FUTURE GENERALI
TOTAL INSURANCE SOLUTIONS

POLICY WORDINGS
Alpa Bima – Group

This **Policy** is issued to **You** based on **Your Proposal and declarations together/followed by, with any other documents** to **Us** and **Your** payment of the premium on behalf of all the persons to be insured. This **Policy** records the contract between **Us** and **You** and/or any **Insured Person** and sets out the terms of insurance and the obligations of each party. Now this contract witnesses to the definitions terms, conditions and exclusions contained herein, or endorsed or otherwise expressed hereon and sets out as stated in **Schedule** of this policy/contract to the said **Insured Person/s** claiming payment or upon the happening of an event upon which one or more benefits become payable under the sum insured as stated in the Schedule will be paid by the Company.

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. **Accident** is a sudden, unforeseen and involuntary event caused by external, visible and violent means.

2. **Accidental Death** means death due to **Accident**.

3. **AYUSH Treatment** refers to the medical and / or hospitalization treatments given under 'Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

4. **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.

5. **Condition Precedent** shall mean a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.

6. **Congenital Anomaly :Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position
   a. **Internal Congenital Anomaly**- **Congenital Anomaly** which is not in the visible and accessible parts of the body.
   b. **External Congenital Anomaly**- **Congenital Anomaly** which is in the visible and accessible parts of the body.

7. **Day care centre** means any institution established for **Day Care Treatment** of **Illness** and / or injuries or a medical set -up 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

8. **Day Care Treatment** refers to medical treatment, and/or **Surgical Procedure** which is:
   i. undertaken under General or Local Anesthesia in a **Hospital/Day care centre** in less than 24 hrs because of technological advancement, and
   ii. which would have otherwise required a **Hospitalisation** of more than 24 hours
   Treatment normally taken on an out-patient basis is not included in the scope of this definition.

9. **Deductible** is a cost-sharing requirement under a health insurance **Policy** that provides that the **Insurer** will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of Hospital cash policies which will apply before any benefits are payable by the **Insurer**. A **Deductible** does not reduce the sum insured.

10. **Dental Treatment** is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and **Surgery** excluding any form of cosmetic surgery/implants

11. **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.

12. **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.

13. **Family** means and includes **Primary Insured**, **Primary Insured's** Spouse & dependent child/ children (up to a maximum of three children and up to the age of 25 years)
   i. The maximum number of days of **Hospitalisation** as mentioned in the **Schedule** would float over all members of each Family under the **Policy**.
   ii. In the event of more than one **Family** member being hospitalised at the same time, the number of days each member has been hospitalised would be added, and the maximum allowable for the whole **Family** would be restricted to the number of days as mentioned in the **Schedule** (maximum number of days would float over the **Family**) under the **Policy**

14. **Fingers** or **Toes**, whether in the singular or plural, means the digits of a hand or foot.

15. **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.

16. **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;

17. **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.

18. **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.

19. **Inpatient Care** means treatment for which the insured person has to stay in a Hospital for more than 24 hours for a covered event.

20. **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.

21. **Injury**/ **Bodily Injury** means accidental physical bodily harm excluding **Illness** or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner

22. **Limb** whether in singular or plural, means an arm at or above the wrist or a leg at or above the ankle

23. **Maternity expense** shall include –
    a. medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during **Hospitalisation**)
    b. expenses towards lawful medical termination of pregnancy during the **Policy** period

24. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

25. **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.

26. **Permanent Partial Disablement** means a bodily **Injury** caused by accidental, external, violent and visible means, which as a direct consequence thereof, disables any part of the **Limbs** or organs of the body of the **Insured Person** and which falls into one of the categories listed in the "Table of Events" set out in the **Policy**.

27. **Permanent Total Disablement** means a bodily **Injury** caused by accidental, external, violent and visible means, which as a direct consequence thereof totally disables and prevents the **Insured Person** from attending to any business or **Occupation** of any and every kind or if he/she has no business or **Occupation**, from attending to his/her usual and normal duties that last for a continuous period of twelve calendar months from the date of the **Accident**, with no hopes of improvement at the end of that period.

28. **Policy** means the complete documents consisting of the Proposal, Policy wording, Schedule and Endorsements and attachments if any.

29. **Policy Period** means the period commencing with the start date mentioned in the Schedule till the end date mentioned in the Schedule**.**

30. **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.

31. **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.

32. **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.

33. **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.

34. **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**.

35. **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.

36. **Survival Period**: At any point of time during the term of the **Policy**, any benefit shall be payable only if the **Insured** is alive for a period of more than or equal to 28 days from the date of the first diagnosis of the Critical illness/ Undergoing for the first time of the **Surgical Procedures**/ for the first time of occurrence of medical events.

37. **Unproven**/ **Experimental treatment** means the treatment including drug experimental therapy which is not based on established medical practice in India

38. **Waiting Period**: At no point of time during the term of the **Policy**, any benefit shall be payable for the claim which occurs or where the signs and/ or the symptoms of **Illness**/ condition for the claim has occurred within 90 days of first **Policy** issue Date. **Waiting Period** is not applicable for the subsequent continuous renewals.

39. **We, Our, Us, Insurer** means Future Generali India Insurance Company Limited.

40. **You, Your, Yourself** means the Insured Person shown in the **Schedule**.

B. SCOPE OF COVER

In the event of Injury/ **Bodily Injury** or **Illness** first occurring or manifesting itself during the **Policy** Period and causing the Insured's **Hospitalisation** for **Inpatient care** within the **Policy** Period, the Company will pay:

I. The Hospital Cash benefit for each continuous and completed period of 24 hours of **Hospitalisation** necessitated solely by reason of the said Accidental **Bodily Injury** or **Illness**, for a maximum of **5 days**/ **10 days**/ **15 days**/ **20 days**/ **25 days**/ **30 days** as per the **Schedule**.

