

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 Smart Health		
2	Policy Number	XXXX		
3	Type of Insurance Product/ Policy	<p>Both Indemnity and Benefit</p> <p>Indemnity (Where insured losses are covered up to the Sum Insured under the policy)</p> <p>Benefit (Where an Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event)</p>		
4	Sum Insured (Basis)	<ul style="list-style-type: none"> 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 <p>Sum Insured – INRXXX</p>		
5	Policy Coverage (What the policy covers?)	Expenses in respect of:		
		Accidental Death Benefit	We will pay the Sum Insured if the Insured Person dies solely and directly due to an Injury sustained in an Accident.	Policy Wordings Section A. Benefit 1
		Permanent Total Disablement (PTD) Benefit	We will pay the Sum Insured if the Insured Person suffers Permanent Total Disablement, solely and directly due to an Accident.	Policy Wordings Section A. Benefit 2
		Permanent Partial Disablement (PPD) Benefit	We will pay the percentage of the Sum Insured as specified if the Insured Person suffers Permanent Partial Disablement, solely and directly due to an Accident.	Policy Wordings Section A. Benefit 3
		Temporary Total Disablement (TTD) Benefit	We will pay the weekly benefit if the Insured Person sustains an Injury in an Accident and it completely incapacitates him/her from engaging in any employment/ occupation.	Policy Wordings Section A. Benefit 4

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		Common Carrier Accident Benefit (Accidental Death)	We will pay the amount up to the limit specified in case of the Accidental death while travelling in a Common Carrier.	Policy Wordings Section A. Benefit 5
		Common Carrier Accident Benefit (PTD)	We will pay the amount up to the limit specified in case of the Permanent Total Disablement following an Accident while travelling in a Common Carrier.	Policy Wordings Section A. Benefit 6
		Accidental Hospitalisation (Inpatient)	We shall reimburse the amount towards the Medical Expenses incurred in respect of a medical treatment or Surgery for the Injury sustained.	Policy Wordings Section A. Benefit 7
		Burns Benefit	We will pay the amount specified if an Insured Person sustains burns directly due to an Accident	Policy Wordings Section A. Benefit 8
		Broken Bones Benefit	We will pay the amount specified if an Insured Person sustains Broken Bones directly due to an Accident.	Policy Wordings Section A. Benefit 9
		Convalescence Benefit (due to Accident)	We will pay the amount specified if the Insured Person is admitted in Hospital due to an Accident for a specified minimum period	Policy Wordings Section A. Benefit 10
		Carriage of Dead Body	We will pay the amount as specified for transporting the Insured Person's body from the place of death to the place of residence	Policy Wordings Section A. Optional Benefit 11
		Funeral Expenses	We will pay the amount as specified for the funeral Expenses of the Insured Person.	Policy Wordings Section A. Optional Benefit 12
		Accidental Medical Expenses Extension	We will reimburse the Medical Expenses incurred by the Insured Person following the Accident.	Policy Wordings Section A. Optional Benefit 13
		Purchase of Blood	We will reimburse the actual expenses incurred in purchasing blood through a Hospital or blood bank for the purpose of the Insured Person's medical or surgical treatment.	Policy Wordings Section A. Optional Benefit 14
		Transportation of imported medicine	We will reimburse the actual expenses incurred on freight charges for importing medicines to India.	Policy Wordings Section A. Optional Benefit 15

