

1. Eligibility

Employer Employee Groups and Members of a recognized Entity or Society Group of People and their Dependents as mentioned in Policy Document in the age limit of 91 days to 70 yrs.

2. Policy Cover

If You contract any Disease or Illness or Accidental Injury and if such Disease or Illness or Accidental Injury, require Your admission as an In-patient in any Hospital in India for the purpose of Medical or Surgical Treatment, then We will pay You, Daily HospiCash amount for each completed consecutive 24 hours of Hospitalization.

3. Sum Insured

- Minimum Per Day HospiCash Amount shall be Rs.100/day to maximum Rs.20,000/day. Sum Insured offered shall be in multiple of Rs 100/-
- Sum Insured can be opted for 1 day to 180 days of hospitalization.

4. Premium

The premium for each Policy will be determined based on the available data of each group and applicable discounts and loadings. Payment of premiums will be available on Yearly Basis or Single mode.

5. Entry Age

Entry Age – 91 days to 70 yrs

6. Policy Tenure

i. Short Period Cover

Kshema Hospi DinDhan Suraksha (Group) policy can be issued for a period from 1 day to 364 days.

ii. Long term Cover

Kshema Hospi DinDhan Suraksha (Group) policy long-term policies can be issued for a period from 1 year up to 5 years.

7. Geography Covered

We will cover HospiCash for Hospitalization during the Policy Period in India only and We will only make payment within India and in Indian Rupees.

8. What are the General Exclusions under this Policy

- Less than 24 hours of Hospitalization
- Day Care Treatment
- Investigation & Evaluation
- Rest Cure, rehabilitation and respite care
- Obesity/ Weight Control
- Change-of-Gender treatments
- Cosmetics or plastic Surgery
- Hazardous or Adventure sports
- Breach of law
- Treatments received in health hydros, nature cure clinics, spas or similar
- Refractive Error
- Unproven Treatments
- Sterility and Infertility
- Maternity
- Circumstantial Exclusion
- Behavioral Exclusions
- Medical Exclusions

For detailed exclusions, please refer to policy wordings.

9. Additional Covers

Additional Covers to be sold alongside the Base Product are:

- Intensive Care Unit (ICU) HospiCash** : If You contract any Disease or suffer from any Illness or meet with an Accident, You are admitted 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 for each completed consecutive 24 hours of Hospitalization in Intensive Care Unit (ICU).
- Accidental HospiCash** - If You meet with an Accident and if such Accidental Injury, require Your 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 for each completed consecutive 24 hours of subject to maximum number of days.
- Minor HospiCash** - If a Minor contract any Disease / Illness or Accidental Injury and, 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, for each completed consecutive 24 hours of Hospitalization subject to maximum number of days.

- d. **Maternity HospiCash** - 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.

10. Applicability

This cover is applicable only as long as the insured person is a member of the group. If the insured person ceases to be a member of the group, the policy ceases to operate for that insured person.

11. Cancellation Clause

- a. The policyholder may cancel his/her Policy at any time during the term, by giving 7 days' notice in writing. The Insurer shall
- b. Refund proportionate premium for unexpired Policy Period, if the term of Policy is less than one year and there is no Claim (s) made during the Policy Period.
- c. Refund proportionate premium for addition or deletion of Insured Person for unexpired Policy Period, if the term of Policy is less than one year and there is no Claim (s) made during the Policy Period.
- d. Refund short period basis premium for the unexpired Policy Period, in respect of policies with term more than 1 year and risk coverage for such Policy Years has not commenced.
- e. No refund is allowed in case of Insured Person cancels the Additional cover selected during the Policy Period
- f. Short Period Table - % Return Premium

Refund Grid					
In-forced period of Policy (in Months)	Policy Tenure (up to)				
	12	24	36	48	60
1	100%	100%	100%	100%	100%
3	60%	77%	78%	79%	80%
6	40%	60%	73%	75%	76%
12	Nil	40%	53%	70%	72%
18		20%	40%	60%	64%
24		Nil	27%	50%	56%
30			13%	40%	48%
36			Nil	30%	40%
42		13%		32%	
48		Nil		16%	
54			8%		
60			Nil		

We 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.

12. Renewal of Policy

The Policy shall ordinarily be renewable provided the product is not withdrawn, except on grounds of established fraud or non-disclosure or misrepresentation by You. We shall endeavor to give notice for Renewal. However, We are not under any obligation to give any notice for Renewal.

13. Termination of the Policy

The policy will be terminated for the Individual Employee / Member of Group in case of death of the Insured Person or in case of payment of 100% of Sum Insured, but for other Group Employees / Members policy will be continue.

14. Claim Process

You shall have to give an intimation by calling Our Call Center or by E-Mail or by writing to Our Office address along with the following details within 24 hours of admission in the Hospital in case of emergency Hospitalization and in case of planned admission within 72 hours prior to Insured Person admission to Hospital.

15. Grievance Redressal Clause

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:

1. 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)
2. 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.
3. 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.