

CUSTOMER INFORMATION SHEET

Description is illustrative and not exhaustive

SN	TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER																																								
1	Product Name	Future Varishta Bima																																									
2	What I am covered for	<ol style="list-style-type: none"> Hospitalisation admission longer than 24 Hours. Pre and Post hospitalisation combined expenses amounting up to a maximum amount stated in the policy schedule, per hospitalisation. Specified / Listed procedures requiring less than 24 hours hospitalization (day care). Road Ambulance charges - up to the amount specified in the Schedule of Benefits 	Section B																																								
3	What are the major exclusions in the policy:	<ul style="list-style-type: none"> Any hospital admission primarily for investigation diagnostic purpose Domiciliary treatment, treatment outside India Circumcision, sex change surgery, cosmetic surgery & plastic surgery. Refractive error correction, hearing impairment correction, corrective & cosmetic dental surgeries. Substance abuse, self-inflicted injuries, STDs other than HIV/AIDS. Hazardous activities, war, civil war or breach of law. Any kind of service charge, surcharge, admission fees, registration fees levied by the hospital. <p>(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing)</p>	Section C. 4 a) and b)																																								
4	Waiting period	<ul style="list-style-type: none"> Initial waiting Period: 30 days for all illnesses (not applicable on renewal or for accidents) Specific Waiting periods <ul style="list-style-type: none"> 24 months waiting period for following conditions, irrespective of whether it falls under pre-existing diseases: <ul style="list-style-type: none"> Cataract, Glaucoma, Diseases of the anterior segment and posterior segment of the eyes, surgery on ears, Diseases related to Thyroid, Varicose veins and Varicose ulcers, all diseases of Prostate, Stricture Urethra, all types of Hernia, Varicocele, Hydrocele, Fistula / Fissure in ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence and Congenital Internal disease / defect, Gall bladder and Pancreatic diseases, Gastric and duodenal ulcers and all treatments (conservative, interventional, laparoscopic and open) related to Hepato-pancreato-biliary disease including Gall bladder and Pancreatic calculi. All types of management for Kidney and Genito-urinary tract calculi. All treatments (conservative, interventional, laparoscopic and open) related to all diseases of Uterus, Fallopian tubes, Cervix and Ovaries, Dysfunctional Uterine bleeding, Pelvic inflammatory diseases, Conservative, operative treatment and all types of intervention for diseases related to Tendon, Ligament, Fascia, Bones and Joint [other than caused by accident], Degenerative disc and Vertebral diseases including replacement of Bones and Joints, Prolapse of intervertebral disc (other than caused by accident), Degenerative diseases of the Musculo-skeletal system, all internal or external tumours/ cysts/ nodules/ polyps of any kind including breast lumps with exception of malignant tumour or growth 48 months waiting period for any hospitalisation medical expenses in connection with treatment for any mental Illness or psychiatric Illness 48 months waiting period for any hospitalisation expenses related to AIDS and/ or infection with HIV Pre-existing diseases: Covered after 12 months 	Section C. 1. a) ,b), c), d) and e)																																								
5	Payment basis	<ul style="list-style-type: none"> Reimbursement of covered expenses up to specified limits as, mentioned in the Schedule of benefits. 	Section E.																																								
6	Loss Sharing	<ul style="list-style-type: none"> For claims of pre-existing conditions – Co-payment of 50% shall be applicable for admissible hospitalisation bill, excluding pre and post claim. The Insured will have no option to waive off this co-payment For claims other than pre-existing conditions – Co-payment of 25% shall be applicable for admissible hospitalisation bill, excluding pre and post claim. However the Insured have an option to waive off this co-payment on payment of additional premium Sub limits will be applicable for listed procedures as mentioned in the table below. In case of claim for specified procedures, our maximum liability of claim payment (including pre and post hospitalisation), shall be limited to the amount mentioned in the sublimit table. <p>Co-payments for claims related to pre-existing conditions and other than pre-existing conditions, as mentioned above will not be applicable in case there is a claim for the listed procedures.</p> <table border="1"> <thead> <tr> <th>Sno</th> <th>Procedure/ Treatment</th> <th>2 L</th> <th>3 L</th> <th>4 L</th> <th>5 L</th> <th>7.5 L</th> <th>10 L</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Coronary Artery Bypass Grafting (CABG)</td> <td>150000</td> <td>200000</td> <td>225000</td> <td>275000</td> <td>300000</td> <td>350000</td> </tr> <tr> <td>2</td> <td>Percutaneous Transluminal Coronary Angioplasty (PTCA)</td> <td>150000</td> <td>200000</td> <td>225000</td> <td>275000</td> <td>300000</td> <td>350000</td> </tr> <tr> <td>3</td> <td>Cataract surgery (per eye)</td> <td>15000</td> <td>18000</td> <td>20000</td> <td>21500</td> <td>23000</td> <td>25000</td> </tr> <tr> <td>4</td> <td>Total Knee Replacement (per knee)</td> <td>150000</td> <td>200000</td> <td>225000</td> <td>275000</td> <td>300000</td> <td>350000</td> </tr> </tbody> </table>	Sno	Procedure/ Treatment	2 L	3 L	4 L	5 L	7.5 L	10 L	1	Coronary Artery Bypass Grafting (CABG)	150000	200000	225000	275000	300000	350000	2	Percutaneous Transluminal Coronary Angioplasty (PTCA)	150000	200000	225000	275000	300000	350000	3	Cataract surgery (per eye)	15000	18000	20000	21500	23000	25000	4	Total Knee Replacement (per knee)	150000	200000	225000	275000	300000	350000	Section D.1 (i)& (ii) and Annurex 1
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7	Renewal Conditions	<ul style="list-style-type: none"> Renewable lifelong except on grounds of fraud, moral hazard, misrepresentation or non-cooperation by the insured. Grace Period of 30 days is permissible Any Medical expenses incurred as a result of disease condition, accident contracted during the break period will not be admissible under the Policy. 								Section D. 4. (i) a) b), c), d)																																																		
8	Renewal Benefits	<ul style="list-style-type: none"> Free Annual Medical Checkup after every continuous period of 1 year for (Physician's Consultation, ECG, Complete Blood Count, Fasting blood Sugar, Post Prandial Blood Sugar, Sr. Creatinine) irrespective of claim free years. 								Section B. 8.																																																		
9	Cancellation	<ul style="list-style-type: none"> Cancellation will not be invoked by Us except on grounds of fraud, moral hazard, misrepresentation or non-cooperation by the insured. We may cancel this insurance by giving You at least 15 days written notice, and if no claim has been made then We shall refund a pro-rata premium for the unexpired Policy Period. In case the Policy Period is one year, with single premium payment option, You may cancel this insurance by giving Us at least 15 days written notice, and if no claim has been made, then We shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below. <table border="1" data-bbox="571 577 1141 705"> <thead> <tr> <th>Period on risk</th> <th>Rate of premium refunded</th> </tr> </thead> <tbody> <tr> <td>Up to one month</td> <td>75% of annual rate</td> </tr> <tr> <td>Up to three months</td> <td>50% of annual rate</td> </tr> <tr> <td>Up to six months</td> <td>25% of annual rate</td> </tr> <tr> <td>Exceeding six months</td> <td>Nil</td> </tr> </tbody> </table> <ul style="list-style-type: none"> In case the Policy Period exceeds one year, with single premium payment option, You may cancel this insurance by giving Us at least 15 days written notice, and if no claim has been made, then We shall refund premium on a pro-rata basis by reference to the time period for which cover is provided, subject to a minimum retention of premium of 25%. In case the Policy Period is one year, with instalment premium option, the cancellation shall be as follows: <table border="1" data-bbox="379 922 1273 1169"> <thead> <tr> <th>Instalment Frequency</th> <th>Cancellation request received</th> <th>Rate of Premium refunded</th> </tr> </thead> <tbody> <tr> <td>Monthly</td> <td>Anytime</td> <td>No Refund</td> </tr> <tr> <td rowspan="3">Quarterly</td> <td>1st Quarter</td> <td>12.5% of the respective quarter premium</td> </tr> <tr> <td>2nd Quarter</td> <td>12.5% of the respective quarter premium</td> </tr> <tr> <td>3rd Quarter and above</td> <td>No Refund</td> </tr> <tr> <td rowspan="3">Half-Yearly</td> <td>Up to 3 months</td> <td>25% of the half-yearly instalment premium</td> </tr> <tr> <td>Above 3 months to 6 months</td> <td>12.5% of the half-yearly instalment premium</td> </tr> <tr> <td>Above 6 months</td> <td>No Refund</td> </tr> </tbody> </table> <ul style="list-style-type: none"> In case of Policy Period more than one year, with instalment premium, the cancellation shall be as follows: <table border="1" data-bbox="379 1265 1273 1624"> <thead> <tr> <th>Instalment Frequency</th> <th>Cancellation request received</th> <th>Rate of Premium refunded</th> </tr> </thead> <tbody> <tr> <td>Monthly</td> <td>Anytime within the Policy Period</td> <td>No Refund</td> </tr> <tr> <td rowspan="3">Quarterly</td> <td>1st Quarter of 1st Policy Year</td> <td>12.5% of the respective quarter premium</td> </tr> <tr> <td>2nd Quarter of 1st Policy Year</td> <td>12.5% of the respective quarter premium</td> </tr> <tr> <td>3rd Quarter of 1st Policy Year and above</td> <td>No refund</td> </tr> <tr> <td rowspan="3">Half-Yearly</td> <td>Up to first 3 months of the 1st Policy Year</td> <td>25% of the half-yearly instalment premium</td> </tr> <tr> <td>Above first 3 months to 6 months of the 1st Policy Year</td> <td>12.5% of the half-yearly instalment premium</td> </tr> <tr> <td>Above first 6 months of the 1st Policy Year and thereafter</td> <td>No Refund</td> </tr> </tbody> </table> <ul style="list-style-type: none"> In case of one-year or long-term policies with single premium payment, in the event of death of an insured member in a particular policy year, the corresponding premium for the insured person for the subsequent (unutilized) Policy period(s) shall be refunded under both individual and floater policies, subject to no claim in the underlying policy year by the deceased member. In case of claim in the underlying policy year by the deceased member, the subsequent (unutilized) policy year(s) premium of the deceased member shall not be refunded. In the case of one-year policy with instalment premium option, in the event of death of any insured person, the coverage for deceased person shall not continue for subsequent Policy period and subsequent policy period instalment premium for the deceased person shall not be applicable, subject to no claim in the underlying policy year and the instalment premium, if any shall be refunded on pro-rata basis In the case of long-term policy with instalment premium option, in the event of death of any insured person in any particular Policy Year, the coverage for deceased person shall not continue for subsequent Policy period and subsequent policy period instalment premium for the deceased person shall not be applicable, subject to no claim in the underlying policy year and the instalment premium, if received shall be refunded on pro-rata basis 								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	Instalment Frequency	Cancellation request received	Rate of Premium refunded	Monthly	Anytime	No Refund	Quarterly	1 st Quarter	12.5% of the respective quarter premium	2 nd Quarter	12.5% of the respective quarter premium	3 rd Quarter and above	No Refund	Half-Yearly	Up to 3 months	25% of the half-yearly instalment premium	Above 3 months to 6 months	12.5% of the half-yearly instalment premium	Above 6 months	No Refund	Instalment Frequency	Cancellation request received	Rate of Premium refunded	Monthly	Anytime within the Policy Period	No Refund	Quarterly	1 st Quarter of 1 st Policy Year	12.5% of the respective quarter premium	2 nd Quarter of 1 st Policy Year	12.5% of the respective quarter premium	3 rd Quarter of 1 st Policy Year and above	No refund	Half-Yearly	Up to first 3 months of the 1 st Policy Year	25% of the half-yearly instalment premium	Above first 3 months to 6 months of the 1 st Policy Year	12.5% of the half-yearly instalment premium	Above first 6 months of the 1 st Policy Year and thereafter	No Refund	Section D. 2. 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		<ul style="list-style-type: none"> No refund of premium shall be due on cancellation if the Insured Person has made a claim under this Policy. 	
10	Claims	<ul style="list-style-type: none"> For availing Cashless Service at a network hospitals <ul style="list-style-type: none"> Insured should call Us at Our Toll Free number and get the pre-authorisation done Hospital Network details can be obtained: https://general.futuregenerali.in/general-insurance/network-hospitals For Reimbursement of claims :- <ul style="list-style-type: none"> The Insured should notify the claim within 48 hours of Illness or Bodily Injury. Insured should submit the claim documents within 15 days of discharge from a Hospital. 	Section D. 3
11	Policy Servicing/ Grievances/ Complaints	<ul style="list-style-type: none"> Company Officials Grievance Redressal Officer (GRO): <ul style="list-style-type: none"> Helplines : 1800-220-233/ 1860-500-3333/ (022) 67837800 Email: Fgcare@futuregenerali.in Website: www.futuregenerali.in IRDAI/(IGMS/Call Centre): <ul style="list-style-type: none"> Call Centre: Toll Free Number (155255). Compliant can be registered online at: HTTP://WWW.IGMS.IRDA.GOV.IN/ Ombudsman: The guidelines of taking up a compliant in ombudsman and the addresses of ombudsman are available on: http://www.policyholder.gov.in/Ombudsman.aspx 	Grievance Redressal Procedure
12	Insured's Rights	<ul style="list-style-type: none"> Free Look Period: Insured will be allowed a period of at least 15 days from the date of receipt of the Policy, to review the terms and conditions of the Policy and to return the same if not acceptable Renewability: The policy is renewable lifelong except on grounds of fraud, moral hazard or misrepresentation or non- cooperation by the insured. Portability will be granted to Policy holders of a similar Health Policy of another Insurer to Future Generali's Health Policy. Insured may apply 45 days in advance of the policy renewal date, but not earlier than 60 days from the premium renewal date of his/ her existing policy to avail portability benefits. The e-mail and address to be contacted for outward migration is: 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 Email: Fgcare@futuregenerali.in Increase or decrease in Sum Insured is not allowed during the currency of the Policy Turn Around Time (TAT) for issue of Pre- Auth and settlement of Reimbursement 	Section D. 2. (ix) Section D. 4. (i) a) Section D. 1. (iii) d), e)
13	Insured's Obligations	<ul style="list-style-type: none"> The Insured Person must disclose all Pre-Existing Disease/s, injury/ disability before taking the Policy. Non-disclosure may result in claim not being paid. The Insured Person must disclose any material information during the Policy Period. 	