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		Modification of Residence / Vehicle	We will reimburse the expenses incurred to allow for improvements to be carried out in the Insured Person's residence and/or vehicle.	Policy Wordings Section A. Optional Benefit 16
		Cost of Support Items	We will reimburse Reasonable and Customary Charges for the purchase of support items	Policy Wordings Section A. Optional Benefit 17
		Children Education Grant	We will pay the amount towards Insured Person's Dependent child's education who is under the Age of 25 and unmarried as on the date of Accident.	Policy Wordings Section A. Optional Benefit 18
		Marriage expenses for Children	We will pay the amount in respect of the Insured Person's Dependent child under the age of 25 and unmarried as on the date of Accident.	Policy Wordings Section A. Optional Benefit 19
		Widowhood Cover	We will pay the amount If an Insured Person's Spouse suffers an Accident during the Policy Period and this is the sole and direct cause of the Spouse's death.	Policy Wordings Section A. Optional Benefit 20
		Ambulance Charges (Accidental Hospitalisation)	We will reimburse charges incurred towards transportation of the Insured Person by a healthcare or Ambulance service provider to a Hospital following an accident	Policy Wordings Section A. Optional Benefit 21
		Accidental Pre & Post Hospitalization Expenses Benefit	We will reimburse the Insured Person's Pre-Hospitalisation Medical Expenses and/or Post-Hospitalisation Medical Expenses following an Injury/ Accident upto number of days specified in policy	Policy Wordings Section A. Optional Benefit 22
		Domestic travel for medical treatment due to accident	We will reimburse the amount specified, if an Insured Person is travelling 50 kms or more from his/ her residential address to a nearby place for undergoing an Inpatient treatment.	Policy Wordings Section A. Optional Benefit 23
		On Duty Cover	Benefits / covers under the policy will be restricted to any event occurred in office or during official visit, training, etc. or any event occurred in educational institutions, during attending class, in school premises etc.	Policy Wordings Section A. Optional Benefit 24
		Legal Expenses	If an Insured Person gets in to any legal litigations due to any involvement in an Accident, then we will reimburse the legal/court expenses borne by the Insured Person.	Policy Wordings Section A. Optional Benefit 25

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		Dental Expenses due to Accident	We will reimburse the amount specified in policy for Dental Injury or damage to his natural teeth and/or gums due to an Accident	Policy Wordings Section A. Optional Benefit 26
		Coma Benefit (due to Accident)	We will pay the sum insured if an Insured Person suffers an Injury due to an Accident and defined as a state of unconsciousness with no reaction or response to external stimuli or internal needs.	Policy Wordings Section A. Optional Benefit 27
		Child Care Benefit	We will pay the amount specified in policy to surviving Dependent Children of the Insured Person, if an Accident solely and directly results in the Insured Person's death	Policy Wordings Section A. Optional Benefit 28
		Parental Care Benefit	We will pay the amount specified in policy to surviving parents of the Insured Person, if an Accident solely and directly results in the Insured Person's death	Policy Wordings Section A. Optional Benefit 29
		Counselling Benefit	We will cover expenses incurred on professional counselling in respect of the Insured Person or the Nominee /legal heir following Insured Person's death or Permanent Total Disablement due to an accident	Policy Wordings Section A. Optional Benefit 30
		Repatriation in case of Permanent Total Disablement	We will cover amount specified for transporting the Insured Person from the place of Accident or Hospitalization to the residence of the Insured Person due to Permanent Total Disablement following an accident	Policy Wordings Section A. Optional Benefit 31
		Air Ambulance (Accident Related)	We will indemnify upto the amount specified for ambulance transportation in an airplane or helicopter for Emergency life threatening health conditions which require immediate and rapid ambulance transportation from the site of first occurrence of Accident to the nearest hospital	Policy Wordings Section A. Optional Benefit 32
		Assault Cover	We will pay the Sum Insured if the Insured Person suffers an Injury due to an Accident which is a violent crime or Assault and that Injury solely and directly requires the Insured Person to be Hospitalized.	Policy Wordings Section A. Optional Benefit 33

