

Hospital Daily Cash Rider

Policy Wording

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

Section. 1 Benefits

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

If an Insured Person suffers an Illness or Injury during the Policy Period that requires Hospitalisation as an inpatient, then

- i. Inpatient Benefit- We will pay Daily Cash amount for maximum 30 days per Policy Year for each continuous and completed period of 24 hours the Insured Person is Hospitalised;
- ii. Intensive Care Unit Benefit- We will pay twice the Daily Cash amount for maximum 30 days per Policy Year for each continuous and completed period of 24 hours that the Insured Person is Hospitalised and admitted in an Intensive Care Unit. Whenever Intensive Care Unit benefit is admissible under the policy, We will not pay for Daily Cash benefit in i. above for the period when the Insured Person is in Intensive Care Unit.

Our maximum liability shall be restricted to the Sum Insured mentioned for this rider in the Policy Schedule.

Section 2. General Exclusions

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

Section 3. Terms & Conditions applicable in the Policy

A. Policy Period

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

B. Sum Insured Enhancement

Sum Insured of this rider Policy will remain same during Policy Period. At the time of renewal, Insured Person will have the option to switch to any of the Sum Insured options available in this rider Policy.

C. Loading

There are no loadings applicable in this Policy.

D. Discount

- i. Discount of 7.5% on 2 years and 10% on 3years policy premiums when paid on lump sum payment mode.
- ii. Family Discount of 10% if 2 or more family members are covered under Individual Sum Insured Plan of this Policy.

E. Waiting Period

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

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

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

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

Please Note:

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

- a) no interest will be levied on the premiums for the period of delay;
 - b) insured continues to be covered during the relaxation period for purpose of giving credit for Pre-Existing Diseases, time bound exclusions and for all waiting period;
 - c) no fresh underwriting during relaxation period will be done;
 - d) any incidence of claim during the relaxation period will be processed as per Policy terms and conditions independent of instalment premium payment option. However, an amount equivalent to the balance of the instalment premiums payable in the Policy Year, would be recoverable from the admissible claim amount payable in respect of the Insured Person.
- ii. Policyholder has an option to withdraw from the auto deduction mode at least 15 days prior to the due date of instalment premium. In this case, payment for the remaining instalments will have to be made at the time of withdrawal for the continuation of the Policy.
 - iii. There is no obligation on Us to remind the insured person/Policy holder of the due dates

G. Policy Cancellation & Termination

Your policy can be cancelled under the following conditions:

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

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

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

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

Hospital Daily Cash Rider

Policy Wording

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

H. Free Look Period

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

I. Renewal

- i. This policy is ordinarily renewable for life except on grounds of fraud, moral hazard or misrepresentation by the insured in which case the policy shall be cancelled ab-initio from the inception date or the renewal date (as the case may be). In case a claim is made under such Policy, it shall be rejected/ repudiated and all benefits payable under such Policy shall be forfeited with respect to such claim.
- ii. This Policy will be renewed only if Base Plan is being renewed. In case Base Plan is not being renewed, this rider Policy will not be eligible to be renewed.
- iii. We are NOT under any obligation to:
 - Send renewal notice or reminders
 - Renew it on same terms or premium as the expiring Policy. Any change in benefit or premium (other than due to change in Sum Insured or age under this rider Policy) will be done with the approval of the Insurance Regulatory and Development Authority of India (IRDAI) and will be intimated to You at least 3 months in advance. In the likelihood of this policy being withdrawn in future, we will intimate you about the same 3 months prior to expiry of the policy.
- iv. We will not apply any additional loading on your policy premium at renewal based on claim experience.
- v. We shall be entitled to call for any information or documentation before agreeing to renew the Policy. Your Policy terms may be altered based on the information received.
- vi. All applications for renewal of the Policy must be received by Us before the end of the Policy Period. A Grace Period of 30 days for renewing the Policy is available under this Policy. Any injury/ condition contracted during the Grace Period will not be covered.
- vii. Maximum Age – There is no maximum cover ceasing age on renewal in this policy.

