# Protector Rider

## Policy Wording

The Protector Rider can only be bought along with the Base Plan and cannot be bought in isolation or as a separate product. The Rider is subject to the terms and conditions stated below and also the Policy terms, conditions, exclusions and applicable endorsements of the Base Plan. This Rider shall be available only if the same is specifically mentioned in the Policy Schedule.

**Section. 1 Benefits**

**Please Note: Any claim under any of the benefits mentioned in this rider Policy will only be admissible when it qualifies according to the terms, conditions and exclusions in the Base Plan.**

**a) Claim Protector**

If a claim has been accepted under the Base plan, then the items which are not payable under the Base Plan as per the List of Excluded items released by IRDA (Refer Annexure 1) related to the particular claim will become payable. The maximum claim payout under this benefit shall be limited to Base Sum Insured under Base Plan.

**b) Multiplier Benefit/Cumulative Bonus Protector**

Multiplier Benefit/Cumulative Bonus will not be impacted or reduced at renewals if any one claim or multiple claims admissible in the previous policy year under the Base Plan does not exceed the overall amount of Rs. 50,000.

**Illustration:**

Consider an Insured Person is having a Base plan of Rs.5 Lakhs and along with Base plan he/she purchases this rider.

| Policy Year | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 |
|---|---|---|---|---|---|---|
| Basic Sum Insured (in Rs.) | 500,000 | 500,000 | 500,000 | 500,000 | 500,000 | 500,000 |
| Claims Status ( Yes, No) | No | No | Yes | No | Yes | No |
| Total admissible Claim amount under the Base Plan (in Rs.) | NA | NA | 48,000 | NA | 56,000 | ssNA |
| Payable claim amount (in Rs.) | NA | NA | 40,000 | NA | 47,000 | NA |
| Claim amount attributed to Non Payable items as per List of Excluded items released by IRDA (in Rs.) | NA | NA | 8,000 | NA | 9,000 | NA |
| Impact on Multiplier Benefit/Cumulative Bonus | | | No (Total admissible claim amount under the Base plan is less than Rs. 50,000) | | Yes (Total admissible claim amount under the Base plan is more than Rs. 50,000) | |
| Multiplier Benefit/ Cumulative Bonus (in Rs.) (consider, Multiplier Benefit/ Cumulative Bonus of 50% of the Basic Sum Insured for every claim free year, maximum up to 100%) | NA | 250,000 | 500,000 | 500,000 | 500,000 | 250,000 |
| Total Amount (in Rs., at beginning of the year) | 500,000 | 750,000 | 1,000,000 | 1,000,000 | 1,000,000 | 750,000 |

**c) Sum Insured Protector**

The Sum Insured protector is designed to protect Your Sum Insured against rising inflation by linking the Basic Sum Insured under the Base Plan to the Consumer Price index (CPI).

The Basic Sum Insured will be increased on cumulative basis at each renewal on the basis of inflation rate in previous year. Inflation rate would be computed as the average CPI of the entire calendar year published by the Central Statistical Organisation (CSO).

The % increase will be applicable only on Basic Sum Insured under the Policy and not on Multiplier Benefit/Cumulative Bonus or any other benefit which leads to increase in Sum Insured.

**What is Consumer Price Index (CPI)?**

CPI is a measure of inflation, changes in the CPI are used to assess price changes associated with the cost of living.

It is a measure that examines the weighted average of prices of a basket of consumer goods and services, such as transportation, food and medical care. It is calculated by taking price changes for each item in the predetermined basket of goods and averaging them.

**The Central Statistics Office (CSO)** is a government agency in India under the Ministry of Statistics and Programme Implementation responsible for co-ordination of statistical activities in India, and evolving and maintaining statistical standards.

**Illustration:**

Consider an Insured Person is having a Base plan of Rs.5 Lakhs and along with Base plan he/she purchases this rider.

| Policy Year | Year 1 | Year 2 | Year 3 | Year 4 |
|---|---|---|---|---|
| Basic Sum Insured (in Rs.) | 500,000 | 500,000 | 500,000 | 500,000 |
| CPI Linked inflation Rate (%) | 6% | 5% | 5% | - |
| Total Sum Insured (in Rs., at beginning of the year) | 500,000 | 530,000 (6% X 500,000) | 556,500 (5% X 530,000) | 584,325 (5% X 556,500) |

In case of Sum Insured enhancement or reduction at the time of renewal, any accumulated sum Insured due to Sum Insured Protector Benefit will be added to the enhanced or reduced Sum Insured opted by Insured at the time of renewal.

Referring to above illustration,

| | Consider Insured opts to increase the Sum Insured to Rs. 10 Lakhs at the time of renewal in Year 4 | Consider Insured opts to decrease the Sum Insured to Rs. 3 Lakhs at the time of renewal in Year 4 |
|---|---|---|
| Basic Sum insured (in Rs.) | 1,000,000 | 300,000 |
| Accumulated Sum Insured Protector Benefit (in Rs.) | 84,325 ( 584,325 – 500,000) | 84,325 ( 584,325 – 500,000) |
| Total Sum Insured (in Rs., at beginning of Year 5) | 1,084,325 | 384,325 |

*Accumulated Sum Insured Protector Benefit = Total Sum Insured at beginning of Year 4 - Total Sum Insured at beginning of Year 1

**Please Note that all the accumulated Sum Insured Protector benefit will lapse and your Sum Insured under Base Plan will roll back to the Basic Sum Insured opted under the Base Plan if this rider Policy is not renewed.**

**Section. 2 General Conditions**

All exclusions as mentioned in the Base Plan unless otherwise stated and covered in Section 1 of Protector Rider policy wordings.

