

Whereas the Insured Person designated in the Schedule hereto has by a proposal and declaration dated as stated in the schedule which shall be the basis of this Contract and is deemed to be incorporated herein, has applied to Future Generali India Insurance Company Ltd. (herein after called the Company) for the insurance herein after set forth in respect of Employees/ Members (including their eligible Family Members) named in the schedule hereto (herein after called the Insured Person) and has paid premium as consideration for such insurance.

The Insured Person is eligible to be covered under this policy from birth (as a dependent child) up to the age of 65 years with lifelong renewability subject to continuous renewal of the Future Vector Care – Group policy. This Policy records the agreement between the Company and the Insured Person and sets out the terms of insurance and the obligations of each party.

**A. DEFINITIONS**

The following words or terms shall have the meaning ascribed to them wherever they appear in this Policy, and references to the singular or to the masculine shall include references to the plural and to the female wherever the context so permits:

1. **AYUSH Treatment** refers to the medical and / or hospitalization treatments given under 'Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
2. **Bank Rate** means Bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.
3. **Condition Precedent** shall mean a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.
4. **Commencement Date** means the commencement date of this Policy as specified in the Schedule.
5. **Dependent Child** refers to a child (natural or legally adopted), who is financially dependent on the primary insured or proposer and does not have his / her independent sources of income.
6. **Disclosure to information norm:** The policy shall be void and all premium paid thereon shall be forfeited to the Insurer in the event of misrepresentation, mis-description or non-disclosure of any material fact.
7. **Emergency care** means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.
8. **Family** means and includes You, Your Spouse, maximum up to 3 dependent children up to the age of 25 years and two dependent parents.
9. **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.
10. **Hospital:** A 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 Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act Or complies with all minimum criteria as under:
  - i. has qualified nursing staff under its employment round the clock;
  - ii. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
  - iii. has qualified medical practitioner(s) in charge round the clock;
  - iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
  - v. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;
11. **Hospitalization** means admission in a Hospital for a minimum period of 24 consecutive 'In- patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
12. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.
  - a. **Acute condition** is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
  - b. **Chronic condition** is defined as a disease, illness, or injury that has one or more of the following characteristics:
    - i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
    - ii. it needs ongoing or long-term control or relief of symptoms
    - iii. it requires Your rehabilitation or for You to be specially trained to cope with it
    - iv. it continues indefinitely
    - v. it comes back or is likely to come back
13. **Inpatient Care** means treatment for which the insured person has to stay in a Hospital for more than 24 hours for a covered event.
14. **Intensive Care Unit** means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
15. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription



16. **Medical expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of **illness or Accident** on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.  
Note: Medical Treatment would include medical treatment and/ or surgical treatment
17. **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license. The registered practitioner should not be the insured or close Family members.
18. **Medically necessary treatment** is defined as any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which is required for the medical management of the illness or Injury suffered by the insured; must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity; must have been prescribed by a medical practitioner. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
19. **Notification of claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
20. **OPD treatment** is one in which the Insured visits a clinic / Hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
21. **Policy** means the complete documents consisting of the Proposal, Policy wording, Schedule and Endorsements and attachments if any.
22. **Policy Period** means the period commencing with the start date mentioned in the Schedule till the end date mentioned in the Schedule.
23. **Policy Year** means every annual period within the Policy Period starting with the commencement date.
24. **Portability** means the right accorded to an individual health insurance policyholder (including family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another or from one plan to another plan of the same insurer.
25. **Pre-Existing Disease** means any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which medical advice / treatment was received within 48 months prior to the first policy issued by the Insurer and renewed continuously thereafter.
26. **Proposal form** means a form to be filled in by the prospect in written or electronic or any other format as approved by the Authority, for furnishing all material information as required by the insurer in respect of a risk, in order to enable the insurer to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, advantages, terms and conditions of the cover to be granted.
27. **Qualified nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
28. **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 gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.
29. **Schedule** means that portion of the **Policy** which sets out **Your** personal details, the type of insurance cover in force, the **period** and the sum insured. Any Annexure or Endorsement to the **Schedule** shall also be a part of the **Schedule**.
30. **Sum insured** means the amount specified in the Policy Schedule, which We will pay for claims made by You under the Policy Year in respect of the Insured Person(s).
31. **Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.
32. **Unproven/ Experimental treatment** means the treatment including drug experimental therapy which is not based on established medical practice in India.
33. **We, Our, Us, Insurer** means Future Generali India Insurance Company Limited.
34. **You, Your, Yourself** means the Insured Person shown in the **Schedule**.



