

CUSTOMER INFORMATION SHEET/ KNOW YOUR POLICY

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

SI No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number	
1	Name of Insurance Product/ Policy	Empower		
2	Policy number	XXXX		
3	Type of Insurance Product/ Policy	Both Indemnity and Benefit Indemnity (Where insured losses are covered up to the Sum Insured under the policy) Benefit (Where an Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event)		
4	Sum Insured (Basis)	Individual Sum Insured - Where each member has a separate sum insured under the policy Sum Insured – INR XXXX		
5	Policy Coverage (What the policy covers?)	Expenses in respect of:		
		In-patient Care	Covered up to the limit of opted Sum Insured where the Hospitalisation is more than 24 Hours	Policy Wordings. 4.1
		Day Care Treatment	Covered up to the limit of opted Sum Insured where the Hospital admission is less than 24 hours	Policy Wordings. 4.2
		AYUSH Treatment	Covered up to the limit of opted Sum Insured	Policy Wordings. 4.3
		Pre-Hospitalization Medical Expenses	Medical Expenses covered for 30 days before date of hospitalisation	Policy Wordings. 4.4
		Post-Hospitalization Medical Expenses	Medical Expenses covered for 60 days from the date of discharge from the hospital, upto maximum of 10% of hospitalization Expenses (Hospital Bill -- Nursing charges, room rent, consultant charges, diagnostics and medicines)	Policy Wordings. 4.5
		Emergency Road Ambulance	Expenses covered up to Rs. 10000 per year for availing Ambulance services	Policy Wordings. 4.6
		Modern Treatments	Covered up to 50% of opted Sum Insured	Policy Wordings. 4.7
	Home Care Treatment	Rs.1000/ day Maximum upto 7 days per year	Policy Wordings. 4.8	
6	Exclusions (What the policy does not cover)	We will not be liable under any circumstances, for any Claim in connection with or with regard to any of the following permanent exclusions as specified below: 1. Investigation & Evaluation (Code- Excl04)	Policy Wordings. 6 Exclusions	

