.00%																																																	
Exceeding 3 months but less than or equal to 6 months	45.00%	65.00%	75.00%																																																	
Exceeding 6 months but less than or equal to 12 months	0.00%	45.00%	60.00%																																																	
Exceeding 12 months but less than or equal to 15 months		30.00%	50.00%																																																	
Exceeding 15 months but less than or equal to 18 months		20.00%	45.00%																																																	
Exceeding 18 months but less than or equal to 24 months		0.00%	30.00%																																																	
Exceeding 24 months but less than or equal to 27 months			20.00%																																																	
Exceeding 27 months but less than or equal to 30 months			15.00%																																																	
Exceeding 30 months but less than or equal to 36 months			0.00%																																																	
Period in Risk (from latest instalment date)	Premium Refund Pro Rate																																																			
	% of Half Yearly Premium																																																			
Exceeding 15 days but less than or equal to 3 months	30%																																																			
Exceeding 3 months but less than or equal to 6 months	0%																																																			

EXTRA CARE PLUS

10	Claims	<p>a. For Cashless Service: List of Network Hospitals available on our website www.bajajallianz.com</p> <p>b. For Reimbursement of Claim: For reimbursement of claims the insured person may submit the necessary documents to Company within the prescribed time limit as specified in the Policy wordings</p>	Section D
11	"Policy Servicing, Grievances/ Complaints"	<p>a. If Insured person is not satisfied with the redressal of grievance through one of the methods, insured person may contact the grievance officer at ggro@bajajallianz.co.in For updated details of grievance officer, https://www.bajajallianz.com/about-us/customer-service.html</p> <p>b. IRDAI Integrated Grievance Management System - https://igms.irda.gov.in/</p> <p>c. Insurance Ombudsman - The contact details of the Insurance Ombudsman offices have been provided in Policy document.</p>	Section D
12	Insured's Rights	<p>a. Free Look period of 15 days from the date of receipt of the policy shall be applicable at the inception</p> <p>b. Lifelong renewability (except on certain specific grounds)</p> <p>c. Right to migrate from one product to another product of the company</p> <p>d. Right to port from one company to another company</p> <p>e. Change in SI during the policy term or at the time of renewal</p> <p>f. In the case of delay in the payment of a claim, the Company 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 2% above the bank rate</p>	Section D
13	Insured's Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid.	Section D
(LEGAL DISCLAIMER) NOTE: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the Customer Information Sheet and the policy document the terms and conditions mentioned in the policy document shall prevail.			