#### B. SCOPE OF COVER

This product is on Individual Sum Insured basis. We will pay the Insured Person the Sum insured as a lump sum amount for the listed Condition

provided it occurs or manifests itself during the policy period and meets the conditions specified in this policy document.

**1. Dengue fever**

The applicant will be eligible for the benefit pay out in case of being diagnosed with Dengue confirmed by a Medical Practitioner. Hospitalization must be absolutely necessary as advised by the Medical Practitioner and the Laboratory examination result countersigned by a pathologist/microbiologist must confirm the following:

- Decreasing platelet levels- less than 100,000 cells/mm<sup>3</sup>; and
- Immunoglobulins/PCR test showing positive results for Dengue

Indoor case papers should be mandatorily obtained and the diagnosis of admission should be Dengue in addition to the above two conditions.

Specific exclusions for this cover:

- Any Treatment other than for Dengue (as defined above)
- Hospitalization less than 24 hours
- Treatment outside India
- Any claim or signs or symptoms of Dengue fever during the waiting period

**2. Malaria**

Diagnosis of Malaria should be confirmed by a Medical Practitioner with confirmatory tests indicating presence of *Plasmodium Falciparum/Vivax/ Malariae* in the patient's blood by laboratory examination countersigned by a pathologist/microbiologist in peripheral blood smear or positive rapid diagnostic test (antigen detection test).

Continuous Hospitalization of 24 hours should be absolutely necessary along with high fever and shaking chills.

Indoor case papers should be mandatorily obtained and the diagnosis of admission should be malaria and its complications, if any.

Specific exclusions for this cover:

- Any Treatment other than for malaria and its complications
- Hospitalization less than 24 hours
- Treatment outside India
- Any claim or signs or symptoms of malaria fever during the waiting period

**3. Filariasis**

Commonly known as Elephantiasis, must be confirmed by a Medical Practitioner and the laboratory examination countersigned by a pathologist must be documented with presence of microfilariae in a blood smear by microscopic examination and along with any two of the following criteria:

- Lymphoedema,
- Elephantiasis,
- Scrotal swelling

Indoor case papers should be mandatorily obtained and the diagnosis of admission should be Filariasis in addition to the two of the above conditions.

Specific condition for this cover:

- Filariasis will be payable once in lifetime

Specific exclusions for this cover:

- Any Treatment other than for Filariasis and its complications (as defined above)
- Hospitalization less than 24 hours
- Treatment outside India
- Any claim or signs or symptoms of Filariasis during the waiting period

**4. Kala-azar**

Visceral leishmaniasis, also known as Kala-azar, is characterized by irregular bouts of fever, substantial weight loss, swelling of the spleen and liver, and anaemia.

The diagnosis must be confirmed by a Medical Practitioner and by parasite demonstration in bone marrow/spleen/lymph node aspiration or in culture medium as the confirmatory diagnosis or positive serological tests for Kala-azar should clearly indicate the presence of this disease.

Indoor case papers should be mandatorily obtained and the diagnosis of admission should be Kala-azar.

Specific exclusions for this cover:

- Any Treatment other than for Kala-azar (as stated above)
- Hospitalization less than 24 hours
- Treatment outside India
- Any claim or signs or symptoms of Kala-azar during the waiting period

**5. Chikungunya**

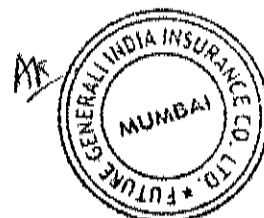
Chikungunya is characterized by an abrupt onset of fever with Joint pain. Other common signs and symptoms include muscle pain, headache, nausea, fatigue and rash.

