

ZK - 24-25/v2
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	Health 360 – xxxx Plan		
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)	<ul style="list-style-type: none">• Individual Sum Insured - Where each member has a separate sum insured under the policy or• Floater Sum Insured – Where all members under the policy have a single sum insured limit which may be utilized by any or all members Sum Insured – INRXXX		
5	Policy Coverage (What the policy covers?)	Expenses in respect of:		
		In-patient Treatment	Covered up to the limit of opted Sum Insured where the Hospitalisation is more than 24 Hours	Policy Wordings. Part II – Base Cover 1
		Day Care Treatment	Covered up to the limit of opted Sum Insured where the Hospital admission is less than 24 hours	Policy Wordings. Part II - Base Cover 2
		Modern Treatment	50% of Sum Insured upto 5/10 lacs / 25 lacs/50 lacs per year	Policy Wordings. Part II - Base Cover 3
		Pre-Hospitalization Medical Expenses	Medical Expenses covered for XX days before date of hospitalisation	Policy Wordings. Part II - Base Cover 4

Sr. No	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)		POLICY CLAUSE NUMBER
		Post-Hospitalization Medical Expenses	Medical Expenses covered for XXX days after discharge from the hospital	Policy Wordings. Part II - Base Cover 5
		AYUSH Treatment	Covered / covered up to the limit of opted Sum Insured	Policy Wordings. Part II - Base Cover 6
		Domiciliary Hospitalisation	Covered / covered up to the limit of opted Sum Insured	Policy Wordings. Part II - Base Cover 7
		Organ Donor Cover	Covered up to the limit of opted Sum Insured	Policy Wordings. Part II - Base Cover 8
		Road Ambulance Cover	Covers expenses upto INR XXX per event / Sum insured for availing Ambulance services	Policy Wordings. Part II - Base Cover 9
		Air Ambulance Cover	Covers expenses upto INR 250000 /500000/1000000 per year for availing Air Ambulance services	Policy Wordings. Part II - Base Cover 10
		Bariatric surgery	Covers expenses upto INR 500000 /1000000 per year	Policy Wordings. Part II - Base Cover 11
		Cumulative Bonus	50% of the Base Sum Insured for each renewal upto maximum of 100%	Policy Wordings. Part II - Other Base Covers 1
		Unlimited restoration Benefit	Restoration up to the Base Sum Insured unlimited times in a Policy Year	Policy Wordings. Part II - Other Base Covers 2
		Consumables Cover	Covers Listed Non-Medical items and consumables	Policy Wordings. Part II - Other Base Covers 3
		Shared accommodation benefit	INR 1000/ 1500/ 2000 per day upto 10000/ 15000/ 20000 per policy Year Per Year	Policy Wordings. Part II - Other Base Covers 4

Sr. No	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)		POLICY CLAUSE NUMBER
		Home Care Treatment	Upto 25000/50000/250000/500000 of Base Sum Insured Per Year on Cashless Basis	Policy Wordings. Part II - Other Base Covers 5
		Premium Secure Benefit	Same Premium till first Claim is made	Policy Wordings. Part II - Other Base Covers 6
		Annual Health Check-up	For each Insured Person for specified tests on cashless basis	Policy Wordings. Part II - Other Base Covers 7
		Wellness Program	Renewal discount based on the step count	Policy Wordings. Part II - Other Base Covers 8
		Unlimited -E-consultations	Available for Consultations with General Physicians	Policy Wordings. Part II - Other Base Covers 9
		Health Services	Health Portal: Health Risk Assessment (HRA), Wellness Sessions/ Videos/ Podcasts, Healthy tips reminder	Policy Wordings. Part II - Other Base Covers 10
		Global Cover	Worldwide cover for Inpatient & Day Care Treatment	Policy Wordings. Part II - Optional Cover 1
		Cumulative Bonus Booster	100% of the Base Sum Insured at each claim free year, upto a maximum of 10 times of the Base Sum Insured	Policy Wordings. Part II - Optional Cover 2
		Double Cover	100% of the Base Sum Insured as Double cover	Policy Wordings. Part II - Optional Cover 3
		Cash Bag	For each claim free year get an amount equal to 10% of the premium on 1st Renewal and 5% thereafter.	Policy Wordings. Part II - Optional Cover 4
		Step Up Benefit	The combined Base Sum Insured will be available for the entire policy tenure in case of policy tenure is more than 1 year.	Policy Wordings. Part II - Optional Cover 5
		One Plus Benefit	Add Future Spouse, and all waiting periods completed by Insured will be passed on to Future Spouse	Policy Wordings. Part II - Optional Cover 6

