

**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	Health Super Top Up - XXXX Plan		
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> <li>or</li> <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> <p><b>Sum Insured – INR XXXX</b></p>		
5	Policy Coverage (What the policy covers?)	Expenses in respect of:		
		In-patient Treatment	Covered up to the limit of opted Base Annual Sum Insured where the Hospitalisation is more than 24 Hours	Policy Wordings. Part II – 2.1
		Day Care Treatment	Covered up to the limit of opted Base Annual Sum Insured where the Hospital admission is less than 24 hours	Policy Wordings. Part II – 2.2
		Pre-Hospitalization Medical Expenses	Medical Expenses covered for 30 days before date of hospitalisation	Policy Wordings. Part II – 2.3
		Post-Hospitalization Medical Expenses	Medical Expenses covered for 60 days after discharge from the hospital	Policy Wordings. Part II – 2.3
		Ambulance Cover	Covers expenses up to INR 2000 per hospitalisation event	Policy Wordings. Part II – 2.4
		Organ Donor Cover	Covered up to the limit of opted Base Annual Sum Insured	Policy Wordings. Part II – 2.5
		Alternative Treatment	Covered up to the limit opted Base Annual Sum Insured	Policy Wordings. Part II – 2.6
Restoration of Sum Insured	Available once in a Policy Year for unrelated illnesses in addition to opted Base Annual Sum Insured.	Policy Wordings. Part II – 2.7		

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		Double Sum Insured for to Hospitalization due to Accident	Provides additional sum insured equal to the opted Base Annual Sum Insured subject to the maximum limit of INR 40 lakhs in the event of Hospitalization due to Accident	Policy Wordings. Part II – 2.8
		Cumulative Bonus	10 % of the Base Sum Insured for each renewal upto Maximum of 50%	Policy Wordings. Part II – 2.9
		Health Protect Rider - ZUKHLIA23111 V022223	<b>Claim Protect:</b> Non-medical expenses listed in Annexure-1 of the Rider wording will get covered.	Rider Wordings - Benefit 1
			<b>Inflation Protect:</b> 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
			<b>Super NCB:</b> If no Claim has been made in the expiring Policy Year and the Policy is renewed without any break then flat 50% increase in the Sum Insured on a cumulative basis upto 100% is available.	Rider Wordings - Benefit 3
			<b>Restoration Benefit Plus:</b> 100% restoration of the Base Sum Insured amount once in a Policy Year if the Base Sum Insured (and the Cumulative Bonus and Super NCB (if any)) is insufficient as a result of previous Claims in that Policy Year	Rider Wordings - Benefit 4
6.	Exclusions (What the policy does not cover)	<p>We shall not be liable to make any payment under this Policy directly or indirectly for, caused by, based upon, arising out of or howsoever attributable to any of the exclusions listed below.</p> <p><b>Standard Exclusions</b></p> <ul style="list-style-type: none"> <li>a) Investigation &amp; Evaluation (Code- Excl04)</li> <li>b) Rest Cure, rehabilitation and respite care (Code – Excl05)</li> <li>c) Obesity/ Weight Control (Code – Excl06)</li> <li>d) Change-of- Gender treatments (Code – Excl07)</li> <li>e) Cosmetic or plastic Surgery (Code – Excl08)</li> <li>f) Hazardous or Adventure sports: (Code- Excl09)</li> <li>g) Breach of law (Code – Excl10)</li> <li>h) Excluded Providers: (Code- Excl11)</li> <li>i) Code- Excl12</li> </ul> <p>Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof</p>		Policy Wordings. Part II – 3.4 Permanent Exclusions

Sr. No	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)	POLICY CLAUSE NUMBER
		<p>j) 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.</p> <p>k) 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.</p> <p>l) Refractive Error (Code- Excl15)</p> <p>m) Unproven Treatments (Code – Excl16)</p> <p>n) Sterility and Infertility (Code- Excl17)</p> <p>o) Maternity (Code- Excl18)</p>	
		<p><b>Specific Exclusions</b></p> <p>p) Up to Deductible amount mentioned</p> <p>q) 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>r) Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, crutches, instruments used in treatment of sleep apnoea 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>s) Expenses incurred on all dental treatment unless necessitated due to an Accident;</p> <p>t) Any expenses incurred on personal comfort, cosmetics, convenience and hygiene related items and services;</p> <p>u) Acupressure, acupuncture, magnetic and such other therapies;</p> <p>v) Circumcision unless necessary for treatment of an illness or necessitated due to an Accident;</p> <p>w) Vaccination or inoculation of any kind, unless it is post animal bite;</p> <p>x) Intentional self-injury (whether arising from an attempt to commit suicide or otherwise);</p>	

