

Customer Information Sheet
Description is illustrative and not exhaustive

S No	TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
1	Product Name	Smart Health Insurance Policy	
2	What am I covered for:	<p>A. Basic cover upto the sum insured limit applicable to all plans</p> <p>1. In-patient treatment - Covers hospitalisation expenses for period more than 24 hrs.</p> <p>Ayush Treatment - Medical Expenses for in-patient treatment taken under Ayurveda, Yogic, Unani, Sidha and Homeopathy.</p> <p>2. Pre-hospitalization - Medical Expenses incurred in 60 days before the hospitalisation.</p> <p>3. Post-hospitalization- Medical Expenses incurred in 90 days after the hospitalisation.</p> <p>4. Pre-existing diseases - Hospitalisation expenses incurred for treatment of pre-existing disease, illness or injury, in a Hospital as an inpatient, after waiting period of 48 months</p> <p>5. Day care Treatment - Medical Expenses of 130 Day care procedures</p> <p>6. Domiciliary Hospitalization - Medical Expenses incurred for availing medical treatment at home which would otherwise have required hospitalisation.</p> <p>7. Critical illnesses (over and above base S.I)</p> <p>Benefit basis: Lumpsum benefit for listed Critical Illness, subject to first diagnosed during the policy period and the Insured Person survives 30 days after such diagnosis. Critical illness benefit will lapse after reporting of and payment of one claim for the claiming Insured/Insured person. The Sum Insured available for this cover is separate and additional to that of In-patient treatment benefit Sum Insured available under Section 3.1.a</p> <p>Hospitalisation Reimbursement Basis Covers hospitalisation expenses for 20 critical illnesses, after 60 days of the inception of policy period. The Sum Insured available for this cover is separate and additional to that of In-patient treatment benefit Sum Insured available under Section 3.1.a</p> <p>Dread Disease recuperation: Daily allowance towards Recuperation Expenses incurred post discharge from the Hospital after the treatment for the specified critical illness</p>	<p>3.1.a</p> <p>3.1.b</p> <p>3.1.c</p> <p>3.1.d</p> <p>3.2</p> <p>3.3</p> <p>3.4</p> <p>3.4.a</p> <p>3.4.b</p> <p>3.4.c</p>