OR

II. Two times the Hospital Cash benefit for each continuous and completed period of 24 hours required to be spent by the Insured in the **Intensive care unit** of a **Hospital**, during any period of Hospitalisation necessitated solely by reason of the said Accidental **Bodily Injury** or **Illness**. The benefit would be limited for a maximum period as mentioned in the table below:

	Options					
	5 days	**10 days**	**15 days**	**20 days**	**25 days**	**30 days**
Daily Hospital Cash	Maximum up to 5 days	Maximum up to 10 days	Maximum up to 15 days	Maximum up to 20 days	Maximum up to 25 days	Maximum up to 30 days
Daily ICU Cash Benefit	Maximum up to 5 days for each hospitalization and maximum up to 5 days during the policy period	Maximum up to 5 days for each hospitalization and maximum up to 10 days during the policy period	Maximum up to 10 days for each hospitalization and maximum up to 10 days during the policy period	Maximum up to 10 days for each hospitalization and maximum up to 20 days during the policy period	Maximum up to 10 days for each hospitalization and maximum up to 20 days during the policy period	Maximum up to 10 days for each hospitalization and maximum up to 20 days during the policy period

a) In case of Sec I and II, the maximum benefits would however be restricted to **5 days**/ **10 days**/ **15 days**/ **20 days**/ **25 days**/

30 days *as per the plan opted for each* ***Hospitalisation*** *or all* ***Hospitalisations*** *during the* ***Policy*** *period, for both sections individually or put together.*

b) In *case the* ***Hospitalisation*** *exceeds the maximum stipulated under Sec I as per the selected plan while adjudicating any claim the benefits under ICU would have precedence over non ICU* ***Hospitalisation****.*

c) In case the ***Hospitalisation*** *in ICU exceeds the per* ***Hospitalisation*** *maximum limit of 5 days/ 10 days (as per the plan opted) or the per* ***Policy*** *period limit of 5 days/ 10 days/ 20 days (as per the plan opted), the remaining period of* ***Hospitalisation*** *in ICU will be paid as per non ICU* ***Hospitalisation*** *benefits subject to the overall* ***Policy*** *maximum of* **5 days**/ **10 days**/ **15 days**/ **20 days**/ **25 days**/ **30 days**.

d) **For Family Floater cover:**

- The maximum number of days of **Hospitalisation** as mentioned in the **Schedule** would float over all members of each Family under the **Policy**
- In the event of more than one **Family** member being hospitalised at the same time, the number of days each member has been hospitalised would be added, and the maximum allowable for the whole **Family** would be restricted to the number of days as mentioned in the **Schedule** (maximum number of days would float over the **Family**) under the **Policy**

e) An insured event shall be deemed to be a continuous and completed period of 24 hours as mentioned below:

i. continuous and completed period of minimum 12 hours of **Day Care Treatment, or**
ii. continuous and completed period of minimum 24 hours of **Hospitalisation** (other than **Day Care Treatment)**

III. Convalescence Benefit:

We will pay a fixed amount only once per Hospitalisation event, as specified in the Policy Schedule, towards convalescence for Hospitalisation more than 10 consecutive days. This benefit is payable only if there is an admissible claim under any of the daily benefits.

This benefit will be applicable for the following options:
(i) 15 days (ii) 20 days (iii) 25 days (iv) 30 days.

The benefit will vary as per the plan opted.

IV. Maternity Benefit Expense Cover:

We will pay for the Hospital Cash benefit for each continuous and completed period of 24 hours of **Hospitalisation** arising from or traceable to pregnancy, childbirth including normal or caesarean section and complications of maternity (including and not limited to medical complications), for a maximum of **5 days** / **10 days** /**15 days**/ **20 days**/ **25 days**/ **30 days** as per the **Schedule**

This benefit is admissible only if incurred in Hospital as in-patient in India.

This benefit will be applicable only for Self or Spouse in a Policy.

a. Claim in respect of delivery for only first two children and/ or operations associated therewith will be considered in respect of any one Insured Person covered under the Policy or any renewal thereof. Those Insured Persons who are already having two or more living children will not be eligible for this benefit. In case the first delivery is a twin (more than 1child) delivery, then the second delivery will not be covered.
b. Pre-natal and post-natal expenses including expenses for the new born baby are not covered.
c. No Individual (Employee or Dependent) can be covered more than once in a Policy.

V. Pre-Existing Disease Cover:

We will pay for the Hospital Cash benefit for each continuous and completed period of 24 hours of **Hospitalisation** arising from any condition, ailment or **Injury** which is Pre-Existing, for a maximum of **5 days** / **10 days** /**15 days**/ **20 days**/ **25 days**/ **30 days** as per the **Schedule**

Further, there will be no waiting periods applicable under this policy.

VI. Personal Accident Cover:

It is hereby declared and agreed that notwithstanding anything to the contrary in the Policy that following an **Accidental Bodily Injury** to **Primary Insured Person** which results in any of the events listed in the Table of Events, **We** will pay the **Primary Insured Person** such percentage stated against the event in the Table of Events of the sum insured stated in the **Schedule**.

This benefit will be applicable only for **Primary Insured Person** in a Policy.

The Personal Accident Cover includes the following benefits:
a. **Accidental Death**
b. **Permanent Total Disablement**
c. **Permanent Partial Disablement**

a. Accidental Death

If during the **Policy Year**, the **Primary Insured Person** sustains **Injury** which directly and independently of all other causes results in death of the **Primary Insured Person** within twelve (12) months from the date of **Accident**, then **We** will pay the **Sum Insured** as stated in the **Schedule**.

We will pay the percentage of the Sum Insured shown in the table below:

Event	Percentage of Sum Insured
Accidental Death	**100%**

b. Permanent Total Disablement
If during the **Policy Year**, the **Primary Insured Person** sustains **Injury** which directly results in **Permanent Total Disablement** within twelve (12) months from the date of **Accident**, then **We** agree to pay the percentage of the **Sum Insured** shown in the Table of Events below and as specified in the **Schedule**.

