

## 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	Surrogacy Care																	
2	Policy number																		
3	Type of Insurance Product/ Policy	Indemnity (Where insured losses are covered up to the Sum Insured under the policy)																	
4	Sum Insured (Basis)	Individual Sum Insured - Where each member has a separate sum insured under the policy Sum Insured - XXXX																	
5	Policy Coverage (What the policy covers?)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">Section 1- Oocyte Donor Cover</th> </tr> </thead> <tbody> <tr> <td style="width: 30%;">In-patient Treatment</td> <td>Covered up to the limit of opted Sum Insured where the Hospitalisation is more than 24 Hours for complications arising due to oocyte retrieval</td> </tr> <tr> <td>Day Care Treatment</td> <td>Covered up to the limit of opted Sum Insured where the Hospital admission is less than 24 hours for complications arising due to oocyte retrieval</td> </tr> <tr> <td>Pre-Hospitalization Medical Expenses</td> <td>Medical Expenses covered for 30 days before date of hospitalisation</td> </tr> <tr> <td>Post-Hospitalization Medical Expenses</td> <td>Medical Expenses covered for 60 days after discharge from the hospital</td> </tr> <tr> <td>Ambulance Cover</td> <td>Covers expenses upto INR 2000/- per hospitalisation for availing ambulance services</td> </tr> <tr> <th colspan="2" style="text-align: left;">Section 2 - Surrogate Mother Cover</th> </tr> <tr> <td>In-patient Treatment</td> <td>Covered up to the limit of opted Sum Insured where the Hospitalisation is more than 24 Hours for complications arising out of pregnancy through</td> </tr> </tbody> </table>	Section 1- Oocyte Donor Cover		In-patient Treatment	Covered up to the limit of opted Sum Insured where the Hospitalisation is more than 24 Hours for complications arising due to oocyte retrieval	Day Care Treatment	Covered up to the limit of opted Sum Insured where the Hospital admission is less than 24 hours for complications arising due to oocyte retrieval	Pre-Hospitalization Medical Expenses	Medical Expenses covered for 30 days before date of hospitalisation	Post-Hospitalization Medical Expenses	Medical Expenses covered for 60 days after discharge from the hospital	Ambulance Cover	Covers expenses upto INR 2000/- per hospitalisation for availing ambulance services	Section 2 - Surrogate Mother Cover		In-patient Treatment	Covered up to the limit of opted Sum Insured where the Hospitalisation is more than 24 Hours for complications arising out of pregnancy through	<p>Policy Wordings Part II – Section 1 - Oocyte Donor Cover</p> <p>Policy Wordings Part II – Section 2 - Surrogate Mother Cover</p>
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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> <li>4. Change-of- Gender treatments (Code – Excl07)</li> <li>5. Cosmetic or plastic Surgery (Code – Excl08)</li> <li>6. Hazardous or Adventure sports: (Code- Excl09)</li> <li>7. Breach of law (Code – Excl10)</li> <li>8. Excluded Providers: (Code- Excl11)</li> <li>9. Code- Excl12 Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof</li> <li>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.</li> <li>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</li> </ol>		Policy Wordings Part II – 3. WHAT WE WILL NOT PAY 3.2 Permanent Exclusions