		<p><u>Transplantation of Organs:</u> Hospitalisation expenses incurred towards major Organ Transplantation surgery due to critical illness.</p> <p><u>Additional Benefits:</u></p> <p>Hospital cash allowance – Daily cash amount upto to a maximum of 30 days if the hospitalization exceeds for more than 24 hours. First continuous and completed period of 36 hours will act as deductible.</p> <p>Home Nursing - Provides for payment of a fixed allowance medical care services of a nurse at the residence of the Insured/Insured Person following discharge from Hospital after a treatment for a disease / illness / injury / critical illness for maximum period upto 10 days. First 3 days will act as deductible for each claim per year.</p> <p>Ambulance charges: Covers expenses incurred for surface transport by ambulance to hospital or between hospitals and/or diagnostic centre for treatment of disease, illness or Injury in a Hospital as an in-patient.</p> <p>In-patient Physiotherapy Charges: Reimbursement of charges incurred towards physiotherapy in the Hospital.</p> <p>Recovery Grant - Provides for payment of a fixed allowance in case of hospitalization for a continuous period of 8 days or more for treatment for any disease / illness / injury.</p> <p>Accompanying Person's Expenses: Provides for payment an allowance to the Insured/Insured Person towards expenses incurred on the accompanying person at the Hospital/Nursing Home during hospitalization treatment of the Insured/Insured Person for the disease / illness / injury /critical illness.</p> <p>Parent Accommodation as Companion for Child: Provides for payment of a fixed daily allowance towards meeting the expenses for the stay of one of the parents at the Hospital/Nursing Home when the Insured Person who is a child below the age of 12 years is hospitalized upto maximum of 10 days where hospitalisation is more than 3 days.</p> <p>Out-patient Dental Emergency Treatment (arising out of Accident only): Provides for reimbursement of medical expenses incurred towards emergency treatment given by a Dentist following an accident where the Insured / Insured Person suffer injuries or damage to his/her natural teeth and/or gums. Also covers for medical expenses incurred for follow up treatment up to a maximum of 15 days.</p> <p>Out-patient Emergency treatment for accidents: Provides for reimbursement of medical expenses incurred towards emergency treatment by a Medical Practitioner for the Insured / Insured Person following an accidental Injury and only if such Emergency Treatment is administered within 24 hours following the accident.</p> <p>Children Education Fund: This benefit provides for payment of a fixed amount, to a maximum of two dependant children upto the age of 23 years pursuing studies, in the event of death of the Insured / Insured Person at Hospital whilst under treatment for disease / illness / injury / critical illness.</p>	<p>3.4.d</p> <p>4.1</p> <p>4.2</p> <p>4.3</p> <p>4.4</p> <p>4.5</p> <p>4.6</p> <p>4.7</p> <p>4.8</p> <p>4.9</p> <p>4.10</p>
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		Mortal Remains: Provides for reimbursement of expenses incurred for transportation of the mortal remains of the Insured / Insured Person from Hospital to his/her place of residence in the event of death of the Insured / Insured Person at the Hospital while under treatment for disease / illness / injury / critical illness	4.11
3	What are the major exclusions in the policy:	<p>A. Exclusion Name: Pre-Existing Diseases - Code- Excl01</p> <p>a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with insurer.</p> <p>b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.</p> <p>c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.</p> <p>d) Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.</p> <p>B. Exclusion Name: Specified disease/procedure waiting period- Code- Excl02</p> <p>a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.</p> <p>b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.</p> <p>c) If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.</p> <p>d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.</p> <p>e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.</p> <p>f) List of specific diseases/procedures</p> <ol style="list-style-type: none"> 1. Any types of gastric or duodenal ulcers 2. Benign prostatic hypertrophy 3. All types of sinuses 4. Hemorrhoids 5. Dysfunctional uterine bleeding 6. Endometriosis 7. Stones in the urinary and biliary systems 8. Surgery on ears/tonsils/adenoids/ paranasal sinuses 9. Cataracts, 10. Hernia of all types and Hydrocele 11. Fistulae in anus 12. Fissure in anus 13. Fibromyoma 14. Hysterectomy 15. Surgery for any skin ailment 16. Surgery on all internal or external tumours/ cysts/ nodules/polyps of any kind including breast lumps with exception of Malignancy 17. Dialysis required for Chronic Renal Failure. 	6

		<p>18. Joint Replacement Surgeries unless necessitated by Accident happening after the Policy risk inception date.</p> <p>19. Dilatation and curettage</p> <p>20. Varicose Veins and Varicose Ulcers</p> <p>21. Non Infective Arthritis and other form arthritis</p> <p>22) Gout and Rheumatisminter Vertebral Disc and Spinal Diseases including spondylitis/spondylosis unless arising from Accident</p> <p>C. 30-day waiting period- Code- Excl03</p> <p>a) Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.</p> <p>b) This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.</p> <p>c) The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.</p> <p>D. Investigation & Evaluation- Code- Excl04</p> <p>a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.</p> <p>b) Any diagnostic expenses which are not related or not incidental to the current and treatment are excluded diagnosis</p> <p>E. Exclusion Name: Rest Cure, rehabilitation and respite care- Code- Excl05</p> <p>a) Expenses related to any admission primarily for enforce bed rest and not for receiving treatment. This also includes:</p> <p>i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.</p> <p>ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.</p> <p>F. Obesity/ Weight Control: Code- Excl06</p> <p>Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:</p> <p>1) Surgery to be conducted is upon the advice of the Doctor</p> <p>2) The surgery/Procedure conducted should be supported by clinical protocols</p> <p>3) The member has to be 18 years of age or older and</p> <p>4) Body Mass Index (BMI);</p> <p>a) greater than or equal to 40 or</p> <p>b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:</p> <p>i. Obesity-related cardiomyopathy</p> <p>ii. Coronary heart disease</p> <p>iii. Severe Sleep Apnea</p> <p>iv. Uncontrolled Type2 Diabetes</p> <p>G. Change-of-Gender treatments: Code- Excl07</p> <p>Expenses related to any treatment, including surgical management, to change of the body to those of the opposite sex.</p> <p>H. Cosmetic or plastic Surgery: Code- Excl08</p> <p>Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to</p>	
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		<p>remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.</p> <p>I. Hazardous or Adventure sports: Code- Excl09 Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.</p> <p>J. Breach of law: Code- Excl10 Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.</p> <p>K. Excluded Providers: Code- Excl11 Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim. Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website/ notified to the policyholders are not admissible. However, in case of life threatening situations following an accident, expenses up to the stage of stabilization are payable but not the complete claim.</p> <p>L. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl 12</p> <p>M. Treatments received in health spas, 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- Excl13</p> <p>N. 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. Code- Excl14</p> <p>O. Refractive Error: Code- Excl15 Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.</p> <p>P. Unproven Treatments: Code- Excl 16 Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.</p> <p>Q. Birth control, Sterility and Infertility: Code- Excl17 Expenses related to sterility and infertility. This includes: (i) Any type of contraception, sterilization (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI</p>	
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4	Waiting period	<p>1. Initial waiting period: 30 days for all illnesses (not applicable on renewal or for accidents)</p> <p>2. 24 months for the following diseases or illness or procedures/surgeries 1. Cataracts 2. Benign prostatic hypertrophy 3. Myomectomy, Hysterectomy or menorrhagia or fibromyoma unless because of malignancy 4. Hernia, hydrocele, fistula in anus, sinusitis</p>	<p>6.3</p> <p>6.4</p>

