

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	Group Secure Shield		
2	Policy Number	XXXX		
3	Type of Insurance Product/ 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 		
		Critical Illness Benefit & Personal Accident Benefit	INR XXXX	
		Loss of Job Benefit (due to illness / accident)	INR XXXX	
5	Policy Coverage (What the policy covers?)	Expenses in respect of:		Policy wordings - Part II 2. Scope of Cover (2.1)
		Section I: Critical Illness Benefit	<p>We will pay the Sum Insured to the Insured Person on the first diagnosis of any of the following Critical Illness during the Policy Period, provided that the signs or symptoms of below mentioned Critical Illness first commenced at least 90 days after the commencement of the first Policy Period of this Policy with Us and subsequent to completion of the Survival period.</p> <p>First Diagnosis of the below-mentioned Illnesses more specifically described below:</p> <ul style="list-style-type: none"> • Cancer of specified severity • Kidney failure requiring regular dialysis; • Multiple Sclerosis with persisting symptoms; 	

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		<ul style="list-style-type: none"> • Motor Neurone Disease with Permanent Symptoms; • Benign Brain Tumor; • Primary (Idiopathic) Pulmonary Hypertension • End Stage Liver Failure • Cardiomyopathy • Alzheimer’s Disease • Parkinson’s Disease • End stage Lung Failure • Apallic Syndrome • Medullary Cystic Disease • Systemic lupus erythematosus with Renal Involvement • Aplastic Anaemia • Bacterial meningitis • Multiple system atrophy • Progressive scleroderma <p>Occurrence for the first time of the following surgical procedures, more specifically described below:</p> <ul style="list-style-type: none"> • Major Organ / Bone Marrow Transplant; • Open heart replacement or repair of heart valves; • Open chest CABG; • Aorta Graft Surgery • Pulmonary artery graft surgery • Brain surgery • Pneumonectomy <p>Occurrence for the first time of the following medical events, more specifically described below:</p> <ul style="list-style-type: none"> • Coma of Specified Severity • Stroke resulting in permanent symptoms; • Permanent Paralysis of Limbs; • Myocardial Infarction (First Heart Attack- of specific severity) • Third Degree Burns; • Deafness 	

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		<ul style="list-style-type: none"> • Loss of Speech • Blindness • Major Head Trauma 	
	Section II: Personal Accident Benefit	<ul style="list-style-type: none"> • Death/ Permanent Total Disablement of the Insured Person solely and directly due to an Injury sustained an Accident which occurs during the Policy Period provided that the Insured Person's death / Permanent Total Disablement occurs within 12 months of the Injury being sustained. • Permanent Total Disablement shall mean the total and irrecoverable loss of one of the following which as a direct consequence prevents the Insured Person from resuming his normal occupation or engaging in similar gainful employment: <ul style="list-style-type: none"> i) Loss of sight of both eyes; or ii) Actual loss by Physical Separation of both hands or both feet or one entire hand and one entire foot; or iii) Loss of use of both hands or both feet or of one hand and one foot without Physical Separation; • Child Education Benefit - 10% of the Section II Sum Insured or up to Rs. 10 lacs whichever is lower towards the education expenses of the Insured Person's child, provided that the Insured Person's child is less than 25 years of age on the date of the Accident. 	Policy wordings - Part II 2. Scope of Cover (2.3)
	Section III: Loss of Job Benefit (due to illness / accident)	<p>If the Insured Person is terminated or temporarily suspended from employment by his /her employer in accordance with the employer's rules/regulations or in accordance with applicable Indian law or the directives of any Public Authority due to an illness or due to any injury sustained during an Accident during the Policy Period, We will pay the Insured Person the number of EMI as mentioned in the Policy Schedule / Certificate of Insurance EMI Amount(s) falling due in respect of the account number of the Credit.</p> <p>**Child Education Benefit cover can be opted only if Personal Accident cover is chosen.</p>	Policy wordings - Part II 2. Scope of Cover (2.6)