**Section 3. Terms & Conditions applicable in the Policy**

**A. Policy Period**

The policy will be issued for a period of 1, 2 & 3 year(s) period depending on the period of Base Plan.

**B. Loading**

Premium of this Policy is dependent on premium of Base Plan. In case a risk loading is applied on Base Policy leading to increase in premium of Base Plan, premium of this rider Policy will be increased in commensuration with premium of Base Plan.

**C. Discount**

i. Discount of 7.5% on 2 years and 10% on 3years policy premiums when paid on lump sum payment mode.

ii. Family Discount of 10% if 2 or more family members are covered under Individual Sum Insured Plan of this Policy.

**D. Waiting Period**

here are no waiting periods in this Policy. However, this Policy shall follow waiting periods applicable in Base Plan.

**E. Premium Payment in Instalments (monthly, quarterly, semi-annually):**

Policyholder has the option to pay the premium in instalments on monthly, quarterly and semi-annual basis apart from lump sum payment. However, premium payment mode under this rider Policy will be same as that of premium payment mode chosen in Base Plan or it can be lump sum payment. Kindly note:

i. If payment towards the instalment premium is not received on or before the due date, a relaxation period of 15 days for monthly, quarterly, semi-annual payment mode will be given to make the payment. If payment is not made within this period, policy will be terminated and no benefits shall be payable thereunder.

**Please Note:**

If the instalment premium is not paid on or before the due date, but paid within the period of relaxation period,

a) no interest will be levied on the premiums for the period of delay;
b) insured continues to be covered during the relaxation period for purpose of giving credit for Pre-Existing Diseases, time bound exclusions and for all waiting period;
c) no fresh underwriting during relaxation period will be done;
d) any incidence of claim during the relaxation period will be processed as per Policy terms and conditions independent of instalment premium payment option. However, an amount equivalent to the balance of the instalment premiums payable in the Policy Year, would be recoverable from the admissible claim amount payable in respect of the Insured Person.

ii. Policyholder has an option to withdraw from the auto deduction mode at least 15 days prior to the due date of instalment premium. In this case, payment for the remaining instalments will have to be made at the time of withdrawal for the continuation of the Policy.

iii. There is no obligation on Us to remind the insured person/Policy holder of the due dates

**F. Termination or Cancellation**

Your policy can be cancelled under the following conditions:

i. You may terminate this Policy at any time by giving Us written notice. The cancellation shall be from the date of receipt of such written notice. Premium shall be refunded as per table below IF AND ONLY IF no claim has been made under this Policy or Base Plan.

| 1 Year Policy Period | | 2 Year Policy Period | | 3 Year Policy Period | |
|---|---|---|---|---|---|
| Length of time Policy in force | % of premium refunded | Length of time Policy in force | % of premium refunded | Length of time Policy in force | % of premium refunded |
| Up to 1 Month | 75.00% | Up to 1 Month | 87.50% | Up to 1 Month | 91.70% |
| Up to 3 Months | 50.00% | Up to 3 Months | 75.00% | Up to 3 Months | 83.30% |
| Up to 6 Months | 25.00% | Up to 6 Months | 62.50% | Up to 6 Months | 75.00% |
| Exceeding 6 Months | Nil | Up to 12 Months | 48.00% | Up to 12 Months | 66.60% |
| | | Up to 15 Months | 25.00% | Up to 15 Months | 50.00% |
| | | Up to 18 Months | 12.00% | Up to 18 Months | 41.60% |
| | | Exceeding 18 Months | Nil | Up to 21 Months | 33.30% |
| | | | | Up to 24 Months | 8.30 % |
| | | | | Exceeding 24 Months | Nil |

ii. If an Insured Person dies, he will cease to be an Insured Person upon Us receiving all relevant particulars and documents in this regard. We will return a rateable part of the premium received for such person IF AND ONLY IF there are no claims in respect of that Insured Person under this Rider Policy or Base Plan.

iii. We shall terminate this Policy for the reasons as specified under:

- **Non- Disclosure or Misrepresentation:** If at the time of issuance of Policy or during continuation of the Policy, the information provided to Us in the proposal form or otherwise, by You or the Insured Person or anyone acting on behalf of You or an Insured Person is found to be incorrect, incomplete, suppressed or not disclosed, wilfully or otherwise, the Policy shall be:
  - cancelled ab initio from the inception date or the renewal date (as the case may be), or the Policy may be modified by Us, at our sole discretion, upon 30 day notice by sending an endorsement to Your address shown in the Schedule; and
  - the claim under such Policy if any, shall be rejected/repudiated forthwith
- **Fraudulent Claims:** If any claim is in any manner fraudulent, or is supported by any fraudulent means or devices, whether by You or the Insured Person or anyone acting on behalf of You or an Insured Person, then this Policy shall be:
  - cancelled ab-initio from the inception date or the renewal date (as the case may be), upon 30 days notice by sending an endorsement to Your address shown in the Schedule; and
  - all benefits payable, if any, under such Policy shall be forfeited with respect to such claim

**G. Free Look Period**

You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation and You will be refunded the premium paid by You after adjusting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium. You can cancel Your Policy only if You have not made any claims under the Policy. All Your rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of renewal of the Policy.

