SUKSHMA HOSPI-CASH (MICRO-INSURANCE PRODUCT) POLICY WORDINGS

Corporate & Registered Office - 6th Floor, Tower 3, Indiabulls Finance Center, Senapati Bapat Marg, Elphinstone Road, Mumbai – 400013
Care Lines: - 1800-220-233/ 1860-500-3333/ 022-67837800 Email: - Fgcare@futuregenerali.in Website: - www.futuregenerali.in
IRDA Regn. No 132, CIN - U66030MH2006PLC165287, Service Tax Registration Number: AABCF0191RSD002

CUSTOMER INFORMATION SHEET

Description is illustrative and not exhaustive

S.NO	TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
1	Product Name	Sukshma Hospi-Cash (Micro-Insurance Product)	
2	What am I covered for:	Hospital admission longer than 24 hrs	Section A (15) and Section B (I, II)
		Hospital Cash benefit for each continuous and completed period of 24 hours for a maximum of 5 days/ 10 days/ 15 days/ 20 days/ 25 days as per the schedule	Section B (I)
		2 times benefit payable for ICU	Section B (II)
		Optional Benefits: a) Deductible – Discount will be available if any of the deductible type is opted by the group b) Convalescence Benefit – A fixed amount towards convalescence for Hospitalisation more than 10 consecutive days will be payable only once per Hospitalisation event. c) Maternity Benefit Expense Cover, with and without 9 months waiting period– This benefit covers treatment taken in Hospital arising from or traceable to pregnancy, child birth including normal/ caesarean section. d) Pre-Existing Disease Cover – Cover any condition, ailment or Injury or related condition(s) for which Insured have been diagnosed, received medical treatment, had signs and/or symptoms, prior to inception of first Policy	Section B (III. a) Section B (III. b) Section B (III. c) Section B (III. d)
3	What are the major exclusions in the policy:	Any hospital admission for investigative/ diagnostic purpose	Section C
		Infertility, External Congenital Anomaly and related Illness/ defect.	Section C
		Non-allopathic medicine	Section C
		Treatment outside India	Section C
		Circumcision, sex change treatment, Cosmetic treatment and plastic surgery	Section C
		Refractive error correction, dental treatment Surgery of any kind unless requiring Hospitalisation as a result of Injury	Section C
		Organ Donor Expenses	Section C
		Substance abuse, self-inflicted injuries, AIDS	Section C
		Hazardous sports, War (Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing)	Section C
4	Waiting Period	**Initial waiting period:** 30 days for all illnesses (not applicable on renewal or for accidents)	Section C (5)
		Specific waiting periods: • 12 months for any types of gastric or duodenal ulcers, stones in the urinary and biliary systems, Surgery on ears/ tonsils/ adenoids • 24 months for Cataract, Hernia etc • 36 months for Joint Replacement Surgeries • 9 months waiting period for Maternity Benefit Expense Cover if opted	Section C (3) Section C (2) Section C (4) Section B (III c.)
		Pre-existing diseases: Covered after 48 months	Section C (1)
5	Payout basis	Benefit basis	Section D (4)
6	Cost Sharing	**Deductible**, if opted, of 1/ 2/ 3 day(s) shall be deducted in respect of each and every Claim made under this Policy	Section E Schedule of Benefits
7	Renewal Conditions	The policy is renewable lifelong In case of renewal, grace period of 30 days is admissible	Section D (8) (a) Section D (8) (c)
8	Renewal Benefits	NA	NA
9	Cancellations	We may cancel this Policy by giving You at least 15 days written notice on the grounds of fraud, moral hazard or misrepresentation or non-cooperation.	Section D (8)
		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:	Section D (8)
		No refund of premium shall be due on cancellation if the Insured Person has made a claim under this Policy	Section D (8)

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

(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

This **Policy** is issued to **You** based on **Your Proposal** to **Us** and **Your** payment of the premium. **You** are eligible to be covered under this **Policy** if **Your** age is between 6 months to 65 years with lifelong renewability. This **Policy** records the agreement between **Us** and sets out the terms of insurance and the obligations of each party.

A. DEFINITIONS

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

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

2. **Alternative treatments** are forms of treatments other than treatment "Allopathy" or "modem medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context

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

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

5. **Day care centre** means any institution established for **Day Care Treatment** of **Illness** and / or injuries or a medical set -up within a **Hospital** and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified **Medical Practitioner** AND must comply with all minimum criteria as under:-
   -has qualified nursing staff under its employment
   -has qualified medical practitioner/s in charge
   -has a fully equipped operation theatre of its own where surgical procedures are carried out
   -maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

6. **Day Care Treatment** refers to medical treatment, and/or **Surgical Procedure** which is:
   i. undertaken under General or Local Anesthesia in a **Hospital**/**Day care centre** in less than 24 hrs because of technological advancement, and
   ii. which would have otherwise required a **Hospitalisation** of more than 24 hours.