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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 following:</p> <ul style="list-style-type: none"> a) Arising or resulting from the Insured Person committing any breach of the law with criminal intent. b) war, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainment of all Heads of State and citizens of whatever nation and of all kinds and acts of terrorism. c) ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self sustaining process of nuclear fission. d) nuclear weapon materials. e) usage, consumption or abuse of substances intoxicants, hallucinogens, alcohol and/or drugs. f) self-destruction or self inflicted injury, attempted suicide or suicide. g) Any consequential or indirect loss or expenses arising out of or related to any event giving rise to a Claim under the Policy. h) while serving in any branch of the Military or Armed Forces of any country during war or warlike operations. i) any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss. The Policy also excludes loss, damage, cost or expenses of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to action taken in respect of any act of terrorism. 	Policy wordings – 3. General Exclusions applicable to the Policy.
		<p>PERMANENT EXCLUSIONS APPLICABLE TO SECTION I (Critical Illness Benefit)</p> <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 following:</p> <ul style="list-style-type: none"> a) Any Pre-Existing Disease– Any Pre-Existing Disease will not be covered until a period of 	Policy wordings - Part II 2.2

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		<p>continuous coverage as mentioned in the Policy Schedule/ Certificate of Insurance has elapsed for the Insured Person, since the inception of this Policy with Us. On Renewal of the Policy if an increased Sum Insured is requested then the elapsed period for Pre-Existing Diseases shall be limited to the Sum Insured of the immediately completed Policy Period.</p> <p>b) Any insured event, as stated in this Section, occurred or suffered before the commencement of Period of Insurance or arising within first 90 days of the commencement of the Period of Insurance.</p> <p>c) Any external Congenital Anomaly;</p> <p>d) Any medical procedure or treatment, which is not Medically Necessary Treatment or not performed by a Medical Practitioner.</p> <p>e) Birth control procedures and hormone replacement therapy.</p> <p>f) Any treatment /surgery for change of sex or any cosmetic surgery or treatment /surgery / complications / illness arising as a consequence thereof.</p> <p>g) Treatment by a family member and self-medication or any treatment that is not scientifically recognized.</p>	
		<p>EXCLUSIONS APPLICABLE TO SECTION II (Personal Accident Benefit)</p> <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 following:</p> <p>a) The Insured Person is operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft, or Scheduled Airlines or is engaging in aviation or ballooning, or whilst the Insured Person is mounting into, or dismounting from or traveling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any Scheduled Airline anywhere in the world;</p> <p>b) Insured Person is participating in winter sports, skydiving/ parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sports, any bodily contact sport or</p>	<p>Policy wordings - Part II 2.4</p>

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		<p>any other hazardous or potentially dangerous sport for which the Insured Person is untrained, unless specifically covered under the policy;</p> <p>c) Any Illness to the Insured Person;</p> <p>d) directly or indirectly caused by venereal disease;</p>	
		<p>EXCLUSIONS APPLICABLE TO SECTION III - Loss of Job Benefit (due to illness / accident)</p> <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 following:</p> <p>a) The Insured Person's termination or temporary suspension from employment is due to dishonesty or fraud or poor performance on the part of the Insured Person or his willful violation of any rules of the employer or laws for the time being in force or any disciplinary action against the Insured Person by the employer.</p> <p>b) The Insured Person being self-employed;</p> <p>c) Any claim relating to unemployment from a job which is casual, temporary, seasonal or contractual in nature or any claim relating to an employee not on the direct rolls of the employer;</p> <p>d) Unemployment at the time of inception of the Policy Period or arising within first three months of inception of the Policy Period.</p> <p>e) The Insured Person's termination or temporary suspension from employment within 90 days of the commencement of the Policy Period.</p> <p>f) Any unemployment from a job under which no salary or any remuneration is provided to the Insured Person.</p> <p>g) Any suspension from employment on account of any pending enquiry being conducted by the employer/ Public Authority.</p> <p>h) Any unemployment due to resignation / retirement.</p> <p>i) Any unemployment due to non-confirmation of employment after or during such period under which the Insured Person was under probation.</p>	<p>Policy wordings - Part II 2.7</p>
7	<p>Waiting period</p> <p>Time period during which specified diseases/</p>	<p>Section I:</p> <p>Initial Waiting Period - Any insured event, as stated in this Section, occurred or suffered before the commencement of Period of Insurance or arising within first 90 days of the commencement of the Period of Insurance.</p>	<p>Policy wordings - Part II 2. Scope of Cover 2.2</p>