J. Notification of Claims

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

K. Claims Payment - Important terms and conditions

- i. Claim under this rider Policy will only be admissible when it qualifies according to the terms, conditions and exclusions in the Base Plan.
- ii. We shall be under no obligation to make any payment under this Policy unless We have received all premium payments in full in time and all payments have been realized and We have been provided with the documentation and information We have requested to establish the circumstances of the claim, its quantum or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.
- iii. We will only make payment to You under this Policy. Receipt of payment by You shall be considered as a complete discharge of Our liability against the respective claim under this Policy. In the event of Your death, We will make payment to the Nominee (as named in the Policy Schedule), payments under this Policy shall only be made in Indian Rupees within India.
- iv. The assignment of benefits of the policy shall be subject to applicable law.
- v. We are not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured Person had taken undue risk, or that is brought about or contributed to by the Insured Person failing to follow medical advice.
- vi. We shall reject the claim by sending claim rejection letter to Insured Person or settle a claim by making the payment of claim that has been admitted as payable by Us under the Policy terms and conditions within 30 days of receipt of last necessary document(s) / information required for the settlement of the claim. All claims will be settled in accordance with the applicable regulatory guidelines, including Protection of Policyholders Regulation, 2017. In case of delay in payment of an admissible claim beyond 30 days as mentioned above, we shall pay interest at 2% above the bank rate from the date of receipt of last necessary document(s) to the date of payment of claim. For the purpose of this clause, 'bank rate' shall mean the bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.
- vii. Where the circumstances of a claim warrant an investigation in our Opinion, We shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, We shall settle the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days, We shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

-Claims Payment for instalment payments

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

- i. In case of any Hospitalization claim, an amount equivalent to the balance of the instalment premiums payable in the Policy Year, would be recoverable from the admissible claim amount payable in respect of the Insured Person. This provision will not apply to claims arising under Health Check-up Benefit.
- ii. If the claim amount is lesser than the balance premium payable, then no claims would be payable till the applicable premium is recovered. This provision will not apply to claims arising under Health Check-up Benefit.

L. Notices

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

- i. Any Insured Person, it would be sent to You at the address specified in Schedule / endorsement.
- ii. Us, shall be delivered to Our address specified in the Schedule.
- iii. No insurance agents, brokers, other person/ entity is authorised to receive any notice on Our behalf.

M. Dispute Resolution Clause

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

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

Section 4. Other Important Terms You should know

The terms defined in the Base Plan and at other junctures in the Policy Wording

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

- Def. 1. **Base Plan** means any retail indemnity health Insurance policy issued by Apollo Munich Health Insurance Company Limited including its terms and conditions, any annexure thereto and the Policy Schedule (as amended from time to time), the information statements in the proposal form and the Policy wording (including endorsements, if any) and to which this Rider is attached.
- Def. 2. **Commencement Date** means the commencement date of this Policy as specified in the Schedule.
- Def. 3. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
- Def. 4. **Day Care centre** means any institution established for day care treatment of illness and/or injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under—
-has qualified nursing staff under its employment;
-has qualified medical practitioner/s in charge;
-has a fully equipped operation theatre of its own where surgical procedures are carried out;
-maintains daily records of patients and will make these accessible to the insurance company's authorized personnel
- Def. 5. **Dependents** means only the family members listed below:
i) Your legally married spouse as long as she continues to be married to You;
ii) Your children Aged between 91 days and 25 years if they are unmarried
iii) Your natural parents or parents that have legally adopted You, provided that the parent was below 65 years at his initial participation in this Policy.
iv) Your Parent -in-law as long as Your spouse continues to be married to You and were below 65 years at his initial participation in this Policy.
All Dependent parents must be financially dependent on You.
- Def. 6. **Dependent Child** means a child (natural or legally adopted), who is unmarried, aged between 91 days and 25 years, financially dependent on the primary Insured or Proposer and does not have his / her independent sources of income.
- Def. 7. **Disclosure of information norm** means the policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- Def. 8. **Family Floater** means a Policy described as such in the Schedule where under You and Your Dependents named in the Schedule are insured under this Policy as at the Commencement Date. The Sum Insured for a Family Floater means the sum shown in the Schedule which represents Our maximum liability for any and all claims made by You and/or all of Your Dependents during the Policy Period.
- Def. 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.
- Def. 10. **Hospital** means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
 - has qualified nursing staff under its employment round the clock,
 - has at least 10 in-patient beds, in towns having a population of less than 10,00,000 and 15 in-patient beds in all other places,
 - has qualified Medical Practitioner(s) in charge round the clock,
 - has a fully equipped operation theatre of its own where surgical procedures are carried out,

- maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
- Def. 11. **Hospitalisation or Hospitalised** means admission in a Hospital for a minimum of 24 consecutive hours except for specified procedures / treatments, where such admission could be for a period of less than 24 consecutive hours.
- Def. 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 means 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 means a disease, illness, or injury that has one or more of the following characteristics:
-it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
-it needs ongoing or long-term control or relief of symptoms
-it requires your rehabilitation or for you to be specially trained to cope with it
-it continues indefinitely
-it comes back or is likely to come back.
- Def. 13. **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.
- Def. 14. **Inpatient Care** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.
- Def. 15. **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.
- Def. 16. **Insured Person** means You and the persons named in the Schedule.
- Def. 17. **Network Provider** means Hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility
- Def. 18. **Non Network** means any Hospital, day care centre or other provider that is not part of the Network
- Def. 19. **Notification of Claim** means the process of notifying a claim to the insurer or TPA by specifying the timeliness as well as the address / telephone number to which it should be notified.
- Def. 20. **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Schedule.
- Def. 21. **Policy Year** means a year following the Commencement Date and its subsequent annual anniversary.
- Def. 22. **Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.
- Def. 23. **TPA** means the third party administrator that We appoint from time to time as specified in the Schedule.
- Def. 24. **We/Our/Us** means the Apollo Munich Health Insurance Company Limited.
- Def. 25. **You/Your/Policyholder** means the person named in the Schedule who has concluded this Policy with Us.

Section. 5 Claim Procedure

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

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

- Please quote your member ID/policy number in all your correspondences.
- Please use the Claim Intimation Form (available on our website under Other Forms in the Downloads section) for intimation of a claim
- **For claims related to Planned Hospitalization:** contact us at least 48 hours prior to hospitalization

Hospital Daily Cash Rider

Policy Wording

- **For claims related to unplanned or Emergency Hospitalization:** contact us within 24 hours of hospitalization
- Please send the duly signed claim form and all the information/ documents mentioned* therein to us within 15 days of the completion of the treatment
- * Please refer to claim form for complete documentation
- If there is any deficiency in the documents/information submitted by you, We will send the deficiency letter within 7 days of receipt of the claim documents
- On receipt of the complete set of claim documents, we will make the payment for the admissible amount, along with a settlement statement within 30 days
- The payment will be made in the name of the proposer
- We can be contacted through:
Website : www.apollomunichinsurance.com
Toll Free : 1800-102- 0333
Fax : 1800- 425- 4077
Courier : Claims Department,
Apollo Munich Health insurance Co. Ltd
Ground floor, Srinilaya – Cyber Spazio
Suite # 101,102,109 & 110, Ground Floor, Road No. 2, Banjara Hills,
Hyderabad-500 034
Or
Claims Department,
Apollo Munich Health Insurance Co. Ltd.,
2nd & 3rd Floor, iLABS Centre, Plot
No. 404-405, Udyog Vihar, Phase-III, Gurgaon-122016, Haryana

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

Supporting Documentation & Examination

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

List of documents but not limited to the following will be required to be submitted with every claim:

- Our claim form, duly completed and signed for on behalf of the Insured Person.
- All reports and records, including but not limited to all medical reports, case histories, investigation reports, treatment papers, discharge summaries.
- A precise diagnosis of the treatment for which a claim is made.
- Regulatory requirements as amended from time to time, currently mandatory NEFT (to enable direct credit of claim amount in bank account) and KYC (recent ID/Address proof and photograph) requirements.

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

Section 6. Grievance Redressal Procedure

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

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

You may also approach the grievance cell at any of Our branches during Our working hours from Monday to Saturday. As per guidelines on special provision for Insured Persons who are senior citizens, We will provide a separate channel for addressing

grievances of our senior citizen customers. You may avail this service by contacting the above mentioned toll free no and selecting suitable option provided on Our Interactive Voice Response (IVR) system.

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

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

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

The contact details of Ombudsman offices are mentioned below.

Address & Contact Details of Ombudsmen Centres

Office of the Executive Council of Insurers

(Monitoring Body for Offices of Insurance Ombudsman) 3rd Floor, Jeevan Seva Annexe, Santacruz(West), Mumbai – 400054. **Tel:** 26106671/ 6889.

Email id: inscoun@ecoi.co.in **Website:** www.ecoi.co.in

If you have a grievance, approach the grievance cell of Insurance Company first. If complaint is not resolved/ not satisfied/not responded for 30 days then You can approach The Office of the Insurance Ombudsman (Bimalokpal). Please visit our website for details to lodge complaint with Ombudsman.

Office of the Insurance Ombudsman,

6th Floor, Jeevan Prakash Bldg, Tilak Marg, Relief Road,

AHMEDABAD - 380001.

