

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	Kshema Hospi DinDhan Suraksha (Group)	I
2)	Policy number	Policy number shall be as on Policy Schedule issued post policy issuance.	NA
3)	Type of Insurance Product/ Policy	Benefit Basis	NA
4)	Sum Insured	Individual Sum Insured - Where each member has a Separate Sum Insured under the policy, or Sum Insured shall be as Opted and the same will be mentioned in your Policy Schedule	NA
5)	Policy Coverage (What the policy covers?)	<p>Base Cover-</p> <p>1. HospiCash Cover</p> <p>During the period stated in the Schedule or Certificate of Insurance applicable to Insured Person , if You contract any Disease / Illness or Accidental Injury and if such Disease / Illness or Accidental Injury, upon the advice of a duly Qualified Medical Practitioner, require Your admission as an In-patient in any Hospital in India for the purpose of medical /surgical treatment, then We will pay You, Daily HospiCash amount mentioned in the schedule or Certificate of Insurance for each completed consecutive 24 hours of Hospitalization.</p> <p>Additional Covers -</p> <p>1) Intensive Care Unit (ICU) HospiCash:</p> <p>During the Policy Period of insurance, if You contact any Disease or suffer from any Illness or meet with an Accident and if such Disease / Illness or Accidental Injury, upon the advice of a duly Qualified Medical Practitioner, require Your admission as an In-patient in Intensive Care Unit (ICU) in any Hospital in India for the purpose of medical /surgical treatment, then We will pay You, an additional daily HospiCash benefit equal to 100% of the base cover as mentioned in the Policy Schedule / Certificate of Insurance for each completed consecutive 24 hours of Hospitalization in Intensive Care Unit (ICU).</p> <p>2) Accidental HospiCash</p> <p>During the Policy Period of insurance, if You meet with an Accident and if such Accidental Injury, upon the advice of a duly Qualified Medical Practitioner, require Your admission as an In-patient in any Hospital in</p>	<p>III.A</p> <p>III.A.1</p> <p>III.B</p> <p>III.B.1</p> <p>III.B.2</p>

		<p>India for the purpose of medical /surgical treatment then We will pay You, an additional daily HospiCash benefit equal to 100% of the base cover as mentioned in the Policy Schedule / Certificate of Insurance for each completed consecutive 24 hours of Hospitalization subject to maximum number of days.</p> <p>3) Minor HospiCash</p> <p>During the Policy Period of insurance, If a Minor contract any Disease / Illness or Accidental Injury and if such Disease / Illness or Accidental Injury that occurred during the Policy Period, upon the advice of a duly Qualified Medical Practitioner, requires Minor's admission as an In-patient in any Hospital in India for the purpose of medical /surgical treatment, then We will pay You, an additional daily HospiCash benefit equal to 100% of the base cover , as mentioned in the Policy Schedule /Certificate of Insurance for each completed consecutive 24 hours of Hospitalization subject to maximum number of days.</p> <p>4) Maternity HospiCash</p> <p>Hospitalization arising from or traceable to pregnancy, childbirth including normal/caesarean section, for a maximum number of days as specified in Your Policy Schedule or Certificate of Insurance.</p> <p>a. A Waiting Period of 9 months is applicable for the first year's inception of the Policy.</p> <p>b. HospiCash Claim in respect of an Insured Person is restricted to a maximum of 2 events.</p> <p>c. If Maternity Hospicash Additional Cover opted by You then the Maternity</p>	<p>III.B.3</p> <p>III.B.4</p>
<p>6)</p>	<p>Exclusions (what the policy does not cover)</p>	<p>I. Standard Exclusions :</p> <ul style="list-style-type: none"> a. Less than 24 hours of Hospitalization b. Day Care Treatment c. Investigation & Evaluation d. Rest Cure, rehabilitation and respite care e. Obesity/ Weight Control f. Change-of-Gender treatments g. Cosmetics or plastic Surgery h. Hazardous or Adventure sports i. Breach of law j. Treatments received in heath hydros, nature cure clinics, spas or similar k. Refractive Error l. Unproven Treatments m. Sterility and Infertility n. Maternity o. Circumstantial Exclusion p. Behavioral Exclusions q. Medical Exclusions 	<p>IV</p>