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	<p>treatments are not covered It is counted from the beginning of the policy coverage</p>	<p>Pre-Existing Disease - Covered after XX months</p> <p>Section III: Initial Waiting Period - The Insured Person's termination, dismissal, temporary suspension or retrenchment from employment within 90 days of the commencement of the Policy Period.</p>	<p>Policy wordings - Part II 2. Scope of Cover 2.7</p>		
8	Financial limits of coverage	The policy will pay only up to the limits specified hereunder for the following diseases/ procedures:			
	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="416 712 1171 875"> <tr> <td data-bbox="416 712 663 875">Child Education Benefit</td> <td data-bbox="663 712 1171 875">10% of Personal Accident Benefit Sum Insured or up to Rs. 10 lacs whichever is lower</td> </tr> </table>	Child Education Benefit	10% of Personal Accident Benefit Sum Insured or up to Rs. 10 lacs whichever is lower	Policy wordings - Part II 2. Scope of Cover 2.3(b)
Child Education Benefit	10% of Personal Accident Benefit Sum Insured or up to Rs. 10 lacs whichever is lower				
	iv. Any other limit (as applicable)	Survival Period – 30 days/ No survival period	Policy wordings - Part III General Terms and Conditions 20		
9	Claims/ Claims Procedure	<p>Claims Procedure for Critical Illness We shall be given written notice within 10 days of the Insured Person being first diagnosed with a Critical Illness and We shall be provided the following necessary information and documentation in respect of all Claims within 30 days of the Insured Person's diagnosis/ surgery/ treatment</p> <p>Claims Procedure for Personal Accident a. We shall be given written notice within 10 days of ANY Injury sustained by the Insured Person which will give rise or is likely to give rise to a Claim under the Policy. b. We shall be provided with the following necessary information and documentation in respect of all Claims within 30 days of the Insured Person's Injury due to Accident</p> <p>Claims Procedure for Loss of Job (Due to Illness /Accident) We shall be given written notice along with the following information and documentation within 30 days of the date of the Insured Person's termination or temporary suspension from employment due to illness/ accident</p>	Policy Wordings Part II – 5,6,7		
		<p>Turn Around Time (TAT) for claims Settlement</p> <p>i. TAT for preauthorization of cashless facility – Not</p>			

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		<p>Applicable</p> <p>ii. TAT for cashless final bill authorization – Not Applicable</p> <p>Please find the details/ web link for following -</p> <p>i. Network Hospital details – Not Applicable</p> <p>ii. Helpline Number – 1800 266 4545</p> <p>iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer – Not Applicable</p> <p>Downloading/ getting Claim form – https://www.zurichkotak.com/customersupport/downloads</p>	
10	Policy Servicing	<p>Call centre number – 1800 266 4545</p> <p>Details of Company officials- E-mail: care@zurichkotak.com</p> <p>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 General Terms and Conditions 22
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 Conditions 22
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</p>	Policy wordings - Part III General Terms and Conditions 11

Sr. No	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)	POLICY CLAUSE NUMBER
		<p>cancellation</p> <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> <p>On payment of a Claim under Critical Illness Benefit, the cover will cease in respect for that Insured Person.</p> <p>On payment of a Claim under Personal Accident Benefit II</p> <p>(a): Death or Permanent Total Disablement, the cover will cease in respect of that Insured Person</p> <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> <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> <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. 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></p> <p>Policy wordings - Part III General Terms and Conditions 13</p> <p>Policy wordings - Part III General Terms and Conditions 14</p> <p></p> <p>Policy wordings - Part III General Terms and Conditions 24</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 wordings - Part III General Terms and Conditions 1</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.