

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	Group Smart Cash – Micro Insurance		
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 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:		
		Hospital Daily Cash Benefit	Provides daily cash amount for specified days for each and every completed day of Hospitalization	Policy Wordings – Part II 1. Base Covers – 1.1
		Accident Daily Cash Benefit	Provides daily cash amount for specified days for each and every completed day of Hospitalization due to an accident	Policy Wordings – Part II 1. Base Covers – 1.2
		ICU Daily Cash Benefit	Provides daily cash amount for specified days for each and every completed day of Hospitalization in an ICU	Policy Wordings – Part II 1. Base Covers – 1.3
		Convalescence Benefit	Pays for a specified amount if the Insured Person is admitted in hospital for a specified minimum period	Policy Wordings – Part II 2. Optional Covers – 2.1
		Companion Benefit	Provides daily allowance for a specified number of days towards expenses incurred on one accompanying person at Hospital / Nursing Home	Policy Wordings – Part II 2. Optional Covers – 2.2
		Joint Hospitalization	Provides specified amount if two or more Insured Persons under the same policy are jointly hospitalized	Policy Wordings – Part II 2. Optional Covers – 2.3
		Parent Accommodation	Provides daily allowance for a specified number of days towards parent's accommodation for each and every	Policy Wordings – Part II 2. Optional Covers – 2.4

		completed day of Insured Person's hospitalization	
	Day Care Procedure Benefit	Pays a specified amount if an Insured Person undergoes a Day Care Procedure as an inpatient for less than 24 hours	Policy Wordings – Part II 2. Optional Covers – 2.5
	Surgery Benefit	Pays a specified amount if the Insured Person is admitted in Hospital for undergoing a surgery/ surgical procedure.	Policy Wordings – Part II 2. Optional Covers – 2.6
	Accidental Hospitalization Benefit	Pays for a specified amount if the Insured Person is admitted in Hospital due to an accident.	Policy Wordings – Part II 2. Optional Covers – 2.7
	Broken Bones	Pays a specified amount if the Insured Person sustains Broken Bones due to an accident as defined under the Policy	Policy Wordings – Part II 2. Optional Covers – 2.8
	Burns	Pays a specified amount if the Insured Person sustains Burns due to an accident which results in specified conditions.	Policy Wordings – Part II 2. Optional Covers – 2.9
	Maternity Benefit	Provides daily cash amount for each and every completed day of hospitalisation for the delivery of the Insured Person's child or the medically necessary and lawful termination of pregnancy	Policy Wordings – Part II 2. Optional Covers – 2.10
	New Born Baby Benefit	Provides daily cash amount for each and every completed day of hospitalisation of the Insured Person's New Born Baby	Policy Wordings – Part II 2. Optional Covers – 2.11
	Worldwide Cover	Provides daily cash amount for each and every completed day of Hospitalisation outside India.	Policy Wordings – Part II 2. Optional Covers – 2.12
	Personal Accident Benefit	Pays a specified Sum Insured in case of Accidental death or Permanent total disability of the Insured	Policy Wordings – Part II 2. Optional Covers – 2.13
	Critical Illness Benefit	Pays a specified Sum Insured in case the Insured is first diagnosed with specified critical illnesses	Policy Wordings – Part II 2. Optional Covers – 2.14
	Pre-existing Disease Waiting Period Waiver	Claim related to pre-existing diseases will be covered from inception of the Policy or as per specifically opted waiting period	Policy Wordings – Part II 2. Optional Covers – 2.15
	30 days Waiting Period Waiver	Coverage under the Policy will commence from day one of the Policy period without any waiting period	Policy Wordings – Part II 2. Optional Covers – 2.16
	Specified disease/ procedure Waiting Period Waiver	Treatment in respect of specified diseases, illness, and injury shall stand covered from day one of the Policy	Policy Wordings – Part II 2. Optional Covers – 2.17
	Maternity Benefit Waiting Period Waiver	Coverage under the Policy for Maternity claims will commence from day one of the Policy period	Policy Wordings – Part II 2. Optional Covers – 2.18
6	Exclusions (What the policy does not cover)	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 following:	Policy Wordings – 4.5 Permanent Exclusions

	<ul style="list-style-type: none"> a) Investigation & Evaluation (Code- Excl04) b) Rest Cure, rehabilitation and respite care (Code – Excl05) c) Obesity/ Weight Control (Code – Excl06) d) Change-of- Gender treatments (Code – Excl07) e) Cosmetic or plastic Surgery (Code – Excl08) f) Hazardous or Adventure sports: (Code- Excl09) g) Breach of law (Code – Excl10) h) Excluded Providers: (Code- Excl11) i) Code- Excl12 Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof 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. 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. l) Refractive Error (Code- Excl15) m) Unproven Treatments (Code – Excl16) n) Sterility and Infertility (Code- Excl17) o) Maternity (Code- Excl18) p) 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; (q) 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; (r) Expenses incurred on all dental treatment unless necessitated due to an Accident and treated as an in-patient; (s) Any expenses incurred on personal comfort, cosmetics, convenience and hygiene related items and services; (t) Any acupressure, acupuncture, magnetic and such other therapies; (u) Circumcision unless necessary for treatment of an Illness or necessitated due to an Accident; (v) Vaccination or inoculation of any kind, unless it is post animal bite and treated as an in-patient; (w) Intentional self-injury (whether arising from an attempt to commit suicide or otherwise); (x) Treatment relating to Congenital external Anomalies; 	
--	--	--