7)	Waiting period	<ol style="list-style-type: none"> Initial Waiting Period – First 30 days / Waived PED Waiting Period – 1yrs/2yrs/3yrs/Waived Waiting Period Specified Disease / Procedure Waiting Period - 1 Year Applicable/ Waived 	<p>IV.3 IV.6 IV.5</p>
8)	Financial limits of coverage	<p>Deductible – 1 day / 2 days/ 3 days/ Waived</p> <p>Limits per Hospitalization Claim - 1/3/5/10/15/30/45/60/90/120/150/180 days</p> <p>Limit per Policy Year - 1/3/5/10/15/30/45/60/90/120/150/180 days</p>	V
9)	Claims/Claims Procedures	<p>For any assistance on Claims or registering a claim, You can call Our call center or by e-mail or by writing to Our office address or alternatively</p> <p>You can also reach out to your Master Policyholder.</p> <p>For information on documents required to process claims, please refer to the policy document 'Claim Process'.</p>	VII
10)	Policy Servicing	<p>Call Center Number: 1800 572 3013 Or email Us at customer.support@kshema.co or through Kshema Application Information about Us</p> <p>Kshema General Insurance Ltd.</p> <p>Address: #413, 4th Floor, My Home Tycoon, Kundan Bagh, Begumpet, Hyderabad – 500 016, Telangana, India T: +91 040 2340 9918 E: info@kshema.co www.kshema.co.</p>	
11)	Grievances / Complaints	<p>If You have any query or grievance about any matter relating to the Policy, or Our decision on any matter, or the claim, You can address your grievance as follows:</p> <ol style="list-style-type: none"> For resolution of any query, You may contact the Policy issuing office by writing to Us at Kshema General Insurance Limited, Regd. Office:# 413, 4th Floor, My Home Tycoon, Kundan Bagh, Begumpet, Hyderabad, Telangana, India- 500016. or email Us at customer.support@kshema.co or through Kshema Application or call us at 1800 572 3013 (toll-free) If You are not satisfied with the resolution provided, You may escalate to our E-mail grievance.cell@kshema.co or gro@kshema.co or call us at 1800 570 2998 (toll-free) or can write to us at Grievance Redressal Office, Kshema General Insurance Limited, Regd. Office:# 413, 4th Floor, My Home Tycoon, Kundan Bagh, Begumpet, Hyderabad, Telangana, India- 500016 or at the sub section "Grievance Redressal" on our website www.kshema.co. If you are not satisfied with the resolution provided by us, you have the option to approach the Insurance Ombudsman for grievance redressal at https://www.cioins.co.in. Alternatively, you may also contact the Insurance Regulatory and Development Authority of India (IRDAI) through the Bima Bharosa Portal at https://bimabharosa.irdai.gov.in or via the IRDAI Grievance Call Centre (IGCC) at toll-free numbers 1800 4254 732 / 155255. <p>Contact details of Insurance Ombudsman Offices in India is available in policy document</p>	VIII
12)	Things to remember	<ol style="list-style-type: none"> 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>Process for free look cancellation:</p> <ol style="list-style-type: none"> The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy. The insured person shall be allowed free look period of thirty 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. 	VI.10

		<p>2. 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>3. 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><u>Process for migration:</u> The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the Company by applying for Migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration.</p> <p><u>Process for portability:</u> The Insured Person will have the option to port the Policy to other insurers by applying to such Insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to Portability.</p> <p>4. Change in Sum Insured: Sum Insured can be changed (increased/ decreased) only at the time of renewal, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.</p> <p>5. Moratorium Period: After completion of sixty continuous months of coverage or any other timeline prescribed by the IRDAI which is applicable for this Policy, (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. The accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium period.</p>	<p>VI.8</p> <p>VI.6&7</p> <p>VI.9</p>
13)	Your Obligations	<p>Please disclose in the proposal form all the diseases, conditions which you are aware at the time of buying the policy.</p> <p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p>	

Note: In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.

Declaration by the Policy Holder:

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

Place:

Date:

(Signature of the Policyholder)