Sr. No	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)		POLICY CLAUSE NUMBER
		Sports Activity Cover	We will pay the amount as specified if an Insured Person suffers from an Accidental Injury sustained while engaged in a Professional Sport(s)/ Adventure Sports(s)	Policy Wordings Section A. Optional Benefit 34
		Death due to Animal, Insect and Reptile Attack Benefit	We will pay the Sum Insured if the Insured Person dies solely and directly due to an Injury sustained in an Accident caused by bite, attack and/or sting of an animal, reptile or insect through direct violent skin contact	Policy Wordings Section B. Benefit 1
		Permanent Total Disablement due to Animal, Insect and Reptile Attack Benefit	We will pay the Sum Insured as specified if the Insured Person suffers an Injury due to an Accident caused by bite, attack and/or sting of an animal, reptile or insect through direct violent skin contact which results in Permanent Total Disablement	Policy Wordings Section B. Benefit 2
		Permanent Partial Disablement due to Animal, Insect and Reptile Attack Benefit	We will pay the Sum Insured as specified if the Insured Person suffers an Injury due to an Accident caused by bite, attack and/or sting of an animal, reptile or insect through direct violent skin contact which results in Permanent Partial Disablement	Policy Wordings Section B. Benefit 3
		Hospitalisation Expenses due to Animal, Insect and Reptile Attack Reimbursement Benefit	We will reimburse upto the amount specified for the Medical Expenses incurred on Insured Person's Hospitalisation due to Animal, Insect and Reptile Attack	Policy Wordings Section B. Benefit 4
		Hospital Daily Cash Benefit for Animal, Insect and Reptile Attack	We will pay the Daily Cash Amount, subject to Deductible/ Franchise, for each and every completed day of the Insured Person's Hospitalisation for Inpatient Care due to Animal, Insect and Reptile Attack	Policy Wordings Section B. Benefit 5

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		OPD Benefit for Animal, Insect and Reptile Attack	We will reimburse the charges upto the limit as specified towards outpatient medical expenses incurred towards animal, insect and reptile attack	Policy Wordings Section B. Benefit 6
		Convalescence Benefit for Animal, Insect and Reptile Attack	We will pay the Sum Insured specified if Insured Person is admitted in a Hospital for a specified minimum period due to bite, attack and/or sting of an animal, reptile or insect through direct skin contact	Policy Wordings Section B. Benefit 7
		Specific Vector Borne Disease related Fixed Benefit	We will pay the Sum Insured as specified if an Insured Person is diagnosed with Specific Vector Borne Disease	Policy Wordings Section C. Benefit 1
		Specific Vector Borne Disease related Hospitalisation Benefit	We will reimburse upto the amount specified for the Medical Expenses incurred on Insured Person's Hospitalisation due to Specific Vector Borne Disease	Policy Wordings Section C. Benefit 2
		Hospital Daily Cash Benefit for Specific Vector Borne Disease	We will pay the Daily Cash Amount, subject to Deductible/ Franchise, for each and every completed day of the Insured Person's Hospitalisation for Inpatient Care due to Specific Vector Borne Disease	Policy Wordings Section C. Benefit 3
		OPD Benefit for Specific Vector Borne Disease	We will reimburse the charges upto the limit as specified towards outpatient medical expenses incurred towards specific vector borne disease	Policy Wordings Section C. Benefit 4
		Convalescence Benefit for Specific Vector Borne Disease	We will pay the Sum Insured specified if Insured Person is admitted in a Hospital for a specified minimum period due to Specific Vector Borne Disease	Policy Wordings Section C. Benefit 5

Sr. No	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)		POLICY CLAUSE NUMBER
		Specific Communicable Disease related Fixed Benefit	We will pay the Sum Insured as specified if an Insured Person is diagnosed with Specific Communicable Disease	Policy Wordings Section D. Benefit 1
		Specific Communicable Disease related Hospitalisation Benefit	We will reimburse upto the amount specified for the Medical Expenses incurred on Insured Person's Hospitalisation due to Specific Communicable Disease	Policy Wordings Section D. Benefit 2
		Hospital Daily Cash Benefit for Specific Communicable Disease	We will pay the Daily Cash Amount, subject to Deductible / Franchise, for each and every completed day of the Insured Person's Hospitalisation for Inpatient Care due Specific Communicable Disease	Policy Wordings Section D. Benefit 3
		OPD Benefit for Specific Communicable Disease	We will reimburse the charges upto the limit as specified towards outpatient medical expenses incurred towards specific communicable disease	Policy Wordings Section D. Benefit 4
		Convalescence Benefit for Specific Communicable Disease	We will pay the Sum Insured specified if Insured Person is admitted in a Hospital for a specified minimum period due to Specific Communicable Disease	Policy Wordings Section D. Benefit 5
		Hospital Daily Cash Benefit	We will pay the Daily Cash Amount, subject to Deductible/ Franchise, for each and every completed day of the Insured Person's Hospitalisation	Policy Wordings Section E. Benefit 1
		Accident Daily Cash Benefit	We will pay the Daily Cash Amount, subject to Deductible/ Franchise, for each and every completed day of the Insured Person's Hospitalisation due to an Accident	Policy Wordings Section E. Benefit 2
		ICU Daily Cash Benefit	We will pay the Daily Cash Amount, subject to Deductible/ Franchise, for each and every completed day of the Insured Person's Hospitalisation in an ICU	Policy Wordings Section E. Benefit 3