**H. Renewal**

i. This policy is ordinarily renewable for life except on grounds of fraud, moral hazard or misrepresentation by the insured in which case the policy shall be cancelled ab-initio from the inception date or the renewal date (as the case may be). In case a claim is made under such Policy, it shall be rejected/repudiated and all benefits payable under such Policy shall be forfeited with respect to such claim.

ii. This Policy will be renewed only if Base Plan is being renewed. In case Base Plan is not being renewed, this rider Policy will not be eligible to be renewed.

iii. We are NOT under any obligation to:
- Send renewal notice or reminders
- Renew it on same terms or premium as the expiring Policy. Any change in benefit or premium (other than due to change in Premium of Base Plan for any reason whatsoever) will be done with the approval of the Insurance Regulatory and Development Authority of India (IRDAI) and will be intimated to You at least 3 months in advance. In the likelihood of this policy being withdrawn in future, we will intimate you about the same 3 months prior to expiry of the policy.

iv. We will not apply any additional loading on your policy premium at renewal based on claim experience.

v. We shall be entitled to call for any information or documentation before agreeing to renew the Policy. Your Policy terms may be altered based on the information received.

vi. All applications for renewal of the Policy must be received by Us before the end of the Policy Period. A Grace Period of 30 days for renewing the Policy is available under this Policy. Any injury/ condition contracted during the Grace Period will not be covered.

vii. Maximum Age – There is no maximum cover ceasing age on renewal in this policy.

**I. Notification of Claims**

We must be informed of any event or occurrence that may give rise to a claim under this Policy within 30 days of it occurrence.

**J. Claims Payment - Important terms and conditions**

i. Claim under this rider Policy will only be admissible when it qualifies according to the terms, conditions and exclusions in the Base Plan.

ii. We shall be under no obligation to make any payment under this Policy unless We have received all premium payments in full in time and all payments have been realized and We have been provided with the documentation and information We have requested to establish the circumstances of the claim, its quantum or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.

iii. We will only make payment to You under this Policy. Receipt of payment by You shall be considered as a complete discharge of Our liability against the respective claim under this Policy. In the event of Your death, We will make payment to the Nominee (as named in the Policy Schedule), payments under this Policy shall only be made in Indian Rupees within India.

iv. The assignment of benefits of the policy shall be subject to applicable law.

v. We are not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured Person had taken undue risk, or that is brought about or contributed to by the Insured Person failing to follow medical advice.

vi. We shall reject the claim by sending claim rejection letter to Insured Person or settle a claim by making the payment of claim that has been admitted as payable by Us under the Policy terms and conditions within 30 days of receipt of last necessary document(s) / information required for the settlement of the claim. All claims will be settled in accordance with the applicable regulatory guidelines, including Protection of Policyholders Regulation, 2017. In case of delay in payment of an admissible claim beyond 30days as mentioned above, we shall pay interest at 2% above the bank rate from the date of receipt of last necessary document(s) to the date of payment of claim. For the purpose of this clause, 'bank rate' shall mean the bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.

vii. Where the circumstances of a claim warrant an investigation in our Opinion, We shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, We shall settle the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days, We shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

**Claims Payment for instalment payments**

Please note that following conditions will be applied for monthly, Quarterly and Half-yearly premium payment options:

i. In case of any Hospitalization claim, an amount equivalent to the balance of the instalment premiums payable in the Policy Year, would be recoverable from the admissible claim amount payable in respect of the Insured Person. This provision will not apply to claims arising under Preventive Health Check-up.

ii. If the claim amount is lesser than the balance premium payable, then no claims would be payable till the applicable premium is recovered. This provision will not apply to claims arising under Preventive Health Check-up.

**K. Notices**

Any notice, direction or instruction under this Policy shall be in writing and if it is to:

i. Any Insured Person, it would be sent to You at the address specified in Schedule / endorsement.

ii. Us, shall be delivered to Our address specified in the Schedule.

iii. No insurance agents, brokers, other person/ entity is authorised to receive any notice on Our behalf.

**L. Dispute Resolution Clause**

Any and all disputes or differences under or in relation to this Policy shall be determined by the Indian Courts and subject to Indian law.

**M. All other conditions will be applicable as mentioned in the Base Plan.**

**Section 4. Other Important Terms You should know**

The terms defined in the Base Plan and at other junctures in the Policy Wording have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same. All terms are subject to the terms defined in the Base Plan and additional terms defined below:

Def. 1. **Base Plan** means any retail indemnity health Insurance policy issued by Apollo Munich Health Insurance Company Limited including its terms and conditions, any annexure thereto and the Policy Schedule (as amended from time to time), the information statements in the proposal form and the Policy wording (including endorsements, if any) and to which this Rider is attached.

Def. 2. **Cashless facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved

Def. 3. **Commencement Date** means the commencement date of this Policy as specified in the Schedule.

Def. 4. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

Def. 5. **Multiplier Benefit/Cumulative Bonus** means any increase in the Sum Insured granted by the insurer without an associated increase in premium.

Def. 6. **Day Care centre** means any institution established for day care treatment of illness and/or injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under—

- has qualified nursing staff under its employment;
- has qualified medical practitioner/s in charge;
- has a fully equipped operation theatre of its own where surgical procedures are carried out;
- maintains daily records of patients and will make these accessible to the insurance company's authorized personnel

Def. 7. **Dependents** means only the family members listed below:

- Your legally married spouse as long as she continues to be married to You;
- Your children Aged between 91 days and 25 years if they are unmarried
- Your natural parents or parents that have legally adopted You, provided that the parent was below 65 years at his initial participation in this Policy.
- Your Parent -in-law as long as Your spouse continues to be married to You and were below 65 years at his initial participation in this Policy.

All Dependent parents must be financially dependent on You.

