

**ZK - 25-26/v1**
**CUSTOMER INFORMATION SHEET/ KNOW YOUR POLICY**

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

Sr. No	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)	POLICY CLAUSE NUMBER	
1	Name of Insurance Product/ Policy	Arogya Sanjeevani Policy, Zurich Kotak General Insurance Company (India) Limited		
2	Policy Number	XXXX		
3	Type of Insurance Product/ Policy	Indemnity (Where insured losses are covered up to the Sum Insured under the policy)		
4	Sum Insured (Basis)	<ul style="list-style-type: none"> <li>• <b>Individual Sum Insured</b> - Where each member has a separate sum insured under the policy</li> </ul> or <ul style="list-style-type: none"> <li>• <b>Floater Sum Insured</b> – Where all members under the policy have a single sum insured limit which may be utilized by any or all members</li> </ul> <b>Sum Insured – INR XXXX</b>		
5	Policy Coverage (What the policy covers?)	Expenses in respect of:		
		Hospitalization	Covers expenses incurred on hospitalization for minimum period of 24 hours	Policy Wordings. – 4.1
		Other Expenses	<ul style="list-style-type: none"> <li>• Dental treatment, necessitated due to disease or injury</li> <li>• Plastic surgery necessitated due to disease or injury</li> <li>• All day care treatments</li> <li>• Expenses incurred on road Ambulance</li> </ul>	Policy Wordings. – 4.1.1
		AYUSH Treatment	Covers medical expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy up to Sum Insured	Policy Wordings. – 4.2
		Cataract Treatment	Covered up to a limit of 25% of Sum Insured or Rs.40,000/- whichever is lower, per each eye in one policy year	Policy Wordings. – 4.3
	Pre-Hospitalization	Covers medical expenses for a fixed period of 30 days prior to the date of admissible hospitalization	Policy Wordings. – 4.4	

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		Post-Hospitalization	Covers medical expenses or a fixed period of 60 days from the date of discharge from the hospital, following an admissible hospitalization	Policy Wordings. – 4.5
		Cumulative Bonus	5 % of the Base Sum Insured for each renewal upto Maximum of 50%	Policy Wordings. – 5
6.	Exclusions (What the policy does not cover)	The Company shall not be liable to make any payment under the policy, in respect of any expenses incurred in connection with or in respect of:		Policy Wordings. – 7
		<ol style="list-style-type: none"> <li>1. Investigation &amp; Evaluation (Code- Excl04)</li> <li>2. Rest Cure, rehabilitation and respite care (Code – Excl05)</li> <li>3. Obesity/ Weight Control (Code – Excl06)</li> <li>4. Change-of- Gender treatments (Code – Excl07)</li> <li>5. Cosmetic or plastic Surgery (Code – Excl08)</li> <li>6. Hazardous or Adventure sports: (Code- Excl09)</li> <li>7. Breach of law (Code – Excl10)</li> <li>8. Excluded Providers: (Code- Excl11)</li> <li>9. Code- Excl12 Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof</li> <li>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.</li> <li>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.</li> <li>12. Refractive Error (Code- Excl15) Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 diopres.</li> <li>13. Unproven Treatments (Code – Excl16)</li> <li>14. Sterility and Infertility (Code- Excl17)</li> <li>15. Maternity (Code- Excl18)</li> <li>16. War (whether declared or not) and war like</li> </ol>		

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		<p>occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds</p> <p>17. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense.</p> <p>18. Any expenses incurred on Domiciliary Hospitalization and OPD treatment</p> <p>19. Treatment taken outside the geographical limits of India</p> <p>20. In respect of the existing diseases, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), policyholder is not entitled to get the coverage for specified ICD codes</p>	
7.	<p>Waiting period</p> <ul style="list-style-type: none"> <li>• Time period during which specified diseases/ treatments are not covered</li> <li>• It is counted from the beginning of the policy coverage</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Initial Waiting Period:</b> 30 days for all illnesses not applicable in case of renewal or accidents</li> <li>• <b>Specific Waiting Periods</b> (not applicable for claims arising due to an accident): <ul style="list-style-type: none"> <li>I) 24 months for below list of specific diseases/procedures <ol style="list-style-type: none"> <li>1. Benign ENT disorders</li> <li>2. Tonsillectomy</li> <li>3. Adenoidectomy</li> <li>4. Mastoidectomy</li> <li>5. Tympanoplasty</li> <li>6. Hysterectomy</li> <li>7. All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps</li> <li>8. Benign prostate hypertrophy</li> <li>9. Cataract and age-related eye ailments</li> <li>10. Gastric/ Duodenal Ulcer</li> <li>11. Gout and Rheumatism</li> <li>12. Hernia of all types</li> <li>13. Hydrocele</li> <li>14. Non-Infective Arthritis</li> <li>15. Piles, Fissures and Fistula in anus</li> <li>16. Pilonidal sinus, Sinusitis and related disorders</li> <li>17. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident</li> </ol> </li> </ul> </li> </ul>	<p>Policy Wordings – 6.2</p> <p>Policy Wordings – 6.3</p>