Sr. No	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)		POLICY CLAUSE NUMBER
		Companion Benefit	We will pay the Daily Cash Amount, for a specified number of days towards expenses incurred on one accompanying person at Hospital / Nursing Home	Policy Wordings Section E. Optional Benefit 4
		Joint Hospitalisation	We will pay the Sum Insured specified if two or more Insured Persons under the same policy are jointly hospitalized	Policy Wordings Section E. Benefit 5
		Parent Accommodation	We will pay the Daily Cash Amount for a specified number of days towards parent's accommodation for each and every completed day of Insured Person's hospitalization	Policy Wordings Section E. Optional Benefit 6
		Maternity Benefit	We will pay the 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 Section E. Optional Benefit 7
		New Born Baby Benefit	We will pay the Daily Cash Amount, for each and every completed day of hospitalisation of the Insured Person's New Born Baby	Policy Wordings Section E. Optional Benefit 8
		Worldwide Cover	By opting for this benefit, covers opted under this Section E - Hospital Daily Cash Benefit will be available on a worldwide basis.	Policy Wordings Section E. Optional Benefit 9
		Specific Critical Illness Benefit	We will pay Sum Insured as specified on the first diagnosis of any of the listed Specific Critical Illness	Policy Wordings Section F. Benefit 1
		Critical Illness Daily Cash Benefit	We will pay the Daily Cash Amount, subject to Deductible/ Franchise, for each and every completed day of the Insured Person's Hospitalisation for Inpatient Care due to any of the listed Specific Critical Illness	Policy Wordings Section F. Benefit 2
		CI Related Hospitalisation Benefit	We will reimburse upto the amount specified for the Medical Expenses incurred on Insured Person's Hospitalisation due to any of the listed Specific Critical Illness	Policy Wordings Section F. Benefit 3
		Critical Illness OPD Benefit	We will reimburse the charges upto the limit as specified towards outpatient medical expenses incurred towards the specific critical illness	Policy Wordings Section F. Benefit 4