The diagnosis must be documented by a Medical Practitioner and by Serological tests, such as enzyme-linked immunosorbent assays (ELISA), confirming the presence of IgM and IgG anti-chikungunya antibodies

Indoor case papers should be mandatorily obtained and the diagnosis of admission should be Chikungunya

Specific exclusions for this cover:

- Any Treatment other than for Chikungunya



- Hospitalization less than 24 hours
- Treatment outside India
- Any claim or signs or symptoms of Chikungunya during the waiting period

**6. Japanese Encephalitis**

Characterized by rapid onset of high fever, headache, neck stiffness, disorientation, coma, seizures, spastic paralysis. To confirm Japanese Encephalitis (JE) infection and to rule out other causes of encephalitis requires a laboratory testing of serum or preferably cerebrospinal fluid.

The diagnosis must be confirmed by a Medical Practitioner and positive serological test for JE by immunoglobulin M (IgM) antibody capture ELISA (MAC ELISA) for serum and cerebrospinal fluid (CSF).

Indoor case papers should be mandatorily obtained and the diagnosis of admission should be Japanese Encephalitis.

Specific exclusions for this cover:

- Any treatment other than for Japanese Encephalitis (as stated above)
- Hospitalization less than 24 hours
- Treatment outside India
- Any claim or signs or symptoms of Japanese Encephalitis fever during the waiting period

**7. Zika Virus**

People with Zika virus disease can have symptoms like mild fever, skin rash, conjunctivitis, muscle and joint pain, malaise or headache.

A diagnosis of Zika virus infection should be confirmed by a Medical Practitioner and by plaque-reduction neutralization testing (PRNT). PRNT is performed by CDC (Centers for Disease Control and Prevention) or a CDC-designated confirmatory testing laboratory to confirm presumed positive, equivocal, or inconclusive IgM results.

Indoor case papers should be mandatorily obtained and the diagnosis of admission should be Zika virus.

Specific exclusions for this cover:

- Any treatment other than for Zika virus (as stated above)
- Hospitalization less than 24 hours
- Treatment outside India
- Any claim or signs or symptoms of Zika virus during the waiting period

**C. EXCLUSIONS**

**1. Waiting Periods**

**a) 15 days waiting period**

We are not liable for any claim arising for listed illness diagnosed or diagnosable within 15 days from policy inception of Your first Policy with Us.

**b) Special Conditions applicable for Section C. 1. a)**

- The initial waiting period of 15 days will be increased to 60 days, if the insured is suffering from any one of the listed condition, except Lymphatic Filariasis at the time of taking the policy.
- In case, if the insured is suffering from Lymphatic Filariasis at the time of taking the policy, Lymphatic Filariasis will be excluded from the policy and the other listed conditions shall have an initial waiting period increased to 60 days.

**2. Standard Exclusions**

We will not pay for any expenses incurred by Insured Person in respect of claims arising out of or howsoever related to any of the following:

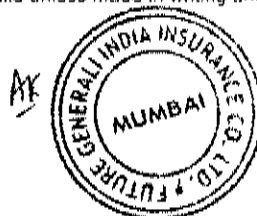
- Any condition other than Malaria, Lymphatic Filariasis, Dengue Fever, Japanese Encephalitis, Kala Azar, Chikungunya or Zika virus as defined under this policy.
- Any condition with respect to the covered benefits, for which the insured had signs or symptoms, and/or was diagnosed, and/or received medical advice/treatment within the waiting period.
- Any treatment taken on Outpatient basis.
- Hospitalisation primarily for any purpose which in routine could have been carried out on an out-patient basis and which is not followed by an active treatment or intervention during the period of hospitalization.
- Experimental or unproven procedures or treatments, devices or pharmacological regimens of any description (not recognized by Indian Medical Council) or hospitalization for treatment under any system other than allopathy.
- Convalescence, rest cure, sanatorium treatment, rehabilitation measures, respite care, long term nursing care or custodial care and general debility or exhaustion (run down condition)
- Failure to seek or follow medical advice, the insured has delayed medical treatment.
- Diagnosis and treatment outside India. However, this exclusion shall not be applicable in the following countries: Canada, Dubai, Hong Kong, Japan, Malaysia, New Zealand, Singapore, Switzerland, USA, and countries of the European Union. The company may review the above list of accepted foreign countries from time to time. Claims documents from outside India are only acceptable in English language unless specifically agreed otherwise, and duly authenticated.
- Treatment in any hospital or any other provider network that We have blacklisted as listed on our website <https://general.futuregeneral.in/general-insurance/network-hospitals>