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		<p>y) Treatment relating to Congenital external Anomalies;</p> <p>z) any treatment related to sleep disorder or sleep apnoea syndrome, general debility, convalescence, run-down condition</p> <p>aa) 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>bb) Any expenses arising out of Domiciliary Hospitalization;</p> <p>cc) Any treatment taken outside India;</p> <p>dd) Any treatment taken from anyone not falling within the scope of definition of Medical Practitioner. Any 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>ee) Any consequential or indirect loss arising out of or related to Hospitalization;</p> <p>ff) 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>gg) 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>hh) All non-medical expenses listed in Annexure III (List I) of the Policy.</p> <p>ii) Any physical, medical condition or treatment that is specifically excluded in the Policy Schedule under Important Conditions</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): 24 months for below list of specific diseases/procedures: <ul style="list-style-type: none"> <li>(a) Cataract;</li> <li>(b) Benign Prostatic Hypertrophy;</li> <li>(c) Myomectomy, Hysterectomy unless because of malignancy;</li> <li>(d) All types of Hernia, Hydrocele;</li> </ul> </li> </ul>	<p>Policy Wordings. Part II – 3.2</p> <p>Policy Wordings. Part II – 3.3</p>

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		(e) Fissures and/or Fistula in anus, haemorrhoids/piles; (f) Arthritis, gout, rheumatism and spinal disorders; (g) Joint replacements unless due to Accident; (h) Sinusitis and related disorders; (i) Stones in the urinary and biliary systems; (j) Dilatation and curettage, Endometriosis; (k) All types of skin and internal tumors/ cysts/ nodules/ polyps of any kind including breast lumps unless malignant; (l) Dialysis required for chronic renal failure; (m) Surgery on Tonsillitis, adenoids and sinuses; (n) Gastric and duodenal erosions and ulcers; (o) Deviated nasal septum; (p) Varicose Veins/ Varicose Ulcers.					
		<b>Pre-existing diseases</b> – Covered after 24/36 months (As per Plan opted)	Policy Wordings. Part II – 3.3				
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 1077 1206 1429"> <tr> <td data-bbox="387 1077 587 1167"><b>Cataract</b></td> <td data-bbox="587 1077 1206 1167">Upto INR 20,000 per eye, during each Policy Year of the Policy Period.</td> </tr> <tr> <td data-bbox="387 1167 587 1429"><b>Ambulance Cover</b></td> <td data-bbox="587 1167 1206 1429">Upto INR 2,000/- per event</td> </tr> </table>	<b>Cataract</b>	Upto INR 20,000 per eye, during each Policy Year of the Policy Period.	<b>Ambulance Cover</b>	Upto INR 2,000/- per event	Policy Wordings – Part II – 3.3  Policy Wordings – Part II – 2.4
<b>Cataract</b>	Upto INR 20,000 per eye, during each Policy Year of the Policy Period.						
<b>Ambulance Cover</b>	Upto INR 2,000/- per event						
	ii Deductible (It is a specified amount - up to 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 – 2				

Sr. No	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)	POLICY CLAUSE NUMBER
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><b>1. Cashless</b></p> <p>Cashless Facility will be available at a Network Provider of the company. The complete list of Network 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 Cashless 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><b>2. Reimbursement</b></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>(a) The Policy Number;</p> <p>(b) Name of the Policyholder;</p> <p>(c) Name and address of the Insured Person in respect of whom the request is being made;</p> <p>(d) Nature of Illness or Injury and the treatment/surgery taken;</p> <p>(e) Name and address of the attending Medical Practitioner;</p> <p>(f) Hospital where treatment/surgery was taken;</p> <p>(g) Date of Admission and date of discharge;</p> <p>(h) Any other information that may be relevant to the Illness/ Injury/ Hospitalization.</p> <p><b>3. Pre-Hospitalisation Medical Expenses And Post-Hospitalisation Medical Expenses</b></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>	Policy Wordings Part II - 4,5,6,7

Sr. No	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)	POLICY CLAUSE NUMBER
		<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> <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/customer-support/downloads">https://www.zurichkotak.com/customer-support/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 - Part III - Standard General Terms and Clauses - 16
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 - Part III - Standard General Terms and Clauses - 16

Sr. No	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)	POLICY CLAUSE NUMBER
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 care@zurichkotak.com</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><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> <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> <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>	<p>Policy Wordings – Part III – Standard General Terms and Clauses 6</p> <p>Policy Wordings – Part III – Standard General Terms and Clauses 10</p> <p>Policy Wordings – Part III – Standard General Terms and Clauses 8,9</p> <p>Policy Wordings – Part III – Standard General Terms and Clauses 14</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>	<p>Policy Wording Part III - Standard General Terms and Clauses – 1 - Disclosure of Information</p>

## 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.