(LEGAL DISCLAIMER) NOTE: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document the terms and conditions mentioned in the policy document shall prevail.

Future Varishta Bima

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 you and 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.

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.
Note: Insect and mosquito bites is not included in the scope of this definition.
2. **AYUSH Treatment** refers to the medical and / or hospitalization treatments given under 'Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
3. **Any one Illness** Any one illness means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.
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. **Cashless facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization is approved excluding non-payable items as per the policy terms and conditions.
6. **Condition Precedent** shall mean a **Policy** term or condition upon which the **Insurer's** liability under the **Policy** is conditional upon.
7. **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.
8. **Co-payment** means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.
9. **Cumulative Bonus** means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.
10. **Day care centre** means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner and must comply with all minimum criterion as under -
 - a. has qualified nursing staff under its employment;
 - b. has qualified medical practitioner/s in charge;
 - c. has fully equipped operation theatre of its own where surgical procedures are carried out;
 - d. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
11. **Day care treatment** means medical treatment, and/or surgical procedure which is:
 - a. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
 - b. which would have otherwise required hospitalization of more than 24 hours.Treatment normally taken on an out-patient basis is not included in the scope of this definition.
12. **Deductible** means 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.
13. **Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.
14. **Diagnostic Centre** means the diagnostic centers which have been empanelled by Us as per the latest version of the Schedule of diagnostic centers maintained by Us, which is available to You on request.
15. **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.
16. **Domiciliary hospitalization** means medical treatment for an illness/ disease/ injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:
 - i) the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
 - ii) the patient takes treatment at home on account of non-availability of room in a hospital.
17. **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.
18. **Family** means and includes You, Your Spouse in the Individual Policy or Family Floater Policy.
19. **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.

20. **Hazardous Activities** mean recreational or occupational activities which pose high risk of injury.
21. **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:
- 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 at least 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 makes these accessible to the insurance company's authorized personnel;
22. **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.
23. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
- Acute condition** - 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.
 - Chronic condition** - A chronic condition is defined as 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 rehabilitation for the patient or for the patient to be specially trained to cope with it
 - it continues indefinitely
 - it recurs or is likely to recur
24. **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.
25. **Inpatient Care** means treatment for which the insured person has to stay in a **Hospital** for more than 24 hours for a covered event.
26. **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.
27. **ICU (Intensive Care Unit) Charges** means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.
28. **Maternity expense/treatment means:**
- medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);
 - expenses towards lawful medical termination of pregnancy during the policy period.
29. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
30. **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
31. **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.
32. **Medically Necessary Treatment** means 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.
33. **Network Provider** means hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility
34. **Non-Network Provider** means any hospital, day care centre or other provider that is not part of the network.
35. **Notification of claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
36. **OPD treatment** means the 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.
37. **Policy** means the complete documents consisting of the Proposal, Policy wording, Schedule and Endorsements and attachments if any.
38. **Policy Period** means the period commencing with the start date mentioned in the Schedule till the end date mentioned in the Schedule.
39. **Policy Year** means every annual period within the Policy Period starting with the commencement date.
40. **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.

41. **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.
42. **Pre-hospitalization Medical Expenses** means medical expenses incurred during predefined number of days preceding the hospitalization of the Insured Person, provided that:
 - i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
 - ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
43. **Post-hospitalization Medical Expenses** means medical expenses incurred during predefined number of days immediately after the insured person is discharged from the hospital provided that:
 - i. Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and
 - ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.
44. **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.
45. **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.
46. **Reasonable and Customary charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.
47. **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.
48. **Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.
49. **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**.
50. **Senior citizen** means any person who has completed sixty or more years of age as on the date of commencement or renewal of a health insurance policy.
51. **Sum Insured** means the amount specified in the Schedule which is Our maximum, total and cumulative liability under this Policy for any and all claims arising under this Policy in a Policy Year in respect of the Insured Person(s).
52. **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.
53. **Unproven/ Experimental treatment** means the treatment including drug experimental therapy which is not based on established medical practice in India.
54. **We, Our, Us, Insurer** means Future Generali India Insurance Company Limited.
55. **You, Your, Yourself** means the Insured Person shown in the **Schedule**.