**D. CONDITIONS**

**1. Condition Precedent to the contract**

- The premium payable under this policy shall be paid in advance. No receipt for premium shall be valid except on the official form of the Company signed by a duly authorized official of the Company. The due payment of premium and the observance and fulfillment of the terms, provisions, conditions and endorsements of this policy by the Insured Person in so far as they relate to anything to be done or complied with by the Insured Person shall be a condition precedent to any liability of the Company to make any payment under this policy. No waiver of any terms provisions, conditions and endorsements of this policy shall be valid unless made in writing and signed by an authorized official of the Company

**(ii) Portability**



Individual members, including the family members covered under Group Health Insurance policy of a non-life insurance company shall have the right to migrate from such a similar group policy to an individual health policy or a family floater policy with the same insurer. For Group Health Insurance policies, the individual member's shall be given credit based on the number of years of continuous insurance coverage as per the Portability guidelines.

**2. Conditions applicable during the contract**

**(i) Due Care**

Where this Policy requires You to do or not to do something, then the complete satisfaction of that requirement by You or someone claiming on Your behalf is a precondition to any obligation under this Policy. If You or someone claiming on Your behalf fails to completely satisfy that requirement, then We may refuse to consider Your claim. You will cooperate with Us at all times.

**(ii) Addition and deletion of members**

- a) The new members of the Future Vector Care - Group can be added at periodic intervals. However the insurance coverage for every member of the Group Health Insurance shall not exceed the maximum policy term.
- b) The Company may issue multiple group insurance policies in tranches to the Group Organizer, subject to minimum group size and maximum policy term, for providing insurance coverage to the new members on an ongoing basis.
- c) All members of the group will be issued a Certificate of Insurance giving the details of the benefits, important conditions and exclusions.

**(iii) Insured**

Only those persons named, as the Insured in the Schedule shall be covered under this Policy. The details of the Insured are as provided by You. A person may be added as an insured during the Policy Period after his application has been accepted by Us, an additional premium has been paid and Our agreement to extend cover has been indicated by it issuing an endorsement confirming the addition of such person as an Insured.

**(iv) Communications**

Every notice of communication to be given or made under this policy shall be delivered in writing at the address as shown in the schedule.

**(v) Cancellation**

- a) Cancellation will not be invoked by the Company except on ground of fraud, moral hazard or misrepresentation
- b) The Company may cancel this insurance by giving the Insured Person at least 15 days written notice, and if no claim has been made then the Company shall refund a pro-rata premium for the unexpired Policy Period.
- c) The Insured Person may cancel this insurance by giving the Company at least 15 days written notice, and if no claim has been made then the Company shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

Period on risk	Rate of premium refunded
Up to one month	75% of annual rate
Up to three months	50% of annual rate
Up to six months	25% of annual rate
Exceeding six months	Nil

- d) No refund of premium shall be due on cancellation if the Insured Person has made a claim under this Policy.

**(vi) Policy Period**

The Policy can be issued for tenure of 1 year.

**(vii) Territorial Limits and Law**

- a) We cover sickness sustained by the Insured Person during the Policy Period anywhere in India.
- b) All medical/ surgical treatments including investigations under this policy shall have to be taken in India, however if diagnosis and treatment is taken in following countries. Canada, Dubai, Hong Kong, Japan, Malaysia, New Zealand, Singapore, Switzerland, USA, and countries of the European Union, the same would be accepted, provided that the claims documents are only in English language unless specifically agreed otherwise, and duly authenticated. The admissible claims thereof shall be payable in Indian currency (Indian Rupees).
- c) The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian Law.
- d) The Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by Us, which approval shall be evidenced by an endorsement on the Schedule.

**(viii) Fraud**

The Company shall not be liable to make any payment under this policy in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent means or device whether by the Insured Person or by any other person acting on his behalf.

**(ix) Endorsements**

This Policy constitutes the complete contract of insurance. This Policy cannot be changed by anyone (including an insurance agent or broker) except Us. Any change We make will be evidenced by a written endorsement signed and stamped by Us.