	<ol style="list-style-type: none"> 2. Rest Cure, rehabilitation and respite care (Code – Excl05) 3. Obesity/ Weight Control (Code – Excl06) 4. Change-of- Gender treatments (Code – Excl07) 5. Cosmetic or plastic Surgery (Code – Excl08) 6. Hazardous or Adventure sports: (Code- Excl09) 7. Breach of law (Code – Excl10) 8. Excluded Providers: (Code- Excl11) 9. Code- Excl12 Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof 10. Code- Excl13 Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. 11. Code- Excl14 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. 12. Refractive Error (Code- Excl15) 13. Unproven Treatments (Code – Excl16) 14. Sterility and Infertility (Code- Excl17) 15. Maternity (Code- Excl18) 16. Upto Deductible amount mentioned in the Policy Schedule 17. Any medical treatment taken outside India. 18. Hospitalization for donation of any body organs by an Insured including complications arising from the donation of organs. 19. Nuclear damage caused by, contributed to, by or arising from ionising radiation or contamination by radioactivity from: <ol style="list-style-type: none"> a. any nuclear fuel or from any nuclear waste; or b. from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission); c. nuclear weapons material. d. nuclear equipment or any part of that equipment. 20. 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. 21. Injury or Disease caused by or contributed to by nuclear weapons/materials. 22. Charges incurred in connection with routine eye examinations and ear examinations, dentures, artificial teeth 	
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		<p>and all other similar external appliances and / or devices whether for diagnosis or treatment</p> <p>23. Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, crutches, instruments used in treatment of sleep apnea syndrome or continuous ambulatory peritoneal dialysis (C.A.P.D.) and oxygen concentrator for bronchial asthmatic condition, cost of cochlear implant(s) unless necessitated by an Accident or required intra-operatively;</p> <p>24. Any expenses incurred on personal comfort, erectile dysfunction, cosmetics, convenience and hygiene related items and services, medical supplies including elastic stockings, diabetic test strips, and similar products</p> <p>25. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder, or as may be necessitated due to an accident.</p> <p>26. Treatment related to any experimental or unrecognized systems of medicine.</p> <p>27. Any consequential or indirect loss arising out of or related to Hospitalization</p> <p>28. Suicide, Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) and any violation of law or participation in an event/activity that is against law with a criminal intent.</p> <p>29. Vaccination or inoculation except as post bite treatment for animal bite.</p> <p>30. Convalescence, general debility, "Run-down" condition, rest cure, Congenital external illness/disease/defect.</p> <p>31. Outpatient diagnostic, medical and surgical procedures or treatments, non-prescribed drugs and medical supplies, hormone replacement therapy and expenses related to Domiciliary hospitalization shall not be covered.</p> <p>32. Dental treatment or Surgery of any kind unless requiring Hospitalisation as a result of accidental Bodily Injury.</p> <p>33. Venereal/ Sexually Transmitted disease.</p> <p>34. Stem cell storage.</p> <p>35. Non-Payable items: The expenses that are not covered in this Policy are placed under List-I of Annexure-II.</p> <p>36. Any medical procedure or treatment, which is not medically necessary or not performed by a Medical Practitioner.</p> <p>37. Expenses related to any kind of advance technology methods other than mentioned in the 4.7 Modern Treatment</p> <p>38. Alopecia wigs and/or toupee and all hair or hair fall treatment and products.</p> <p>39. Any charges incurred to procure documents related to treatment or Illness pertaining to any period of Hospitalization or Illness.</p>	
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7	<p>Waiting period</p> <p>Time period during which specified diseases/ treatments are not covered</p> <p>It is counted from the beginning of the policy coverage</p>	<p>Initial Waiting Period: 30 days for all illnesses not applicable in case of renewal or accidents</p> <p>Specific Waiting Periods (not applicable for claims arising due to an accident): 36 months for below list of specific diseases/procedures</p> <ol style="list-style-type: none"> 1. Cataract and age related eye ailments 2. Benign Prostatic Hypertrophy; 3. Myomectomy, Hysterectomy unless because of malignancy; 4. All types of Hernia, Hydrocele; 5. Fissures and/or Fistula in anus, haemorrhoids/piles, pilonoidal sinus ; 6. Arthritis, gout, rheumatism and spinal disorders; Arthroscopic Knee Surgeries / ACL Reconstruction/ Meniscal and Ligament Repair 7. Joint replacements unless due to Accident; 8. Sinusitis and related disorders; 9. Stones in the urinary and biliary systems; 10. Dilatation and curettage, Endometriosis; 11. All types of skin and internal tumors/ cysts/ nodules/ polyps of any kind including breast lumps unless malignant; 12. Dialysis required for chronic renal failure; 13. Surgical treatments for Benign ear, nose and throat (ENT) disorders and surgeries (including but not limited to Tonsillitis, adenoids and sinuses; 14. Gastric and duodenal erosions and ulcers; 15. Deviated nasal septum; 16. Varicose Veins/ Varicose Ulcers. 17. Parkinson's or Alzheimer's disease or Dementia 	<p>Policy Wordings. 5.2</p> <p>Policy Wordings. 5.3</p>

