

M- CARE

CUSTOMER INFORMATION SHEET

The information mentioned below is illustrative and not exhaustive. 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.

Sr no.	TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
1.	Product Name	M- Care	
2	What am I covered for	<p>Scope of cover If the Insured is diagnosed as suffering from a Vector Borne disease listed below which first occurs or manifests itself during the Policy Period, the Company shall pay a lump sum Benefit to the Insured or Insured Person [in floater policy], as the case may be, as specified under the Policy Schedule, Subject to Limit of Benefits, Sum Insured, limits, terms, conditions definitions and exclusions contained or otherwise expressed in the Policy Schedule read with these Terms and Conditions.</p> <p>COVERAGE</p> <p>1. Dengue Fever Subject to Limit of Benefits, the Company shall pay the benefit as specified in the Policy Schedule in the event of Insured or the Insured Person(s), as the case may be being hospitalized during the the Policy Period, with the diagnosis of Dengue which is confirmed by Medical Practitioner along with laboratory examinations results countersigned by a Pathologist/microbiologist indicating –</p> <ol style="list-style-type: none"> Decreasing platelet levels- less than 100,000 cells/mm³; and Immunoglobulins /Polymerase Chain Reaction (PCR) test showing positive results for Dengue Concurrent to the above two conditions the final diagnosis should be confirmed as Dengue Fever <p>2. Malaria The Company shall pay the benefit as specified in the Policy Schedule in the event of Insured Person being hospitalized during the the Policy Period, with the diagnosis of Malaria which is confirmed by a medical practitioner with confirmatory tests indicating presence of Plasmodium falciparum/ vivax/ malariae in the his/her blood by laboratory examination countersigned by a pathologist/microbiologist in peripheral blood smear or positive rapid diagnostic test (antigen detection test).</p> <p>3. Filariasis (Payable only once in lifetime) The Company shall pay the benefit as specified in the Policy Schedule in the event of Insured Person being hospitalized during the the Policy Period, with the diagnosis of Filariasis commonly known as elephantiasis, and same must be confirmed by a Medical Practitioner with laboratory examination with presence of microfilariae in a blood smear by microscopic examination and along with any two of the following Clear and visible manifestation of the disease:</p> <ol style="list-style-type: none"> Lymphoedema, Elephantiasis and Scrotal swelling Concurrent to the above three conditions the final diagnosis should be confirmed as Filariasis <p>Note-</p> <ol style="list-style-type: none"> If the Insured Person is already infected with Filariasis prior to first Policy inception then this benefit will not be extended for lifetime Once the Sum Assured is paid for any Insured Person, no other claim for this particular condition shall be paid to the Insured Person in his/her entire lifetime. <p>4. Kala Azar The Company shall pay the benefit as specified in the Policy Schedule in the event of Insured Person being hospitalized during the the Policy Period, with the diagnosis of Visceral Leishmaniosis, also known as kala-azar which is characterized by irregular bouts of fever, substantial weight loss, swelling of the spleen and liver and anaemia and same must be confirmed by a Medical Practitioner 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 indicating presence of this disease.</p>	Policy Wordings SECTION A: OPERATIVE PART

