

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

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

A. DEFINITIONS

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

1. **AYUSH Treatment** refers to the medical and / or hospitalization treatments given under 'Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
2. **Bank Rate means** Bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.
3. **Condition Precedent** shall mean a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.
4. **Commencement Date** means the commencement date of this Policy as specified in the Schedule.
5. **Dependent Child** refers to a child (natural or legally adopted), who is financially dependent on the primary insured or proposer and does not have his / her independent sources of income.
6. **Disclosure to information norm:** The policy shall be void and all premium paid thereon shall be forfeited to the Insurer in the event of misrepresentation, mis-description or non-disclosure of any material fact.
7. **Emergency care** means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.
8. **Family** means and includes You, Your Spouse, maximum up to 3 dependent children up to the age of 25 years and two dependent parents.
9. **Grace period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.
10. **Hospital:** A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act Or complies with all minimum criteria as under:
 - i. has qualified nursing staff under its employment round the clock;
 - ii. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
 - iii. has qualified medical practitioner(s) in charge round the clock;
 - iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - v. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;
11. **Hospitalization** means admission in a **Hospital** for a minimum period of 24 consecutive '**In- patient Care**' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
12. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.
 - a. **Acute condition** is a disease, Illness or Injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/Illness/Injury which leads to full recovery.
 - b. **Chronic condition** is defined as a disease, Illness, or Injury that has one or more of the following characteristics:
 - i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
 - ii. it needs ongoing or long-term control or relief of symptoms
 - iii. it requires Your rehabilitation or for You to be specially trained to cope with it
 - iv. it continues indefinitely
 - v. it comes back or is likely to come back.
13. **Inpatient Care** means treatment for which the insured person has to stay in a Hospital for more than 24 hours for a covered event.
14. **Intensive Care Unit** means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
15. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
16. **Medical expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of **Illness** or **Accident** on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person

had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
Note: Medical Treatment would include medical treatment and/ or surgical treatment

17. **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license. The registered practitioner should not be the insured or close Family members.
18. **Medically necessary treatment** is defined as any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which is required for the medical management of the Illness or Injury suffered by the insured; must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity; must have been prescribed by a medical practitioner, must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
19. **Notification of claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
20. **OPD treatment** is one in which the Insured visits a clinic / Hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
21. **Policy** means the complete documents consisting of the Proposal, Policy wording, Schedule and Endorsements and attachments if any.
22. **Policy Period** means the period commencing with the start date mentioned in the Schedule till the end date mentioned in the Schedule.
23. **Policy Year** means every annual period within the Policy Period starting with the commencement date.
24. **Portability** means the right accorded to an individual health insurance policyholder (including family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another or from one plan to another plan of the same insurer.
25. **Pre-Existing Disease** means any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which medical advice / treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter.
26. **Proposal form** means a form to be filled in by the prospect in written or electronic or any other format as approved by the Authority, for furnishing all material information as required by the insurer in respect of a risk, in order to enable the insurer to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, advantages, terms and conditions of the cover to be granted.
27. **Qualified nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
28. **Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.
29. **Schedule** means that portion of the **Policy** which sets out **Your** personal details, the type of insurance cover in force, the **period** and the sum insured. Any Annexure or Endorsement to the **Schedule** shall also be a part of the **Schedule**.
30. **Sum Insured** means the amount specified in the Policy Schedule, which We will pay for claims made by You under the Policy Year in respect of the Insured Person(s).
31. **Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.
32. **Unproven/ Experimental treatment** means the treatment including drug experimental therapy which is not based on established medical practice in India.
33. **We, Our, Us, Insurer** means Future Generali India Insurance Company Limited.
34. **You, Your, Yourself** means the Insured Person shown in the **Schedule**.

B. SCOPE OF COVER

This product is on Individual **Sum Insured** basis. **We** will pay the **Insured Person** the Sum insured as a lump sum amount for the listed condition provided it occurs or manifests itself during the **policy period** and meets the conditions specified in this policy document.

1. Dengue fever

The applicant will be eligible for the benefit pay out in case of being diagnosed with Dengue confirmed by a Medical Practitioner and hospitalization must be absolutely necessary for more than 24 hours in addition to below specific conditions

Specific conditions for this cover:

- The laboratory examination result countersigned by a pathologist/ microbiologist must confirm Immunoglobulins/PCR test showing positive result for Dengue.
- Indoor case papers should be obtained, if available and the diagnosis of admission should be Dengue in addition to the above.

Specific exclusions for this cover:

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

2. Malaria

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

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

Indoor case papers should be obtained, if available and the diagnosis of admission should be malaria and its complications, if any. Specific exclusions for this cover:

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

3. Filariasis

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

- Lymphoedema,
- Elephantiasis,
- Scrotal swelling

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

Specific condition for this cover:

- Filariasis will be payable once in lifetime

Specific exclusions for this cover:

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

4. Kala-azar

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

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

Indoor case papers should be obtained, if available and the diagnosis of admission should be Kala-azar. Specific exclusions for this cover:

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

5. Chikungunya

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

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

Indoor case papers should be obtained, if available and the diagnosis of admission should be Chikungunya.