B. SCOPE OF COVER

We shall pay the following **Medical expenses** for medically necessary treatment, **Reasonable and Customary Charges** incurred for **Hospitalisation**:

1. **Room rent, Board & Nursing Expenses as provided by the Hospital/ Nursing Home**
2. **Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees**
3. **Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Diagnostic Materials and X-ray, Cost of Pacemaker, prosthesis/internal implants and any Medical expenses incurred which is integral part of the operation**
4. **Pre-Hospitalisation Medical Expenses** – We shall pay for **Medical expenses** incurred with respect to the **Insured Person** for up to 60 days immediately prior to date of admission of **Insured Person** into the **Hospital**, provided that We have accepted a claim for Inpatient-Hospitalisation Expenses
5. **Post hospitalisation Medical expenses** – We shall pay for **Medical expenses** incurred with respect to the **Insured Person** for up to 90 days after the date of discharge of **Insured Person** from the **Hospital**, provided that We have accepted a claim for Inpatient- Hospitalisation Expenses

Pre and Post hospitalisation combined expenses are limited up to 2% of Sum Insured opted maximum up to ₹ 10000 for each hospitalisation.

6. **Day Care expenses** – We shall pay for expenses incurred under **Day Care Treatment** requiring less than 24 hours of **Hospitalisation** as per the attached list.
7. **Road Ambulance charges** - up to a maximum amount specified in the Schedule of Benefits, per **Hospitalisation** basis, which will be reimbursed to **You** on producing the bills in original.
8. **Free Annual medical check-up** - At the end of every continuous period of 1 year during which **You** have held **Our Policy** irrespective of claim free years, You may apply to Us for a free medical check-up (Physician's Consultation, ECG, Complete Blood Count, Fasting blood Sugar, Post Prandial Blood Sugar, Sr. Creatinine), at **Our** Diagnostic Center, the location of which **We** will specify at the time of **Your** application.

If **Our** Diagnostic Centre is not available at **Your** location, **We** will arrange for free annual medical check-up at **Your** nearest diagnostic centre, after **Your** prior intimation to **Us**.

For the avoidance of doubt, **We** shall not be liable for any other ancillary or peripheral costs or expenses (including but not limited to those for transportation, accommodation or sustenance). This option would be available to the policy holder once during the respective policy period from the second year onwards.

C. EXCLUSIONS

1. **Waiting Periods**
All **Illnesses** and treatments shall be covered subject to the waiting periods specified below:
 - a) A waiting period of 12 months from policy inception of **Your** first **Policy** with **Us**, shall apply to any **medical expenses** in connection with all **Pre-existing conditions** declared and/or accepted at the time of proposing the **Policy** for the first time.
 - b) A waiting period of 24 months from policy inception of **Your** first **Policy** with **Us**, shall apply to any **medical expenses** in connection with Cataract, Glaucoma, Diseases of the anterior segment and posterior segment of the eyes, surgery on ears, Diseases related to Thyroid, Varicose veins and Varicose ulcers, all diseases of Prostate, Stricture Urethra, all types of Hernia, Varicocele, Hydrocele, Fistula / Fissure in ano, Hemorrhoids, Pilonidal Sinus and Fistula, Rectal Prolapse, Stress Incontinence and Congenital Internal disease / defect, Gall bladder and Pancreatic diseases, Gastric and duodenal ulcers and all treatments (conservative, interventional, laparoscopic and open) related to Hepato-pancreato-biliary disease including Gall bladder and Pancreatic calculi. All types of management for Kidney and Genito-urinary tract calculi. All treatments (conservative, interventional, laparoscopic and open) related to all diseases of Uterus, Fallopian tubes, Cervix and Ovaries, Dysfunctional Uterine bleeding, Pelvic inflammatory diseases, Conservative, operative treatment and all types of intervention for diseases related to Tendon, Ligament, Fascia, Bones and Joint [other than caused by accident], Degenerative disc and Vertebral diseases including replacement of Bones and Joints, Prolapse of intervertebral disc (other than caused by accident), Degenerative diseases of the Musculo-skeletal system, all internal or external tumors/ cysts/ nodules/ polyps of any kind including breast lumps with exception of malignant tumour or growth.
 - c) A waiting period of 48 months from policy inception of **Your** first **Policy** with **Us**, shall apply for any **hospitalisation medical expenses** in connection with treatment for any mental **Illness** or psychiatric **Illness**.
 - d) A waiting period of 48 months from policy inception of **Your** first **Policy** with **Us**, shall apply to any **hospitalisation expenses** in connection with treatment for AIDS (Acquired Immune Deficiency Syndrome) and/ or infection with HIV (Human Immunodeficiency Virus).
 - e) We are not liable for any claim arising for any **illness** diagnosed or contracted within 30 days from policy inception of **Your** first **Policy** with **Us**, except claims arising due to an accident.
2. **Special Conditions**
 - a) Applicable to Section C. 1 b) - The waiting period shall apply for a continuous Period of **24 months** from the date of **Your** first **Health Policy** with **Us**, if the **Illness** referred to under Section C. 1 b), were present at the time of commencement of the **Policy** and if **You** had declared such **Illness** at the time of proposing the **Policy** for the first time.
 - b) Applicable to Section C. 1 c) and d) - The waiting period shall apply for a continuous Period of **48 months** from the date of **Your** first **Health Policy** with **Us**, if the **Illness** referred to under Section C. 1 c) and d), were present at the time of commencement of the **Policy** and if **You** had declared such **Illness** at the time of proposing the **Policy** for the first time.
3. **Reduction in waiting periods**
 - 1) If the proposed Insured Person is presently covered and has been continuously covered without any break-in:
 - a) similar health insurance plan with an Indian Non-Life insurer as per guidelines on portability, OR
 - b) any other similar health insurance plan from Us,

Then:

- a) The waiting periods specified in Section C 1 a, b, c, d and e, shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance **policy**
- b) Exclusion shall apply only to the extent of the amount by which the limit of indemnity has been increased if the **Policy** is a **Renewal** of a Health Insurance **Policy** without break in cover.

4. Standard Exclusions

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:

a) Medical Exclusions

- (i) Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an **Accident**.
- (ii) Vaccination/ inoculation (except as post bite treatment), 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.
- (iii) Charges incurred in connection with cost of spectacles and contact lenses, hearing aids, durable medical equipment (including but not limited to cost of instrument used in the treatment of Sleep Apnea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Asthmatic condition, wheel chair, crutches, artificial limbs, belts, braces, stocking, Glucometer), namely that equipment used externally for the human body which can withstand repeated use; is not designed to be disposable; is used to serve a medical purpose, such cost of all appliances/devices whether for diagnosis or treatment after discharge from the **Hospital**.
- (iv) Dental treatment or **Surgery** of any kind unless requiring **Hospitalisation** as a result of accidental **Bodily Injury**.
- (v) The treatment of obesity (including morbid obesity) and other weight control programs, services and supplies.
- (vi) Expenses incurred towards treatment of **Illness**/ disease/ condition arising out of alcohol use/ misuse or abuse of alcohol, substance or drugs (whether prescribed or not).
- (vii) Convalescence, general debility or rest cure, intentional self-**Injury**, venereal/ Sexually Transmitted disease other than HIV/AIDS.
- (viii) Treatment for sterility, infertility (primary or secondary), assisted conception or other related conditions and complications arising out of the same. Birth control and similar procedures including complications arising out of the same
- (ix) Maternity expenses for treatment arising from or traceable to pregnancy childbirth, miscarriage, abortion or complications of any of this, including caesarian section. However, this exclusion will not apply to abdominal operation for extra uterine pregnancy (Ectopic Pregnancy)
- (x) Congenital External **Illness**/ disease/ defect anomaly.
- (xi) Vitamins, tonics, nutritional supplements unless forming part of the treatment for **Injury** or disease as certified by the medical practitioner.
- (xii) Costs incurred on all methods of treatment including AYUSH treatments except Allopathic.
- (xiii) Stem cell implantation/ **Surgery**/ storage.
- (xiv) Expenses related to donor screening, treatment, **Surgery** to remove organs from the donor in case of a transplant **Surgery**. We will also not pay donor's pre and post **Hospitalisation** expenses or any other medical treatment for the donor consequent to **Surgery**.
- (xv) Charges incurred at **Hospital** or **Nursing Home** 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, sickness or **Injury**, for which confinement is required at a **Hospital/ Nursing Home**
- (xvi) Outpatient Diagnostic, Medical and **Surgical Procedures** or OPD treatments, non-prescribed drugs and medical supplies, Hormone replacement therapy, Sex change or treatment which results from or is in any way related to sex change.
- (xvii) Any treatment received in convalescent home, convalescent **Hospital**, health hydro, nature care clinic or similar establishments, any treatment for de-addiction programs.
- (xviii) Doctor's home visit charges during pre and post **Hospitalisation** period, Attendant Nursing charges.
- (xix) Domiciliary hospitalisation, treatment outside India.

b) Non – Medical Exclusions

- (i) **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).
- (ii) **Injury** or Disease directly or indirectly caused by or contributed to by nuclear weapons/ materials.
- (iii) Any treatment required arising from Insured's participation in any **hazardous activity** including but not limited to scuba diving, motor racing, parachuting, hang gliding, rock or mountain climbing etc unless specifically agreed by the Insurance Company.
- (iv) Personal comfort and convenience items or services such as television, telephone, barber or guest service and similar incidental services and supplies.
- (v) Standard list of excluded items as mentioned in our website <https://general.futuregenerali.in>
- (vi) Treatment in any hospital or any other provider network that We have blacklisted as listed on our website <https://general.futuregenerali.in/general-insurance/network-hospitals>. However, this exclusion will not apply in case of emergency hospitalisation, subject to verification of claim.