Def. 8. **Dependent Child** means a child (natural or legally adopted), who is unmarried, aged between 91 days and 25 years, financially dependent on the primary Insured or Proposer and does not have his / her independent sources of income.

Def. 9. **Disclosure of information norm** means the policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

Def. 10. **Family Floater** means a Policy described as such in the Schedule where under You and Your Dependents named in the Schedule are insured under this Policy as at the Commencement Date. The Sum Insured for a Family Floater means the sum shown in the Schedule which represents Our maximum liability for any and all claims made by You and/or all of Your Dependents during the Policy Period.

Def. 11. **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a Policy in force without loss of continuity benefits such as waiting periods and coverage of Pre-Existing Diseases. Coverage is not available for the period for which no premium is received.

Def. 12. **Hospital** means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- has qualified nursing staff under its employment round the clock,
- has at least 10 in-patient beds, in towns having a population of less than 10,00,000 and 15 in-patient beds in all other places,
- has qualified Medical Practitioner(s) in charge round the clock,
- has a fully equipped operation theatre of its own where surgical procedures are carried out,
- maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

Def. 13. **Hospitalisation or Hospitalised** means admission in a Hospital for a minimum of 24 consecutive hours except for specified procedures / treatments, where such admission could be for a period of less than 24 consecutive hours.

Def. 14. **Inpatient Care** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.

Def. 15. **Insured Person** means You and the persons named in the Schedule.

Def. 16. **Network Provider** means Hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility

Def. 17. **Non Network** means any Hospital, day care centre or other provider that is not part of the Network

Def. 18. **Notification of Claim** means the process of notifying a claim to the insurer or TPA by specifying the timeliness as well as the address / telephone number to which it should be notified.

Def. 19. **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Schedule.

Def. 20. **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary.

Def. 21. **Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.

Def. 22. **TPA** means the third party administrator that We appoint from time to time as specified in the Schedule.

Def. 23. **We/Our/Us** means the Apollo Munich Health Insurance Company Limited.

Def. 24. **You/Your/Policyholder** means the person named in the Schedule who has concluded this Policy with Us.

**Section. 5 Claim Procedure**

What do I do in case of a claim or any assistance?

Please quote your member ID/policy number in all your correspondences:

| **Intimation & Assistance** | **Procedure for Reimbursement of Medical Expenses** | **Procedure to avail Cashless facility** |
|---|---|---|
| Please use the Claim Intimation Form (available on our website under Other Forms in the Downloads section) for intimation of a claim<br>For claims related to Planned Hospitalization: contact us at least 48 hours prior to hospitalization<br>For claims related to unplanned or Emergency Hospitalization: contact us within 24 hours of hospitalization<br>All the other benefits except Hospitalization: contact us Within 7 days of the Insured Person's discharge post-hospitalization<br>We can be contacted through:<br>- Website : www.apollomunichinsurance.com<br>- Toll Free : 1800-102- 0333<br>- Fax : 1800- 425- 4077<br>- Courier : Claims Department, Apollo Munich Health insurance Co. Ltd Ground floor, Srinilaya - Cyber Spazio Suite # 101,102,109 & 110, Ground Floor, Road No. 2, Banjara Hills, Hyderabad-500 034<br>Or<br>Claims Department, Apollo Munich Health Insurance Co. Ltd., 2nd & 3rd Floor, iLABS Centre, Plot No. 404-405, Udyog Vihar, Phase-III, Gurgaon-122016, Haryana. | • Please send the duly signed claim form and all the information/ documents mentioned* therein to us within 15 days of the completion of the treatment<br>* Please refer to claim form for complete documentation<br>• If there is any deficiency in the documents/ information submitted by you, We will send the deficiency letter within 7 days of receipt of the claim documents<br>• On receipt of the complete set of claim documents, we will make the payment for the admissible amount, along with a settlement statement within 30 days<br>• The payment will be made in the name of the proposer<br><br>Note: Payment will only be made for items covered under your Base Plan and up to the limits therein. | • For any planned hospitalization, kindly seek cashless authorization from us at least 48 hours prior to the hospitalization<br>• For any emergency Hospitalisation, We must be informed no later than 24 hours after hospitalization<br>• We will check your coverage as per the eligibility and send an authorization letter to the provider. In case there is any deficiency in the documents sent, the same shall be communicated to the hospital within 6 hours of receipt of documents<br>• In case the ailment /treatment is not covered under the policy a rejection letter would be sent to the provider within 6 hours<br>**Note:**<br>• Insured person is entitled for cashless only in our empaneled hospitals<br>• Please refer to the list of empaneled hospitals on our website Or the list provided in the welcome kit<br>• Rejection of cashless in no way indicates rejection of the claim |

For any doubt or clarifications and/or information, call our Toll Free Line at 1800-1020-333 or log on to our website-www.apollomunichinsurance.com or email us at customerservice@apollomunichinsurance.com

**Supporting Documentation & Examination**

We may request any document to establish our liability towards a claim within 15 days of either Our request or the Insured Person's discharge from Hospital or completion of treatment, whichever is earlier. The Company may accept claims where documents have been provided after a delayed interval only in special circumstances and for the reasons beyond the control of the insured.