It is clarified that for the purpose of this cover, **Permanent Total Disablement** shall entail one of the following:
i. Permanent total loss of sight of both eyes
ii. Permanent total loss of sight of one eye and physical separation of or the loss of ability to use either one hand or one foot
iii. Permanent total loss and physical separation of or the loss of ability to use both hands or both feet
iv. Permanent total loss and physical separation of or the loss of ability to use one hand and one foot

We will pay the percentage of the Sum Insured shown in the table below:

Event	% of Permanent Total Disablement Sum Insured
Permanent Total Disablement:	**100%**
Permanent total loss of sight of both eyes	100%
Permanent total loss of sight of one eye and physical separation of or the loss of ability to use either one hand or foot	100%
Permanent total loss and physical separation of or the loss of ability to use both hands or both feet	100%
Permanent total loss and physical separation of or the loss of ability to use one hand and one foot	100%

c. Permanent Partial Disablement
If during the Policy Year, the **Primary Insured Person** sustains **Injury** which directly results in **Permanent Partial Disablement** within twelve (12) months from the date of **Accident**, then **We** agree to pay the percentage of the **Sum Insured** shown in the Table of Events below and as specified in the **Schedule**. The Table of Events below sets out the events which constitute 'Permanent Partial Disablement'.

We will pay the percentage of the Sum Insured shown in the table below:

Event	Percentage of Sum Insured
Permanent Partial Disablement:	**As Follows**
An arm at the shoulder joint	75%
An arm above the elbow joint	70%
A hand at the wrist	50%
An arm beneath the elbow joint	60%
A thumb	25%
An index **Finger**	10%
Any other **Finger**	5%
A leg above mid-thigh	75%
A leg up to mid-thigh	60%
A leg up to beneath the knee	50%
A leg up to mid-calf	45%
A foot at the ankle	40%
A large **Toe**	5%
Any other **Toe**	2%
Permanent loss of sight of one eye	50%
Hearing of one ear	25%
Hearing of both ears	75%
Sense of smell	10%
Sense of taste	5%
Shortening of leg by at least 5%	7%

If the **Permanent Partial Disablement** event not listed above, then the disability percentage certified by the Government Civil Surgeon would be considered under this section.

If there is more than one **Permanent Partial Disablement** due to an **Injury**, the claim amount payable for all such losses put together should not exceed the **Sum Insured** as opted by the **Primary Insured Person** under this section

VI.1 Special Conditions Applicable To Personal Accident Cover

i. If a claim has already been settled for any of the sections under Personal Accident Cover, the amount payable for the subsequent claim/s shall be reduced by the amount/s already paid. Regardless of one or more claims during the Policy Period, the maximum amount payable shall be restricted to the Sum Insured of Personal Accident cover.
ii. If more than one loss results from any Accident, only the one amount, the largest, will paid.
iii. This cover shall immediately cease on payment of a claim for Accidental Death or Permanent Total Disablement of the Insured Person.

VII. Critical illness Cover:

It is hereby declared and agreed that notwithstanding anything to the contrary in the **Policy**, We will pay the **Primary Insured Person** the Sum Insured as a lump sum amount mentioned in the **Policy Schedule**, in case the **Primary Insured Person** is diagnosed as suffering from the listed Critical Illness, provided it occurs or manifests itself during the policy period as a first incidence.

This benefit will be applicable only for **Primary Insured Person** in a Policy.

"Critical Illness", for the purpose of this Policy, includes the following:

A. Cancer of specified severity

I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

II. The following are excluded –

i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
iii. Malignant melanoma that has not caused invasion beyond the epidermis;
iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
vi. Chronic lymphocytic leukaemia less than RAI stage 3
vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
ix. All tumors in the presence of HIV infection.

B. Kidney failure requiring regular dialysis

I. End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

C. Multiple sclerosis with persisting symptoms

I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
ii. There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

II. Other causes of neurological damage such as SLE and HIV are excluded

D. Major organ/bone marrow transplant

I. The actual undergoing of a transplant of:

i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

II. The following are excluded:

i. Other stem-cell transplants
ii. Where only islets of langerhans are transplanted

E. Open chest CABG (coronary artery bypass graft)

I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

II. The following are excluded:

i. Angioplasty and/or any other intra-arterial procedures

F. Stroke resulting in permanent symptoms

I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

II. The following are excluded:
i. Transient ischemic attacks (TIA)
ii. Traumatic injury of the brain
iii. Vascular disease affecting only the eye or optic nerve or vestibular functions

G. Myocardial Infarction (First heart attack of specified severity)
I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:
i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
ii. New characteristic electrocardiogram changes
iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

II. The following are excluded:
i. Other acute Coronary Syndromes
ii. Any type of angina pectoris
iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

H. Open Heart Replacement or Repair of Heart Valves
The actual undergoing of open-heart valve surgery to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s)

The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

I. Permanent Paralysis of limbs
Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

VII.1 Special Conditions Applicable To Critical Illness Cover
a. Upon the occurrence of an event of Critical Illness and (subject to the terms, conditions and exclusions of this Policy) without prejudice to the Company's obligation to make payment, this cover shall immediately cease.

C. EXCLUSIONS

C.1. General Exclusions applicable to all sections:
We will not pay for any expenses incurred by **You** in respect of claims arising out of or howsoever related to any of the following:

1. **Injury** or disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War like operations (whether war be declared or not).
2. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an **Accident**.
3. Vaccination (unless post bite) inoculation, cosmetic treatments (for change of life or cosmetic or aesthetic treatment of any description), plastic **Surgery** other than as may be necessitated due to an **Accident** or as a part of any **Illness**, refractive error corrective procedures, **Unproven**/ **Experimental treatment**, investigational or unproven procedures or treatments, devices and pharmacological regimens of any description.
4. **Dental Treatment** or **Surgery** of any kind unless requiring **Hospitalisation** as a result of **Injury**.
5. The treatment of obesity (including morbid obesity) and other weight control programs, services and supplies.
6. **Hospitalisation** towards treatment of **Illness**/disease/condition arising out of abuse of alcohol, substance or drugs.
7. **Hospitalisation** for General debility, rest cure, sexually transmitted disease, intentional self-**Injury**.
8. **Hospitalisation** for Invitro fertilization (IVF), Gamete intrafallopian transfer (GIFT) procedures, and zygote intrafallopian transfer (ZIFT) procedures, and any related prescription medication treatment; embryo transport; donor ovum and semen, voluntary medical termination of pregnancy; any treatment related to infertility and sterilization.
9. **Hospitalisation** arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymphtropic Virus type III (HTLB-III) or Lymphadenopathy Associated Virus (LAV) or Human 5 Immunodeficiency Virus or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.
10. Congenital external **Illness**/disease/defect anomaly.
11. **Hospitalisation** primarily for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment or **Injury**, for which confinement is required at a **Hospital**.
12. **Injury** or Disease directly or indirectly caused by or contributed to by nuclear weapons/materials.
13. Costs incurred on all methods of treatment including Alternative treatments other than Allopathy.
14. Stem cell implantation/surgery/storage.

15. Any **Hospitalisation** arising from Insured's participation in any hazardous activity including but not limited to scuba diving, motor racing, parachuting, hang gliding, and rock or mountain climbing.
16. Any treatment received in convalescent home, health hydro, nature care clinic or similar establishments.
17. Hormone replacement therapy, sex change or treatment which results from or is in any way related to sex change.
18. Any treatment including **Surgery** to remove organs from the donor in case of a transplant surgery.
19. Any **Hospitalisation** received out of India.
20. Standard list of excluded items as mentioned in our website https://general.futuregenerali.in

C.2. Exclusions specific to Personal Accident Cover:
We will not pay for any compensation, benefit or expenses in respect of **Accidental Death**, **Injury** or Disablement of the **Insured Person** as a consequence of the following:

a. Participation in an actual or attempted felony, riot, crime, misdemeanor or civil commotion.
b. Any **Accident** of which a contributing cause was the **Insured Person's** actual or attempted commission of, or wilful participation in, an illegal act or any violation or attempted violation of the law or his resistance to arrest.
c. Whilst engaging in Aviation or Ballooning or whilst mounting into, dismounting from or traveling in any balloon or aircraft other than as passenger(fare paying or otherwise) in any duly licensed standard type of aircraft.
d. Participating in motor racing or trial run as a driver, co-driver or passenger
e. Curative treatments or interventions that the **Insured Person** carries out or have carried out on his body
f. Pregnancy and childbirth, miscarriage, abortion or complications arising out of any of these
g. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage or under the order of any government or public authority
h. Nuclear energy, radiation
i. Any existing disablement prior to the inception of the **Policy**
j. Whilst engaging in **Adventure sports**
k. Whilst engaging in hazardous activity
l. Venereal or sexually transmitted diseases, HIV (Human Immunodeficiency Virus) or HIV related Illness including AIDS (Acquired Immune Deficiency Syndrome) and / or mutant derivatives or variations however caused.
m. Any **Medical expenses**, services, supplies or treatment or Hospital stay which were not recommended or approved as **Medically Necessary** by a **Medical Practitioner**.
n. Any expense incurred which is not exclusively medical in nature/ Unproven or Experimental treatment of any description.
o. Expenses incurred for emergency medical evacuation, unless specifically insured
p. Any claim caused by osteoporosis (porosity and brittleness of the bones due to loss of protein from the bones matrix) or pathological fracture (any fracture in an area where Pre-Existing Disease has caused the weakening of the bone) or chronic degenerative diseases if osteoporosis or bone disease or chronic degenerative diseases diagnosed prior to the commencement date of the Policy
q. Expenses incurred on neck belts, wrist bandages, walking sticks, abdomen belts, CPAP and any other similar external aid/ devices, the use of which has been necessitated following an accident, unless specifically insured
r. Bodily Injury caused by or arising from terrorism, except in case where the policy holder is a victim of terrorist act and not abetting terrorism

C.3. Exclusions specific to Critical Illness Cover:
Without prejudice to the exclusions mentioned elsewhere in this document, the following exclusions shall apply to the benefits admissible under this policy:

a. Benefits will not be available for Any Pre- Existing conditions or related condition(s) for which You have been diagnosed, received medical treatment, prior to inception of Your first Policy, unless such a condition is stated in the proposal form and specifically accepted by the Company and endorsed thereon.
b. The Company shall not be liable to make any payment under this Policy in connection with or in respect of any Insured Event, as stated in this Section, occurred or suffered before the commencement of Period of Insurance or arising within the first 90 days of the commencement of the Period of Insurance.
c. Any medical procedure or treatment, which is not medically necessary or not performed by a Doctor.
d. Any treatment relating to birth defects and external or internal congenital Illnesses.
e. Birth control procedures and hormone replacement therapy.
f. Any treatment/surgery for change of sex or any cosmetic surgery or treatment/surgery /complications/illness arising as a consequence thereof.
g. Treatment by a family member and self-medication or any treatment that is NOT scientifically recognized.
h. Ayurvedic, Homeopathy, Unani, naturopathy, reflexology, acupuncture, bone-setting, herbalist treatment, hypnotism, rolfing, massage therapy, aroma therapy or any other treatments including Alternative treatments other than Allopathy / western medicines.
i. Attempted suicide (whether sane or insane) or intentionally self-inflicted Injury or Illness, or sexually transmitted conditions, mental or nervous disorder, anxiety, stress or depression, Acquired Immune Deficiency Syndrome (AIDS), Human Immune deficiency Virus (HIV) infection.
j. Being under the influence of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a Physician and taken as prescribed.
k. Diagnosis outside India; unless reaffirmed by Physician in India and subject to presentation of all Claim documents in English.

D. CONDITIONS

1. **Condition Precedent to the contract**

i. **Entire Contract**

The **Policy** and the proposal form constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by **Us**, for which approval shall be evidenced by an endorsement on the **Schedule**.

ii. **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.

