

ZK - 24-25/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	LiveWise		
2	Policy Number	XXXX		
3	Type of Insurance Product/ Policy	<p>Both Indemnity and Benefit</p> <ul style="list-style-type: none"> - 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 • Floater Sum Insured - Where all members under the policy have a single sum insured limit which may be utilized by any or all members <p>Sum Insured – INR XXXX</p>		
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. 2.A.1.1
		Day Care	Treatment Covered up to the limit of opted Sum Insured where the Hospital admission is less than 24 hours	Policy Wordings. 2.A.1.2
		Modern Treatments	Covered up to the limit of opted Sum Insured	Policy Wordings. 2.A.1.3
		Pre-Hospitalization Medical Expenses	Medical Expenses covered for 60 days before date of hospitalisation	Policy Wordings. 2.A.1.4
		Post-Hospitalization Medical Expenses	Medical Expenses covered for 180 days after discharge from the hospital	Policy Wordings. 2.A.1.4
		AYUSH Treatment	Covered up to the limit of opted Sum Insured	Policy Wordings. 2.A.1.5
		Domiciliary Hospitalisation	Covered up to the limit of opted Sum Insured	Policy Wordings. 2.A.1.6

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		Organ Donor Cover	Covered up to the limit of opted Sum Insured	Policy Wordings. 2.A.1.7
		Road Ambulance Cover	Covers expenses upto INR 20000 per year for availing ambulance services	Policy Wordings. 2.A.2
		Cumulative Bonus	50% of Sum Insured for each renewal upto Maximum of 100%	Policy Wordings. 2.A.3
		Unlimited Restoration Benefit	Restoration up to the Base Sum Insured unlimited times in a Policy Year	Policy Wordings. 2.A.4
		Unlimited E-consultations	Unlimited E-Consultations with General Physicians	Policy Wordings. 2.A.5
		Health Services	Health Portal- Doctor on chat, Healthy tips reminder, etc. Discounts on services such as consultations, diagnostics, maternity etc at our network.	Policy Wordings. 2.A.6
		Annual Health Check-up	For each Insured Person for specified tests on cashless basis	Policy Wordings. 2.B.1
		Double Cover	100% of the Base Sum Insured as double cover	Policy Wordings. 2.B.2
		Cumulative Bonus Booster	100% increase in the Base Sum Insured for each claim free year upto a maximum of 5 times of the Base Sum Insured	Policy Wordings. 2.B.3
		Consumables Cover	Indemnity cover for Non-Medical items and consumables	Policy Wordings. 2.B.4
		Value Added Services	Pack 1/ Pack 2/ Pack 3/ Pack 4/ Pack 5/ Pack 6/ Pack 7	Policy Wordings. 2.B.5
		Wellness Benefit	a. Access to Digital Fitness Coaching b. Access to Artificial Intelligence Fitness Coaching c. Access to Nutritionist/Wellness Coach d. Renewal discount based on the step count	Policy Wordings. 2.B.6
		Air Ambulance Cover	Upto INR 5 Lacs per year	Policy Wordings. 2.B.7
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) 2. Rest Cure, rehabilitation and respite care (Code – Excl05)		Policy Wordings. 3.4 Permanent Exclusions

Sr. No	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)	POLICY CLAUSE NUMBER
		<p>3. Obesity/ Weight Control (Code – Excl06)</p> <p>4. Change-of- Gender treatments (Code – Excl07)</p> <p>5. Cosmetic or plastic Surgery (Code – Excl08)</p> <p>6. Hazardous or Adventure sports: (Code- Excl09)</p> <p>7. Breach of law (Code – Excl10)</p> <p>8. Excluded Providers: (Code- Excl11)</p> <p>9. Code- Excl12 Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof</p> <p>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.</p> <p>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.</p> <p>12. Refractive Error (Code- Excl15)</p> <p>13. Unproven Treatments (Code – Excl16)</p> <p>14. Sterility and Infertility (Code- Excl17)</p> <p>15. Maternity (Code- Excl18)</p> <p>16. Any item or condition or treatment specified in List of Non-Medical Items (Annexure – II to Policy Terms & Conditions).</p> <p>17. Taking part or is supposed to participate in a naval, military, air force operation or aviation in a professional or semi-professional nature.</p> <p>18. Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind of self-medication.</p> <p>19. Charges incurred in connection with routine eye examinations and ear examinations, dentures, artificial teeth and all other similar external appliances and / or devices whether for diagnosis or treatment</p>	