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		Loss of Job Benefit due to Accident	We will Pay amount specified if the Insured Person is terminated or temporarily suspended from employment due to an injury sustained due to an Accident	Policy Wordings Section G. Benefit 1
		Loss of Job Benefit due to Critical Illness	We will Pay amount specified if the Insured Person is terminated or temporarily suspended from employment on the first diagnosis of any of the Critical Illness as specified	Policy Wordings Section G. Benefit 2
		Loss of Job Benefit due to Illness/ Injury	We will Pay amount specified if the Insured Person is terminated or temporarily suspended from employment due to an illness or injury sustained during an Accident	Policy Wordings Section G. Benefit 3
		Recurring Payout Benefit due to Accident	We will pay the EMI Amount/ fixed amount upto the number of EMI(s)/ number of times specified in the Policy if an Insured Person is hospitalized for a minimum period as mentioned in the Policy for an Injury due to an Accident	Policy Wordings Section H. Benefit 1
		Recurring Payout Benefit due to Critical Illness	We will pay the EMI Amount/ fixed amount upto the number of EMI(s)/ number of times specified in the Policy if an Insured Person is diagnosed with any of the Critical Illnesses specified	Policy Wordings Section H. Benefit 2
		Recurring Payout Benefit due to Illness / Injury	We will pay the EMI Amount/ fixed amount upto the number of EMI(s)/ number of times specified in the Policy if the Insured Person is hospitalized due to an Illness/ Injury for a minimum period as mentioned in the Policy	Policy Wordings Section H. Benefit 3
		OPD Expenses	We will reimburse the amount up to the limit specified in the Policy towards outpatient medical expenses of Insured Person	Policy Wordings Section I. Benefit 1
		OPD Dental Treatment	We will reimburse amount up to the limit specified in the Policy towards medical expenses incurred towards dental treatment	Policy Wordings Section I. Benefit 2
		OPD Vision Treatment	We will reimburse amount up to the limit specified in the Policy towards medical expenses related to Vision tests/ consultations / treatment/ prescriptions	Policy Wordings Section I. Benefit 3
		OPD AYUSH Treatment Expenses	We will reimburse the amount up to the limit specified in the Policy towards outpatient medical expenses of Insured person towards AYUSH treatment	Policy Wordings Section I. Benefit 4

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		OPD Accident Treatment Expenses	We shall reimburse the amount up to the limit specified in the Policy towards the out-patient Medical Expenses incurred in respect of a medical treatment or Surgery for the Injury sustained by an Insured Person due to an Accident	Policy Wordings Section I. Benefit 5
		Day Care Procedure Benefit	We will pay the Sum Insured as specified in the Policy if an Insured Person undergoes a Day Care Procedure as an inpatient for less than 24 hours in a Hospital or Day Care Centre	Policy Wordings Section J. Benefit 1
		Surgery Benefit	We will pay the Sum Insured/ number of EMIs as specified in the Policy if an Insured Person undergoes a Surgery/ Surgical Procedure as listed and subject to the waiting period as mentioned in the Policy	Policy Wordings Section J. Benefit 2
		Maternity Complication Benefit	We will pay the percentage of the Sum Insured specified in the Policy if an Insured Person suffers one or more of the listed medical complications during maternity	Policy Wordings Section K
		Wellness Program	Health Risk Assessment (HRA) Health Check-up Report evaluation Online customer profile Medical Centre Management Diet & Nutrition Plans Online Doctor Chat/ E-consultations Doctor Directory Doctor Appointment Health Camps - on campus Expert Sessions - on campus Second E-Opinions: Discounted offerings - on health and wellness service Disease Management Programs Lifestyle/ Wellness Management Programs Personalized Health Record Health & Wellness Reminder Services	Policy Wordings Section L

Sr. No	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)		POLICY CLAUSE NUMBER
			Health Concierge Desk/ Health Assistance Services Home Health Emergency Medical Evacuation/ Air Ambulance services	
		Compassionate Visit Benefit	We will reimburse the costs of expenses incurred on tickets on a Common Carrier up to the limit specified for one of the Insured Person's Immediate Relatives to travel to the place of death or Hospitalization of the Insured Person.	Policy Wordings Section M. Benefit 1
		Repatriation of Mortal Remains	We will reimburse the costs incurred up to the limit specified for expenses incurred for transportation of the mortal remains (including ash) of the Insured Person from Hospital/ place of death to his/her current place of residence	Policy Wordings Section M. Benefit 2
		Convalescence Benefit	We will pay the Sum Insured specified if Insured Person is admitted in a Hospital for In-patient Treatment for a specified minimum period.	Policy Wordings Section M. Benefit 3
6	Exclusions (What the policy does not cover)	<p>We shall not be liable to make any payment for any claim under Section A of this Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:</p> <ul style="list-style-type: none"> i. Any Hospitalisation consequent to any condition arising from or traceable to any disease of the organs of generation, malignant disease of mammary gland, pregnancy, childbirth, abortion or miscarriage or any complications and/or sequels arising from the foregoing. ii. Disease, Injury, death or disablement directly or indirectly due to war, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other end's invasion, act of foreign enemy hostilities or civil commotion or rebellion, military, naval or air service or breach of law, hunting, steeple chasing, revolution, insurrection, mutiny, engaging in aviation other than as a passenger (fare paying or otherwise) in any licensed standard type of aircraft. [Standard type of aircraft means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a Scheduled Airline or whether such an aircraft has a single 		Policy Wordings Section A. Specific Exclusions applicable to Section A