2. **Conditions applicable during the contract**

i. **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. Cover under this **Policy** shall be withdrawn from any Insured upon that Insured giving 14 days written notice to be received by **Us**.

ii. **Addition and Deletion of members**

a) The new members of Alpa Bima – Group policy can be added at periodic intervals. However the insurance coverage for every member of the Alpa Bima – Group policy 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. **Cancellation**

a) Cancellation will not be invoked by the Company except on ground of fraud, moral hazard or misrepresentation or non-cooperation by the Insured.
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

iv. **Policy Period**

The Policy can be issued for a tenure of 1 year.

v. **Portability**

Individual members, including the family members covered under Group 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. The individual member's shall be given credit based on the number of years of continuous insurance coverage as per the Portability guidelines.

vi. **Dispute Resolution**

a. Any dispute regarding the claim amount, liability otherwise being admitted, are to be referred to arbitration under the Arbitration & Conciliation Act 1996. The law of the arbitration shall be Indian law and the seat of the arbitration and venue for all the hearings shall be within India.
b. If these arbitration provisions are held to be invalid, then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian courts.

vii. **Territorial limit**

a) **We** cover Hospital Cash benefit due to Accidental **Bodily Injury** or **Illness** sustained by the Insured Person during the **Policy Period** anywhere in India only.
b) The construction, interpretation and meaning of the provisions of this **Policy** shall be determined in accordance with Indian Law.

viii. **Communication**

a) Any communication meant for **Us** must be in writing and be delivered to **Our** address shown in the **Schedule**. Any communication meant for **You** will be sent by **Us** to **Your** address shown in the **Schedule**.

b) All notifications and declarations for **Us** must be in writing and sent to the address specified in the **Schedule**. Agents are not authorized to receive notices and declarations on **Our** behalf.
c) **You** must notify **Us** of any change in address.

ix. **Fraud**
If **You** or any of **Your Family** member make or progress any claim knowing it to be false or fraudulent in any way, then this **Policy** will be void and all claims or payments due under it shall be lost and the premium paid shall become forfeited.

3. **Conditions when a claim arises**

i. **Compliance with Policy Provisions**
Failure by **You** or the Insured Person to comply with any of the provisions in this **Policy** shall invalidate all claims hereunder.

ii. **Claims Procedure**:
If **You** meet with any accidental **Bodily Injury** or suffer an **Illness** that may result in a claim, then as a **Condition Precedent** to **Our** liability, **You** must comply with the following:

a) **You** or someone claiming on **Your** behalf must inform **Us** in writing immediately, and in any event within 48 hours of **hospitalisation**. **You** must immediately consult a **Medical Practitioner** and follow the **Medical Advice** and treatment that he recommends.
b) **You** must take reasonable steps or measures to minimise the quantum of any claim that may be made under this **Policy**.
c) **You** shall expeditiously provide the Company with any and all information and documentation in respect of the **Hospitalisation**. The claim and/ **Our** liability hereunder that may be requested, and **You** shall submit **Yourself** for examination by the Company's medical advisors as often as may be considered necessary by **Us**. The cost of such medical examination will be borne by **Us**.
d) **You** or someone claiming on **Your** behalf must promptly and in any event within 30 days of discharge from a **Hospital** give **Us** the documentation (written details of the quantum of any claim along with certified copies of discharge card, **Hospital** bill and receipt.) and other information if **We** ask for, to investigate the claim or **Our** obligation to make payment for it.
e) In the event of the death of the Insured person, nominee claiming on his/ her behalf must inform **Us** in writing immediately and send **Us** a copy of the post mortem report (if any) within 14 days.
f) Mandatory necessary documents required to process claim are

i. Completely filled Alpa Bima – Group **Policy** Claim form (original)
ii. Discharge certificate/ card containing all the relevant details from **Hospital** (photocopy)
iii. Final **Hospital** bill with receipt (photocopy)
iv. All reports and prescriptions (photocopy)
v. First Prescription / Consultation Letter from your Doctor
vi. Original Money Receipt duly signed with a Revenue Stamp
vii. Copy of Proposer/Employee Photo ID Proof & Address Proof

g) The periods for intimation or submission of any documents as stipulated under (d) and (e) will be waived in case of any hardships being faced by the Insured or his representative which is supported by some documentation.
h) On receipt of claim documents as mentioned above or any other relevant document as required by the company from You, We shall assess the admissibility of claim as per Policy terms and conditions. Upon satisfactory completion of assessment and admission of clam, the Company will make the payment of benefit as per the contract. In case if the claim is repudiated, We will inform the claimant about the same in writing with reason for repudiation

iii. **Settlement of Claims**
a. **Our** doctors 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.
b. Settled claims will be forwarded for payment
c. Pending claims will be asked for submission of incomplete documents.
d. Rejected claims will be informed to the Insured person in writing with reason for rejection.
e. We will make payment of the amount due within 30 days from the date of receipt of last 'necessary' document. However, 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.
f. In case of delay in the payment, we shall be liable to pay interest at a rate 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by us.

iv. **Basis of claims payment**
a) If **You** suffer a relapse within 45 days of the date when **You** last obtained medical treatment or consulted a **Medical Practitioner** and for which a claim has been made, then such relapse shall be deemed to be part of the same claim.
b) **We** shall make payment in India in Indian Rupees only.
c) The Company shall only make payment under this **Policy** to the Insured or in the event of death or total incapacitation of the Insured to the proposer/ nominee. Any payment made in good faith by the Company as aforesaid shall operate as a complete and final discharge of the Company's liability to make payment under this **Policy** for such claim.
d) An insured event shall be deemed to be a continuous and completed period of 24 hours as mentioned below
i. continuous and completed period of minimum 12 hours of **Day Care Treatment, or**
ii. continuous and completed period of minimum 24 hours of **Hospitalisation** (other than **Day Care Treatment)**
e) Deductible will be applicable for each separate incident reported for claims payment, even though the claim may be

registered under the same benefit more than once subject to the terms and conditions of the Policy.