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		18. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy. 19. Varicose Veins and Varicose Ulcers 20. Internal Congenital Anomalies ii) 36 Months waiting period for below list of specific diseases/procedures 1. Treatment for joint replacement unless arising from accident 2. Age-related Osteoarthritis & Osteoporosis;																			
		<ul style="list-style-type: none"> <li>• <b>Pre-existing diseases</b> – Covered after 36 months</li> </ul>	Policy Wordings – 6.1																		
8	Financial limits of coverage  I. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)	The policy will pay only up to the limits specified hereunder for the following diseases/ procedures:  <table border="1" data-bbox="387 779 1203 1818"> <tr> <td data-bbox="387 779 592 943">Room Rent, Boarding, Nursing Expenses</td> <td data-bbox="592 779 1203 943">Up to 2% of the sum insured subject to maximum of Rs.5000/-, per day</td> <td data-bbox="1203 779 1541 943">Policy Wordings – 4.1</td> </tr> <tr> <td data-bbox="387 943 592 1205">Intensive Unit (ICU) / Intensive Cardiac (ICCU) Care Unit expenses</td> <td data-bbox="592 943 1203 1205">Up to 5% of sum insured subject to Care maximum of Rs.10,000/- per day.</td> <td data-bbox="1203 943 1541 1205"></td> </tr> <tr> <td colspan="3" data-bbox="387 1205 1203 1328">In case Room/ICU/ICCU rent exceeds the limits specified the claim shall be subject to proportionate deduction.</td> </tr> <tr> <td data-bbox="387 1328 592 1491">Expenses incurred on road Ambulance</td> <td data-bbox="592 1328 1203 1491">Up to Rs.2000/- per hospitalisation</td> <td data-bbox="1203 1328 1541 1491">Policy Wordings – 4.1.1</td> </tr> <tr> <td data-bbox="387 1491 592 1615">Cataract Treatment</td> <td data-bbox="592 1491 1203 1615">25% of Sum Insured or Rs.40,000/- whichever is lower, per each eye in one policy year</td> <td data-bbox="1203 1491 1541 1615">Policy Wordings – 4.3</td> </tr> <tr> <td data-bbox="387 1615 592 1818">Modern treatment methods and Advancements in technologies</td> <td data-bbox="592 1615 1203 1818">Up to 50% of the Sum insured</td> <td data-bbox="1203 1615 1541 1818">Policy Wordings – 4.6</td> </tr> </table>	Room Rent, Boarding, Nursing Expenses	Up to 2% of the sum insured subject to maximum of Rs.5000/-, per day	Policy Wordings – 4.1	Intensive Unit (ICU) / Intensive Cardiac (ICCU) Care Unit expenses	Up to 5% of sum insured subject to Care maximum of Rs.10,000/- per day.		In case Room/ICU/ICCU rent exceeds the limits specified the claim shall be subject to proportionate deduction.			Expenses incurred on road Ambulance	Up to Rs.2000/- per hospitalisation	Policy Wordings – 4.1.1	Cataract Treatment	25% of Sum Insured or Rs.40,000/- whichever is lower, per each eye in one policy year	Policy Wordings – 4.3	Modern treatment methods and Advancements in technologies	Up to 50% of the Sum insured	Policy Wordings – 4.6	
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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)	Each and every claim under the Policy shall be subject to a Copayment of 5% applicable to claim amount admissible and payable as per the terms and conditions of the Policy	Policy Wordings. – 9.3									
9	Claims/ Claims Procedure	<p><b>Procedure for Cashless claims:</b></p> <ul style="list-style-type: none"> <li>i) Treatment may be taken in a network provider and is subject to pre authorization by the Company or its authorized TPA.</li> <li>ii) Cashless request form available with the network provider and TPA shall be completed and sent to the Company/TPA for authorization.</li> <li>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.</li> <li>iv) At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.</li> <li>v) The Company / TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details.</li> <li>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.</li> </ul> <p><b>Procedure for reimbursement of claims:</b></p> <p>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.