KSHEMA GENERAL INSURANCE LIMITED

Kshema Group Health Insurance

UIN: KSGHLGP27039V012627

Annexure C

Kshema Group Health Insurance

Customer Information Sheet

This document provides only key information about your policy. Please refer to the policy document for detail terms and conditions.

Sl No	Title	Description (Please refer to applicable Policy Clause Number in Next Column)	Policy Section No./Clause No.
1	Name of Insurance Product	Kshema Group Health Insurance Policy	
2	Policy No.	Please refer to the Policy Schedule attached to the document.	
3	Type of Insurance Product	Indemnity policy. • **Indemnity basis:** you will be paid for the hospitalization expenses incurred during the treatment up to the total policy sum insured amount mentioned in the policy.	
4	Sum Insured	Sum Insured shall be as declared buy the insured company Note: This is the base Sum Insured for policy. Please refer to the policy schedule for cover wise limits.	

5	Policy Coverage (What the policy co-vers?)	Following are covered as basic cover up to the limit Coverage specified in the policy schedule Section A-Base Cover 1. In-patient Hospitalization 2. Inpatient care under Alternative Treatment 3. Day Care Procedure 4. Pre and Post Hospitalization Cover 5. Ambulance Service 6. Organ Donor 7. Domiciliary Hospitalization 8. OPD Cover 9. Mental Illness Section B-Optional Covers As declared in the policy schedule.	Section III
6	Exclusions (what the policy does not cover)	Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions: 1. Investigation & Evaluation: 2. Rest Cure, rehabilitation and respite care:) 3. Obesity/ Weight Control: (Code Excl06) 4. Change-of-Gender treatments: (Code Excl07) 5. Cosmetic or plastic Surgery: (Code Excl08) 6. Hazardous or Adventure sports: (Code Excl09) 7. Breach of law: (Code Excl10) 8. Sterility and Infertility 9. Maternity: (Code Excl18) 10.Unproven Treatments 11. Excluded Providers: (Code Excl11)	Section IV
7	Waiting Period	1. Initial Waiting Period: as specified in Policy Schedule 2. Pre-Existing Diseases (PED): as specified in Policy Schedule 3. Specified disease/ procedure: as specified in Policy Schedule	Waiting period and ex-clusions
8	Financial Limits of Coverage	In case of a claim, this policy requires you to share the following costs as per the limits specified below or as per the limits as specified in the Policy Schedule or Certificate of Insur-ance: 1. Modern Treatment: Coverage for modern treatment (12 listed procedures as per IRDAI) as specified in Policy Schedule 2. Inpatient care under Alternative Treatment: as specified in Policy Schedule	Scope of Cover and En-dorse-ments
9	Claims/Cl aims Pro-cedure	Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization. For Cashless Treatment:	General terms

		a. Call the 24-hour helpline for assistance – 1800 572 3013. b. Inform the ID number for easy reference. c. On admission in the hospital, produce the ID Card issued by the Company at the Hospital Helpdesk. d. Obtain the Pre-authorization Form from the Hospital Help Desk, complete the Patient Information and resubmit it to the Hospital Help Desk. e. The Treating Doctor will complete the hospitalization/ treatment information, and the hospital will fill up the expected cost of treatment. This form is submitted to the Company. f. The Company will process the request and call for additional documents / clarifications if the information furnished is inadequate. g. Once all the details are furnished, the Company will process the request as per the terms and conditions as well as the exclusions therein and either approve or reject the request based on the merits. h. In case of emergency hospitalization information to be given within 24 hours after hospitalization. i. Cashless facility can be availed only in networked Hospitals. For details of Networked Hospitals, the insured may visit www.kshema.co or contact the nearest branch j. KYC (Identity proof with Address) of the proposer, as per AML Guidelines. In non-network hospitals payment must be made up-front and then reimbursement will be effected on submission of documents. Note: The Company reserves the right to call for additional documents wherever required. Denial of a Pre-authorization request is in no way to be construed as denial of treatment or denial of coverage. The Insured Person can go ahead with the treatment, settle the hospital bills and submit the claim for a possible reimbursement. For Reimbursement of Claim: In case of any Claim under the Benefits, where Cashless facility is not availed, the list of documents shall be provided by you, to TPA/us immediately but not later than 30 days of discharge from the Hospital, at your expense to avail the Claim. Please refer Policy Wording for Complete list of documents. Time limit for submission of necessary claim documents for i. TAT for preauthorization of cashless facility: Within 1 hour from the time of receipt of all necessary relevant documents. ii. TAT in Reimbursement – 15 days. Details /web link for following: i. Network Hospital details – www.kshema.co ii. Helpline number-For assistance call 24 hours help-line / Toll Free No.1800 572 3013 iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer- www.kshema.co iv. Downloading/getting claim form – For Cashless – www.kshema.co For Reimbursements - www.kshema.co	and clauses