**3. Conditions when a claim arises**

**A. Claims Procedure**

- a) We must be informed of any event or occurrence that may give rise to a claim under this Policy within 48 hours of hospitalisation of the illness. You can intimate us through letter, email, fax or telephone.
- b) You or someone claiming on Your behalf must promptly and in any event within 15 days of discharge from a Hospital give Us the necessary documents along with all original supporting documentation, including but not limited to the following, and other information We ask for, to investigate the claim for Our obligation to make payment for it
  - i. Our claim form duly completed (along with captioned documents) and signed by/ on behalf of the Insured Person.
  - ii. Original Discharge Summary.
  - iii. Medical certificate confirming the diagnosis/treatment of illness from Medical Practitioner
  - iv. A precise diagnosis of the treatment for which a claim is made.
  - v. Treating doctor's certificate regarding the duration of the illness & etiology
  - vi. KYC documents
  - vii. Laboratory reports.



#### B. Claims Payment

- a) We shall be under no obligation to make any payment under this Policy unless We have been provided with the documentation and information We have requested to establish the circumstances of the claim or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.
- b) If specific etiology for the defined covered condition is not known then the claim would not be payable.
- c) We will only make payment to You under this Policy. Your receipt shall be considered as a complete discharge of Our liability against any claim under this Policy.
- d) In the event of Your death, We will make payment to the Nominee (as named in the Schedule). No assignment of this Policy or the benefits there under shall be permitted.
- e) The policy shall terminate on the occurrence of the first covered condition and you shall receive the sum insured as per applicable guidelines.

#### C. Settlement of Claims

- a) Our Medical Practitioners will scrutinize the claims and flag the claim as settled/ rejected/ pending within the period of 30 days of the receipt of the last necessary documents specified in Section 3. A. b above
- b) In case of 'pending' claims, We will ask for submission of incomplete documents.
- c) 'Rejected' claims will be informed to the Insured Person in writing with reason for rejection.
- d) In the circumstances where 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.
- e) In the cases of delay in the payment of a 'settled' claim, We shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate which is 2% above the bank rate prevalent at the beginning of the financial year.

#### D. Dispute Resolution

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

#### E. Compliance with Policy Provisions

Failure by You or the Insured Person to comply with any of the provisions in this Policy may invalidate all claims hereunder

#### F. Examination of Records

We may examine Your records relating to the insurance under this Policy at any time during the Policy Period and up to three years after the Policy expiration, or until final adjustment (if any) and resolution of all claims under this Policy

#### 4. Conditions for renewal of the contract

##### (i) Renewal

- a) This Policy may be renewed by mutual consent and in such event, the renewal premium shall be paid to the Company on or before the date of expiry of the Policy or of the subsequent renewal thereof.
- b) The Policyholder, shall throughout the period of insurance keep and maintain a record containing the names of all the insured persons. The Policyholder shall declare to the company any additions in the number of insured persons as and when arising during the period of insurance and shall pay the additional premium as agreed
- c) It is hereby agreed and understood that, this insurance being a group policy availed by the Insured covering members, the benefit thereof would not be available to members who cease to be part of the group for any reason whatsoever.  
  
Such members may obtain further individual insurance directly from the Company and any claims shall be governed by the terms thereof.
- d) The premium rates or loadings for the product would not be changed without approval from Authority. However the performance of the product will be reviewed annually and further pricing will be done on experience basis.

#### In case of any claims contact

##### Claims Department

Future Generali Health (FGH)

Future Generali India Insurance Co. Ltd.

Office No. 3, 3rd Floor, "A" Building, G - O - Square

S. No. 249 & 250, Aundh Hinjewadi Link Road, Wakad, Pune - 411 057.

Toll Free Number: 1800 103 8889

Toll Free Fax: 1800 103 9998

Email: [fgi@futuregenerali.in](mailto:fgi@futuregenerali.in)



Future Generali India Insurance Company Limited. (IRDA) Regn. No. 132 | CIN: U66030MH2006PLC165287

Regd. and Corp. Office: Indiabulls Finance Centre, Tower 3, 6th Floor, Senapati Bapat Marg, Elphinstone, Mumbai - 400013. Call us at: 1800-220-233 | Fax No: 022 4097 6900 | Website: <https://general.futuregenerali.in> | Email: [fgicare@futuregenerali.in](mailto:fgicare@futuregenerali.in) Trade Logo displayed above belongs to M/S Assicurazioni Generali - Società Per Azioni and used by Future Generali India Insurance Co Ltd. under license.





