

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 Maximiser - XXXX Plan		
2	Policy Number	XXXX		
3	Type of Insurance Product/ Policy	<b>Both Indemnity and Benefit</b> - 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"> <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:		
		In-patient Insured Treatment	Covered up to the limit of opted Sum where the Hospitalisation is more than 24 Hours	Policy Wordings. Part II – 2.1
		Day Care Insured Treatment	Covered up to the limit of opted Sum where the Hospital admission is less than 24 hours	Policy Wordings. Part II – 2.2
		Pre-Hospitalization Medical Expenses	Medical Expenses covered for XX days before date of hospitalisation	Policy Wordings. Part II – 2.3
		Post-Hospitalization Medical Expenses	Medical Expenses covered for XX days after discharge from the hospital	Policy Wordings. Part II – 2.3
		Ambulance Cover	Covers expenses upto INR XXXX per year for availing ambulance services	Policy Wordings. Part II – 2.4
		Organ Donor Cover	Covered up to the limit of opted Sum Insured	Policy Wordings. Part II – 2.5
Alternative Treatment	Covered up to the limit of opted Sum Insured	Policy Wordings. Part II – 2.6		

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		Domiciliary Hospitalisation	Covered up to the limit of opted Sum Insured	Policy Wordings. Part II – 2.7
		Annual Health Check-up	One free health check-up at Our Network Provider for each Insured Person that is above 18 years of Age, each Policy Year for the specified tests	Policy Wordings. Part II – 2.8
		Restoration Benefit	Available once in a Policy Year for unrelated illnesses in addition to the Sum Insured.	Policy Wordings. Part II – 2.9
		Cumulative Bonus	XX % of the Base Sum Insured for each renewal upto Maximum of XXX%	Policy Wordings. Part II – 2.10
		Second E-opinion Cover	Facilitate the Insured person for availing a Second E-Opinion on his / her medical condition occurring during the Policy Period	Policy Wordings. Part II – 2.11
		Health and Rewards	Health Risk Assessment (HRA) Health Check-up and Report evaluation Preventative Check-Ups Fitness Rewards	Policy Wordings. Part II – 2.12
		Value Added Benefits	VA1/VA2/VA3	Policy Wordings. Part II – 2.13
		Hospital Daily Cash	INR XXXX per day for minimum 3 days of hospitalization subject to maximum of 10 days	Policy Wordings. Part II – 2.14
		Convalescence Benefit	INR XXXX (minimum hospitalisation of 10 days)	Policy Wordings. Part II – 2.15
		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 – 2.16
		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 – 2.17
		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 – 2.18
		Maternity Benefit	Covers Medical Expenses Upto INR XXXX for Normal and INR XXXX Cesarean for the delivery of the Insured Person's child or the Medically Necessary and lawful medical termination of pregnancy	Policy Wordings. Part II – 2.19

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		New Born Baby Cover	Covers Medical Expenses on the Hospitalization of the Insured Person's New Born Baby within the limits of the Maternity Sum Insured	Policy Wordings. Part II – 2.20
		Vaccination Expenses	Upto INR XXXX incurred on the Insured Person's Baby from birth till the age of 2 years	Policy Wordings. Part II – 2.21
		Air Ambulance Cover	Cover for ambulance transportation in an airplane or helicopter upto 10% of Base Sum Insured and subject to a maximum of INR 5 lacs	Policy Wordings. Part II – 2.22
		Critical Illness Cover	Coverage for 18 Critical Illnesses on a Benefit basis of INR XXXX	Policy Wordings. Part II – 2.23
		Personal Accident Cover	Coverage for Accidental Death/ Permanent Total Disablement on benefit basis of INR XXXX	Policy Wordings. Part II – 2.24
		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 – 2.25
		Health Protect Rider ZUKHLIA25055 V022425	<p><b>Claim Protect:</b> Non-medical expenses listed in Annexure-1 of the Rider-wordings will get covered.</p> <p><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.</p> <p><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.</p> <p><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</p>	<p>Rider Wordings - Benefit 1</p> <p>Rider Wordings - Benefit 2</p> <p>Rider Wordings - Benefit 3</p> <p>Rider Wordings - Benefit 4</p>
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><b>Standard Exclusions</b></p> <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> </ol>		Policy Wordings. Part II – 3.5 Permanent Exclusions