Sr. No	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column) engine or multiengine;]	POLICY CLAUSE NUMBER
		<p>iii. Circumcision or strictures, vaccination, inoculation, sex change, beauty treatment of any description, intentional self-injury, dissipation, general debility, “run down” conditions and “general overhaul”, intemperance, use of intoxicating drugs, liquors or any diseases, Injury, death or disablement directly or indirectly due to any one or more of them.</p> <p>iv. Any Injury present prior to the commencement of Period of Cover, whether or not if the same has been treated, or for which Medical Advice, diagnosis, care or treatment has been sought before the commencement of this Policy. Any Illness, complication or ailment arising out of or connected to such Injury.</p> <p>v. Payment of compensation in respect of death, disablement (whether of a permanent nature or of a temporary nature), Injury, disease, Illness, Hospitalisation of Insured Person</p> <p>(a) from intentional self-injury, suicide or attempted suicide;</p> <p>(b) whilst under the influence of intoxicating liquor or drugs;</p> <p>(c) whilst engaging in aviation or ballooning, or whilst mounting into, or dismounting from or traveling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any Scheduled Airlines in the world</p> <p>(d) [Standard type of aircraft means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a Scheduled Airline or whether such an aircraft has a single engine or multiengine;]</p> <p>(e) directly or indirectly caused by venereal disease except HIV/AIDS ;</p> <p>(f) arising or resulting from the Insured Person committing any breach of law.</p> <p>vi. Payment of compensation in respect of death, disablement (whether of a permanent nature or of a temporary nature), of Insured Person from participation 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</p>	

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		<p>boating outside coastal waters (2 miles), participation in any Professional Sports, any bodily contact sport or any other hazardous or potentially dangerous sport for which the Insured Person is untrained, unless specifically covered under the Policy.</p> <p>vii. Payment of compensation in respect of Injury, disease, Illness, Hospitalisation of Insured Person from participation 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 any other hazardous or potentially dangerous sport for which the Insured Person is untrained, unless specifically covered under the Policy.</p> <p>viii. Arising from ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste, nuclear weapon materials or from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission or nuclear fusion.</p> <p>ix. Death, disablement (whether of a permanent nature or of a temporary nature), Injury, disease, Illness, Hospitalisation of Insured Person resulting directly or indirectly arising out of, contributed to or caused by, or resulting from or in connection with any act of Nuclear, Chemical, Biological Terrorism (as defined below) regardless of any other cause or event contributing concurrently or in any other sequence to the loss.</p> <p>(a) For the purpose of this exclusion "Nuclear, Chemical, Biological Terrorism" shall mean the use of any nuclear weapon or device or the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous Chemical agent and/or Biological agent during the period of this insurance by any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.</p>	