D. CONDITIONS

1. Condition Precedent to the contract

(i) Co-Payments Applicable under the policy

- a) 50% co-payment is applicable on each and every claim related to Pre-existing disease, on the admissible hospitalisation bill, excluding claim related to pre and post hospitalisation. The Insured will have no option to waive off this co-payment.
- b) 25% co-payment is applicable on each and every claim for all other claims, on the admissible hospitalisation bill, excluding claim related to pre and post hospitalisation. However the Insured have an option to waive off this co-payment on payment of additional loading of 20% on the standard premium.
- c) The above co-payment shall continue lifelong.

(ii) Sublimits for specified procedures applicable under the policy

Sub limits will be applicable for listed procedures as mentioned in Annexure 1 (Sub-limits table). In case of claim for specified procedures, the maximum liability of claim payment (including pre and post hospitalisation), shall be limited to the amount mentioned in the sublimit table.

Co-payments mentioned in Section D. 1. (i) a) and b) will not be applicable in case there is a claim for the listed procedures mentioned in the Sub-limits table.

(iii) Portability

- a) Portability if requested by the Insured Person, shall be applicable to the previous sum insured and the Cumulative Bonus acquired under the previous policies. The premium applicable would be for the enhanced sum insured (Sum Insured + Cumulative Bonus) and if the same is not available, to the next higher Sum Insured available if requested by the Insured Person.
- b) This clause does not alter the annual character of this insurance policy or Our right to decline, to renew or to cancel the Policy.

- c) Portability will be granted to policyholders of a similar health indemnity policy of Us/another insurer to Future Varishta Bima Policy as per portability guidelines of the IRDAI.
- d) Portability will be granted subject to the policyholder desirous of porting his policy to Future Varishta Bima Policy by applying to Us at least 45 days before the premium renewal date of his/her existing policy.
- e) We will not be liable to offer portability if policyholder fails to approach us at least 45 days but not earlier than 60 days before the premium renewal date.
- f) Where the outcome of acceptance of portability is still awaited from Us on the date of Renewal the existing policyholder should extend his existing policy with the existing insurer on a short period basis as per the portability guidelines of the IRDAI.
- g) Portability will be allowed for all individual health insurance policies issued by non-life insurance companies including family floater policies.

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) **Insured**

You and Your spouse with entry age of 60 years and above can be covered in the Policy on Individual basis. However if the spouse is of age less than 60 years, she/ he can still opt under Family Floater policy, provided the age of Self is 60 years and above.

Only those persons named, as the Insured in the **Schedule** shall be covered under this **Policy**.

(iii) **Cost of pre-insurance medical examination**

We will reimburse 50% of the cost of any pre-insurance medical examination conducted at our empanelled diagnostic center, once the Proposal is accepted and the Policy is issued for that Insured Person.

(iv) **Communications**

- a) Any communications, notifications or declarations meant for Us must be in writing and delivered to Our address specified in the Schedule.
- b) Any communication meant for You will be sent by Us to Your address shown in the Schedule. You must notify Us immediately of any change in Your address.
- c) Our agents are not authorized to receive communications, notices or declarations on Our behalf.

(v) **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.

(vi) **Multiple Policies**

- a) If two or more policies are taken by an **insured** during a period from one or more insurers to indemnify treatment costs, the **policyholder** shall have the right to require a settlement of his/her claim in terms of any of his/her policies.
- b) In all such cases the insurer who has issued the chosen policy shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
- c) The **policyholder** having multiple policies shall also have the right to prefer claims from other **policy/ policies** for the amounts disallowed under the earlier chosen policy/ policies, even if the sum insured is not exhausted. Then the Insurer(s) shall settle the claim subject to the terms and conditions of the other **policy / policies** so chosen.
- d) If the amount to be claimed exceeds the sum insured under a single policy after considering the deductibles or co-pay, the **policyholder** shall have the right to choose insurers from whom he/she wants to claim the balance amount.
- e) Where an **insured** has policies from more than one insurer to cover the same risk on indemnity basis, the insured shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the chosen **policy**.

(vii) **Policy Period**

The **Policy** can be issued for tenure of 1 year, 2 years and 3 years.

(viii) **Territorial Limits and Law**

- a) **We** cover Accidental Bodily **Injury** or 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 and 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**.

(ix) **Free Look Period**

- a) The free look period shall be applicable at the inception of the **Policy**.
- b) The insured will be allowed a period of at least 15 days from the date of receipt of the **Policy** to review the terms and conditions of the **Policy** and to return the same if not acceptable
- c) If the insured has not made any claim during the free look period, the insured shall be entitled to-
 - i. A refund of the premium paid less any expenses incurred by the **Insurer** on medical examination of the insured persons and the stamp duty charges or;
 - ii. Where the risk has already commenced and the option of return of the **Policy** is exercised by the policyholder, a deduction towards the proportionate risk premium for period on cover or;
 - iii. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

(x) **Cancellation**

- a) Cancellation will not be invoked by **Us** except on grounds of fraud, moral hazard, misrepresentation or non-cooperation by the insured.
- b) **We** may cancel this insurance by giving **You** at least 15 days written notice, and if no claim has been made then **We** shall refund a pro-rata premium for the unexpired **Policy Period**.
- c) In case the **Policy Period** is one year, with single premium payment option, **You** may cancel this insurance by giving **Us** at least 15 days written notice, and if no claim has been made, then **We** 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) In case the **Policy Period** exceeds one year, with single premium payment option, **You** may cancel this insurance by giving **Us** at least 15 days written notice, and if no claim has been made, then We shall refund premium on a pro-rata basis by reference to the time period for which cover is provided, subject to a minimum retention of premium of 25%.
- e) In case the Policy Period is one year, with instalment premium, the cancellation shall be as follows:

Instalment Frequency	Cancellation request received	Rate of Premium refunded
Monthly	Anytime	No Refund
Quarterly	1 st Quarter	12.5% of the respective quarter premium
	2 nd Quarter	12.5% of the respective quarter premium
	3 rd Quarter and above	No Refund
Half-Yearly	Up to 3 months	25% of the half-yearly instalment premium
	Above 3 months to 6 months	12.5% of the half-yearly instalment premium
	Above 6 months	No refund

- f) In case of Policy Period more than one year, with instalment premium, the cancellation shall be as follows:

Instalment Frequency	Cancellation request received	Rate of Premium refunded
Monthly	Anytime within the Policy Period	No Refund
Quarterly	1 st Quarter of 1 st Policy Year	12.5% of the respective quarter premium
	2 nd Quarter of 1 st Policy Year	12.5% of the respective quarter premium
	3 rd Quarter of 1 st Policy Year and above	No Refund
Half-Yearly	Up to first 3 months of the 1 st Policy Year	25% of the half-yearly instalment premium
	Above first 3 months to 6 months of the 1 st Policy Year	12.5% of the half-yearly instalment premium
	Above first 6 months of the 1 st Policy Year and thereafter	No refund

- g) In case of one-year or long-term policies with single premium payment, in the event of death of an insured member in a particular policy year, the corresponding premium for the insured person for the subsequent (unutilized) Policy period(s) shall be refunded under both individual and floater policies, subject to no claim in the underlying policy year by the deceased member. In case of claim in the underlying policy year by the deceased member, the subsequent (unutilized) policy year(s) premium of the deceased member shall not be refunded.
- h) In the case of one-year policy with instalment premium option, in the event of death of any insured person, the coverage for deceased person shall not continue for subsequent Policy period and subsequent policy period instalment premium for the deceased person shall not be applicable, subject to no claim in the underlying policy year and the instalment premium, if any shall be refunded on pro-rata basis.
- i) In the case of long-term policy with instalment premium option, in the event of death of any insured person in any particular Policy Year, the coverage for deceased person shall not continue for subsequent Policy period and subsequent policy period instalment premium for the deceased person shall not be applicable, subject to no claim in the underlying policy year and the instalment premium, if received shall be refunded on pro-rata basis.
- j) No refund of premium shall be due on cancellation if the Insured Person has made a claim under this Policy.