		<p>5. Skin and all internal tumors / cysts / nodules / polyps of any kind including breast lumps unless malignant / adenoids and hemorrhoids</p> <p>6. Dialysis required for chronic renal failure</p> <p>7. Gastric and Duodenal ulcers</p> <p>8. Joint Replacement Surgeries unless necessitated by accident</p> <p>3. Pre-existing diseases: Covered after 48 Months.</p> <p>4. Critical Illness – 60 days waiting period.</p>	<p>6.1</p> <p>6.2</p>										
5	Payout basis	<p>Hospitalisation benefit and Critical Illness (Indemnity basis) on indemnity payment basis.</p> <p>Daily Cash benefit on benefit payment basis.</p>	3 & 4										
6	Loss Sharing	<p>In case of a claim, this policy requires insured / insured person to share the following costs:</p> <ul style="list-style-type: none"> o Expenses exceeding the following Sub-limits <ul style="list-style-type: none"> ▪ Room / ICU charges beyond 1000, 2000 & 3000 as per the plan opted. o Deductible - per claim / per year / both <ul style="list-style-type: none"> ▪ Hospital Cash Allowance – Deductible of 3 day per claim / per year ▪ Home Nursing - Deductible of 3 days per claim / per year 	<p>Schedule of Benefits</p> <p>Schedule of benefits</p>										
7	Renewal Conditions	<p>Policy is ordinarily life-long renewable, subject to application for renewal and the renewal premium in full has been received by the due dates and realisation of premium</p> <p>Other terms and conditions of renewal</p>	7.26 – Terms of Renewal										
8	Renewal Benefits	<p>Cost of Health Check-up at the time of renewal (Once in block of four years) will be covered by the Company.</p> <p>Renewal Discount – 5% renewal discount every year on claims free renewal maximum upto 25%</p>	<p>4.14 and Schedule of benefits</p> <p>4.12</p>										
9	Cancellation	<p>The policyholder may cancel this policy by giving 15days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.</p> <table border="1" data-bbox="597 1627 1219 1801"> <thead> <tr> <th>Period on Risk</th> <th>Rate of Premium to be retained</th> </tr> </thead> <tbody> <tr> <td>Up to 1 month</td> <td>25% of annual rate</td> </tr> <tr> <td>Up to 3 months</td> <td>50% of annual rate</td> </tr> <tr> <td>Up to 6 months</td> <td>75% of annual rate</td> </tr> <tr> <td>Exceeding six months</td> <td>100%</td> </tr> </tbody> </table> <p>Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim</p>	Period on Risk	Rate of Premium to be retained	Up to 1 month	25% of annual rate	Up to 3 months	50% of annual rate	Up to 6 months	75% of annual rate	Exceeding six months	100%	7.22
Period on Risk	Rate of Premium to be retained												
Up to 1 month	25% of annual rate												
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Up to 6 months	75% of annual rate												
Exceeding six months	100%												