		18. Surgery of Genito-urinary system unless necessitated by malignancy																						
		Pre-existing diseases – Covered after 36 months	Policy Wordings. 5.1																					
8	Financial limits of coverage	The policy will pay only up to the limits specified hereunder for the following diseases/ procedures:																						
	i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)	<table border="1"> <tr> <td>Room Rent Category</td> <td>1. Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home up to maximum of 1% of the Sum Insured per day subject to maximum of Rs.5000 /day. 2. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses up to maximum of 2% of Sum Insured per day.</td> <td>Policy Wordings – 4.1</td> </tr> <tr> <td>Post Hospitalization Medical Expenses</td> <td>60 days from the date of discharge from the hospital, upto maximum of 10% of hospitalization expenses (Hospital Bill -- Nursing charges, room rent, consultant charges, diagnostics and medicines)</td> <td>Policy Wordings – 4.5</td> </tr> <tr> <td>Emergency Road Ambulance</td> <td>Covers expenses upto INR 10000 per year</td> <td>Policy Wordings – 4.6</td> </tr> <tr> <td>Home Care Treatment</td> <td>Rs.1000 / day Maximum upto 7 days per year</td> <td>Policy Wordings – 4.8</td> </tr> <tr> <td>Cataract</td> <td>Upto Rs.25,000/- per eye for each Policy Year</td> <td>Policy Wordings - 4 - Sub-limit</td> </tr> <tr> <td>Dialysis</td> <td>Upto Rs.1,000/- per sitting commencing from the Policy Year in which Chronic Kidney disease occurs and payable for up to 5 dialysis sessions per month</td> <td>Policy Wordings - 4 - Sub-limit</td> </tr> <tr> <td>Pre-existing Disease</td> <td>upto 50% of Sum Insured after completion of Pre-existing waiting Period</td> <td>Policy Wordings - 4 - Sub-limit</td> </tr> </table>	Room Rent Category	1. Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home up to maximum of 1% of the Sum Insured per day subject to maximum of Rs.5000 /day. 2. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses up to maximum of 2% of Sum Insured per day.	Policy Wordings – 4.1	Post Hospitalization Medical Expenses	60 days from the date of discharge from the hospital, upto maximum of 10% of hospitalization expenses (Hospital Bill -- Nursing charges, room rent, consultant charges, diagnostics and medicines)	Policy Wordings – 4.5	Emergency Road Ambulance	Covers expenses upto INR 10000 per year	Policy Wordings – 4.6	Home Care Treatment	Rs.1000 / day Maximum upto 7 days per year	Policy Wordings – 4.8	Cataract	Upto Rs.25,000/- per eye for each Policy Year	Policy Wordings - 4 - Sub-limit	Dialysis	Upto Rs.1,000/- per sitting commencing from the Policy Year in which Chronic Kidney disease occurs and payable for up to 5 dialysis sessions per month	Policy Wordings - 4 - Sub-limit	Pre-existing Disease	upto 50% of Sum Insured after completion of Pre-existing waiting Period	Policy Wordings - 4 - Sub-limit	
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	ii. Co-payment (It is a specified amount / percentage of the admissible claim amount to be paid by policy holder/ insured)	Co-payment of 20% on each and every Claim Co-payment will not be applicable for Claims pertaining to Cataract, Dialysis and Home Care Treatment	Policy Wordings – Co payment																					
	iii. Deductible (It is a	Deductible of INR XXXX per year	Policy Wordings. Exclusions 16																					

	<p>specified amount -Upto which an Insurance company will not pay any claim and - Which will be deducted from total claim amount (if claim amount is more than the specified amount)</p>		
9	<p>Claims/ Claims Procedure</p>	<p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <ol style="list-style-type: none"> 1. Cashless Cashless Facility will be available at a Network Provider of the Company. The complete list of Providers is available on Our website or can be obtained from Our call centre. (a) Pre-authorization for Planned Hospitalization: At least 48 hours prior to a planned Hospitalization, We or Our TPA shall be contacted to request pre-authorization for availing the Cashless Facility for that planned Hospitalisation. (b) Pre-authorization for Emergency Care: If the Insured Person has been admitted into Hospital for Emergency Care, We or Our TPA shall be contacted to request pre-authorization for availing the Cashless Facility for that Emergency Care within 24 hours of commencement of Hospitalisation. 2. Reimbursement We shall be given written notice of the Claim for reimbursement along with the following details at least within 30 days of the Insured Person's discharge from Hospital: <ol style="list-style-type: none"> (i) The Policy Number; (ii) Name of the Policyholder; 	<p>Policy Wordings 8. Claims Procedure</p>