Following is the list of mandatory documents that need to be submitted with every claim:

i. Our claim form, duly completed and signed for on behalf of the Insured Person.
ii. Original Bills (including but not limited to pharmacy purchase bill, consultation bill, and diagnostic bill) and any attachments thereto like receipts or prescriptions in support of any amount claimed which will then become Our property.
iii. All reports and records, including but not limited to all medical reports, case histories, investigation reports, treatment papers, discharge summaries.
iv. A precise diagnosis of the treatment for which a claim is made.
v. A detailed list of the individual medical services and treatments provided and a unit price for each (detailed break up).
vi. Prescriptions that name the Insured Person and in the case of drugs: the drugs prescribed, their price and a receipt for payment. Prescriptions must be submitted with the corresponding Doctor's invoice.
vii. All pre and post investigation, treatment and follow up (consultation) records pertaining to the present ailment for which claim is being made.
viii. Regulatory requirements as amended from time to time, currently mandatory NEFT (to enable direct credit of claim amount in bank account) and KYC (recent ID/Address proof and photograph) requirements.

**Below list of documents but not limited to the following, will have to be submitted on case to case basis:**

i. Indoor Case Papers
ii. All investigation, treatment and follow up records pertaining to the past ailment(s) since their first diagnoses.
iii. Treating doctor's certificate regarding missing information in case histories e.g. Circumstance of injury and Alcohol or drug influence at the time of accident.
iv. Copy of settlement letter from other insurance company or TPA.
v. Stickers and invoice of implants used during surgery.
vi. Copy of MLC (Medico legal case) records and FIR (First information report), in case of claims arising out of an accident.
vii. Legal heir certificate.

The Insured Person shall have to undergo medical examination by Our authorized Medical Practitioner, as and when We may reasonably require, to obtain an independent opinion for the purpose of processing any claim. We will bear the cost towards performing such medical examination (at the specified location) of the Insured Person

**Section 6. Grievance Redressal Procedure**

If You have a grievance that You wish Us to redress, You may contact Us with the details of Your grievance through:

- Website : www.apollomunichinsurance.com
- Toll Free : 1800 -102 - 0333
- Fax : 91-124 - 458 - 4111
- Courier : Any of Our Branch office or Corporate office

You may also approach the grievance cell at any of Our branches during Our working hours from Monday to Saturday. As per guidelines on special provision for Insured Persons who are senior citizens, We will provide a separate channel for addressing grievances of our senior citizen customers. You may avail this service by contacting the above mentioned toll free no and selecting suitable option provided on Our Interactive Voice Response (IVR) system.

If You are not satisfied with Our redressal of Your grievance through one of the above methods, You may contact Our Head of Customer Service at:

**The Grievance Cell, Apollo Munich Health Insurance Company Limited, 2nd and 3rd Floor, iLABS Centre, Plot No 404-405, Udyog Vihar, Phase III, Gurgaon, Haryana-122016.**

If You are not satisfied with Our redressal of Your grievance through one of the above methods, You may approach the nearest Insurance Ombudsman for resolution of Your grievance.

The contact details of Ombudsman offices are mentioned below.

**Address & Contact Details of Ombudsmen Centres**

| Office of the Executive Council of Insurers<br>(Monitoring Body for Offices of Insurance Ombudsman) 3rd Floor, Jeevan Seva Annexe, Santacruz(West), Mumbai – 400054. **Tel:** 26106671/ 6889.<br>**Email id:** inscoun@ecoi.co.in **Website:** www.ecoi.co.in |
|---|
| If you have a grievance, approach the grievance cell of Insurance Company first. If complaint is not resolved/ not satisfied/not responded for 30 days then You can approach The Office of the Insurance Ombudsman (Bimalokpal). Please visit our website for details to lodge complaint with Ombudsman. |