f) **For Family Floater cover:**
   - The maximum number of days of **Hospitalisation** as mentioned in the **Schedule** would float over all members of each Family under the **Policy**
   - In the event of more than one **Family** member being hospitalised at the same time, the number of days each member has been hospitalised would be added, and the maximum allowable for the whole **Family** would be restricted to the number of days as mentioned in the **Schedule** (maximum number of days would float over the **Family**) under the **Policy**

v. **Claims settlement process applicable to Personal Accident Cover**:

If the **Insured Person** meets with an **Accidental Bodily Injury** that may result in a claim, then:

a. The **Insured Person** or someone claiming on his/her behalf must inform **Us** in writing immediately and in any event within 15 days.
b. The **Insured Person** must submit to examination by **Our** medical advisors if **We** ask for this and as often as We consider this to be necessary.

i. Claim Documents applicable for Personal Accident Cover:

The Insured / Insured Person or his / her legal representatives as the case may be, is required to submit the following documents while lodging a claim under the Policy. The documents mentioned below are an indicative list. Additional documents may be asked, if required, for specific claims.

Photocopies of any document submitted must be attested by the Future Generali Branch Manager/ Gazetted Officer.

- Duly Completed Claim Form signed by Insured/ Nominee along with completely filled Attending Physician's Statement
- Photocopy of Policy Schedule
- Copies of medical documents supporting the accidental injury and treatment taken related to the same
- Disability Certificate
  - For Physical Disabilities related with separation of limbs or complete loss of organs - Copy of Disability Certificate issued by Orthopedic Surgeon mentioning the type and percentage of disability
  - For Physical Disabilities NOT related with separation of limbs or complete loss of organs - Copy of Disability Certificate issued by a Government Doctor / Disability Board / Panel only
  - For Non - Physical Disabilities - Copy of Disability Certificate issued by a Government Doctor / Disability Board / Panel only for the related speciality (e.g. Loss of memory, sense organs, vision, hearing etc.)
- Original Investigation Reports and copies of reports, X - Ray films supporting the accidental injury. Post-Operative X-ray films, if any
- Photographs of the Insured Person highlighting the injury / disability
- Copy of FIR / MLC (if registered)/ Panchnama, wherever applicable
- Copy of Photo ID and Address Proof of Insured Member for whom Claim is lodged
- Copy of Photo ID, Address Proof and Recent Photograph of Proposer *(if claimed amount is above INR 1 Lakh).*
- Copy of Death Summary, Treatment Papers & Investigation Reports, in case of Death Claim
- Copy of Death Certificate, in case of Death Claim
- Copy of Post Mortem / Viscera Report, in case of Death Claim
- Copy of Final Police Investigation Report, in case of Death Claim
- Photographs and Newspaper reports related to the accident, in case of Death Claim
- Original Discharge Summary of Hospital mentioning the date of admission, date of discharge, presenting complaints with duration, clinical condition, detailed line of treatment, final diagnosis and past medical and surgical history with duration, wherever applicable
- Original final hospital bill for hospitalization period, with pre numbered paid receipt with hospital seal and signature of authorized signatory, wherever applicable
- Original pharmacy bills along with copies of prescriptions, wherever applicable
- Legal Heir Certificate containing affidavit and indemnity bond both duly signed by all legal heirs and notarized (**Mandatory** if Nominee name is not mentioned on policy schedule)

ii. Claims Procedure applicable to Critical Illness Cover:

If Insured Person are diagnosed / underwent a surgical procedure/ a medical condition occurs as per the definition of the Critical Illness mentioned that may result in a claim, then as a Condition Precedent to Our liability, Insured Person must comply with the following:

- **Insured Person** or someone claiming on **Insured Person's** behalf must give **Notification of Claim** to us in writing immediately, and in any event within 60 days of the aforesaid **Illness**/ condition/ surgical event but after the **Survival Period** of 28 days.
- In the event of the death of the insured person post the survival period, someone claiming on his behalf must inform Us in writing immediately and send Us a copy of the post mortem report (if any) within 14 days.
- List of mandatory documents required for processing of the Claims are: (You need to submit all documents in original and photocopy. The original documents would be returned to you post verification if requested by You)
  i) Claim form
  ii) Discharge certificate/ card from the Hospital
  iii) Attending Doctor's/ Consultant's/ Specialist's/ Anesthetist's certificate regarding diagnosis.
  iv) Surgeon's certificate stating nature of operation performed and Surgeon's bill and receipt
  v) Indoor case papers from the Hospital

- Lack of documents or medical certificates confirming the diagnosis of illness or undergoing of medical/ surgical procedure will result in forfeiture of the claim.
- We 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.
  i) Pending claims will be asked for submission of incomplete documents.
  ii) Rejected claims will be informed to the Insured Person in writing with reason for rejection

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

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.

E. SCHEDULE OF BENEFITS

Plans A, B, C, D can be offered for different options 5 days/ 10 days/ 15 days/ 20 days/ 25 days/ 30 days

Option – 5 Days					
Sno	**Benefits**	**Plans**			
		A	**B**	**C**	**D**
1	Daily Hospital Cash (in INR), maximum upto 5 days	300	500	700	1000
2	Daily ICU Cash (in INR), subject to maximum upto 5 days for each hospitalization and maximum up to 5 days during the policy period	600	1000	1400	2000
3	Maternity Benefit Expenses Cover without 9 months waiting period	Covered			
4	Pre-Existing Disease Cover	Covered			
5	Personal Accident Cover - Accidental Death, Permanent Total Disablement, Permanent Partial Disablement	100000/ 150000/ 200000			
6	Critical Illness Cover	25000/ 50000/ 75000/ 100000			

Option – 10 Days					
Sno	**Benefits**	**Plans**			
		A	**B**	**C**	**D**
1	Daily Hospital Cash (in INR), maximum up to 10 days	300	500	700	1000
2	Daily ICU Cash (in INR), subject to maximum up to 5 days for each hospitalization and maximum up to 10 days during the policy period	600	1000	1400	2000
3	Maternity Benefit Expenses Cover without 9 months waiting period	Covered			
4	Pre-Existing Disease Cover	Covered			
5	Personal Accident Cover - Accidental Death, Permanent Total Disablement, Permanent Partial Disablement	100000/ 150000/ 200000			
6	Critical Illness Cover	25000/ 50000/ 75000/ 100000			