(xi) **Special Conditions applicable for Policies issued with Premium Payment on Instalment Basis.**

If **You** have opted payment of premium on an instalment basis, as specified in the Schedule, the following conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy):

- a) Duly filled and signed ACH/ECS/E-Mandate form shall be submitted along with the proposal form specifying the instalment premium amount and the frequency of instalment.
- b) On successful registration of the mandate of the ECS mandate, the premium shall be auto debited as per the frequency opted.
- c) 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**. In such case where the balance instalment premium is recovered, the policy shall continue for the remaining **policy year**.
- d) If the claim amount is lesser than the balance premium payable, then no claims would be payable till the applicable premium is recovered.
- e) In case of withdrawal of ECS, a written communication will be required from policyholder
- f) Relaxation Period is the extended period provided to the policyholder to pay the instalment premium, post instalment premium payment due date. The policyholder will be covered during the relaxation period. Any claims during relaxation period shall be treated with continuity of cover to the policy with respect to waiting period applicable under the policy.
- g) Relaxation period for the policies with instalment option would be as under:

Instalment option	Relaxation for payment of premium
Half yearly	15 days
Quarterly	15 days
Monthly	15 days

- h) In case there is failure in transaction in ECS mode or the instalment premiums are not received within the relaxation period, the Policy will get cancelled.
- i) A fresh policy with all waiting periods would be issued
- j) Relaxation period and Grace period will not be applicable at the same point of time, except at the completion of every annual term of the policy

3. **Conditions when a claim arises**

A. **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) Cashless treatment is only available at a Network Provider. In order to avail cashless treatment, the following procedure must be followed by **You**:
- (i) For availing **cashless** at a **Network Provider**, We must be called at **Our** call centre and a request for pre-authorisation must be made by way of the written form prescribed by **Us**.

- (ii) After considering the request and obtaining any further information or documentation that **We** have sought, **We** may, if satisfied, send the **Network Provider** an authorisation letter. Such pre-authorization shall be issued by **Us** within 24 hours of receiving the complete information.
 - (iii) The authorisation letter, the ID card issued to **You** along with this Policy and any other information or documentation that **We** have specified must be produced to the Network Provider identified in the pre-authorization letter at the time of the Insured Person's admission to the **Hospital**.
 - (iv) If the above procedure is followed, **You** will not be required to directly pay for those Medical Expenses to the Network Provider that **We** are liable to indemnify under this **Policy**. The original bills and evidence of treatment in respect of the same shall be left with the Network Provider. Pre-authorization does not guarantee that all costs and expenses that are incurred will be covered. **We** reserve the right to review each claim for **Medical Expenses** incurred and accordingly coverage will be determined according to the terms, conditions and exclusions of this Policy. All other costs and expenses that are not covered under this Policy must be settled directly with the **Network Provider** and **We** shall have no liability in this regard.
- b) If pre-authorization as above is denied by **Us** or if treatment is taken in a **Hospital** which is Non-Network or if **You** do not wish to avail cashless facility, then:
- (i) **We** must be given Notification of Claim in writing immediately and in any event within 48 hours of the commencement of the Illness or Injury. You must immediately consult a Medical Practitioner and follow the advice and treatment that he/she recommends. **You** must take reasonable steps or measures in good faith to minimise the quantum of any claim that may be made under this **Policy**.
 - (ii) **You** must have **Yourself** examined by **Our** medical advisors if **We** ask, the cost for which will be borne by **Us**.
 - (iii) **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, including written details of the quantum of any claim 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:
 - a. the claim form specified by **Us** duly completed and signed by the claimant or a family member;
 - b. first consultation letter;
 - c. first prescription from the Medical Practitioner;
 - d. original vouchers;
 - e. original Hospital bills giving a detailed break up of all expense heads mentioned in the bill;
 - f. Money receipt duly signed with a revenue stamp;
 - g. birth/death certificate (as applicable);
 - h. the original Hospital discharge card;
 - i. all original laboratory and diagnostic test Reports such as X-Ray, E.C.G, USG, MRI Scan, Haemogram etc;
 - j. If medicines have been purchased in cash and if this has not been reflected in the Hospital bill, please enclose a prescription from the Medical Practitioner and the supporting medicine bill from the chemist;
 - k. If diagnostic or radiology tests have been paid for in cash and it has not been reflected in the Hospital bill, please enclose a prescription from the Medical Practitioner advising the tests, the actual test reports and the bill from the diagnostic centre for the tests.
 - (iv) In the event of **Your/Insured Person's** death, **You/Insured Person's** nominee/legal heir 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.
 - (v) If **We** are not given notice/ documentation within the time frames set out above, then **We** may accept the claim notice/ documentation if it is demonstrated to **Us** that the delay was for reasons beyond the control of the claimant.
 - (vi) The periods for intimation as stipulated under 3. A. b (i), or submission of any documents as stipulated under 3. A. b (i), (iii) and (iv) will be waived in case of any hardships being faced by the insured or his representative which is supported by some documentation.
- c) **Settlement of Claims**
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) (iii) above
- (i) In case of 'pending' claims, **We** will ask for submission of incomplete documents.
 - (ii) 'Rejected' claims will be informed to the Insured Person in writing with reason for rejection.
 - (iii) 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
 - (iv) 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.

B. Basis of claims payment

- a) **Claims for Day Care Treatment**
The Day Care Treatments listed are subject to the exclusions, terms and conditions of the **Policy** and will not be treated as independent coverage under the **Policy**.
- b) **Co-Payments and sub limits for specified procedures applicable under the policy**
Co-Payments and sub limits for specified procedures, as mentioned in Section D. 1. (i) a) and b) and (ii), will be applicable under the **Policy**.
- C. **Reimbursement Claims**
For reimbursement claims, the payment will be made to **You**. In the event of **Your** death, **We** will pay the nominee (as named in the **Schedule**) and in case the nominee is deceased or untraceable, payment to **Your** legal heir who holds a succession certificate or indemnity bond to that effect, whichever is available and where discharge shall be treated as full and final discharge of **Our** liability under the **Policy**.
- D. **Policy Currency**
We shall make payment in Indian Rupees only.
- E. **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.

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

(i) **Renewal**

- a) Your Future Varishta Bima Policy shall be renewable lifelong
- b) Renewals will not be refused by Us except on grounds of fraud, moral hazard, misrepresentation or non-cooperation by the insured.
- c) In case of a Renewal, a Grace Period of 30 days is permissible for all policies including policies with instalment option. Policy will be considered as continuous for the purpose of all waiting periods and Health Check-up benefit.
- d) Any Medical expenses incurred as a result of disease condition/ Accident contracted during the break period will not be admissible under the Policy.
- e) For Renewal Proposal received after completion of Grace Period of 30 days, all waiting periods would apply afresh.
- f) This Policy may be renewed by mutual consent and in such event, the Renewal premium shall be paid to Us on or before the date of expiry of the Policy or of the subsequent Renewal thereof.
- g) There will be no loading on premium for adverse claims experience.
- h) Any change in benefit or premium will be done with the approval of the **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**.
- i) The brochure/ prospectus mentions the premiums as per the age slabs/ Sum Insured and the same would be charged as per the completed age at every Renewal. The premiums as shown in the brochure/ prospectus are subject to revision as and when approved by the regulator. However such revised premiums would be applicable only from subsequent Renewals and with due notice whenever implemented.
- j) No increase/ decrease in Sum Insured during the currency of the **Policy**. However increase/decrease in Sum Insured or change in cover, can be requested at the time of Renewal of the Policy. **You** can submit a request for the changes by filling the **Proposal** before the expiry of the Policy.