| | |
|---|---|
| Office of the Insurance Ombudsman,<br>6th Floor, Jeevan Prakash Bldg,<br>Tilak Marg, Relief Road,<br>**AHMEDABAD** - 380001.<br>**Tel:** 079-25501201/02/05/06<br>**Email:** bimalokpal.ahmedabad@ecoi.co.in | Office of the Insurance Ombudsman,<br>2nd Floor, Janak Vihar Complex, 6, Malviya Nagar, **BHOPAL - 462 003**.<br>**Tel:** 0755 - 2769201/ 9202<br>**Fax:** 0755 - 2769203<br>**Email:** bimalokpal.bhopal@ecoi.co.in |
| Office of the Insurance Ombudsman,<br>62, Forest Park,<br>**BHUBANESHWAR - 751 009.**<br>**Tel:** 0674 - 2596455/2596003<br>**Fax:** 0674 - 2596429<br>**Email:** bimalokpal.bhubaneswar@ecoi.co.in | Office of the Insurance Ombudsman,<br>SCO No.101-103,2nd Floor, Batra Building, Sector 17-D,<br>**CHANDIGARH - 160 017.**<br>**Tel:-** 0172 - 2706468/2772101<br>**Fax:** 0172 - 2708274<br>**Email:** bimalokpal.chandigarh@ecoi.co.in |
| Office of the Insurance Ombudsman,<br>Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet,<br>**CHENNAI - 600 018.**<br>**Tel:** 044 - 24333668/ 24335284<br>**Fax:** 044 - 24333664<br>**Email:** bimalokpal.chennai@ecoi.co.in | Office of the Insurance Ombudsman,<br>2/2 A, Universal Insurance Bldg., Asaf Ali Road, **NEW DELHI - 110 002.**<br>**Tel:** 011 - 23234057/ 23232037<br>**Fax:** 011 - 23230858<br>**Email:** bimalokpal.delhi@ecoi.co.in |
| Office of the Insurance Ombudsman,<br>"Jeevan Nivesh", 5th Floor, S.S. Road,<br>**GUWAHATI - 781 001.**<br>**Tel:** 0361 - 2132204/ 5<br>**Fax:** 0361 - 2732937<br>**Email:** bimalokpal.guwahati@ecoi.co.in | Office of the Insurance Ombudsman,<br>6-2-46, 1st Floor, Moin Court,<br>A.C. Guards, Lakdi-Ka-Pool,<br>**HYDERABAD-500 004.**<br>**Tel:** 040 - 65504123/ 23312122<br>**Fax:** 040 - 23376599<br>**Email:** bimalokpal.hyderabad@ecoi.co.in |
| Office of the Insurance Ombudsman,<br>2nd Floor, CC 27/2603, Pulinat Bldg.,<br>M.G. Road, **ERNAKULAM-682 015.**<br>**Tel:** 0484 - 2358759/ 2359338<br>**Fax:** 0484 - 2359336<br>**Email:** bimalokpal.ernakulam@ecoi.co.in | Office of the Insurance Ombudsman,<br>Hindustan Building. Annexe, 4th Floor,<br>C.R.Avenue, **KOLKATA - 700072**<br>**Tel:** 033 - 22124339/ 22124346<br>**Fax:** 22124341<br>**Email:** bimalokpal.kolkata@ecoi.co.in |
| Office of the Insurance Ombudsman,<br>Jeevan Bhawan, Phase-2, 6th Floor,<br>Nawal Kishore Road, Hazaratganj,<br>**LUCKNOW-226 001**.<br>**Tel:** 0522 - 2231331/ 2231330<br>**Fax:** 0522 - 2231310<br>**Email:** bimalokpal.lucknow@ecoi.co.in | Office of the Insurance Ombudsman,<br>3rd Floor, Jeevan Seva Annexe,S.V. Road, Santacruz(W),<br>**MUMBAI-400 054.**<br>**Tel:** 022 - 26106960/ 26106552<br>**Fax :** 022 - 26106052<br>**Email:** bimalokpal.mumbai@ecoi.co.in |
| Office of the Insurance Ombudsman,<br>Ground Floor, Jeevan Nidhi II, Bhawani Singh Road, **JAIPUR – 302 005.**<br>**Tel:** 0141 - 2740363<br>**Email:** bimalokpal.jaipur@ecoi.co.in | Office of the Insurance Ombudsman,<br>3rd Floor, Jeevan Darshan, N.C. Kelkar Road, Narayanpet **PUNE – 411 030.**<br>**Tel:** 020 - 32341320<br>**Email:** Bimalokpal.pune@ecoi.co.in |
| Office of the Insurance Ombudsman,<br>24th Main Road, Jeevan Soudha Bldg.,<br>JP Nagar, 1st Phase, Ground Floor<br>**BENGALURU – 560 025.**<br>**Tel:** 080 - 26652049/ 26652048<br>**Email:** bimalokpal.bengaluru@ecoi.co.in | Office of the Insurance Ombudsman,<br>4th Floor, Bhagwan Sahai Palace,<br>Main Road, Naya Bans, Sector-15,<br>**NOIDA – 201 301.**<br>**Tel:** 0120 - 2514250/ 51/ 53<br>**Email:** bimalokpal.noida@ecoi.co.in |

**Office of the Insurance Ombudsman,**
1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur,
**PATNA – 800 006.**
**Tel:** 0612 - 2680952 **Email id:** bimalokpal.patna@ecoi.co.in

**IRDAI REGULATION NO 12 :** This Policy is subject to regulation 12 of IRDAI (Protection of Policyholder's Interests) Regulation, 2017