Please attach this form in Original to the hospital bill and other claim documents. Separate claim form required for each claim. PLEASE ENCLOSE A PHOTOCOPY OF THE FUTURE GENERALI HEALTH ID CARD.

Authorization for Transfer of Claim Amount by National Electronic Fund Transfer

Name as per Bank Account												
Bank Name												
Branch Name & Address												
Branch Phone No.												
Branch MICR Code												
Branch IFSC Code for NEFT												
<i>(Please attach a Photocopy of a cheque or a blank cheque of your bank duly cancelled for ensuring accuracy of the bank name, branch name, account number &amp; name of account holder printed)</i>												
Account Type (Please Tick)			<input type="checkbox"/> Savings			<input type="checkbox"/> Current			<input type="checkbox"/> Cash / Credit			
Account No. (As appearing in Cheque Book)												
HR Authorization & Stamp						Bank Authorization & Stamp						

Date from which the mandate should be effective: \_\_\_\_\_

*I hereby declare that the particulars given above are correct and complete and request you to remit any amount due to me, if any to the aforesaid bank account. I herewith further declare that if any transaction is delayed or not effected at all or is wrongly credited to any other account for reasons of incomplete or incorrect information as provided above, I shall not hold Future Generali India Insurance Company Ltd ("Company") or any of its directors, employees or agents responsible for the same. I also declare that the remittance of any dues to the aforesaid bank account shall be considered as full and valid discharge of its obligations by the company. I also undertake to advise any change in the particulars of my bank account to facilitate updation of records for the purpose of credit of any amount due, through NEFT.*

Name of Employee / Proposer: \_\_\_\_\_  
 Policy No.: \_\_\_\_\_  
 Claimant Name: \_\_\_\_\_

Signature of Employee / Proposer  
 Date: 03/01/2024

**FEEDBACK AND SUGGESTIONS**

We thank you for choosing Future Generali as your insurance provider. We always strive to ensure that our service levels exceed our customer's expectations. In the spirit of this endeavour, we will greatly appreciate your valuable inputs and feedback. Kindly provide your feedback on your experience with Future Generali and any suggestions for improving our services. We value your time and promise to evaluate your suggestions for improvement of our service.



Future Generali India Insurance Company Limited. IRDAI Regn. No. 132 | CIN U66030MH2006PLC165287  
 Regd. and Corp. Office: Indiabulls Finance Centre, Tower 3, 6th Floor, Senapati Bapat Marg, Elphinstone, Mumbai - 400013 Call us at 1800-220-233 | Fax No. 022 4097 6900 | Website: <https://generalifuturegenerali.in> | Email: [fgcare@futuregenerali.in](mailto:fgcare@futuregenerali.in). Trade Logo displayed above belongs to M/S Assicurazioni Generali - Società Per Azioni and used by Future Generali India Insurance Co Ltd. under license







Dear Customer,

At Future Generali we are committed to provide "Exceptional Customer-Experience" that you remember and return to fondly. We encourage you to read your policy & schedule carefully. We want to make sure the plan is working for you and welcome your feedback.

### What Constitutes a Grievance?

A "Grievance/Complaint" is defined as any communication that expresses dissatisfaction about an action or lack of action, about the standard service/deficiency of service from Future Generali or its intermediary or asks for remedial action.

If you have a complaint or grievance you may reach us through the following avenues:


	Help-Lines	1800-220-233   1860-500-3333   022-67837800		E-mail	fgcare@futuregenerali.in
	GRO at each branch	Walk-in to any of our branches and request to meet the Grievance Redressal Officer (GRO)		Website	https://general.futuregenerali.in

### What can I expect after logging a Grievance?

- We will acknowledge receipt of your concern within 3 business days
- Within 2 weeks of receiving your grievance, We shall revert to you the final resolution
- We shall regard the complaint as closed if We do not receive a reply within 8 weeks from the date of receipt of response

### How do I escalate?

You can write directly to our Customer Service Cell at our Head office:

	Customer Service Cell	<p><b>Customer Service Cell</b> Future Generali India Insurance Company Ltd. Corporate &amp; Registered Office: 8th Floor, Tower 3, Indiabulls Finance Center, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400013</p> <p><i>Please send your complaint in writing. You can use the complaint form, annexed with your policy. Kindly quote your policy number in all communication with us. This will help us to deal with the matter faster.</i></p>
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### What should I do, if I face difficulty in registering a grievance?