Option – 15 Days					
Sno	**Benefits**	**Plans**			
		A	**B**	**C**	**D**
1	Daily Hospital Cash (in INR), maximum up to 15 days	300	500	700	1000
2	Daily ICU Cash (in INR), subject to maximum up to 10 days for each hospitalization and maximum up to 10 days during the policy period	600	1000	1400	2000
3	Convalescence Benefit, Fixed amount (in INR) more than 10 consecutive days will be payable once per Hospitalisation event	1500/ 2000/ 5000			
4	Maternity Benefit Expenses Cover without 9 months waiting period	Covered			
5	Pre-Existing Disease Cover	Covered			
6	Personal Accident Cover - Accidental Death, Permanent Total Disablement, Permanent Partial Disablement	100000/ 150000/ 200000			
7	Critical Illness Cover	25000/ 50000/ 75000/ 100000			

Option – 20 Days					
Sno	**Benefits**	**Plans**			
		A	**B**	**C**	**D**
1	Daily Hospital Cash (in INR), maximum up to 20 days	300	500	700	1000
2	Daily ICU Cash (in INR), subject to maximum up to 10 days for each hospitalization and maximum up to 20 days during the policy period	600	1000	1400	2000
3	Convalescence Benefit, Fixed amount (in INR) more than 10 consecutive days will be payable once per Hospitalisation event	1500/ 2000/ 5000			
4	Maternity Benefit Expenses Cover without 9 months waiting period	Covered			
5	Pre-Existing Disease Cover	Covered			
6	Personal Accident Cover - Accidental Death, Permanent Total Disablement, Permanent Partial Disablement	100000/ 150000/ 200000			
7	Critical Illness Cover	25000/ 50000/ 75000/ 100000			

Option – 25 Days					
Sno	**Benefits**	**Plans**			
		A	**B**	**C**	**D**
1	Daily Hospital Cash (in INR), maximum up to 25 days	300	500	700	1000
2	Daily ICU Cash (in INR), subject to maximum up to 10 days for each hospitalization and maximum up to 20 days during the policy period	600	1000	1400	2000
3	Convalescence Benefit, Fixed amount (in INR) more than 10 consecutive days will be payable once per Hospitalisation event	1500/ 2000/ 5000			
4	Maternity Benefit Expenses Cover without 9 months waiting period	Covered			
5	Pre-Existing Disease Cover	Covered			

6	Personal Accident Cover - Accidental Death, Permanent Total Disablement, Permanent Partial Disablement	100000/ 150000/ 200000
7	Critical Illness Cover	25000/ 50000/ 75000/ 100000

Option – 30 Days					
Sno	**Benefits**	**Plans**			
		A	**B**	**C**	**D**
1	Daily Hospital Cash (in INR), maximum up to 30 days	300	500	700	1000
2	Daily ICU Cash (in INR), subject to maximum up to 10 days for each hospitalization and maximum up to 20 days during the policy period	600	1000	1400	2000
3	Convalescence Benefit, Fixed amount (in INR) more than 10 consecutive days will be payable once per Hospitalisation event	1500/ 2000/ 5000			
4	Maternity Benefit Expenses Cover without 9 months waiting period	Covered			
5	Pre-Existing Disease Cover	Covered			
6	Personal Accident Cover - Accidental Death, Permanent Total Disablement, Permanent Partial Disablement	100000/ 150000/ 200000			
7	Critical Illness Cover	25000/ 50000/ 75000/ 100000			

a) In case of Sec I (Daily Hospital Cash) and II (Daily ICU Cash) the maximum benefits would however be restricted to **5 days** / **10 days** /**15 days**/ **20 days**/ **25 days**/ **30 days** as per the plan opted for each **Hospitalisation** or all **Hospitalisations** during the **Policy** period.

b) In case the **Hospitalisation** exceeds the maximum stipulated under Sec I (Daily Hospital Cash) as per the selected plan while adjudicating any claim the benefits under ICU would have precedence over non ICU **Hospitalisation**.

c) In case the **Hospitalisation** in ICU exceeds the per **Hospitalisation** maximum limit of 5 days/ 10 days or the per **Policy** period limit of 5 days/ 10 days/ 20 days *(as per the plan opted)*, the remaining period of **Hospitalisation** in ICU will be paid as per non ICU **Hospitalisation** benefits subject to the overall **Policy** maximum of **5 days** / **10 days** /**15 days**/ **20 days**/ **25 days**/ **30 days**

d) **For Family Floater cover:**
   - The maximum number of days of **Hospitalisation** as mentioned in the **Schedule** would float over all members of each Family under the **Policy**
   - In the event of more than one **Family** member being hospitalised at the same time, the number of days each member has been hospitalised would be added, and the maximum allowable for the whole **Family** would be restricted to the number of days as mentioned in the **Schedule** (maximum number of days would float over the **Family**) under the **Policy**

e) Personal Accident Cover and Critical Illness cover will be applicable only for Self in a Policy.

ISO No.: FGH/UW/GRP/94/01
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://general.futuregenerali.in | Email: fgcare@futuregenerali.in. Trade Logo displayed above belongs to M/S Assicurazioni Generali - Societa Per Azioni and used by Future Generali India Insurance Co Ltd. under license.