**Annexure I – List of excluded items**

| S. NO. | List of excluded expenses ("Non-Medical") under indemnity Policy | Expenses |
|---|---|---|
| | **Toiletries/ Cosmetics/ Personal Comfort Or Convenience Items** | |
| 1 | Hair removal cream | Not Payable |
| 2 | Baby charges (unless specified/indicated) | Not Payable |
| 3 | Baby food | Not Payable |
| 4 | Baby utilites charges | Not Payable |
| 5 | Baby set | Not Payable |
| 6 | Baby bottles | Not Payable |
| 7 | Brush | Not Payable |
| 8 | Cosy towel | Not Payable |
| 9 | Hand wash | Not Payable |
| 10 | Moisturiser paste brush | Not Payable |
| 11 | Powder | Not Payable |
| 12 | Razor | Payable |
| 13 | Shoe cover | Not Payable |
| 14 | Beauty services | Not Payable |
| 15 | Belts/ braces | Essential and should be paid at least specifically for cases who have undergone surgery of thoracic or lumbar spine |
| 16 | Buds | Not Payable |
| 17 | Barber charges | Not Payable |
| 18 | Caps | Not Payable |
| 19 | Cold pack/hot pack | Not Payable |
| 20 | Carry bags | Not Payable |
| 21 | Cradle charges | Not Payable |
| 22 | Comb | Not Payable |
| 23 | DISPOSABLES RAZORS CHARGES ( for site preparations) | Payable |
| 24 | Eau-de-cologne / room freshners | |
| 25 | Eye pad | Not Payable |
| 26 | Eye sheild | Not Payable |
| 27 | Email / internet charges | Not Payable |
| 28 | Food charges (other than patient's diet provided By hospital) | Not Payable |
| 29 | Foot cover | Not Payable |
| 30 | Gown | Not Payable |
| 31 | Leggings | Essential in bariatric and varicose vein surgery and may be considered for at least these conditions where surgery itself is payable. |
| 32 | Laundry charges | Not Payable |
| 33 | Mineral water | Not Payable |
| 34 | Oil charges | Not Payable |
| 35 | Sanitary pad | Not Payable |
| | | |
| 36 | Slippers | Not Payable |
| 37 | Telephone charges | Not Payable |
| 38 | Tissue paper | Not Payable |
| 39 | Tooth paste | Not Payable |
| 40 | Tooth brush | Not Payable |
| 41 | Guest services | Not Payable |
| 42 | Bed pan | Not Payable |
| 43 | Bed under pad charges | Not Payable |
| 44 | Camera cover | Not Payable |
| 45 | Cliniplast | Not Payable |
| 46 | Crepe bandage | Not Payable/ Payable by the patient |
| 47 | Curapore | Not Payable |
| 48 | Diaper of any type | Not Payable |
| 49 | Dvd, cd charges | Not Payable ( However if CD is specifically sought by Insurer/ TPA then payable) |
| 50 | Eyelet collar | Not Payable |
| 51 | Face mask | Not Payable |
| 52 | Flexi mask | Not Payable |
| 53 | Gause soft | Not Payable |
| 54 | Gauze | Not Payable |
| 55 | Hand holder | Not Payable |
| 56 | Hansaplast/ adhesive bandages | Not Payable |
| 57 | Infant food | Not Payable |
| 58 | Slings | Reasonable costs for one sling in case of upper arm fractures may be considered |
| **Items specifically excluded in the policies** | | |
| 59 | Weight control programs/ supplies/ services | Exclusion in policy unless otherwise specified |
| 60 | Cost of spectacles/ contact lenses/ hearing aids Etc., | Exclusion in policy unless otherwise specified |
| 61 | Home visit charges | Exclusion in policy unless otherwise specified |
| 62 | Donor screening charges | Exclusion in policy unless otherwise specified |
| 63 | Admission/registration charges | Exclusion in policy unless otherwise specified |
| 64 | Hospitalisation for evaluation/ diagnostic Purpose | Exclusion in policy unless otherwise specified |
| 65 | Expenses for investigation/ treatment irrelevant To the disease for which admitted or diagnosed | Not Payable - Exclusion in policy unless otherwise specified |
| **Items which form part of hospital services where separate consumables are not payable but the service is** | | |
| 66 | Ward and theatre booking charges | Payable under OT Charges, not payable separately |
| 67 | Arthroscopy & endoscopy instruments | Rental charged by the hospital payable. Purchase of Instruments not payable. |
| 68 | Microscope cover | Payable under OT Charges, not separately |
| 69 | Surgical blades,harmonic scalpel,shaver | Payable under OT Charges, not separately |

| | | |
|---|---|---|
| 70 | Surgical drill | Payable under OT Charges, not separately |
| 71 | Eye kit | Payable under OT Charges, not separately |
| 72 | Eye drape | Payable under OT Charges, not separately |
| 73 | X-ray film | Payable under OT Charges, not separately |
| 74 | Sputum cup | Payable under OT Charges, not separately |
| 75 | Boyles apparatus charges | Payable under OT Charges, not separately |
| 76 | Blood grouping and cross matching of donors Samples | Part of Cost of Blood, not payable |
| 77 | Savlon | Not Payable-Part of Dressing Charges |
| 78 | Band aids, bandages, sterlile injections, needles, Syringes | Not Payable - Part of Dressing charges |
| 79 | Cotton | Not Payable-Part of Dressing Charges |
| 80 | Cotton bandage | Not Payable- Part of Dressing Charges |
| 81 | Micropore/ surgical tape | Not Payable-Payable by the patient when prescribed, otherwise included as Dressing Charges |
| 82 | Blade | Not Payable |
| 83 | Apron | Not Payable -Part of Hospital Services/ Disposable linen to be part of OT/ICU charges |
| 84 | Torniquet | Not Payable (service is charged by hospitals, consumables cannot be separately charged) |
| 85 | Orthobundle, gynaec bundle | Part of Dressing Charges |
| 86 | Urine container | Not Payable |
| **Elements of room charge** | | |
| 87 | Luxury tax | Actual tax levied by government is payable .Part of room charge for sub limits |
| 88 | Hvac | Part of room charge not payable separately |
| 89 | House keeping charges | Part of room charge not payable separately |
| 90 | Service charges where nursing charge also Charged | Part of room charge not payable separately |
| 91 | Television & air conditioner charges | Payable under room charges not if separately levied |
| 92 | Surcharges | Part of Room Charge, Not payable separately |
| 93 | Attendant charges | Not Payable - Part of Room Charges |
| 94 | Im iv injection charges | Part of nursing charges, not payable |
| 95 | Clean sheet | Part of Laundry/Housekeeping not payable separately |
| 96 | Extra diet of patient(other than that which forms Part of bed charge) | Patient Diet provided by hospital is payable |
| 97 | Blanket/warmer blanket | Not Payable- part of room charges |

