

AROGYA SANJEEVANI POLICY, ZURICH KOTAK GENERAL INSURANCE COMPANY (INDIA) LIMITED.

PROSPECTUS

COVERAGE

1. Hospitalization expenses - Expenses incurred on hospitalization for minimum period of 24 hours including pre-hospitalization expenses for a period of 30 days and post hospitalization expenses for a period of 60 days.
2. Day Care Procedures - Medical expenses for day care procedures.
3. Expenses incurred on treatment of cataract
4. Expenses incurred on dental treatment and Plastic Surgery - Necessitated due to disease or injury.
5. Ambulance Charges - Expenses incurred on road Ambulance
6. AYUSH Coverage - Expenses incurred on hospitalization under AYUSH Treatment.
7. Cumulative Bonus - 5% increase at each renewal upto a maximum of 50%.

TABLE OF BENEFITS

Product Type	Individual/ Floater
Category of Cover	Indemnity
Sum insured	INR 50,000 – 10 lacs (in multiples of INR 50,000) On Individual basis – SI shall apply to each individual family member On Floater basis – SI shall apply to the entire family
Policy Period	1 year
Eligibility	Policy can be availed by persons above the age of 18 years, as Proposer. Proposer can obtain policy for family, without covering self. Policy can be availed for Self and the following family members <ol style="list-style-type: none"> i. legally wedded spouse. ii. Parents and Parents-in-law. iii. Dependent Children (i.e. natural or legally adopted) between the age 3 months to 25 years. If the child above 18 years of age is financially independent, he or she shall be ineligible for coverage in the subsequent renewals

Grace Period	At the end of the policy period, a fixed period of 30 days is to be allowed as Grace Period; Grace period of 15 days (where premium is paid on monthly instalments) and 30 days (where premium paid in quarterly / half yearly/ annual instalments) would be given to pay the instalment premium due for the policy
Hospitalisation Expenses	Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible
	Time limit of 24 hrs shall not apply when the treatment is undergone in a Day Care Centre.
Pre Hospitalisation	For 30 days prior to the date of hospitalization
Post Hospitalisation	For 60 days from the date of discharge from the hospital
Sublimit for room/doctors fee	<ol style="list-style-type: none"> Room Rent, Boarding, Nursing Expenses all inclusive as provided by the Hospital / Nursing Home up to 2% of the sum insured subject to maximum of Rs.5000/- per day. Intensive Care Unit (ICU) charges/ Intensive Cardiac Care Unit (ICCU) charges all-inclusive as provided by the Hospital / Nursing Home up to 5% of the sum insured subject to maximum of Rs.10,000/-, per day <p>In case Room/ICU/ICCU rent exceeds the limits specified the claim shall be subject to the proportionate deduction.</p>
Cataract Treatment	Up to 25% of Sum insured or Rs.40,000/-, whichever is lower, per eye, under one policy year.
Modern treatment methods and Advancements in technology	Up to 50% of the Sum insured.
AYUSH	Expenses incurred for Inpatient Care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines shall be covered upto sum insured, during each Policy year as specified in the policy schedule.
Pre Existing Disease	Only PEDs declared in the Proposal Form and accepted for coverage by the company shall be covered after a waiting period of 36 months
Waiting period	Pre-Existing Diseases will be covered after a waiting period of thirty six (36) months of continuous coverage
	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.
	Specified surgeries/treatments/diseases are covered after specific waiting period of 24 months/ 36 months

Cumulative bonus	Increase in the sum insured by 5% in respect of each renewal year subject to a maximum of 50% of SI.
Co Pay	5% co pay on all claims
Premium Rate	Premium rate is as per Annexure_3.1_Annexure to prospectus
Discounts and Loadings under the Policy	<ul style="list-style-type: none"> • Discounts • Kotak Group Employees – 5% • Online Policy Issuance – 2.5% • Family Discount (Not applicable for Floater Policies) – <ul style="list-style-type: none"> ○ 2 eligible members - 2.5% ○ More than 2 members - 5% • Cross Sell Discount (Applicable if the policyholder has one live policy) – 10% • Loadings • Instalment facility - <ul style="list-style-type: none"> ○ Monthly Premium – 4.0%

	<ul style="list-style-type: none"> ○ Quarterly Premium – 3.0% ○ Semi Annual Premium – 2.0% 				
Pre-Policy Medical check-up	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>Sum Insured</td> <td>1 – 10 lacs</td> </tr> <tr> <td>Age</td> <td>56 Years & Above</td> </tr> </table> <p>In addition to the above, based on the declarations made in the proposal form and the medical assessment done by the Underwriter, the customer may be requested to undergo medical tests.</p> <p>Medical tests will be facilitated by us and conducted at Our network of diagnostic centers. The validity of such tests will be up to 30 days. If we accept your proposal, full costs of pre policy medical checkup will be borne by Us.</p> <p>The details of the centre at which such tests shall be conducted will be informed to you before the medical examination.</p>	Sum Insured	1 – 10 lacs	Age	56 Years & Above
Sum Insured	1 – 10 lacs				
Age	56 Years & Above				
Underwriting Loading	Underwriting loading up to 200% based on criteria mentioned in underwriting manual.				