E. SCHEDULE OF BENEFITS

Future Varishta Bima

A	Eligibility	Sum Insured options (in ₹)	200000, 300000, 400000, 500000, 750000, 1000000																	
		Minimum entry age	60 years																	
		Maximum entry age	Lifelong																	
		Maximum Renewal Age	Lifelong																	
		Individual/ Family Floater SI Options	Individual/ Family Floater																	
		Policy Term	1/ 2/ 3 years																	
B	Hospitalisation Benefits	Hospitalisation	Covered																	
		Day Care Treatment	Covered																	
		Pre- Hospitalisation for 60 days and Post-Hospitalisation for 90 days	<table border="1"> <thead> <tr> <th>Sum Insured (₹)</th> <th>2 L</th> <th>3 L</th> <th>4 L</th> <th>5 L</th> <th>7.5 L</th> <th>10 L</th> </tr> </thead> <tbody> <tr> <td>Combined limits for Pre- & Post-Hospitalisation (₹)</td> <td>4000</td> <td>6000</td> <td>8000</td> <td>10000</td> <td>10000</td> <td>10000</td> </tr> </tbody> </table>						Sum Insured (₹)	2 L	3 L	4 L	5 L	7.5 L	10 L	Combined limits for Pre- & Post-Hospitalisation (₹)	4000	6000	8000	10000
Sum Insured (₹)	2 L	3 L	4 L	5 L	7.5 L	10 L														
Combined limits for Pre- & Post-Hospitalisation (₹)	4000	6000	8000	10000	10000	10000														
C	Discount	<ol style="list-style-type: none"> Long term discount (2 and 3 years policy term) in case of single payment of premium - 5% discount for 2 year policy, 10% for 3 years policy. 10% family Discount if more than 1 member is covered under single proposal with Individual sum insured. 10% discount on the individual member's premium, if the insured produces the latest medical reports within 15 days of the tests done (2 D Echo, BP report, Glycosylated blood sugar, blood urea & creatinine) along with the proposal form and the proposal is accepted. This is available for Sum Insured options of ₹ 2L, 3L, 4L and 5L. This discount will not be applicable for further renewals. 																		
D	Instalment option (monthly, quarterly, half yearly) with Loading	Available for policy term of 1/2/3 years. Loadings on standard premium will be applicable in case instalment facility is opted for premium payment. <table border="1"> <thead> <tr> <th>Instalment frequency</th> <th>Loading on standard premiums</th> </tr> </thead> <tbody> <tr> <td>Monthly</td> <td>5%</td> </tr> <tr> <td>Quarterly</td> <td>4%</td> </tr> <tr> <td>Half-yearly</td> <td>3%</td> </tr> </tbody> </table>						Instalment frequency	Loading on standard premiums	Monthly	5%	Quarterly	4%	Half-yearly	3%					
Instalment frequency	Loading on standard premiums																			
Monthly	5%																			
Quarterly	4%																			
Half-yearly	3%																			
E	Waiting Periods	<ol style="list-style-type: none"> 12 months Waiting Period for Pre-existing Disease 30 days Waiting Period, except for Accidental Hospitalization 24 months Waiting Period for listed conditions irrespective whether it falls under pre-existing diseases 48 months Waiting Period for any hospitalisation medical expenses in connection with treatment for any mental illness or psychiatric illness 48 months Waiting Period for any hospitalisation expenses in connection with treatment for AIDS and/ or infection with HIV 																		
F	Co-payment	<ol style="list-style-type: none"> 50% co-payment is applicable on each and every claim related to Pre-existing disease, on the admissible hospitalisation bill, excluding claim related to pre and post hospitalisation. The Insured will have no option to waive off this co-payment. 25% co-payment is applicable on each and every claim for all other claims, on the admissible hospitalisation bill, excluding claim related to pre and post hospitalisation. However the Insured have an option to waive off this co-payment on payment of additional loading of 20% on the standard premium. Both the above co-payments will be applicable lifelong 																		
G	Sublimits for specified procedure	Applicable for specified procedures. Our maximum liability of claim payment (including pre and post hospitalisation), shall be limited to amount mentioned in the sublimit table. Above co-payments will not be applicable in case there is a claim for the listed procedures.																		
H	Road Ambulance charges	Up to ₹ 1000/- per hospitalisation																		
I	Free Annual Medical Check-up from second year onwards	Free Medical Check-up after every continuous period of 1 year (Physician's Consultation, ECG, Complete Blood Count, Fasting blood Sugar, Post Prandial Blood Sugar, Sr. Creatinine), irrespective of claim free years. This option will be available to the policy holder once during the respective policy period from the second year onwards.																		
J	Pre-insurance medical examination	<ol style="list-style-type: none"> Applicable for proposal form with any medical declaration for any sum insured Mandatory Pre-insurance medical examination for sum insured ₹ 7.5 L and ₹ 10 L 																		

Annexure 1: Sub-limits table on listed procedures:

Sub-limits on listed procedures (All values are in INR.)						
Procedure/ Treatment	200,000	300,000	400,000	500,000	750,000	1,000,000
Coronary Artery Bypass Grafting (CABG)	150000	200000	225000	275000	300000	350000
Percutaneous Transluminal Coronary Angioplasty (PTCA)	150000	200000	225000	275000	300000	350000
Cataract surgery (per eye)	15000	18000	20000	21500	23000	25000
Total Knee Replacement (per knee)	150000	200000	225000	275000	300000	350000
Total Hip Replacement (per hip)	150000	200000	225000	275000	300000	350000

F. DAY CARE LIST

Day Care

In addition to Day Care list **We** would also cover any other surgeries/ procedures agreed by **Us** in a **Hospital** or a **Day care centre** which require less than 24 hours **Hospitalisation** for inpatient care due to subsequent advancement in technology.

I. Cardiology Related:

1. Coronary Angiography

II. ENT Related:

2. Myringotomy With Grommet Insertion
3. Tympanoplasty (closure Of An Eardrum Perforation reconstruction Of The Auditory Ossicles)
4. Removal Of A Tympanic Drain
5. Operations On The Turbinates (nasal Concha)
6. Stapedotomy To Treat Various Lesions In Middle Ear
7. Revision Of A Stapedectomy
8. Other Operations On The Auditory Ossicles
9. Myringoplasty (post-aura/endaural Approach As Well As Simple Type-I Tympanoplasty)
10. Fenestration Of The Inner Ear
11. Revision Of A Fenestration Of The Inner Ear
12. Palatoplasty
13. Transoral Incision And Drainage Of A Pharyngeal Abscess
14. Tonsillectomy Without Adenoidectomy
15. Tonsillectomy With Adenoidectomy
16. Excision And Destruction Of A Lingual Tonsil
17. Revision Of A Tympanoplasty
18. Other Microsurgical Operations On The Middle Ear
19. Incision Of The Mastoid Process And Middle Ear
20. Mastoidectomy
21. Reconstruction Of The Middle Ear
22. Other Excisions Of The Middle And Inner Ear
23. Other Operations On The Middle And Inner Ear
24. Excision And Destruction Of Diseased Tissue Of The Nose
25. Nasal Sinus Aspiration
26. Foreign Body Removal From Nose
27. Adenoidectomy
28. Stapedectomy Under GA
29. Stapedectomy Under LA
30. Tympanoplasty (type IV)
31. Turbinectomy
32. Endoscopic Stapedectomy
33. Incision And Drainage Of Perichondritis
34. Septoplasty
35. Thyroplasty Type I
36. Pseudocyst Of The Pinna - Excision
37. Incision And Drainage - Haematoma Auricle
38. Reduction Of Fracture Of Nasal Bone
39. Excision Of Angioma Septum
40. Turbinoplasty
41. Incision & Drainage Of Retro Pharyngeal Abscess
42. Uvulo Palato Pharyngo Plasty
43. Adenoidectomy With Grommet Insertion
44. Adenoidectomy Without Grommet Insertion
45. Incision & Drainage Of Para Pharyngeal Abscess

III. Gastroenterology Related:

46. Pancreatic Pseudocyst Eus & Drainage
47. RF Ablation For Barrett's Oesophagus
48. EUS + Aspiration Pancreatic Cyst
49. Small Bowel Endoscopy (therapeutic)
50. Colonoscopy, Lesion Removal
51. ERCP
52. Colonoscopy Stenting Of Stricture
53. Percutaneous Endoscopic Gastrostomy
54. EUS And Pancreatic Pseudo Cyst Drainage
55. ERCP And Choledochoscopy
56. Proctosigmoidoscopy Volvulus Detorsion
57. ERCP And Sphincterotomy
58. Esophageal Stent Placement
59. ERCP + Placement Of Biliary Stents
60. Sigmoidoscopy W / Stent
61. EUS + Coeliac Node Biopsy

IV. General Surgery Related:

62. Incision Of A Pilonidal Sinus / Abscess
63. Fissure In Ano Sphincterotomy
64. Orchidopexy for undescended testis

65. Laproscopic Abdominal Exploration In Cryptorchidism
66. Surgical Treatment Of Anal Fistulas
67. Division Of The Anal Sphincter (sphincterotomy)
68. Epididymectomy
69. Incision Of The Breast Abscess
70. Operations On The Nipple
71. Excision Of Single Breast Lump
72. Incision And Excision Of Tissue In The Perianal Region
73. Surgical Treatment Of Hemorrhoids
74. Sclerotherapy
75. Wound Debridement And Cover
76. Abscess-decompression
77. Infected Sebaceous Cyst
78. Incision And Drainage Of Abscess
79. Suturing Of Lacerations
80. Scalp Suturing
81. Infected Lipoma Excision
82. Maximal Anal Dilatation
83. Piles
 - i. Injection Sclerotherapy
 - ii. Piles Banding
84. Liver Abscess- Catheter Drainage
85. Fissure In Ano- Fissurectomy
86. Fibroadenoma Breast Excision
87. Oesophageal Varices Sclerotherapy
88. ERCP - Pancreatic Duct Stone Removal
89. Perianal Abscess I & D
90. Perianal Hematoma Evacuation
91. UGI Scopy And Polypectomy Oesophagus
92. Breast Abscess I & D
93. Oesophagoscopy And Biopsy Of Growth Oesophagus
94. ERCP - Bile Duct Stone Removal
95. Splenic Abscesses Laparoscopic Drainage
96. UGI Scopy And Polypectomy Stomach
97. Feeding Jejunostomy
98. Varicose Veins Legs - Injection Sclerotherapy
99. Pancreatic Pseudocysts Endoscopic Drainage
100. Zadek's Nail Bed Excision
101. Rigid Oesophagoscopy For Dilatation Of Benign Strictures
102. Lord's Plication
103. Jaboulay's Procedure
104. Scrotoplasty
105. Circumcision For Trauma
106. Meatoplasty
107. Intersphincteric Abscess Incision And Drainage
108. PSOAS Abscess Incision And Drainage
109. Thyroid Abscess Incision And Drainage
110. Tips Procedure For Portal Hypertension
111. Esophageal Growth Stent
112. Pair Procedure Of Hydatid Cyst Liver
113. Tru Cut Liver Biopsy
114. Laparoscopic Reduction Of Intussusception
115. Microdochectomy Breast
116. Sentinel Node Biopsy
117. Testicular Biopsy
118. Sentinel Node Biopsy Malignant Melanoma
119. TURBT
120. URS + LL