10	Policy Servicing	Toll free / IVRS number of the insurer: Toll free No.1800 572 3013 Website / Email: Visit www.kshema.co OR customer.support@kshema.co Details of designated company officials to be contacted in time of claim : • Customer can call our customer services Executive @1800 572 3013 or mail to customer.support@kshema.co or directly walk-in to any of our offices and can get his/her claim registered with us. Settlement Advice together with discharge voucher is sent within 7 days from the date of receipt of all documents. Turn Around Time (TAT) for claims settlement: 15 Days after submission all document No cash less service	General terms and clauses
11	Grievance Redressal and Policy-holders Protection	The protection of policyholders' interests is a fundamental aspect of the insurance industry aimed at safeguarding the rights and ensuring fair treatment of individuals or entities holding insurance policies. Various regulatory frameworks, guidelines, and industry practices are in place to uphold the interests of policyholders in order to ensure Transparency & disclosures, Fair treatment, Compliance with regulations, Privacy and data protection, Prompt claims settlement, Grievance Redressal Mechanisms etc Details of Grievance Redressal Officer of us: Chief Grievance Officer at gro@kshema.co Bima Bharosa Portal: https://bimabharosa.irdai.gov.in/ Ombudsman: http://www.cioins.co.in/ombudsman.htm Toll free No.1800 572 3013 or email us at customer.support@kshema.co	General terms and clauses
12	Things to Remember	1. Free look cancellation Free Look Period shall be applicable on new health insurance policies and not on renewals or at the time of porting/migrating the Policy. You are allowed free look period of 30 days from date of receipt of the policy document to review the terms and conditions of the Policy, and to return the same if not acceptable. If you had not made any claim during the Free Look Period, you shall be entitled to i. a refund of the premium paid less any expenses incurred by us on medical examination of you and the stamp duty charges or ii. where the risk has already commenced and the option of return of the Policy is exercised by you, a deduction towards the proportionate risk premium for period of cover or Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period. 2. Renewal of Policy i. The Policy shall ordinarily be renewable except on grounds of fraud or non-disclosure or misrepresentation by you. ii. Renewal shall not be denied on the ground that you had made a claim or claims in the preceding policy years.	General terms and clauses

		iii. Request for renewal along with the requisite premium shall be received by us before the end of the Policy Period. iv. At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period. v. No loading shall apply on renewals based on individual claims experience. 3. **Migration:** The right accorded to you at the time of renewal of policy, to transfer the credit gained for pre-existing conditions and time bound exclusions from this policy to another health product available with Us. 4. **Portability:** Means the right accorded to you to transfer the policy (including family cover) at the time of renewal with the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from us to another insurer. For Migration and Portability you can directly contact us on our toll free no. 1800 572 3013 or email us at customer.support@kshema.co or through Kshema Application. 5. Moratorium Period After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.	
13	Your Obligation	To disclose all material information at time of filling the proposal form: You are at an obligation to disclose all material information in the Proposal form. In the event of Misrepresentation, Mis-description or Non-disclosure of any material fact by you, the Policy shall be void	General terms and clauses –

		In case of any change / modification / addition to the already declared information the same shall be brought to the notice to us immediately Non-disclosure of material information may affect the claim settlement. Disclosure of other material information during the policy period: You can contact our Customer Services over phone at the Toll-free No.1800 572 3013 or write to us at customer.support@kshema.co to intimate any change to the material information affecting the policy. Insured to specify the material information: 1. Complete personal details: Age, date of birth, occupation, address, credit score 2. Medical history: All the details that are there in the proposal form regarding critical illness and any other habit of smoking and tobacco. 3. Intermediary details 4. Risk Details: 1 Coverage Type: 2. Coverage Limits: The maximum amount the insurance company will pay for claims 3. Spill Limit: The amount the policyholder agrees to pay out of pocket before insurance coverage kicks in. 5. Claims History / Previous Insurance details: Details of any past insurance claims made by you.	Section II - 23

Declaration by you.

I have read the above and confirm having noted the details.

Place: (Your Signature)

Date:

Note:

1. You may go through the policy related documents including CIS on our website at https://kshema.co/
2. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.