Sr. No	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)		POLICY CLAUSE NUMBER
		Convalescence Benefit	INR XXXX (minimum hospitalisation of 10 days)	Policy Wordings. Part II - Optional Cover 7
		Home Nursing Benefit	Upto INR 3000 per day for a maximum of 15 days after completion of number of days under post hospitalisation cover for the medical services of a nurse at your residence	Policy Wordings. Part II - Optional Cover 8
		Hospital Daily Cash	INR XXXX per day for minimum 3 days of hospitalization subject to maximum of 10 days	Policy Wordings. Part II - Optional Cover 9
		Daily Cash for Accompanying an Insured Child	INR XXXX per day for minimum 3 days of hospitalization subject to maximum of 10 days	Policy Wordings. Part II - Optional Cover 10
		Compassionate Visit	Cover the costs of a return (to and fro) economy class domestic air ticket for one of the Insured Person's Immediate Relative to travel to the Hospital upto INR 20000	Policy Wordings. Part II - Optional Cover 11
		Essential Equipment Cover	Cover the equipment (cost/ rental) upto INR XXX if advised by treating medical practitioner.	Policy Wordings. Part II - Optional Cover 11
		Maternity Benefit	Covers Medical Expenses Upto INR XXXX for Maternity Cover, New Born Baby Cover, Vaccination Cover	Policy Wordings. Part II - Optional Cover 12
		Critical Illness Cover	Coverage for 18 Critical Illnesses on a Benefit basis of INR XXXX	Policy Wordings. Part II - Optional Cover 13
		Personal Accident Cover	Coverage for Accidental Death/ Permanent Total Disablement on benefit basis of INR XXXX	Policy Wordings. Part II - Optional Cover 14
		Smart Select	Discount on the total premium for availing treatment in selected list of hospitals. Co-payment of 20% on each and every Claim for availing treatment in hospitals other than the selected list of hospitals	Policy Wordings. Part II - Optional Cover 15

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		Cap on Room Rent	1% of annual sum insured in case of stay in Non - ICU; 2% of annual sum insured in case of stay in ICU	Policy Wordings. Part II - Optional Cover 16
		Health Protect Rider - ZUKHLIA2505 5V022425	Inflation Protect: Base Sum Insured will be increased on cumulative basis at each renewal on the basis of inflation rate in previous year.	Rider Wordings - Benefit 2
6	Exclusions (What the policy does not cover)	<p>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:</p> <p>Permanent Exclusions</p> <ol style="list-style-type: none"> Investigation & Evaluation (Code- Excl04) Rest Cure, rehabilitation and respite care (Code - Excl05) Obesity/ Weight Control (Code – Excl06) Change-of- Gender treatments (Code – Excl07) Cosmetic or plastic Surgery (Code – Excl08) Hazardous or Adventure sports: (Code- Excl09) Breach of law (Code – Excl10) Excluded Providers: (Code- Excl11) Code- Excl12 Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof 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. 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. Refractive Error (Code- Excl15) Unproven Treatments (Code – Excl16) Sterility and Infertility (Code-Excl17) Maternity (Code- Excl18) 		Policy Wordings. Part 3 - 3.5 Permanent Exclusions

Sr. No	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)	POLICY CLAUSE NUMBER
		<p>16. Costs of routine medical, eye or ear examinations preventive health check-ups, spectacles, laser surgery for correction of refractory errors, contact lenses, hearing aids, dentures or artificial teeth;</p> <p>17. 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>18. 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>19. Expenses incurred on all dental treatment unless necessitated due to an Accident and treatment is taken in in-patient department of hospital or day care centre;</p> <p>20. Non-Allopathic Treatment (other than AYUSH), Hydrotherapy, Acupuncture, Reflexology, Chiropractic treatment or treatment related to any unrecognized systems of Medicine</p> <p>21. Circumcision unless necessary for treatment of an Illness or necessitated due to an Accident;</p> <p>22. All preventive care (except eligible and entitled for Benefit: 'Annual Health Check-up'), Vaccination including Inoculation and Immunizations (except in case of post-bite treatment) and tonics</p> <p>23. Intentional self-injury (whether arising from an attempt to commit suicide or otherwise)</p> <p>24. Screening, counseling or treatment of any external Congenital Anomaly, Illness or defects or anomalies or treatment relating to external birth defects.</p> <p>25. Any treatment related to sleep disorder or sleep apnoea syndrome, general debility, convalescence, run-down condition;</p> <p>26. Costs incurred for any health check-up or for the purpose of issuance of medical certificates and examinations required for employment or travel or any other such purpose;</p> <p>27. Any treatment taken outside India unless specifically opted for.</p> <p>28. Any treatment taken from anyone not falling within the scope of definition of Medical Practitioner. Any</p>	