</p> <table border="1" data-bbox="400 1525 1190 1933"> <thead> <tr> <th data-bbox="400 1525 491 1574">SI No</th> <th data-bbox="491 1525 796 1574">Type of Claim</th> <th data-bbox="796 1525 1190 1574">Prescribed Time limit</th> </tr> </thead> <tbody> <tr> <td data-bbox="400 1574 491 1771">1</td> <td data-bbox="491 1574 796 1771">Reimbursement of hospitalization, day care and pre-hospitalization expenses</td> <td data-bbox="796 1574 1190 1771">Within thirty days of date of discharge from hospital</td> </tr> <tr> <td data-bbox="400 1771 491 1933">2</td> <td data-bbox="491 1771 796 1933">Reimbursement of post hospitalization expenses</td> <td data-bbox="796 1771 1190 1933">Within fifteen days from completion of post hospitalization treatment</td> </tr> </tbody> </table> <p><b>Turn Around Time (TAT) for claims Settlement</b></p> <ul style="list-style-type: none"> <li>i. TAT for preauthorization of cashless facility - within 1 hour from receipt of complete documents</li> <li>ii. TAT for cashless final bill authorization - within 3 hours</li> </ul>	SI 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	Policy Wordings - 9 Claim Procedure - 1.1 and 1.2
SI No	Type of Claim	Prescribed Time limit										
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		<p>Please find the details/ web link for following -</p> <ul style="list-style-type: none"> <li>i. Network Hospital details - <a href="http://www.zurichkotak.com">www.zurichkotak.com</a></li> <li>ii. Helpline Number – 1800 266 4545</li> <li>iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer - <a href="https://www.zurichkotak.com/docs/default-source/footer-docs/delisted-hospital-list.pdf">https://www.zurichkotak.com/docs/default-source/footer-docs/delisted-hospital-list.pdf</a></li> </ul> <p>Downloading/ getting Claim form - <a href="https://www.zurichkotak.com/customersupport/downloads">https://www.zurichkotak.com/customersupport/downloads</a></p>	
10	Policy Servicing	<p>Call centre number – 1800 266 4545</p> <p>Details of Company officials- E-mail: <a href="mailto:care@zurichkotak.com">care@zurichkotak.com</a></p> <p>Link: <a href="https://www.zurichkotak.com/customer-support/grievance-redressal-process">https://www.zurichkotak.com/customer-support/grievance-redressal-process</a></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 <a href="mailto:seniorcitizen@zurichkotak.com">seniorcitizen@zurichkotak.com</a>.</p>	Policy Wordings - 11
11	Grievances/ Complaints	<p>Details of</p> <ul style="list-style-type: none"> <li>- Grievance redressal officer: Contact details: Toll free number: 1800 266 4545 Email: <a href="mailto:grievanceofficer@zurichkotak.com">grievanceofficer@zurichkotak.com</a></li> <li>- Insurance company grievance portal/ Department: Contact details: Toll free number: 1800 266 4545 Email: <a href="mailto:grievanceofficer@zurichkotak.com">grievanceofficer@zurichkotak.com</a></li> <li>- Ombudsman: The details of the Insurance Ombudsman is available at: - <a href="https://www.zurichkotak.com/customersupport/grievance-redressal-process">https://www.zurichkotak.com/customersupport/grievance-redressal-process</a> - <a href="http://www.cioins.co.in/ombudsman">www.cioins.co.in/ombudsman</a> The details of the Insurance Ombudsman is available at Annexure I of the Policy wordings</li> </ul>	Policy Wordings - 11
12	Things to Remember	<p><b>Free Look cancellation:</b> 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 <a href="mailto:care@zurichkotak.com">care@zurichkotak.com</a></p> <p><b>Policy Renewal:</b> 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>Policy Wordings - General Terms &amp; Conditions 10.19</p> <p>Policy Wordings - General Terms &amp; Conditions 10.16</p>

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		<p><b>Migration and Portability:</b> 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>	Policy Wordings - General Terms & Conditions 10.14,10.15
		<p><b>Change in Sum Insured:</b> 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 <b>only for enhanced portion of the sum insured</b></p>	Policy Wordings - General Terms & Conditions 10.21
		<p><b>Moratorium Period:</b> 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>	Policy Wordings – 8
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 - General Terms & Conditions 10.1 - Disclosure of Information

### Declaration by the Policy Holder

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

Place

Date

Signature of the Policy Holder

### Note:

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