V. Gynecology Related:

121. Conization Of The Uterine Cervix
122. Local Excision And Destruction Of Diseased Tissue Of The Vagina And The Pouch Of Douglas
123. Incision Of Vulva
124. Salpingo-oophorectomy Via Laparotomy
125. Endoscopic Polypectomy
126. Hysteroscopic Removal Of Myoma
127. D & C
128. Hysteroscopic Resection Of Septum
129. Thermal Cauterisation Of Cervix
130. Mirena Insertion
131. Hysteroscopic Adhesiolysis
132. LEEP (Loop Electrosurgical Excision Procedure)

133. Cryocauterisation Of Cervix
134. Polypectomy Endometrium
135. Hysteroscopic Resection Of Fibroid
136. LLETZ (large loop excision of the transformation zone)
137. Conization
138. Polypectomy Cervix
139. Hysteroscopic Resection Of Endometrial Polyp
140. Vulval Wart Excision
141. Laparoscopic Paraovarian Cyst Excision
142. Uterine Artery Embolization
143. Laparoscopic Cystectomy
144. Hymenectomy (Imperforate Hymen)
145. Vaginal Wall Cyst Excision
146. Vulval Cyst Excision
147. Laparoscopic Paratubal Cyst Excision
148. Vaginal Mesh For POP
149. Laparoscopic Myomectomy
150. Repair Recto- Vagina Fistula
151. Pelvic Floor Repair (Excluding Fistula Repair)
152. Laparoscopic Oophorectomy

VI. Neurology Related:

153. Facial Nerve Glycerol Rhizotomy
154. Stereotactic Radiosurgery
155. Percutaneous Cordotomy
156. Diagnostic Cerebral Angiography
157. VP Shunt
158. Ventriculoatrial Shunt

VII. Oncology Related:

159. Radiotherapy For Cancer
160. Cancer Chemotherapy
161. IV Push Chemotherapy
162. HBI-hemibody Radiotherapy
163. Infusional Targeted Therapy
164. SRT-stereotactic ARC Therapy
165. SC Administration Of Growth Factors
166. Continuous Infusional Chemotherapy
167. Infusional Chemotherapy
168. CCRT-concurrent Chemo + RT
169. 2D Radiotherapy
170. 3D Conformal Radiotherapy
171. IGRT- Image Guided Radiotherapy
172. IMRT- Step & Shoot
173. Infusional Bisphosphonates
174. IMRT- DMLC
175. Rotational Arc Therapy
176. Tele Gamma Therapy
177. FSRT-fractionated SRT
178. VMAT-volumetric Modulated Arc Therapy
179. SBRT-stereotactic Body Radiotherapy
180. Helical Tomotherapy
181. SRS-stereotactic Radiosurgery
182. X-knife SRS
183. Gammaknife SRS
184. TBI- Total Body Radiotherapy
185. Intraluminal Brachytherapy
186. Electron Therapy
187. TSET-total Electron Skin Therapy
188. Extracorporeal Irradiation Of Blood Products
189. Telecobalt Therapy
190. Telesesium Therapy
191. External Mould Brachytherapy
192. Interstitial Brachytherapy
193. Intracavity Brachytherapy
194. 3D Brachytherapy
195. Implant Brachytherapy
196. Intravesical Brachytherapy
197. Adjuvant Radiotherapy
198. Afterloading Catheter Brachytherapy
199. Conditioning Radiotherapy For BMT
200. Nerve Biopsy
201. Muscle Biopsy
202. Epidural Steroid Injection
203. Extracorporeal Irradiation To The Homologous Bone Grafts
204. Radical Chemotherapy
205. Neoadjuvant Radiotherapy
206. LDR Brachytherapy
207. Palliative Radiotherapy

208. Radical Radiotherapy
209. Palliative Chemotherapy
210. Template Brachytherapy
211. Neoadjuvant Chemotherapy
212. Adjuvant Chemotherapy
213. Induction Chemotherapy
214. Consolidation Chemotherapy
215. Maintenance Chemotherapy
216. HDR Brachytherapy

VIII. Operations On The Salivary Glands & Salivary Ducts:

217. Incision And Lancing Of A Salivary Gland And A Salivary Duct
218. Excision Of Diseased Tissue Of A Salivary Gland And A Salivary Duct
219. Resection Of A Salivary Gland
220. Reconstruction Of A Salivary Gland And A Salivary Duct

IX. Operations On The Skin & Subcutaneous Tissues:

221. Surgical Wound Toilet (wound Debridement) And Removal Of Diseased Tissue Of The Skin And Subcutaneous Tissues
222. Local Excision Of Diseased Tissue Of The Skin And Subcutaneous Tissues
223. Simple Restoration Of Surface Continuity Of The Skin And Subcutaneous Tissues
224. Free Skin Transplantation, Donor Site
225. Free Skin Transplantation, Recipient Site
226. Revision Of Skin Plasty
227. Chemosurgery To The Skin.
228. Destruction Of Diseased Tissue In The Skin And Subcutaneous Tissues
229. Reconstruction Of Deformity/defect In Nail Bed
230. Excision Of Bursitis
231. Tennis Elbow Release

X. Operations On The Tongue:

232. Incision, Excision And Destruction Of Diseased Tissue Of The Tongue
233. Partial Glossectomy
234. Glossectomy
235. Reconstruction Of The Tongue

XI. Ophthalmology Related

236. Surgery For Cataract
237. Incision Of Tear Glands
238. Incision Of Diseased Eyelids
239. Excision And Destruction Of Diseased Tissue Of The Eyelid
240. Operations On The Canthus And Epicanthus
241. Corrective Surgery For Entropion And Ectropion
242. Corrective Surgery For Blepharoptosis
243. Removal Of A Foreign Body From The Conjunctiva
244. Removal Of A Foreign Body From The Cornea
245. Incision Of The Cornea
246. Operations For Pterygium
247. Removal Of A Foreign Body From The Lens Of The Eye
248. Removal Of A Foreign Body From The Posterior Chamber Of The Eye
249. Removal Of A Foreign Body From The Orbit And Eyeball
250. Correction Of Eyelid Ptosis By Levator Palpebrae Superioris Resection (bilateral)
251. Correction Of Eyelid Ptosis By Fascia Lata Graft (bilateral)
252. Diathermy/cryotherapy To Treat Retinal Tear
253. Anterior Chamber Paracentesis/ Cyclodiathermy/ Cyclocryotherapy/ Goniotomy Trabeculectomy And Filtering And Allied Operations To Treat Glaucoma
254. Enucleation Of Eye Without Implant
255. Dacryocystorhinostomy For Various Lesions Of Lacrimal Gland
256. Laser Photocoagulation To Treat Retinal Tear
257. Biopsy Of Tear Gland

XII. Orthopedics Related:

258. Incision On Bone, Septic And Aseptic
259. Closed Reduction On Fracture, Luxation Or Epiphyseolysis With Osteosynthesis
260. Suture And Other Operations On Tendons And Tendon Sheath
261. Reduction Of Dislocation Under GA