| | | |
|---|---|---|
| **Administrative or non-medical charges** | | |
| 98 | Admission kit | Not Payable |
| 99 | Birth certificate | Not Payable |
| 100 | Blood reservation charges and ante natal Booking charges | Not Payable |
| 101 | Certificate charges | Not Payable |
| 102 | Courier charges | Not Payable |
| 103 | Convenyance charges | Not Payable |
| 104 | Diabetic chart charges | Not Payable |
| 105 | Documentation charges / administrative expenses | Not Payable |
| 106 | Discharge procedure charges | Not Payable |
| 107 | Daily chart charges | Not Payable |
| 108 | Entrance pass / visitors pass charges | Not Payable |
| 109 | Expenses related to prescription on discharge | To be claimed by patient under Post Hosp where admissible |
| 110 | File opening charges | Not Payable |
| 111 | Incidental expenses / misc. Charges (not explained) | Not Payable |
| 112 | Medical certificate | Not Payable |
| 113 | Maintainance charges | Not Payable |
| 114 | Medical records | Not Payable |
| 115 | Preparation charges | Not Payable |
| 116 | Photocopies charges | Not Payable |
| 117 | Patient identification band / name tag | Not Payable |
| 118 | Washing charges | Not Payable |
| 119 | Medicine box | Not Payable |
| 120 | Mortuary charges | Payable upto 24 hrs, shifting charges not payable |
| 121 | Medico legal case charges (mlc charges) | Not Payable |
| **External durable devices** | | |
| 122 | Walking aids charges | Not Payable |
| 123 | Bipap machine | Not Payable |
| 124 | Commode | Not Payable |
| 125 | Cpap/ capd equipments | Device not payable |
| 126 | Infusion pump - cost | Device not payable |
| 127 | Oxygen cylinder (for usage outside the hospital) | Not Payable |
| 128 | Pulseoxymeter charges | Device not payable |
| 129 | Spacer | Not Payable |
| 130 | Spirometre | Device not payable |
| 131 | Spo2 probe | Not Payable |
| 132 | Nebulizer kit | Not Payable |
| 133 | Steam inhaler | Not Payable |
| 134 | Armsling | Not Payable |
| 135 | Thermometer | Not Payable (paid by patient) |
| 136 | Cervical collar | Not Payable |
| 137 | Splint | Not Payable |
| 138 | Diabetic foot wear | Not Payable |
| 139 | Knee braces ( long/ short/ hinged) | Not Payable |
| 140 | Knee immobilizer/shoulder immobilizer | Not Payable |

| | | |
|---|---|---|
| 141 | Lumbo sacral belt | Essential and should be paid at least specifically for cases who have undergone surgery of lumbar spine. |
| 142 | Nimbus bed or water or air bed charges | Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia/quadriplegia for any reason and at reasonable cost of approximately Rs 200/ day |
| 143 | Ambulance collar | Not Payable |
| 144 | Ambulance equipment | Not Payable |
| 145 | Microsheild | Not Payable |
| 146 | Abdominal binder | Essential and should be paid at least in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc. |
| **Items payable if supported by a prescription** | | |
| 147 | Betadine \ hydrogen peroxide\spirit\\ dettol \savlon\ disinfectants etc | May be payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital |
| 148 | Private nurses charges- special nursing charges | Post hospitalization nursing charges not Payable |
| 149 | Nutrition planning charges - dietician charges- Diet charges | Patient Diet provided by hospital is payable |
| 150 | Alex sugar free | Payable -Sugar free variants of admissable medicines are not excluded |
| 151 | CREAMS POWDERS LOTIONS (Toileteries are not payable,only Prescribed medical pharmaceuticals payable) | Payable when prescribed |
| 152 | Digene gel/ antacid gel | Payable when prescribed |
| 153 | Ecg electrodes | Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable. |
| 154 | Gloves | Sterilized Gloves payable / unsterilized gloves not payable |
| 155 | Hiv kit | Payable - payable Pre operative screening |
| 156 | Listerine/ antiseptic mouthwash | Payable when prescribed |
| 157 | Lozenges | Payable when prescribed |
| 158 | Mouth paint | Payable when prescribed |
| 159 | Nebulisation kit | If used during hospitalization is payable reasonably |
| 160 | Novarapid | Payable when prescribed |
| 161 | Volini gel/ analgesic gel | Payable when prescribed |
| 162 | Zytee gel | Payable when prescribed |
| 163 | Vaccination charges | Routine Vaccination not Payable / Post Bite |
| **Part of hospital's own costs and not payable** | | |
| 164 | Ahd | Not Payable - Part of Hospital's internal Cost |
| 165 | Alcohol swabes | Not Payable - Part of Hospital's internal Cost |
| 166 | Scrub solution/sterillium | Not Payable - Part of Hospital's internal Cost |
| **Others** | | |
| 167 | Vaccine charges for baby | Not Payable |
| 168 | Tpa charges | Not Payable |
| 169 | Visco belt charges | Not Payable |
| 170 | Any kit with no details mentioned [delivery kit, Orthokit, recovery kit, etc] | Not Payable |
| 171 | Examination gloves | Not payable |
| 172 | Kidney tray | Not Payable |
| 173 | Mask | Not Payable |
| 174 | Ounce glass | Not Payable |
| 175 | Outstation consultant's/ surgeon's fees | Not payable, except for telemedicine consultations where covered by policy |
| 176 | Oxygen mask | Not Payable |
| 177 | Paper gloves | Not Payable |
| 178 | Pelvic traction belt | Should be payable in case f PIVD requiring traction s this is generally not reused |
| 179 | Referal doctor's fees | Not Payable |
| 180 | Accu check ( glucometery/ strips) | Not payable pre hospitilasation or post hospitalisation / Reports and Charts required/ Device not payable |
| 181 | Pan can | Not Payable |
| 182 | Sofnet | Not Payable |
| 183 | Trolly cover | Not Payable |
| 184 | Urometer, urine jug | Not Payable |
| 185 | Ambulance | Payable-Ambulance from home to hospital or interhospital shifts is payable/ RTA as specific requirement is payable |
| 186 | Tegaderm / vasofix safety | Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs |
| 187 | Urine bag | Payable where medically necessary till a reasonable cost-maximum 1 per 24 hrs |
| 188 | Softovac | Not Payable |
| 189 | Stockings | Essential for case like CABG etc. where it should be paid. |