Tel: 079-25501201/02/05/06

Email: bimalokpal.ahmedabad@ecoi.co.in

Office of the Insurance Ombudsman,

2nd Floor, Janak Vihar Complex, 6, Malviya Nagar, **BHOPAL - 462 003.**

Tel: 0755 - 2769201/ 9202

Fax: 0755 - 2769203

Email: bimalokpal.bhopal@ecoi.co.in

Office of the Insurance Ombudsman,

62, Forest Park,

BHUBANESHWAR - 751 009.

Tel: 0674 - 2596455/2596003

Fax: 0674 - 2596429

Email: bimalokpal.bhubaneswar@ecoi.co.in

Office of the Insurance Ombudsman,

SCO No.101-103,2nd Floor, Batra Building, Sector 17-D,

CHANDIGARH - 160 017.

Tel:- 0172 - 2706468/2772101

Fax: 0172 - 2708274

Email: bimalokpal.chandigarh@ecoi.co.in

Office of the Insurance Ombudsman,

Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet,

CHENNAI - 600 018.

Tel: 044 - 24333668/ 24335284

Fax: 044 - 24333664

Email: bimalokpal.chennai@ecoi.co.in

Office of the Insurance Ombudsman,

2/2 A, Universal Insurance Bldg., Asaf Ali Road, **NEW DELHI - 110 002.**

Tel: 011 - 23234057/ 23232037

Fax: 011 - 23230858

Email: bimalokpal.delhi@ecoi.co.in

Office of the Insurance Ombudsman,

"Jeevan Nivesh", 5th Floor, S.S. Road,

GUWAHATI - 781 001.

Tel: 0361 - 2132204/ 5

Fax: 0361 - 2732937

Email: bimalokpal.guwahati@ecoi.co.in

Office of the Insurance Ombudsman,

6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool,

HYDERABAD-500 004.

Tel: 040 - 65504123/ 23312122

Fax: 040 - 23376599

Email: bimalokpal.hyderabad@ecoi.co.in

Office of the Insurance Ombudsman,

2nd Floor, CC 27/2603, Pulinat Bldg., M.G. Road, **ERNAKULAM-682 015.**

Tel: 0484 - 2358759/ 2359338

Fax: 0484 - 2359336

Email: bimalokpal.ernakulam@ecoi.co.in

Office of the Insurance Ombudsman,

Hindustan Building. Annexe, 4th Floor, C.R.Avenue, **KOLKATA - 700072**

Tel: 033 - 22124339/ 22124346

Fax: 22124341

Email: bimalokpal.kolkata@ecoi.co.in

Hospital Daily Cash Rider

Policy Wording

| | |
|--|---|
| <p>Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001. Tel: 0522 - 2231331/ 2231330 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in</p> | <p>Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe,S.V. Road, Santacruz(W), MUMBAI-400 054. Tel: 022 - 26106960/ 26106552 Fax : 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in</p> |
| <p>Office of the Insurance Ombudsman, Ground Floor, Jeevan Nidhi II, Bhawani Singh Road, JAIPUR – 302 005. Tel: 0141 - 2740363 Email: bimalokpal.jaipur@ecoi.co.in</p> | <p>Office of the Insurance Ombudsman, 3rd Floor, Jeevan Darshan, N.C. Kelkar Road, Narayanpet PUNE – 411 030. Tel: 020 - 32341320 Email: Bimalokpal.pune@ecoi.co.in</p> |
| <p>Office of the Insurance Ombudsman, 24th Main Road, Jeevan Soudha Bldg., JP Nagar, 1st Phase, Ground Floor BENGALURU – 560 025. Tel: 080 - 26652049/ 26652048 Email: bimalokpal.bengaluru@ecoi.co.in</p> | <p>Office of the Insurance Ombudsman, 4th Floor, Bhagwan Sahai Palace, Main Road, Naya Bans, Sector-15, NOIDA – 201 301. Tel: 0120 - 2514250/ 51/ 53 Email: bimalokpal.noida@ecoi.co.in</p> |
| <p>Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, PATNA – 800 006. Tel: 0612 - 2680952 Email id: bimalokpal.patna@ecoi.co.in</p> | |

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

Section 7. Schedule of Benefits

| Benefits | Sum Insured (in Rs.) | | |
|------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| | 1,000 per day | 2,000 per day | 3,000 per day |
| Inpatient Benefit | 1,000 per day for maximum 30 days | 2,000 per day for maximum 30 days | 3,000 per day for maximum 30 days |
| Intensive Care Unit Benefit | 2 X 1,000 per day for maximum 30 days | 2 X 2,000 per day for maximum 30 days | 2 X 3,000 per day for maximum 30 days |

We would be happy to assist you. Contact us at: Email: customerservice@apolloomunichinsurance.com. Call Toll Free No.: 1800 102 0333