While we constantly endeavor to promptly register, acknowledge & resolve your grievance, if you feel that you are experiencing difficulty in registering your complaint, you may register your complaint through the IRDAI (Insurance Regulatory and Development Authority of India)

Call center: toll free number (155255).

Register your complaint online at: <http://www.igms.irda.gov.in/>

### Grievances of Senior Citizens:

We have established a separate channel to address the grievances of Senior Citizens. The concerns will be addressed to the Senior Citizen's channel for faster attention or speedy disposal of grievance, if any.

### Insurance Ombudsman:

If you are still not satisfied with the resolution to the complaint as provided by our GRO, you may approach the Insurance Ombudsman for a review. The Insurance Ombudsman is an organization that addresses grievances that are not settled to your satisfaction.

You may reach the nearest insurance ombudsman office. For ease of reference, the list of Insurance Ombudsman offices is as mentioned below:

OFFICE OF THE OMBUDSMAN	CONTACT DETAILS	AREAS OF JURISDICTION
AHMEDABAD	Office of the Insurance Ombudsman 2nd Floor, Ambica House, Nr. C.U. Shah College, 5, Navyug Colony, Ashram Road, AHMEDABAD - 380 014 Tel: 079-27546150/27546139 Fax: 079-27546142 E-mail: <a href="mailto:bimalokpal.ahmedabad@gbic.co.in">bimalokpal.ahmedabad@gbic.co.in</a>	Gujarat, Dadra & Nagar Haveli, Daman and Diu
BENGALURU	Office of the Insurance Ombudsman Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru - 560 078, Tel.: 080 - 26652048 / 26652049 E-mail: <a href="mailto:bimalokpal.bengaluru@gbic.co.in">bimalokpal.bengaluru@gbic.co.in</a>	Karnataka
BHOPAL	Office of the Insurance Ombudsman Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp Airtel, Near New Market, BHOPAL - 462 023 Tel: 0755-2589201/9202 Fax: 0755-2789203 E-mail: <a href="mailto:bimalokpal.bhopal@gbic.co.in">bimalokpal.bhopal@gbic.co.in</a>	Madhya Pradesh, Chhattisgarh
BHUBANESHWAR	Office of the Insurance Ombudsman 62, Forest Park, BHUBANESHWAR - 751 009 Tel: 0674-2596461 Fax: 0674-2596429 E-mail: <a href="mailto:bimalokpal.bhubaneswar@gbic.co.in">bimalokpal.bhubaneswar@gbic.co.in</a>	Orissa
CHANDIGARH	Office of the Insurance Ombudsman S.C.O. No 101 - 103, 2nd Floor, Batra Building, Sector 17-D, CHANDIGARH - 160 017 Tel: 0172-2706196/2706468 Fax: 0172-2708274 E-mail: <a href="mailto:bimalokpal.chandigarh@gbic.co.in">bimalokpal.chandigarh@gbic.co.in</a>	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh
CHENNAI	Office of the Insurance Ombudsman Fatima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI - 600 018 Tel: 044-24333668 / 5284 Fax: 044-24333654 E-mail: <a href="mailto:bimalokpal.chennai@gbic.co.in">bimalokpal.chennai@gbic.co.in</a>	Tamilnadu, Pondicherry Town and Karaikal (which are part of Pondicherry)