		<p>has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.</p> <p>ii. The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.</p>	
10	Claims	<ul style="list-style-type: none"> ○ For Cashless Service: List of network hospitals will be available in the website of the TPA/Company too. https://www.bharti-axagi.co.in/ <p><u>Claim Notification Multi Model Intimation:</u> It is the endeavor of Company to give multiple options to the Insured/covered person/patient's care taker to intimate the claim to the Third party administrator (TPA)/Company. The intimation can be given in following ways:</p> <p style="padding-left: 40px;">Toll Free call Centre of the Insurance Company(24x7) - 1800-103-2292</p> <p style="padding-left: 40px;">Login to the website of the Insurance Company and intimate the claim – http://www.bharti-axagi.co.in/contact-us</p> <p style="padding-left: 40px;">Send an email to the TPA/Company- customersupportba@icicilombard.com</p> <p style="padding-left: 40px;">Post/courier to TPA/Company ICICI Lombard Healthcare, ICICI Bank Tower, Plot No. 12, Financial District, Nanakram Guda, Gachibowli, Hyderabad-500032.</p> <p style="padding-left: 40px;">Office but in writing. - ICICI Lombard General Insurance Company Ltd., ICICI Lombard House, 414, Veer Savarkar Marg, Prabhadevi, Mumbai – 400025, Telephone: 18001032292</p> <p>In all the above, the intimations are directed to a central team for prompt and immediate action.</p> <ul style="list-style-type: none"> ○ For Reimbursement of Claims All reimbursement claims should be intimated to TPA/Insurance Company within 7 days from date of discharge. <p>Insured/covered person admitted in a non-network hospital can send the claim documents the TPA/Company for the reimbursement within 30 days from the date of discharge.</p>	<p>7.32</p> <p>7.32</p>
11	Policy Servicing/ Grievances/Complaints	<p>In case of any grievance the insured person may contact the company through via:</p> <ul style="list-style-type: none"> •Website: www.bharti-axagi.co.in •Email: customersupportba@icicilombard.com •Phone: 18001032292 •Courier: Any of the Company's Branch office or corporate office <p>Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at company branches. For updated details of grievance officer, kindly refer the link www.bharti-axagi.co.in</p> <p>Escalation Level 1</p>	7.29

		<p>In case the Policyholder/Insured/Insured Person has not got his/her grievances redressed through one of the above methods (After 5 days of intimating of your complaint), Policyholder/ Insured/ Insured Person may contact the National Grievance Redressal Officer at : Write to: ICICI Lombard General Insurance Company Ltd., ICICI Lombard House, 414, Veer Savarkar Marg, Prabhadevi, Mumbai – 400025, Telephone: 18001032292 Email: https://www.bharti-axagi.co.in/grievance-redressal/procedure</p> <p>Escalation Level 2 In case the Policyholder/ Insured/Insured Person has not got his/her grievances redressed through any of the above methods (After 5 days of approaching National Grievance Redressal Officer), Policyholder/ Insured/ Insured Person may contact the Chief Grievance Redressal Officer at: Email : https://www.bharti-axagi.co.in/grievance-redressal/procedure</p> <p>Escalation Level 3 In case the Policyholder/ Insured/Insured Person has not got his/her grievances redressed by the Company within 14 days, or, If Policyholder/ Insured/Insured Person is not satisfied with Company's redressal of the grievance through one of the above methods, Policyholder/ Insured/ Insured Person may approach the nearest Insurance Ombudsman for resolution of their grievance. The contact details of Ombudsman offices are mentioned in the policy wording. These details can also be found at Policy holder may also obtain copy of IRDAI circular Ref No. F. No. IRDAI/Reg/8/145/2017, notification on Insurance Regulatory and Development Authority (Protection of Policy holders' interests) Regulations, 2017 from any of our offices.</p> <p>Grievance of Senior Citizens: In respect of Senior Citizens, the Company has established a separate channel to address the grievances. Any concerns may be directly addressed to the Senior Citizen's channel of the Company for faster attention or speedy disposal of grievance, if any. •Website: www.bharti-axagi.co.in •Email: customersupportba@icicilombard.com •Phone: 18001032292 •Courier: Any of the Company's Branch office or corporate office Insured/ Insured Person may also approach the grievance cell at any of the Company's branches with the details of the grievance during working hours from Monday to Friday.</p> <p>Grievance Redressal Cell of the Consumer Affairs Department of IRDAI The insurance company should resolve the complaint within a reasonable time. In case if it is not resolved within 15 days or if the Insured/Insured Person is unhappy with their resolution you can approach the Grievance Redressal Cell of the Consumer Affairs Department of IRDAI. Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://iqms.irda.gov.in/ •Website: igms.irda.gov.in •Email: complaints@irda.gov.in •Toll Free Number 155255 (or) 1800 4254 732</p> <p>Ombudsman</p>	
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		<p>If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.</p> <p>The contact details of the Insurance Ombudsman offices are provided in the Policy Wordings. These details can also be found at</p>	
	Insured's Rights	<p>Free Look: Insured has a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If the Insured has any objections to any of the terms and conditions, he / she have the option of cancelling the Policy stating the reasons for cancellation</p> <p>Implied renewability (except on certain specific grounds)</p> <p>Migration and Portability Increase in SI during the Policy term</p> <p>Turn Around Time (TAT) for issue of Pre- Auth and settlement of Reimbursement</p>	<p>7.20</p> <p>NA</p> <p>5</p> <p>7.26</p> <p>7.32</p>
	Insured's Obligations	<p>Please disclose all pre-existing disease/s or condition /s before buying a policy. Non-disclosure may result in claim not being paid.</p> <p>Disclosure of Material Information during the policy period such as change in occupation (Note: If applicable, please provide details of the format & to whom the form is to be sent)</p>	<p>Section 7.1 – Duty of Disclosure</p> <p>Section 7.5 – Material Change</p>
<p>Legal Disclaimer Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.</p>			