		<p>medical practitioner as part of hospitalization claim or day care procedure.</p> <p>12. Unproven Treatments (Code – Excl16)</p> <p>13. 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>14. 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>15. Any expenses incurred on personal comfort, cosmetics, convenience and hygiene related items and services, medical supplies including elastic stockings, diabetic test strips, and similar products.</p> <p>16. Expenses incurred on all dental treatment;</p> <p>17. Acupressure, acupuncture, magnetic and such other therapies;</p> <p>18. Vaccination or inoculation of any kind,</p> <p>19. Intentional self-injury (whether arising from an attempt to commit suicide or otherwise)</p> <p>20. Treatment relating to Congenital external Anomalies</p> <p>21. Any treatment related to sleep disorder or sleep apnoea syndrome, general debility, convalescence, run-down condition;</p> <p>22. 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>23. Any treatment taken outside India;</p> <p>24. 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>25. Any consequential or indirect loss arising out of or related to Hospitalization;</p> <p>26. 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,</p>	
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		<p>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>27. 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>28. All non-medical expenses listed in Annexure II (List I) of the Policy.</p> <p>29. Any OPD treatment will not be covered</p> <p>30. 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>31. 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>32. Any illness, sickness or disease other than complications arising out of pregnancy and post-partum delivery for the surrogate mother or complications arising out of oocyte retrieval for the oocyte donor.</p> <p>33. Treatment of any pre-existing condition/disease of the Insured including its complications</p> <p>34. Expenses related to ART, IVF or similar procedure other than those mentioned above will not be covered under this Add-on</p> <p>35. Surrogacy / Oocyte donation related consultation, diagnostic or pharmacy expenses, Consultations with Fertility Specialist</p> <p>36. Cost of Oocyte retrieval/ donation procedure including but not limited to expenses related to injections, tests, ultrasound, ovum pick-up</p> <p>37. Cost of Surrogacy treatment procedure including but not limited to expenses related to injections, tests, ultrasound, ovum pick-up, embryo transfer</p> <p>38. Delivery Expenses (Normal or Caesarean)</p> <p>39. Voluntary Termination of Pregnancy / Miscarriage (including miscarriage due to accident) except in case of life threatening medical condition to the surrogate mother, during the policy period of the Surrogate Mother</p>	
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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>	Initial Waiting Period: 30 days for all illnesses not applicable in case of renewal or accidents	Policy Wordings Part II – 3.1 - 30 Day Waiting Period (Code – Excl03)
8	Financial limits of coverage	The policy will pay only up to the limits specified hereunder for the following diseases/ procedures:	Policy Wordings

	i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)	<table border="1" data-bbox="395 349 1294 479"> <tr> <td data-bbox="395 349 647 479">Ambulance Cover</td> <td data-bbox="647 349 1294 479">Covers expenses upto INR 2000/- per hospitalisation for availing ambulance services</td> </tr> </table>	Ambulance Cover	Covers expenses upto INR 2000/- per hospitalisation for availing ambulance services	Part II – 1.4 and 2.4
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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> <ol style="list-style-type: none"> <li>1. Cashless            Cashless Facility is only available at a Network Provider. The complete list of Network Providers is available on Our website or can be obtained from Our call centre.           <ol style="list-style-type: none"> <li>(a) Pre-authorization for Planned Hospitalization:                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.</li> <li>(b) Pre-authorization for Emergency Care:                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.</li> </ol> </li> <li>2. Reimbursement            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:           <ol 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> </ol> </li> </ol>	Policy Wordings Part II - 4,5,6 and Part III - Standard General Terms and Clauses - 16		

		<p>(vii) Date of Admission and date of discharge;          (viii) Approximate claim amount (if available)          (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 - 3</p> <p>Please find the details/ web link for following -</p> <p>i. Network Hospital details – <a href="http://www.zurichkotak.com">www.zurichkotak.com</a>          ii. Helpline Number – 1800 266 4545          iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer -          iv. Downloading/ getting Claim form - <a href="http://www.zurichkotak.com">www.zurichkotak.com</a></p>	
10	Policy Servicing	<p>Call centre number – 1800 266 4545</p> <p>Details of Company officials-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>	
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</li> </ul>	<p>Policy Wordings Part III - Standard General Terms and Clauses - 15</p>

		<p>Email: <a href="mailto:grievanceofficer@zurichkotak.com">grievanceofficer@zurichkotak.com</a></p> <p>- Ombudsman:          The details of the Insurance Ombudsman is available at:  <a href="https://www.zurichkotak.com/customer-support/grievance-redressal-process">https://www.zurichkotak.com/customer-support/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</p>	
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 <a href="mailto:care@zurichkotak.com">care@zurichkotak.com</a> for Free look cancellation</p> <p>Policy renewal: Policy shall not be available for Renewal on expiry.</p> <p>Migration and Portability: Migration and Portability shall not be applicable under the policy.</p> <p>Change in Sum Insured: Change in Sum Insured shall not applicable under the policy.</p> <p>Moratorium Period: Moratorium Period shall not be applicable under the policy.</p>	Policy Wordings Part III - Standard General Terms and Clauses – 6, 8, 9, 10, 13
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 - 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**

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Zurich Kotak General Insurance Company (India) Limited (Formerly known as Kotak Mahindra General Insurance Company Limited) CIN: U66000MH2014PLC260291. IRDAI Reg. No. 152. Registered & Corporate Office: 401, 4th Floor, Silver Metropolis, Jai Coach Compound, Off Western Express Highway, Goregaon (East), Mumbai - 400063. Maharashtra, India