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		<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</p> <p>Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof</p> <p>10. Code- Excl13</p> <p>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</p> <p>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><b>Specific Exclusions</b></p> <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, cosmetics, convenience and hygiene related items and services;</p> <p>19. Expenses incurred on all dental treatment unless necessitated due to an Accident;</p> <p>20. Acupressure, acupuncture, magnetic and such other therapies;</p>	

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		<p>21. Circumcision unless necessary for treatment of an Illness or necessitated due to an Accident;</p> <p>22. Vaccination or inoculation of any kind, unless it is post animal bite;</p> <p>23. Intentional self-injury (whether arising from an attempt to commit suicide or otherwise)</p> <p>24. Treatment relating to Congenital external Anomalies;</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;</p> <p>28. 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>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 listed in Annexure III (List I) of the Policy.</p> <p>33. Any OPD treatment will not be covered</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>	

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		<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.</p> <p>36. 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 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> <li>(e) Fissures and/or Fistula in anus, haemorrhoids/ piles;</li> <li>(f) Arthritis, gout, rheumatism and spinal disorders;</li> <li>(g) Joint replacements unless due to Accident;</li> <li>(h) Sinusitis and related disorders;</li> <li>(i) Stones in the urinary and biliary systems;</li> <li>(j) Dilatation and curettage, Endometriosis;</li> <li>(k) All types of skin and internal tumors/ cysts/ nodules/ polyps of any kind including breast lumps unless malignant;</li> <li>(l) Dialysis required for chronic renal failure;</li> <li>(m) Tonsillitis, adenoids and sinuses;</li> <li>(n) Gastric and duodenal erosions and ulcers;</li> <li>(o) Deviated nasal septum;</li> <li>(p) Varicose Veins/ Varicose Ulcers.</li> </ul> </li> <li>• <b>Pre-existing diseases Waiting Period</b> – Covered after 12/24/36 months (As per Plan opted)</li> <li>• <b>Maternity Benefit Waiting Period</b> – Covered after 36 months</li> <li>• <b>Critical Illness Cover Waiting Period</b> - First 90 days from the first Policy start date</li> </ul>	<p>Policy Wordings. Part II – 3.2</p> <p>Policy Wordings. Part II – 3.3</p> <p>Policy Wordings. Part II – 3.1</p> <p>Policy Wordings. Part II – 3.4</p> <p>Policy Wordings. Part II – 2.23</p>



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		<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> <ul style="list-style-type: none"> <li>(i) The Policy Number;</li> <li>(ii) Name of the Policyholder;</li> <li>(iii) Name and address of the Insured Person in respect of whom the request is being made;</li> <li>(iv) Nature of Illness or Injury and the treatment/ surgery taken;</li> <li>(v) Name and address of the attending Medical Practitioner;</li> <li>(vi) Hospital where treatment/surgery was taken;</li> <li>(vii) Date of Admission and date of discharge;</li> <li>(viii) Approximate claim amount (if available)</li> <li>(ix) Any other information that may be relevant to the Illness/ Injury/ Hospitalization.</li> </ul> <p><b>3. Pre-Hospitalisation Medical Expenses And Post-Hospitalisation Medical Expenses</b></p> <ul style="list-style-type: none"> <li>(a) All Claims for Pre-Hospitalisation Medical Expenses shall be submitted to Us within 30 days of the Insured Person's discharge from Hospital</li> <li>(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.</li> </ul> <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>	

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10	Policy Servicing	<p>Call centre number - 1800 266 4545  Details of Company officials - E-mail: care@zurichkotak.com  Link: <a href="https://www.zurichkotak.com/customer-support/grievance-redressal-process">https://www.zurichkotak.com/customer-support/grievance-redressal-process</a>  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 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: grievanceofficer@zurichkotak.com</li> <li>- Insurance company grievance portal/ Department:  Contact details:  Toll free number: 1800 266 4545  Email: grievanceofficer@zurichkotak.com</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
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.  Customer may contact the respective branch office of the Company or may call at 18002664545 or may write an e-mail at care@kotak.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.  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>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>

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		<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>	Policy Wordings – Part III – Standard General Terms and Clauses 14
12	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 Wording Part III - Standard 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.