Major exclusions in the policy

Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions:

- Admission primarily for investigation & evaluation
- Admission primarily for rest Cure, rehabilitation and respite care

- Expenses related to the surgical treatment of obesity that do not fulfill certain conditions
- Change-of-Gender treatments
- Expenses for cosmetic or plastic surgery
- Expenses related to any treatment necessitated due to participation in hazardous or adventure sports

Renewal Conditions

The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years.

Cancellation

- a. The policyholder may cancel his/her policy at any time during the term, by giving 7 days notice in writing. The Insurer shall refund proportionate premium for unexpired policy period, subject to no claim(s) were made during the policy period.

Additional Deductions - Notwithstanding the above, if (i) the risk under the Policy has already commenced, or (ii) only a part of the insurance coverage has commenced, and the option of Policy cancellation is exercised by the Policyholder, then expenses incurred by the Company on medical examination of the Policyholder will also be deducted before refunding of premium.

- b. 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.

Insured's Rights

- Free Look period of 30 days from the date of receipt of the policy shall be applicable at the inception.
- Lifelong renewability (except on certain specific grounds)
- Right to migrate from one product to another product of the company
- Right to port from one company to another company
- Change in SI during the policy term or at the time of renewal

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.

Portability

The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability.

If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

Claims Process

1.1 Procedure for Cashless claims:

- (i) Treatment may be taken in a network provider and is subject to pre authorization by the Company or its authorized TPA.
- (ii) Cashless request form available with the network provider and TPA shall be completed and sent to the Company/TPA for authorization.
- (iii) The Company/ TPA upon getting cashless request form and related medical information from the insured person/ network provider will issue pre-authorization letter to the hospital after verification.
- (iv) At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.
- (v) The Company / TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details.
- (vi) In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim documents to the Company / TPA for reimbursement.

Turn Around Time (TAT) for issue of Pre-Authorization within 1 hours from receipt of complete documents for initial and within 3 hours from receipt of complete documents for final approval at the time of discharge.

1.2 Procedure for reimbursement of claims:

For reimbursement of claims the insured person may submit the necessary documents to TPA (if applicable)/Company within the prescribed time limit as specified hereunder.

Sl No	Type of Claim	Prescribed Time limit
1.	Reimbursement of hospitalization, day care and pre hospitalization expenses	Within thirty days of date of discharge from hospital
2.	Reimbursement of post hospitalization expenses	Within fifteen days from completion of post hospitalization treatment

For detailed claim process, please refer to the policy wordings

Statutory Warning - Prohibition Of Rebates (Under Section 41 of Insurance Act 1938)

- 1) No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property, in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the Policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.
- 2) 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.

1.3 Multiple Policy

- i. In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
 - ii. Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.
 - iii. If the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurer from whom he/she wants to claim the balance amount.
 - iv. Where an insured person has policies from more than one insurer to cover the same risk on indemnity basis, the insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

1.4. Redressal of Grievance

In case of any grievance the insured person may contact the company through

Website: www.zurichkotak.com

Toll free: 18002664545

E-mail: care@zurichkotak.com

Courier: Zurich Kotak General Insurance Company (India) Limited, 401, 4th Floor, Silver Metropolis, Jai Coach Compound, Off Western Express Highway, Goregaon (East), Mumbai 400063. Maharashtra, India.

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance If Insured person is not satisfied with the redressal of grievance through one of the above

methods, insured person may contact the grievance officer at grievanceofficer@zurichkotak.com For updated details of grievance officer, kindly refer the link: <https://www.zurichkotak.com/customer-support/grievance-redressal-process>

For senior citizens, please contact the respective branch office of the Company or call at 18002664545 or may write an e- mail at seniorcitizen@zurichkotak.com

Zurich Kotak General Insurance: We offer a range of general insurance plans in India, including car, bike, travel and health insurance. Visit today!

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. The details of the Insurance Ombudsman is available at: <https://www.zurichkotak.com/customer-support/grievance-redressal-process>

The updated details of Insurance Ombudsman offices are also available on the website of Council for Insurance Ombudsmen: www.cioins.co.in/ombudsman

The details of the Insurance Ombudsman is available at Annexure I

Grievance may also be lodged through the Bima Bharosa Portal – <https://bimabharosa.irdai.gov.in>

1.5 Sanction Exclusion Clause:

Notwithstanding any other terms under this agreement, no insurer shall be deemed to provide coverage or will make any payments or provide any service or benefit to any insured or other party to the extent that such cover, payment, service, benefit and/or any business or activity of the insured would violate any applicable trade or economic sanctions law or regulation.