262. Arthroscopic Knee Aspiration
 263. Surgery For Ligament Tear
 264. Surgery For Hemoarthrosis/pyoarthrosis
 265. Removal Of Fracture Pins/nails
 266. Removal Of Metal Wire
 267. Closed Reduction On Fracture, Luxation
 268. Reduction Of Dislocation Under GA
 269. Epiphyseolysis With Osteosynthesis
 270. Excision Of Various Lesions In Coccyx
 271. Arthroscopic Repair Of Acl Tear Knee
 272. Closed Reduction Of Minor Fractures
 273. Arthroscopic Repair Of PCL Tear Knee
 274. Tendon Shortening
 275. Arthroscopic Meniscectomy - Knee
 276. Treatment Of Clavicle Dislocation
 277. Haemarthrosis Knee- Lavage
 278. Abscess Knee Joint Drainage
 279. Carpal Tunnel Release
 280. Closed Reduction Of Minor Dislocation
 281. Repair Of Knee Cap Tendon
 282. ORIF With K Wire Fixation- Small Bones
 283. Release Of Midfoot Joint
 284. ORIF With Plating- Small Long Bones
 285. Implant Removal Minor
 286. K Wire Removal
 287. Closed Reduction And External Fixation
 288. Arthrotomy Hip Joint
 289. Syme's Amputation
 290. Arthroplasty
 291. Partial Removal Of Rib
 292. Treatment Of Sesamoid Bone Fracture
 293. Shoulder Arthroscopy / Surgery
 294. Elbow Arthroscopy
 295. Amputation Of Metacarpal Bone
 296. Release Of Thumb Contracture
 297. Incision Of Foot Fascia
 298. Partial Removal Of Metatarsal
 299. Repair / Graft Of Foot Tendon
 300. Amputation Follow-up Surgery
 301. Exploration Of Ankle Joint
 302. Remove/graft Leg Bone Lesion
 303. Repair/graft Achilles Tendon
 304. Remove Of Tissue Expander
 305. Biopsy Elbow Joint Lining
 306. Removal Of Wrist Prosthesis
 307. Biopsy Finger Joint Lining
 308. Tendon Lengthening
 309. Treatment Of Shoulder Dislocation
 310. Lengthening Of Hand Tendon
 311. Removal Of Elbow Bursa
 312. Fixation Of Knee Joint
 313. Treatment Of Foot Dislocation
 314. Surgery Of Bunion
 315. Tendon Transfer Procedure
 316. Removal Of Knee Cap Bursa
 317. Treatment Of Fracture Of Ulna
 318. Treatment Of Scapula Fracture
 319. Removal Of Tumor Of Arm/ Elbow Under RA/GA
 320. Repair Of Ruptured Tendon
 321. Decompress Forearm Space
 322. Revision Of Neck Muscle (torticollis Release)
 323. Lengthening Of Thigh Tendons
 324. Treatment Fracture Of Radius & Ulna
- XIII. Other Operations On The Mouth & Face:**
325. External Incision And Drainage In The Region Of The Mouth, Jaw And Face
 326. Incision Of The Hard And Soft Palate
 327. Excision And Destruction Of Diseased Hard And Soft Palate
- XIV. Pediatric Surgery Related:**
328. Excision Of Fistula-in-ano
 329. Excision Juvenile Polyps Rectum
 330. Vaginoplasty
 331. Dilatation Of Accidental Caustic Stricture Oesophageal
 332. Presacral Teratomas Excision
 333. Removal Of Vesical Stone
 334. Excision Sigmoid Polyp
 335. Sternomastoid Tenotomy
336. Infantile Hypertrophic Pyloric Stenosis Pyloromyotomy
 337. Excision Of Soft Tissue Rhabdomyosarcoma
 338. Mediastinal Lymph Node Biopsy
 339. High Orchidectomy For Testis Tumours
 340. Excision Of Cervical Teratoma
 341. Rectal-myomectomy
 342. Rectal Prolapse (delorme's Procedure)
 343. Detorsion Of Torsion Testis
- XV. Thoracic Surgery Related:**
344. Thoracoscopy And Lung Biopsy
 345. Excision Of Cervical Sympathetic Chain Thoracoscopic
 346. Laser Ablation Of Barrett's Oesophagus
 347. Pleurodesis
 348. Thoracoscopy And Pleural Biopsy
 349. EBUS + Biopsy
 350. Thoracoscopy Ligation Thoracic Duct
 351. Thoracoscopy Assisted Empyema Drainage
- XVI. Urology Related:**
352. Haemodialysis
 353. Lithotripsy/nephrolithotomy For Renal Calculus
 354. Excision Of Renal Cyst
 355. Drainage Of Pyonephrosis/perinephric Abscess
 356. Incision Of The Prostate
 357. Transurethral Excision And Destruction Of Prostate Tissue
 358. Transurethral And Percutaneous Destruction Of Prostate Tissue
 359. Open Surgical Excision And Destruction Of Prostate Tissue
 360. Operations On The Seminal Vesicles
 361. Other Operations On The Prostate
 362. Incision Of The Scrotum And Tunica Vaginalis Testis
 363. Operation On A Testicular Hydrocele
 364. Other Operations On The Scrotum And Tunica Vaginalis Testis
 365. Incision Of The Testes
 366. Excision And Destruction Of Diseased Tissue Of The Testes
 367. Unilateral Orchidectomy
 368. Bilateral Orchidectomy
 369. Surgical Repositioning Of An Abdominal Testis
 370. Reconstruction Of The Testis
 371. Other Operations On The Testis
 372. Excision In The Area Of The Epididymis
 373. Operations On The Foreskin
 374. Local Excision And Destruction Of Diseased Tissue Of The Penis
 375. Other Operations On The Penis
 376. Cystoscopic Removal Of Stones
 377. Lithotripsy
 378. Biopsy Of Temporal Artery For Various Lesions
 379. External Arterio-venous Shunt
 380. AV Fistula - Wrist
 381. URSL With Stenting
 382. URSL With Lithotripsy
 383. Cystoscopic Litholapaxy
 384. ESWL
 385. Cystoscopy & Biopsy
 386. Cystoscopy And Removal Of Polyp
 387. Suprapubic Cystostomy
 388. Percutaneous Nephrostomy
 389. Cystoscopy And "SLING" Procedure
 390. TUNA- Prostate
 391. Excision Of Urethral Diverticulum
 392. Excision Of Urethral Prolapse
 393. Mega-ureter Reconstruction
 394. Kidney Renoscopy And Biopsy
 395. Ureter Endoscopy And Treatment
 396. Surgery For Pelvi Ureteric Junction Obstruction
 397. Anderson Hynes Operation
 398. Kidney Endoscopy And Biopsy
 399. Paraphimosis Surgery
 400. Surgery For Stress Urinary Incontinence
 401. Injury Prepuce- Circumcision
 402. Frenular Tear Repair
 403. Meatotomy For Meatal Stenosis
 404. Surgery For Fournier's Gangrene Scrotum
 405. Surgery Filarial Scrotum
 406. Surgery For Watering Can Perineum

- 407. Repair Of Penile Torsion
- 408. Drainage Of Prostate Abscess
- 409. Orchiectomy

Note: The standard terms and conditions are applicable to all of the above procedures depending on the medical condition/ disease under treatment. Only 24 hours **Hospitalisation** is not mandatory.

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/RET/204/01



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.

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 Only)

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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
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 Amount:

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Claimed Amount in Words: Rupees _____

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

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

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

Authorization for Transfer of Claim Amount by National Electronic Fund Transfer

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

Date from which the mandate should be effective: _____

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

Name of Employee / Proposer: _____

Policy No.: _____

Claimant Name: _____

Signature of Employee / Proposer

Date: DD / MM / YYYY

FEEDBACK AND SUGGESTIONS

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

Future Generali India Insurance Company Limited. IRDAI Regn. No. 132 | CIN: U66030MH2006PLC165287.
 Regd. and Corp. Office: Indiabulls Finance Centre, Tower 3, 6th Floor, Senapati Bapat Marg, Elphinstone, Mumbai – 400013. Call us at: 1800-220-233 | Fax No: 022 4097 6900 | Website: <https://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.





Dear Customer,

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

What Constitutes a Grievance?

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

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

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

What can I expect after logging a Grievance?

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

How do I escalate?

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

	Customer Service Cell	<p>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</p> <p><i>Please send your complaint in writing. You can use the complaint form, annexed with your policy. Kindly quote your policy number in all communication with us. This will help us to deal with the matter faster.</i></p>
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What should I do, if I face difficulty in registering a grievance?

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

Call center: toll free number (155255).

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

Grievances of Senior Citizens:

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

Insurance Ombudsman:

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

You may reach the nearest insurance ombudsman office. For ease of reference, the list of Insurance 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@qbic.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, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 E-mail: bimalokpal.bengaluru@qbic.co.in	Karnataka
BHOPAL	Office of the Insurance Ombudsman Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL - 462 023 Tel: 0755-2569201/9202 Fax: 0755-2769203 E-mail: bimalokpal.bhopal@qbic.co.in	Madhya Pradesh, Chhattisgarh
BHUBANESHWAR	Office of the Insurance Ombudsman 62, Forest Park, BHUBANESHWAR - 751 009 Tel: 0674-2596461 Fax: 0674-2596429 E-mail: bimalokpal.bhubaneswar@qbic.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@qbic.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@qbic.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@qbic.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@qbic.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@qbic.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@qbic.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@qbic.co.in	Kerala, Lakshadweep, Mahe - a part of Pondicherry
KOLKATA	Office of the Insurance Ombudsman 4 th Floor, Hindusthan Bldg., Annexe, 4, C.R.Avenue, KOLKATA - 700 072 Tel: 033-22124346 / (40) Fax: 033-22124341 E-mail : bimalokpal.kolkata@qbic.co.in	West Bengal, Sikkim and UT of Andaman & 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@qbic.co.in	Districts of U.P:- Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, 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@qbic.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 Tel: 0120-2514250/51/53 E-mail: bimalokpal.noida@qbic.co.in	Uttaranchal and the following Districts of U.P:- Agra, Aligarh, Bagpet, Bareilly, Bijnor, Budaun, Bulandshehar, Etah , Kanooj, 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@qbic.co.in	Bihar, Jharkhand
PUNE	Office of the Insurance Ombudsman Jeevan Darshan Bldg., 3 rd 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@qbic.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

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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

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Customer Name _____

Address _____

City: _____ Pin code: _____ Telephone No. : _____ Mobile No. : _____

Detailed Description _____

Date

D	D	M	M	Y	Y	Y	Y
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Customer's Signature

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.
 Registered and Corporate Office: Indiabulls Finance Centre, Tower 3, 6th Floor, Senapati Bapat Marg, Elphinstone, Mumbai – 400013. Website: <https://general.futuregenerali.in> | Email: fgcare@futuregenerali.in | Call us at: 1800-220-233 / 1860-500-3333 / 022-67837800

For office use only Service / Case #

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Comments: _____