Specific exclusions for this cover:

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

6. **Japanese Encephalitis**

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

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

Indoor case papers should be obtained, if available and the diagnosis of admission should be Japanese Encephalitis. Specific exclusions for this cover:

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

7. **Zika Virus**

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

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

Indoor case papers should be obtained, if available and the diagnosis of admission should be Zika virus. Specific exclusions for this cover:

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

C. EXCLUSIONS

1. **Waiting Periods**

a) **15 days waiting period**

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

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

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

2. **Standard Exclusions**

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

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

D. CONDITIONS

1. **Condition Precedent to the contract**

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

(ii) Portability

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

2. Conditions applicable during the contract

(i) Due Care

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

(ii) Addition and deletion of members

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

(iii) Insured

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

(iv) Communications

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

(v) Cancellation

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

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

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

(vi) Policy Period

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

(vii) Territorial Limits and Law

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

(viii) Fraud

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

(ix) Endorsements

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

3. Conditions when a claim arises

A. Claims Procedure

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

B. Claims Payment

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

C. Settlement of Claims

- a) Our Medical Practitioners will scrutinize the claims and flag the claim as settled/ rejected/ pending within the period of 30 days of the receipt of the last necessary documents specified in Section 3. A. b above
- b) In case of 'pending' claims, We will ask for submission of incomplete documents.
- c) 'Rejected' claims will be informed to the Insured Person in writing with reason for rejection.
- d) In the circumstances where a claim warrant an investigation in **Our** opinion, **We** shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last 'necessary' document. In such cases, **We** shall settle the claim within 45 days from the date of receipt of last 'necessary' document.
- e) In the cases of delay in the payment of a 'settled' claim, We shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate which is 2% above the bank rate prevalent at the beginning of the financial year.

D. Dispute Resolution

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

E. Compliance with Policy Provisions

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

F. Examination of Records

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

4. Conditions for renewal of the contract

(i) Renewal

- a) This Policy may be renewed by mutual consent and in such event; the renewal premium shall be paid to the Company on or before the date of expiry of the Policy or of the subsequent renewal thereof.
- b) The Policyholder, shall throughout the period of insurance keep and maintain a record containing the names of all the insured persons. The Policyholder shall declare to the company any additions in the number of insured persons as and when arising during the period of insurance and shall pay the additional premium as agreed
- c) It is hereby agreed and understood that, this insurance being a group policy availed by the Insured covering members, the benefit thereof would not be available to members who cease to be part of the group for any reason whatsoever.

Such members may obtain further individual insurance directly from the Company and any claims shall be governed by the terms thereof.

- d) The premium rates or loadings for the product would not be changed without approval from Authority. However the performance of the product will be reviewed annually and further pricing will be done on experience basis.

In case of any claims contact

Claims Department

Future Generali Health (FGH)

Future Generali India Insurance Co. Ltd.

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

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

Toll Free Number: 1800 103 8889

Toll Free Fax: 1800 103 9998

Email: fgf@futuregenerali.in



ISO No.: FGH/UW/GRP/86/03

Future Generali India Insurance Company Limited. IRDAI Regn. No. 132 | CIN: U66030MH2006PLC165287.

Regd. and Corp. Office: 801 and 802, 8th floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai – 400083. 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.

ALL FIELDS IN THIS FORM ARE MANDATORY AND THE CLAIM WILL BE NOT BE PROCESSED IF ANY OF THE DETAILS ARE MISSING

Claim Number (For FGH Use

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 Only)

POLICY / INSURED DETAILS

Policy No.:			Health Card No. Of Patient:		
Policy Start Date	DD / MM / YYYY	Policy End Date	DD / MM / YYYY	Date Of Joining Policy	DD / MM / YYYY
Corporate Name	(Only for group policies)			Employee ID:	

PERSONAL DETAILS OF EMPLOYEE / PROPOSER

1. Name of the Employee / Individual	
2. E-Mail address of the Employee/Individual	
3. Mobile No.	
4. Permanent Account Number (PAN)	

CLAIMANT / PATIENT DETAILS

1. Name of the Patient			
2. Relationship with the Employee / Proposer	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Others		
3. Date of Birth of Claimant: DD / MM / YYYY	Age: _____ (years)	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
4. Residential Address:			

CLAIM DETAILS

Total Claimed

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 Amount: _____
 Claimed _____ Amount _____ in _____ Words: _____ Rupees

Diagnosis	<u>Enclosure Check List:</u> i. Original Discharge Summary containing all relevant details ii. All Original Bills and their Receipts iii. Copies of all Reports & prescriptions iv. First Prescription / Consultation Letter from your Doctor. v. Original Money Receipt duly signed with a Revenue Stamp. vi. Copy of Proposer/Employee Photo ID Proof & Address Proof	
Admission Date: DD / MM / YYYY		Discharge Date: DD / MM / YYYY
Name of Treating Doctor:		
Mobile No. of Treating Doctor:		
Name of Family Physician:		
Mobile No. of Family Physician:		

CONSENT REQUIREMENT FOR ACCESS TO TREATMENT PAPERS / INDOOR CASE SHEETS / MEDICAL RECORDS / INVESTIGATOR VISIT

I hereby authorize Future Generali India Insurance or any agency / individual authorized by them to obtain copies or review in person all my medical records including but not limited to admission notes, treatment sheets, indoor case papers, investigation reports, prescriptions and all other documents present in the hospital case file. Details related to my past hospitalisations in your hospital can also be provided / shown to Future Generali or its authorized representatives. I agree that all information provided above by me in the claim documents is true and that if I have provided any false or untrue information, my right to claim the reimbursement of expenses shall be absolutely forfeited.

Name of Patient / Relative: _____
 Relationship with Patient: _____

Signature of Patient / Relative
 Date: DD / MM / YYYY