		<ul style="list-style-type: none"> (iii) Name and address of the Insured Person in respect of whom the request is being made; (iv) Nature of Illness or Injury and the treatment/surgery taken; (v) Name and address of the attending Medical Practitioner; (vi) Hospital where treatment/surgery was taken; (vii) Date of Admission and date of discharge; (viii) Approximate claim amount (if available) (ix) Any other information that may be relevant to the Illness/ Injury/ Hospitalization. <p>3. Pre-Hospitalisation Medical Expenses And Post-Hospitalisation Medical Expenses</p> <ul style="list-style-type: none"> (a) All Claims for Pre-Hospitalisation Medical Expenses shall be submitted to Us within 30 days of the Insured Person's discharge from Hospital (b) All Claims for Post-Hospitalisation Medical Expenses shall be submitted to Us within 30 days of the completion of post hospitalisation period as mentioned in your plan. 	
		<p>Turn Around Time (TAT) for claims settlement</p> <ul style="list-style-type: none"> i. TAT for preauthorization of cashless facility - within 1 hours from receipt of complete documents ii. TAT for cashless final bill authorization - within 3 hours <p>Please find the details/ web link for following -</p> <ul style="list-style-type: none"> i. Network Hospital details – www.zurichkotak.com ii. Helpline Number – 1800 266 4545 iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer – https://www.zurichkotak.com/network-locator/cashless-hospitals iv. Downloading/ getting Claim form - www.zurichkotak.com 	
10	Policy Servicing	<p>Call centre number – 1800 266 4545</p> <p>Details of Company officials- E-mail: care@zurichkotak.com Link: https://www.zurichkotak.com/customer-support/grievance-redressal-process</p> <p>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.</p>	Policy Wordings – 10. General Terms and Conditions – 15
11	Grievances/ Complaints	<p>Details of</p> <ul style="list-style-type: none"> - Grievance redressal officer: Contact details: 	Policy Wordings – 10. General Terms and Conditions – 15

		<p>Toll free number: 1800 266 4545 Email: grievanceofficer@zurichkotak.com</p> <ul style="list-style-type: none"> - Insurance company grievance portal/ Department: Contact details: Toll free number: 1800 266 4545 Email: grievanceofficer@zurichkotak.com - Ombudsman: The details of the Insurance Ombudsman is available at: <ul style="list-style-type: none"> • https://www.zurichkotak.com/customer-support/grievance-redressal-process • www.cioins.co.in/ombudsman • The details of the Insurance Ombudsman is available at Annexure I of the Policy wordings 	
12	Things to Remember	<p>Free Look cancellation: You may cancel the insurance policy if you do not want it, within 30 days from the beginning of the policy.</p> <p>Customer may contact the respective branch office of the Company or may call at 18002664545 or may write an e- mail at care@zurichkotak.com for Free look cancellation</p> <p>Policy Renewal: 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>Migration and Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.</p> <p>Customer may contact the respective branch office of the Company or may call at 18002664545 or may write an e- mail at care@zurichkotak.com</p> <p>Change in Sum Insured: Sum Insured can be changed (increased / decreased) only at the time of renewal or at any time, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for enhanced portion of the sum insured.</p> <p>Moratorium Period: After completion of five continuous years under the policy no look back to be applied. The period of five years is called as moratorium period. The moratorium would be applicable for sum insured of the first policy and subsequently completion of five continuous years would be applicable from date of enhancement of sum insured only on the enhanced limits.</p> <p>After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in policy contract.</p>	<p>Policy Wordings – 10. General Terms and Conditions – 6</p> <p>Policy Wordings – 10. General Terms and Conditions – 10</p> <p>Policy Wordings – 10. General Terms and Conditions – 8,9</p> <p>Policy Wordings – 10. General Terms and Conditions – 21</p> <p>Policy Wordings – 10. General Terms and Conditions – 13</p>

13	Your Obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p>Disclosure of other material information during the policy period - The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder.</p> <p>(Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)</p>	Policy Wordings – 10. General Terms and Conditions – 1
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Declaration by the Policy Holder

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

Place

**Date
Note:**

Signature of the Policy Holder

- i. Please visit <https://www.zurichkotak.com/documents/customer-support/downloads> for product related documents including CIS
- ii. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.