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2.	What am I covered for	<p>5. Chikungunya The Company shall pay the benefit as specified in the Policy Schedule in the event of Insured Person being hospitalized during the the Policy Period, with the diagnosis of Chikungunya which is characterized by an abrupt onset of fever with Joint pain. Other common signs and symptoms include muscle pain, headache, nausea, fatigue and rash and same must be confirmed 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.</p> <p>6. Japanese Encephalitis The Company shall pay the benefit as specified in the Policy Schedule in the event of Insured Person being hospitalized during the the Policy Period, with the diagnosis of Japanese Encephalitis is which is characterized by rapid onset of high fever, headache, neck stiffness, disorientation, coma, seizures, spastic paralysis and same must be confirmed by a Medical Practitioner by positive serological test for Japanese Encephalitis by immunoglobulin M (IgM) antibody capture ELISA (MAC ELISA) for serum and cerebrospinal fluid (CSF).</p> <p>7. Zika Virus The Company shall pay the benefit as specified in the Policy Schedule in the event of Insured Person being hospitalized during the the Policy Period, with the diagnosis of Zika virus disease which have symptoms like mild fever, skin rash, conjunctivitis, muscle and joint pain, malaise or headache and same must be confirmed by a registered medical practitioner by plaque-reduction neutralization testing (PRNT). PRNT is performed by CDC or a CDC-designated confirmatory testing laboratory to confirm presumed positive, equivocal, or inconclusive IgM results.</p>	Policy Wordings SECTION A: OPERATIVE PART										
3.	What are the major exclusions in the policy	<p>No payment will be made by the Company for any claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following: General Exclusions</p> <ol style="list-style-type: none"> Any Treatment taken for any illness other than for vector borne diseases as listed in Section A Admission to hospital for less than 24 hours Diagnosis and treatment outside India. However, this exclusion shall not be applicable in the below listed countries <table border="1" data-bbox="320 1115 1326 1317"> <tr> <td>New Zealand</td> <td>Japan</td> </tr> <tr> <td>Singapore</td> <td>Canada</td> </tr> <tr> <td>Switzerland</td> <td>Dubai</td> </tr> <tr> <td>USA</td> <td>Hong Kong</td> </tr> <tr> <td>Malaysia</td> <td>Countries of the European Union.</td> </tr> </table>	New Zealand	Japan	Singapore	Canada	Switzerland	Dubai	USA	Hong Kong	Malaysia	Countries of the European Union.	Policy Wordings SECTION C: EXCLUSIONS- General Exclusions
New Zealand	Japan												
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4.	Waiting Periods	<p>No payment will be made by the Company for any claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following: Waiting Period</p> <ol style="list-style-type: none"> Any of the listed vector borne disease diagnosed within the first 15 days of the date of commencement of the Policy is excluded. This exclusion shall not apply to an Insured/Insured Persons, as the case may be, for whom coverage has been renewed without a break, for subsequent years provided there are NIL claims in the previous Policies. If the Policy is opted after occurrence of any of the listed vector borne diseases, a 60 days waiting period shall be applicable for the specific ailment from date of previous admission. However once a benefit is paid under the Policy Schedule during the Policy Period and the Named Insured renews the Policy, in such scenario for the renewal Policy, 60 days waiting period from date of previous admission would apply for the specific ailment of which a claim has been paid. If the Policy is renewed within 60 days from the date of admission of the previously paid claim for the named Insured/Insured Persons, as the case may be, a 60 days cooling off period shall apply for the same ailment in the renewed policy opted, however there would be no waiting period for other listed vector borne diseases. If the Policy is renewed post 60 days from the date of admission of the previously paid claim for the named Insured/Insured Persons, as the case may be, then a fresh waiting period of 15 days shall apply for all listed vector borne diseases. 	Policy Wordings SECTION C: EXCLUSIONS- Waiting Period										
5	Survival Period	Not Applicable											
6	Payout Basis	Only Assured Benefit basis											
7	Cost Sharing	Not Applicable											

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8	Renewal Conditions	<p>1. Renewal with Nil Claims</p> <ul style="list-style-type: none"> i Under normal circumstances, lifetime renewal benefit is available under the Policy except on the grounds of fraud, misrepresentation or moral hazard or non-co-operation by the Insured/Insured Person or if any false statement, or declaration is made or used or Upon the occurrence of an event of Vector Borne disease. ii In case of our own Company’s renewal a grace period of 30 days is permissible and the Policy will be considered as continuous for the purpose of waiting period. Any claim incurred as a result of Insured disease contracted during the break period will not be admissible under the Policy. iii For renewals received after completion of 30 days grace period, a fresh application of health insurance should be submitted to Us, it would be processed as per a new business proposal. iv Premium payable or any changes in terms & conditions on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDA <p>2. Renewal upon admission of a claim:</p> <ul style="list-style-type: none"> i Upon payment of claim the Insured has option to renew the Policy with immediate effect or on a later date as per below terms & conditions <ul style="list-style-type: none"> a. If the Policy is renewed within 60 days from the date of admission of the previously paid claim for the named insured a 60 days cooling off period shall apply for the same ailment in the new Policy opted, however there would be no waiting period for other listed vector borne diseases b. If the Policy is renewed post 60 days from the date of admission of the previously paid claim for the named insured then a fresh waiting period of 15 days shall apply for all listed vector borne diseases ii For Lymphatic Filariasis, once the sum assured is paid for any life, no other claim for this particular condition shall be paid to the Named insured in the entire lifetime. 	Policy Wordings Section D: General conditions Point No III Conditions for renewal of the contract										
9	Renewal benefits	Any of the listed vector borne disease diagnosed within the first 15 days of the date of commencement of the Policy is excluded. This exclusion shall not apply to an Insured for whom coverage has been renewed without a break, for subsequent years provided there are NIL claims in the previous policies.											
10	Policy Cancellation	<p>Cancellation</p> <ul style="list-style-type: none"> i. 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. ii. 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. <table border="1" data-bbox="320 1193 1326 1391"> <thead> <tr> <th>PERIOD ON RISK</th> <th>RATE OF PREMIUM REFUNDED</th> </tr> </thead> <tbody> <tr> <td>Upto one month</td> <td>75% of annual rate</td> </tr> <tr> <td>Upto three months</td> <td>50% of annual rate</td> </tr> <tr> <td>Upto 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	Upto one month	75% of annual rate	Upto three months	50% of annual rate	Upto six months	25% of annual rate	Exceeding six months	Nil	Policy Wordings Section D: General conditions Point No IV Cancellation
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