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		<p>(b) "Chemical" agent shall mean any compound, which, when suitably disseminated, produces incapacitating, damaging or lethal effects on people, animals, plants, or material property.</p> <p>(c) "Biological" agent shall mean any pathogenic (disease producing) micro-organism(s) and/or biologically produced toxin(s) (including genetically modified organisms and chemically synthesized toxins) which cause illness and/or death in humans, animals or plants.</p>	
		<p>We shall not be liable to make any payment for any claim under Section B of this Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:</p> <ul style="list-style-type: none"> • Any Injury sustained while working professionally with any animals reptiles or insects. • Arising from Dengue, Malaria, Filariasis, Kala azar, Chikungunya, Japanese encephalitis • Any Illness of any kind caused or infected only by or transmitted only by or in any way attributed to virus, parasite, bacteria or any microorganism including where the virus, parasite, bacteria or any other microorganism is introduced and/ or caused by bites of insects, reptiles, animals and/or other vector. 	<p>Policy Wordings Section B. Exclusions and Limitations applicable to Section B</p>
		<p>a) The Insured Person's termination or temporary suspension from employment is due to any dishonesty or fraud or poor performance on the part of the Insured Person or his wilful 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. - The Insured Person being self-employed; - 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; - Unemployment at the time of inception of the Policy Period or arising within first 30 days of inception of the Policy Period.</p> <p>b) Any unemployment from a job under which no salary or any remuneration is provided to the Insured Person.</p> <p>c) Any suspension from employment on account of any pending enquiry being conducted by the employer/ Public Authority.</p> <p>d) Any unemployment due to resignation, retirement.</p> <p>e) Any unemployment due to non-confirmation of</p>	<p>Policy Wordings Section G. Specific Exclusions applicable to Section G</p>

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		<p>employment after or during such period under which the Insured Person was under probation.</p> <p>(a) Any pregnancy arising out of In Vitro Fertilization, surrogacy or any other type of assisted reproduction.</p> <p>(b) Medical Termination of Pregnancy</p> <p>(c) Self-medication or any treatment that is not scientifically recognized or which is taken not in accordance with or against the advice of a Medical Practitioner.</p> <p>(d) Any maternal complication arising on account of or in connection with any Pre-existing Disease</p> <p>(e) Any claim arising on account of or in connection with any Neonatal Illness/condition</p> <p>(f) Any complication that has occurred prior to the commencement of Period of Cover whether or not the same has been treated, or medical advice, diagnosis, care or treatment has been sought.</p>	<p>Policy Wordings Section K. Specific Exclusions and Limitations applicable to Section K</p>
		<ul style="list-style-type: none"> • Investigation & Evaluation (Code- Excl04) • Rest Cure, rehabilitation and respite care (Code - Excl05) • Obesity/ Weight Control (Code - Excl06) • Change-of- Gender treatments (Code - Excl07) • Cosmetic or plastic Surgery (Code - Excl08) • Hazardous or Adventure sports: (Code - Excl09) • Breach of law (Code - Excl10) • Excluded Providers: (Code- Excl11) • Code - Excl12 Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof • 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. • 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 	<p>Policy Wordings – 2. General Exclusions applicable under the policy</p>

Sr. No	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)	POLICY CLAUSE NUMBER
		<p>practitioner as part of hospitalization claim or day care procedure.</p> <ul style="list-style-type: none"> • Refractive Error (Code- Excl15) • Unproven Treatments (Code – Excl16) • Sterility and Infertility (Code- Excl17) • Maternity (Code- Excl18) <ul style="list-style-type: none"> • 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; • 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 and oxygen concentrator for bronchial asthmatic condition, cost of cochlear implant(s) unless necessitated by an Accident or required intra-operatively; • 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. • Expenses incurred on all dental treatment unless necessitated due to an Accident and treatment is taken in in-patient department of hospital or day care centre; • Acupressure, acupuncture, magnetic and such other therapies; • Circumcision unless necessary for treatment of an illness or necessitated due to an Accident; • Vaccination or inoculation of any kind, unless it is post animal bite and there is hospitalisation as an in-patient; • Intentional self-injury (whether arising from an attempt to commit suicide or otherwise) • Treatment relating to Congenital external Anomalies; • Any treatment related to sleep disorder or sleep apnoea syndrome • 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 	

Sr. No	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)	POLICY CLAUSE NUMBER
		<ul style="list-style-type: none"> • 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; • Any consequential or indirect loss arising out of or related to Hospitalization; • 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; • 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; • Non-medical expenses as listed in Annexure II (List I) of the Policy. • 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. • 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. • Any OPD treatment will not be covered. • Non-allopathic treatment other than AYUSH treatment • Any hospitalisation treatment taken outside India • Any physical, medical condition or treatment that is specifically excluded in the Policy Schedule / Certificate of Insurance under Important Conditions 	