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		<p>treatment charges or fees charged by any Medical Practitioner acting outside the scope of licence or registration granted to him by any medical council;</p> <p>29. Any consequential or indirect loss arising out of or related to Hospitalization;</p> <p>30. Any Injury or Illness directly or indirectly caused by or arising from or attributable to 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;</p> <p>31. Any Illness or Injury directly or indirectly caused by or contributed to by nuclear weapons/materials or contributed to or arising from ionising radiation or contamination by radioactivity by any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel;</p> <p>32. All non-medical expenses other than listed in Annexure II (List I) of the Policy.</p> <p>33. Any OPD treatment</p> <p>34. Treatment and supplies for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure; muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities.</p> <p>35. Treatment such as External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), and Hyperbaric Oxygen Therapy will not be covered unless it forms a part of In-Patient Treatment in case of hospitalisation or part of discharge advice upto the Post hospitalisation period as specified in the Policy Schedule.</p> <p>36. Hormone replacement therapy.</p> <p>37. Alopecia wigs and/or toupee and all hair or hair fall treatment and products.</p> <p>38. Any physical, medical condition or treatment that is specifically excluded in the Policy Schedule under Important Conditions</p>	
7	Waiting period	Initial Waiting Period: 30 days for all illnesses not applicable in case of renewal or accidents	Policy Wordings. Part 3 – 3.2

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	Time period during which specified diseases/ treatments are not covered It is counted from the beginning of the policy coverage	Specific Waiting Periods (not applicable for claims arising due to an accident): XX months for below list of specific diseases/procedures a) List of specific diseases/procedures 1. Any treatment related to Arthritis (if non-infective), Osteoarthritis and Osteoporosis, Gout, Rheumatism, Spinal Disorders, Joint Replacement Surgery, Arthroscopic Knee Surgeries /ACL Reconstruction/Meniscal and Ligament Repair 2. Surgical treatments for Benign ear, nose and throat (ENT) disorders and surgeries (including but not limited to Adenoidectomy, Mastoidectomy, Tonsillectomy and Tympanoplasty), Nasal 3. Septum Deviation, Sinusitis and related disorders 4. Benign Prostatic Hypertrophy 5. Cataract 6. Dilatation and Curettage 7. Fissure / Fistula in anus, Hemorrhoids / Piles, Pilonidal Sinus, Gastric and Duodenal Ulcers 8. Surgery of Genito-urinary system unless necessitated by malignancy 9. All types of Hernia & Hydrocele 10. Hysterectomy for menorrhagia or Fibromyoma or prolapse of uterus unless necessitated by malignancy 11. Internal tumours, skin tumours, cysts, nodules, polyps including breast lumps (each of any kind) unless malignant 12. Kidney Stone / Ureteric Stone /Lithotripsy / Gall Bladder Stone 13. Myomectomy for fibroids 14. Varicose veins and varicose Ulcers 15. Parkinson's or Alzheimer's disease or Dementia		Policy Wordings. Part 3 – 3.3
		Pre-existing diseases – Covered after 12/24/36 months		Policy Wordings. Part 3 – 3.1
		Maternity Benefit Waiting Period – Covered after 24 months		Policy Wordings. 3.4
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)	Road Ambulance Cover	Covers expenses upto INR XXXX per year/ Sum Insured	Policy Wordings. Part II - Base Cover 8
		Air Ambulance	Covers expenses upto INR XXXX per year	Policy Wordings. Part II - Base Cover 9
		Home Care Treatment	Covers expenses upto INR XXXX	Policy Wordings. Part II - Optional Cover 15