<b>DELHI</b>	Office of the Insurance Ombudsman 2/2 A, Universal Insurance Bldg. Asaf Ali Road, <b>NEW DELHI - 110 002</b> Tel: 011-23237539/23232481 Fax: 011-23230858 E-mail: <a href="mailto:bimalokpal.delhi@qbic.co.in">bimalokpal.delhi@qbic.co.in</a>	Delhi
<b>GUWAHATI</b>	Office of the Insurance Ombudsman Jeevan Nivesh, 5th floor Nr. Panbazar Overbridge, S.S. Road, <b>GUWAHATI - 781 001</b> Tel: 0361-2132204/5 Fax: 0361-2732937 E-mail: <a href="mailto:bimalokpal.guwahati@qbic.co.in">bimalokpal.guwahati@qbic.co.in</a>	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
<b>HYDERABAD</b>	Office of the Insurance Ombudsman 6-2-46, 1st Floor, Moin Court Lane, Opp. Saleem Function Palace, A.C. Guards, Lakdi-Ka-Pool, <b>HYDERABAD - 500 004</b> Tel: 040-65504123/23312122 Fax: 040- 23376599 E-mail: <a href="mailto:bimalokpal.hyderabad@qbic.co.in">bimalokpal.hyderabad@qbic.co.in</a>	Andhra Pradesh, Telangana, Yanam and part of Pondichery
<b>JAIPUR</b>	Office of the Insurance Ombudsman Jeevan Nidhi - II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel: 0141-2740353 E-mail: <a href="mailto:bimalokpal.jaipur@qbic.co.in">bimalokpal.jaipur@qbic.co.in</a>	Rajasthan
<b>ERNAKULAM</b>	Office of the Insurance Ombudsman 2nd Floor, C.C 27/2603, Pulinat Building, Opp. Cochin Shipyard, M.G. Road, <b>ERNAKULAM - 682 015</b> Tel: 0484-2356759/2359338 Fax: 0484-2359338 E-mail: <a href="mailto:bimalokpal.ernakulam@qbic.co.in">bimalokpal.ernakulam@qbic.co.in</a>	Kerala, Lakshadweep, Mahe - a part of Pondichery
<b>KOLKATA</b>	Office of the Insurance Ombudsman 4th Floor, Hindusthan Bldg., Annexe, 4, C.R. Avenue, <b>KOLKATA - 700 072</b> Tel: 033-22124346 / (40) Fax: 033-22124341 E-mail: <a href="mailto:bimalokpal.kolkata@qbic.co.in">bimalokpal.kolkata@qbic.co.in</a>	West Bengal, Sikkim and UT of Andaman & Nicobar Islands
<b>LUCKNOW</b>	Office of the Insurance Ombudsman Jeevan Bhawan, Phase 2, 6th Floor, Nawal Kishore Road, Hazratganj, <b>LUCKNOW - 226 001</b> Tel: 0522-2231331/30 Fax: 0522-2231310 E-mail: <a href="mailto:bimalokpal.lucknow@qbic.co.in">bimalokpal.lucknow@qbic.co.in</a>	Districts of U.P:- Lucknow, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratappgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareilly, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajganj, Santkabimagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar
<b>MUMBAI</b>	Office of the Insurance Ombudsman Jeevan Seva Annexe, 3rd Floor, S.V. Road, Santacruz (W), <b>MUMBAI - 400 054</b> Tel: 022-26106926/26106552 Fax: 022- 26106052 E-mail: <a href="mailto:bimalokpal.mumbai@qbic.co.in">bimalokpal.mumbai@qbic.co.in</a>	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane
<b>NOIDA</b>	Office of the Insurance Ombudsman 4th Floor, Bhagwan Sahai Palace, Main Road, Naya Bans, Sector-15, <b>NOIDA - 201301</b> Tel: 0120-2514250/51/53 E-mail: <a href="mailto:bimalokpal.noida@qbic.co.in">bimalokpal.noida@qbic.co.in</a>	Uttaranchal and the following Districts of U.P:- Agra, Aligarh, Bagpet, Bareilly, Bijnor, Budaun, Bulandshahr, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozabad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshirammagar, Saharanpur
<b>PATNA</b>	Office of the Insurance Ombudsman 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, <b>PATNA - 800006</b> Tel: 0612-2680952 E-mail: <a href="mailto:bimalokpal.patna@qbic.co.in">bimalokpal.patna@qbic.co.in</a>	Bihar, Jharkhand
<b>PUNE</b>	Office of the Insurance Ombudsman Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, <b>PUNE - 411 030</b> Tel: 020-41312555 E-mail: <a href="mailto:bimalokpal.pune@qbic.co.in">bimalokpal.pune@qbic.co.in</a>	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region

The updated details of Insurance Ombudsman are available on IRDAI website [www.irdai.gov.in](http://www.irdai.gov.in) on the website of General Insurance Council [www.generalinsurancecouncil.org.in](http://www.generalinsurancecouncil.org.in) our website <https://general.futuregeneral.in> or from any of our offices



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