Sr. No	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)	POLICY CLAUSE NUMBER
7	<p>Waiting period</p> <p>Time period during which specified diseases/ treatments are not covered</p> <p>It is counted from the beginning of the policy coverage</p>	<ul style="list-style-type: none"> • Initial Waiting Period: 30 days for all illnesses not applicable in case of renewal or accidents (or Covered from day one as specified in the Policy Schedule) <hr/> <ul style="list-style-type: none"> • Specific Waiting Periods (not applicable for claims arising due to an accident): 24 months (or Covered from day one) for below list of list of specific diseases /procedures <ul style="list-style-type: none"> (a) Cataract (b) Benign Prostatic Hypertrophy; (c) Myomectomy, Hysterectomy unless because of malignancy; (d) All types of Hernia, Hydrocele; (e) Fissures an/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. <hr/> <ul style="list-style-type: none"> • Pre-existing diseases – Covered after 12/24/36 months/ Covered from day one as specified in the Policy Schedule. <hr/> <ul style="list-style-type: none"> • Maternity Benefit Waiting Period – Covered after XX months from the first policy start date/ Covered from day one as specified in the Policy Schedule. <hr/> <ul style="list-style-type: none"> • Critical Illness Cover Waiting Period – Covered after XX months from the first policy start date/ Covered from day one as specified in the Policy Schedule 	<p>Policy Wordings - 2. General Exclusions applicable under the policy 2.3</p> <hr/> <p>Policy Wordings - 2. General Exclusions applicable under the policy 2.2</p> <hr/> <p>Policy Wordings – 2. General Exclusions applicable under the policy 2.1</p> <hr/> <p>Policy Wordings – 2. General Exclusions applicable under the policy 2.19</p> <hr/> <p>Policy Wordings Section F</p>

Sr. No	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)	POLICY CLAUSE NUMBER
8	<p>Financial limits of coverage</p> <p>i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>ii. Co-payment (It is a specified amount / percentage of the admissible claim amount to be paid by policy holder/ insured)</p> <p>iii. Deductible (It is a specified amount</p> <ul style="list-style-type: none"> - 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) <p>iv. Any other limit (as applicable)</p>	<p>Sub-limit of Rs. XX</p> <p>Co-payment % - XX %</p> <p>Deductible of Rs. XXX per claim / per year / both</p>	
9	<p>Claims/ Claims Procedure</p>	<p>In the event of a Hospitalization claim under the Policy, We/ TPA must be notified either at 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 the Policy, We/ TPA must be notified either at call centre or in writing within 10 days from the date of occurrence of the Accident.</p> <p>Turn Around Time (TAT) for claims Settlement</p> <p>i. TAT for preauthorization of cashless facility - within</p>	<p>Policy Wording 3 – Claims Process</p>

Sr. No	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)	POLICY CLAUSE NUMBER
		<p>1 hour from receipt of complete documents</p> <p>ii. TAT for cashless final bill authorization - within 3 hours</p> <p>Please find the details/ web link for following -</p> <p>i. Network Hospital details – www.zurichkotak.com</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-</p> <p>https://www.zurichkotak.com/docs/default-source/footer-docs/delisted-hospital-list.pdf</p> <p>iv. Downloading/ getting Claim form -</p> <p>https://www.zurichkotak.com/customersupport/downloads</p>	
10	Policy Servicing	<p>Call centre number – 1800 266 4545</p> <p>Details of Company officials-</p> <p>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 - Standard General Terms and Clauses – 15
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/customersupport/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 - Standard General Terms and Clauses - 15

Sr. No	TITLE	DESCRIPTION (Please refer to applicable Policy Clause Number in next column)	POLICY CLAUSE NUMBER
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 – Standard General Terms and Clauses 8
		<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 – Standard General Terms and Clauses 9
		<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 Standard General Terms and Conditions 7
		<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>	Policy Wordings – Part III – Standard General Terms and Clauses 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>	Policy Wordings Part III - Standard General Terms and Clauses – 1 - Disclosure of Information

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