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		<p>20. Any expenses incurred on external prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walkers, glucometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome and oxygen concentrator for asthmatic condition, cost of cochlear implants and related surgery.</p> <p>21. Alopecia wigs and/or toupee and all hair or hair fall treatment and products.</p> <p>22. Screening, counseling or treatment of any external Congenital Anomaly, Illness or defects or anomalies or treatment relating to external birth defects.</p> <p>23. Treatment of mental retardation, arrested or incomplete development of mind of a person, subnormal intelligence or mental intellectual disability.</p> <p>24. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident.</p> <p>25. 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>26. Expenses incurred for Artificial life maintenance, including life support machine use, post confirmation of vegetative state or brain dead by treating medical practitioner where such treatment will not result in recovery or restoration of the previous state of health under any circumstances.</p> <p>27. Non-Allopathic Treatment, Hydrotherapy, Acupuncture, Reflexology, Chiropractic treatment or treatment related to any unrecognized systems of medicine.</p> <p>28. War (whether declared or not) and war like 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>29. Act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane or Illness or Injury attributable to consumption, use, misuse or abuse of tobacco, intoxicating drugs, alcohol or hallucinogens.</p> <p>30. Any charges incurred to procure documents related to treatment or Illness pertaining to any period of Hospitalization or Illness.</p>	

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		<p>31. Personal comfort and convenience items or services including but not limited to T.V. (wherever specifically charged separately), charges for access to cosmetics, hygiene articles, body care products and bath additives, as well as similar incidental services and supplies.</p> <p>32. Expenses related to any kind of RMO charges, Service charge, Surcharge, night charges levied by the hospital under whatever head or transportation charges by visiting consultant.</p> <p>33. 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. For the purpose of this exclusion:</p> <ul style="list-style-type: none"> a. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any illness, incapacitating disablement or death. b. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death. c. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro – organisms and / o r biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death. <p>34. Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants unless prescribed by a medical practitioner.</p> <p>35. Any treatment taken in a clinic, rest home, convalescent home for the addicted, detoxification center, sanatorium, home for the aged, remodeling clinic or similar institutions.</p> <p>36. Remicade, Avastin or similar injectable treatment which is undergone other than as a part of In-Patient Care Hospitalisation or Day Care Hospitalisation is excluded.</p> <p>37. Expenses related to any kind of Modern Treatment Methods other than mentioned in the Clause 2.A.1.3</p> <p>38. Hormone replacement therapy.</p>	

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		<p>39. Any other exclusion as specified in the Policy Schedule.</p> <p>Note: In addition to the foregoing, any loss, claim or expense of whatsoever nature arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, suppressing, minimizing or in any way relating to the above Permanent Exclusions shall also be excluded.</p>	
7.	<p>Waiting period</p> <ul style="list-style-type: none"> • Time period during which specified diseases/ treatments are not covered • It is counted from the beginning of the policy coverage 	<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): XX months for below list of specific diseases/procedures</p> <p>a) List of specific diseases/procedures</p> <ol style="list-style-type: none"> 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 	<p>Policy Wordings. 3.3</p> <p>Policy Wordings. 3.2</p>

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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)	Pre-existing diseases – Covered after 12/24/36 months The policy will pay only up to the limits specified hereunder for the following diseases/ procedures:			Policy Wordings - 3.1
		Room Rent Category	Single Private Room / Shared Room		Policy Wordings - 2. B. 11
		Ambulance Cover	Covers expenses upto INR 20000 per year		Policy Wordings - 2. A. 2
		Air Ambulance	Upto INR 5 Lacs per year		Policy Wordings - 2. B. 7
	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 - 2. B. 10
		Voluntary Co-Payment - Co-payment of XX%			Policy Wordings - 2. B. 13
		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 – 22
		Applicable Zone	Treatment Taken at	Co-payment applicable	
		Zone II	Zone I	10%	
	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 - 2. B. 12

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>1. Cashless</p> <p>Cashless Facility will b 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 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>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/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</p>	Policy Wordings - 5 Claims Procedure

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		<p>period as mentioned in your plan.</p> <p>Turn Around Time (TAT) for claims Settlement</p> <ul style="list-style-type: none"> i. TAT for preauthorization of cashless facility - within 1 hour 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/networklocator/cashless-hospitals <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 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
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

Sr. No	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)	POLICY CLAUSE NUMBER
		<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
		<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.</p> <p>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 – 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

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.