		<p>(y) any treatment related to sleep disorder or sleep apnoea syndrome, general debility, convalescence, run-down condition or rest cures;</p> <p>(z) 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>(aa) Any treatment taken outside India;</p> <p>(bb) 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>(cc) Non- allopathic Treatment other than AYUSH treatment</p> <p>(dd) Domiciliary Hospitalisation</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 by 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) Any OPD treatment will not be covered</p> <p>(ii) Medical supplies including elastic stockings, diabetic test strips, and similar products.</p> <p>(jj) 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>(kk) External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), 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/ Certificate of Insurance.</p> <p>(ll) 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 (or Covered from day one as specified)	Policy Wordings – 4.2
	Time period during which specified diseases/	Specific Waiting Periods (not applicable for claims arising due to an accident): 12 months (or Covered from day one as specified) for below list of specific diseases/procedures (a) Cataract	Policy Wordings – 4.3

	treatments are not covered It is counted from the beginning of the policy coverage	<p>(b) Benign Prostatic Hypertrophy; (c) Myomectomy, Hysterectomy unless because of malignancy; (d) All types of Hernia, Hydrocele; (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) Tonsillitis, adenoids and sinuses; (n) Gastric and duodenal erosions and ulcers; (o) Deviated nasal septum; (p) Varicose Veins/ Varicose Ulcers.</p>	
		Pre-existing diseases – Covered after 12/24/36 months/ Covered from day one (as specified in the Policy Schedule)	Policy Wordings – 4.1
		Maternity Benefit Waiting Period – Covered after 9 months from the first policy start date/ Covered from day one (as specified in the Policy Schedule)	Policy Wordings – 4.4
		Critical Illness Cover Waiting Period – 90 days from the first Policy start date	Policy Wordings – 2.14
8	Financial limits of coverage iii. 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) iv. Any other limit (as applicable)	Deductible of Rs. XXX per claim / per year / both	Policy Wordings – 3.1
9	Claims/ Claims Procedure	In the event of a Hospitalization claim under the Policy, We must be notified either at Our call Centre or in writing within 48 hours of the Hospitalization but not later than discharge from the Hospital. In case of an Accidental Death or Permanent Total Disablement/ Critical Illness claim under Benefit 2.14 and 2.15	Policy Wordings - 5

		<p>of the Policy, We must be notified either at Our call Centre or in writing within 10 days from the date of occurrence of the Accident.</p> <p>We shall be provided the necessary information and documentation in respect of the Claims is within 30 days of the Insured Person's occurred Injury/ Hospitalisation</p> <p>Turn Around Time (TAT) for claims Settlement</p> <ul style="list-style-type: none"> i. TAT for preauthorization of cashless facility – Not Applicable ii. TAT for cashless final bill authorization – Not Applicable <p>Please find the details/ web link for following -</p> <ul style="list-style-type: none"> i. Network Hospital details – Not Applicable 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/docs/default-source/footer-docs/delisted-hospital-list.pdf iv. Downloading/ getting Claim form – https://www.zurichkotak.com/documents/customer-support/downloads 	
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 Standard General Terms and Conditions 14
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.ciains.co.in/ombudsman 	Policy Wordings – Part III Standard General Terms and Conditions 14

		The details of the Insurance Ombudsman is available at Annexure I of the Policy wordings	
12	Things to Remember	Free Look cancellation: You may cancel the insurance policy if you do not want it, within 30 days from the beginning of the policy. 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	Policy Wordings – Part III Standard General Terms and Conditions 8
		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. On payment of a Claim under Critical Illness Benefit and Personal Accident Benefit - Permanent Total Disablement (PTD), the benefit will cease in respect of that Insured Person. On payment of a Claim under Personal Accident Benefit – Accidental Death, the Policy will automatically terminate in respect of that Insured Person only.	Policy Wordings – Part III Standard General Terms and Conditions 9
		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. 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	Policy Wordings – Part III Standard General Terms and Conditions 7
		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	
		Moratorium Period: After completion of Five continuous years under the policy no look back to be applied. This period of Five years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of Five continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.	
13	Your Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. 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.	Policy Wordings – Part III Standard General Terms and Conditions 1 - Disclosure of Information

	(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)	
--	--	--

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.