Annexure - A

Benefit Illustration in respect of policies offered on Individual and family floater basis (Illustration 1) (SHIP)

Age of the members Insured	Coverage opted on Individual basis covering each member of the family separately (at a single point in time)		Coverage opted on Individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured (Only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Discount (If any)	Premium after discount (Rs.)	Sum Insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater discount, if any	Premium after discount (Rs.)	Sum Insured (Rs.)
18	4049	5,00,000	4049	0	4049	5,00,000	17444	5.36%	16509	5,00,000
21	4049	5,00,000	4049	0	4049	5,00,000				
39	4673	5,00,000	4673	0	4673	5,00,000				
41	4673	5,00,000	4673	0	4673	5,00,000				
	Total Premium for all members of the family is Rs. 17,444 when each member is covered separately Sum Insured available for each insured is Rs. 5,00,000		Total Premium for all members of the family is Rs. 17,444 when they are covered under a single policy Sum Insured available for each family member is Rs. 5,00,000				Total Premium when policy is opted on floater basis is Rs. 16509. Sum Insured of Rs. 5,00,000 is available for the entire family.			

Note: Premium Rates specified in the above illustration shall be standard premium rates without considering any loading. Also, the premium rates shall be exclusive of taxes applicable

Annexure - A
Benefit Illustration in respect of policies offered on Individual and family floater basis (Illustration 2) (SHIP)

Age of the members Insured	Coverage opted on Individual basis covering each member of the family separately (at a single point in time)		Coverage opted on Individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured (Only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Discount (If any)	Premium after discount (Rs.)	Sum Insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater discount, if any	Premium after discount (Rs.)	Sum Insured (Rs.)
59	12398	5,00,000	12398	0	12398	5,00,000	24796	10.00%	22316	5,00,000
61	12398	5,00,000	12398	0	12398	5,00,000				
	Total Premium for all members of the family is Rs. 24,796 when each member is covered separately Sum Insured available for each insured is Rs. 5,00,000		Total Premium for all members of the family is Rs. 24,796 when they are covered under a single policy Sum Insured available for each family member is Rs. 5,00,000				Total Premium when policy is opted on floater basis is Rs. 22,316. Sum Insured of Rs. 5,00,000 is available for the entire family.			

Note: Premium Rates specified in the above illustration shall be standard premium rates without considering any loading. Also, the premium rates shall be exclusive of taxes applicable