FUTURE GENERALI
TOTAL INSURANCE SOLUTIONS

GRIEVANCE REDRESSAL PROCEDURES

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	**Customer Service Cell** Future Generali India Insurance Company Ltd. Corporate & Registered Office: 6th Floor, Tower 3, Indiabulls Finance Center, Senapati Bapat Marg, Elphinstone Road, Mumbai – 400013 *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.*

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 Ombudsmen 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: bimalokpal.ahmedabad@gbic.co.in	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, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 E-mail: bimalokpal.bengaluru@gbic.co.in	Karnataka
BHOPAL	Office of the Insurance Ombudsman	Madhya Pradesh, Chhattisgarh

	Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, **BHOPAL - 462 023** Tel: 0755-2569201/9202 Fax: 0755-2769203 E-mail: bimalokpal.bhopal@gbic.co.in	
BHUBANESHWAR	Office of the Insurance Ombudsman 62, Forest Park, **BHUBANESHWAR - 751 009** Tel: 0674-2596461 Fax: 0674-2596429 E-mail: bimalokpal.bhubaneswar@gbic.co.in	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: bimalokpal.chandigarh@gbic.co.in	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: 044-24333664 E-mail: bimalokpal.chennai@gbic.co.in	Tamilnadu, Pondicherry Town and Karaikal (which are part of Pondicherry)
DELHI	Office of the Insurance Ombudsman 2/2 A, Universal Insurance Bldg. Asaf Ali Road, **NEW DELHI - 110 002** Tel: 011-23237539/23232481 Fax: 011-23230858 E-mail: bimalokpal.delhi@gbic.co.in	Delhi
GUWAHATI	Office of the Insurance Ombudsman Jeevan Nivesh, 5th floor Nr. Panbazar Overbridge, S.S. Road, **GUWAHATI - 781 001** Tel:0361-2132204/5 Fax: 0361-2732937 E-mail: bimalokpal.guwahati@gbic.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Office of the Insurance Ombudsman 6-2-46 , 1st Floor, Moin Court Lane, Opp. Saleem Function Palace, A.C.Guards, Lakdi-Ka-Pool, **HYDERABAD - 500 004** Tel: 040-65504123/23312122 Fax: 040-23376599 E-mail: bimalokpal.hyderabad@gbic.co.in	Andhra Pradesh, Telangana, Yanam and part of Pondicherry
JAIPUR	Office of the Insurance Ombudsman Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel : 0141-2740363 E-mail: bimalokpal.jaipur@gbic.co.in	Rajasthan
ERNAKULAM	Office of the Insurance Ombudsman 2nd Floor, CC 27/2603, Pulinat Building, Opp. Cochin Shipyard, M.G. Road, **ERNAKULAM - 682 015** Tel: 0484-2358759/2359338 Fax: 0484-2359336 E-mail: bimalokpal.ernakulam@gbic.co.in	Kerala, Lakshadweep, Mahe - a part of Pondicherry
KOLKATA	Office of the Insurance Ombudsman 4th Floor, Hindusthan Bldg., Annexe, 4, C.R.Avenue, **KOLKATA - 700 072** Tel: 033-22124346 / (40) Fax: 033-22124341 E-mail : bimalokpal.kolkata@gbic.co.in	West Bengal, Sikkim and UT of Andeman & Nicobar Islands
LUCKNOW	Office of the Insurance Ombudsman Jeevan Bhawan, Phase 2, 6th Floor, Nawal Kishore Road, Hazratganj, **LUCKNOW - 226 001** Tel: 0522 -2231331/30 Fax: 0522-2231310 E-mail: bimalokpal.lucknow@gbic.co.in	Districts of U.P:- Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar
MUMBAI	Office of the Insurance Ombudsman Jeevan Seva Annexe, 3rd Floor, S.V.Road, Santacruz (W), **MUMBAI - 400 054** Tel: 022-26106928/26106552 Fax: 022-26106052 E-mail: bimalokpal.mumbai@gbic.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane
NOIDA	Office of the Insurance Ombudsman 4th Floor, Bhagwan Sahai Palace, Main Road, Naya Bans, Sector-15, **NOIDA – 201301**	Uttaranchal and the following Districts of U.P:- Agra, Aligarh, Bagpet, Bareilly, Bijnor, Budaun, Bulandshehar, Etah , Kanooj,

	Tel: 0120-2514250/51/53 E-mail: bimalokpal.noida@gbic.co.in	Mainpuri, Mathura , Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozabad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur
PATNA	Office of the Insurance Ombudsman 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, **PATNA – 800006** Tel: 0612-2680952 E-mail: bimalokpal.patna@gbic.co.in	Bihar, Jharkhand
PUNE	Office of the Insurance Ombudsman Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, **PUNE – 411 030** Tel: 020-41312555 E-mail: bimalokpal.pune@gbic.co.in	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 on the website of General Insurance Council: www.generalinsurancecouncil.org.in, our website https://general.futuregenerali.in or from any of our offices

FUTURE GENERALI
TOTAL INSURANCE SOLUTIONS

FORM FOR
REQUEST / COMPLAINT / FEEDBACK / APPRECIATION

I want to submit a ☐ REQUEST ☐ COMPLAINT ☐ SUGGESTION/ FEEDBACK ☐ APPRECIATION

POLICY TYPE ☐ MOTOR ☐ HEALTH ☐ PERSONAL ACCIDENT ☐ OTHER _____

POLICY DETAILS ☐ POLICY NO ☐ CLAIM NO ☐ COVER NOTE ☐ HEALTH CARD

EXISTING SERVICE REQUEST ☐☐☐☐☐☐☐☐☐☐☐☐

CUSTOMER NAME _____ FIRST MIDDLE LAST

ADDRESS _____

_____

CITY _____ PIN CODE _____

TEL NO. _____ MOBILE NO. _____

Detailed description

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Customer's Date

You may submit the form to the Nearest Branch Office or mail it to our Customer Service Cell at:
Customer Service Cell
Future Generali India Insurance Company Ltd.
Corporate & Registered Office:- 6th Floor, Tower 3, India bulls Finance Centre, Senapati Bapat Marg, Elphinstone Road, Mumbai – 400013
Care Lines: 1800-220-233/ 1860-500-3333/ 022-6783 7800. Email: fgcare@futuregenerali.in, Website: www.futuregenerali.in

Office Use Only: Service / Case # ☐☐☐☐☐☐☐☐☐☐

Comments:

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