Sr. No	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)		POLICY CLAUSE NUMBER
		Modern Treatment	50% of Sum insured upto INR 5/10 lacs	Policy Wordings. Part II - Base Cover 3
		Smart Select	Co-payment of 20% on each and every Claim for availing treatment in hospitals other than the selected list of hospitals	Policy Wordings. Part II - Optional Cover 15
		Bariatric Surgery	Covered upto INR 5/ 10 lacs	Policy Wordings. Part II - Base Cover 11
		Share Accommodation Benefit	INR 800/1000 per day upto 8000 /15000	Policy Wordings. Part II - Other Base Cover 4
		Cap On Room rent	1% of base sum insured in case of stay in Non ICU; 2% of base sum insured in case of stay in ICU	Policy Wordings. Part II - Optional Cover 16
		Room Rent Category	Single Private Room / Shared Room	Policy Wordings. Part II - Optional Cover 17
		Global Cover	Upto Base Sum Insured subject to a maximum of INR 2 Crs	Policy Wordings. Part II - Optional Cover 1
		Home Nursing Benefit	INR 3,000 per day for a maximum of 15 days	Policy Wordings. Part II - Optional Cover 8
	ii.Co-payment (It is a specified amount / percentage of the admissible claim amount to be paid by policy holder/ insured)	Smart Select - Co-payment of 20% on each and every Claim for availing treatment in hospitals other than the selected list of hospitals Policy Wordings - C2. B.10		Policy Wordings. Part II – Optional Cover 15
		Voluntary Co-Pay - Co-payment of XX% Policy Wordings - 2. B.13		Policy Wordings. Part II – Optional Cover 22
		Co-payment for treatment in a Higher Zone In case of treatment taken in a city, in a Zone higher than the eligible Zone for the Insured Person, the Co-payment percentages as mentioned below shall apply:		Policy Wordings - Part III - General Terms and Clauses - Zone Classification 22
		Applicable Zone	Treatment Taken at	Co-payment applicable
		Zone II	Zone I	10%
		Zone III	Zone I	20%
		Zone III	Zone II	10%

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	iii.Deductible (It is a 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)	Deductible of INR XXXX per year	Policy Wordings. Part II - Optional Cover 21
9	Claims/ Claims Procedure	<p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <p>1. Cashless</p> <p>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.</p> <p>(a) Pre-authorization for Planned Hospitalization:</p> <p>At least 48 hours prior to a planned Hospitalization, We or Our TPA shall be contacted to request pre-authorization for availing the Cash-less Facility for that planned Hospitalisation.</p> <p>(b) Pre-authorization for Emergency Care:</p> <p>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.</p> <p>2. Reimbursement</p> <p>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:</p> <p>(i) The Policy Number;</p> <p>(ii) Name of the Policyholder;</p> <p>(iii) Name and address of the Insured Person in respect of whom the request is being made;</p> <p>(iv) Nature of Illness or Injury and the treatment</p>	Policy Wordings Part II - 5

Sr. No	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)	POLICY CLAUSE NUMBER
		<p>/surgery taken;</p> <p>(v) Name and address of the attending Medical Practitioner;</p> <p>(vi) Hospital where treatment/surgery was taken;</p> <p>(vii) Date of Admission and date of discharge;</p> <p>(viii) Approximate claim amount (if available)</p> <p>(ix) Any other information that may be relevant to the Illness/ Injury/ Hospitalization.</p> <p>3. Pre-Hospitalisation Medical Expenses And Post-Hospitalisation Medical Expenses</p> <p>(a) All Claims for Pre-Hospitalisation Medical Expenses shall be submitted to Us within 30 days of the Insured Person's discharge from Hospital</p> <p>(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>	
		<p>Turn Around Time (TAT) for claims Settlement</p> <p>i. TAT for preauthorization of cashless facility - within 1 hours from receipt of complete documents</p> <p>ii. TAT for cashless final bill authorization - within 3 hours</p> <p>Please find the details/ web link for following -</p> <p>i. Network Hospital details – www.zurichkotak.com</p> <p>ii. Helpline Number – 1800 266 4545</p> <p>iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer - https://www.zurichkotak.com/network-locator/cashless-hospitals</p> <p>Downloading/getting Claim form - www.zurichkotak.com</p>	
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 - Part III - General Terms and Clauses - 16

Sr. No	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)	POLICY CLAUSE NUMBER
11	Grievances/ Complaints	<p>Details of</p> <ul style="list-style-type: none"> - Grievance redressal officer: Contact details: Toll free number: 1800 266 4545 Email: grievanceofficer@zurichkotak.com - 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 	Policy Wordings Part III - General Terms and Clauses - 16
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>	Policy Wordings - Part III - General Terms and Clauses 6
		<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>	Policy Wordings - Part III - General Terms and Clauses 10
		<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>	Policy Wordings - Part III - General Terms and Clauses 8 & 9
		<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>	Policy Wordings - Part III - General Terms and Clauses - 23

Sr. No	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)	POLICY CLAUSE NUMBER
		<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</p>	Policy Wordings - Part III - General Terms and Clauses 14
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 Part III - General Terms and Clauses - 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:

- 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.