   Treatment normally taken on an out-patient basis is not included in the scope of this definition.

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

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

9. **Dependent child** refers to a child (natural or legally adopted), who is financially dependent on the primary insured or proposer and does not have his / her independent sources of income.

10. **Disclosure to information norm:** The **Policy** shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact

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

12. **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

13. **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) of the said Act OR complies with all minimum criteria as under:
    í has qualified nursing staff under its employment round the clock;
    í has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places;
    í has qualified medical practitioner(s) in charge round the clock;
    í has a fully equipped operation theatre of its own where surgical procedures are carried out;
    í maintains daily records of patients and will make these accessible to the insurance company's authorized personnel

14. **Hospitalisation** means admission in a **Hospital** for a minimum period of 24 In patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

15. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the **Policy** Period and requires medical treatment.
    a) **Acute Condition** means a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/injury which leads to full recovery

b) **Chronic Condition** means a disease, illness, or injury that has one or more of the following characteristics:
   - it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
   - it needs ongoing or long-term control or relief of symptoms
   - it requires your rehabilitation or for you to be specially trained to cope with it
   - it continues indefinitely
   - it comes back or is likely to come back

16. **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.

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

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

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

20. **Medical Advice:** Any consultation or advice from a **Medical Practitioner** including the issue of any prescription or repeat prescription

21. **Medical Practitioner** is 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 the scope and jurisdiction of his licence. The registered practitioner should not be the insured or close **Family** members.

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

23. **Policy Period** means the period between the commencement date and the expiry date specified in the **Schedule** and includes both the commencement date as well as the expiry date.

24. **Portability** means transfer by an individual health insurance policyholder (including **Family** cover) of the credit gained for **Pre-existing** conditions and time-bound exclusions if he/she chooses to switch from one **Insurer** to another

25. **Pre-existing Condition** means any condition, ailment or **Injury** or related condition(s) for which **You** had signs or symptoms, and / or were diagnosed, and / or received **Medical Advice** / treatment within 48 months to prior to the first **Policy** issued by the **Insurer**.

26. **Proposal** means the application (Proposal) form for insurance cover submitted to Us along with all information which has enabled Us in considering whether and on what terms to offer this insurance

27. **Renewal** defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of **Grace Period** for treating the **Renewal** continuous for the purpose of all waiting periods

28. **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.

29. **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 of suffering or prolongation of life, performed in a **Hospital** or **Day care centre** by a medical practitioner.

30. **Unproven/Experimental treatment**: Treatment including drug experimental therapy which is not based on established medical practice in India.

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

32. **You, Your, Yourself** means the Insured person shown in the **Schedule.**

B. POLICY BENEFITS:

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

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

OR

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

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

a) In case of Sec I and II the maximum benefits would however be restricted to **5 days/ 10 days/ 15 days/ 20 days/25 days** *as per the plan opted for each* ***Hospitalisation*** *or all* ***Hospitalisations*** *during the* ***Policy*** *period, for both sections individually or put together.*

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

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

d) **For Family Floater cover:**

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

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

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

The hospitalization benefit should be uniform for all the members covered under Family Floater policy and/or Individual policy

III. OPTIONAL BENEFITS:

The Company hereby agrees, subject to the terms, exclusions and conditions herein contained or otherwise expressed hereon, to extend the cover and include the following benefits on payment of additional premium, and reimburse the Insured Person (or his Nominee/ legal heir, as the case may be) a sum specified in the Schedule to this Policy in the manner indicated on occurrence of the following.

Claims under the extensions mentioned hereunder shall be admissible only consequent to the admissibility of the claim under the corresponding benefits as mentioned in the Schedule.

a. Deductible:

Our liability to pay each and every claim under any Benefit will be in excess of any **Deductible** applicable to that **Benefit** (if any) as specified in the **Schedule**.

Number of days stated in the Schedule shall be deducted in respect of each and every Claim made under this Policy.

Deductible will be applicable for each separate incident reported for claims payment, even though the claim may be registered under the same benefit more than once subject to the terms and conditions of the Policy

Discount will be available if any of the deductible type is opted by the Insured(s)

b. Convalescence Benefit:

This is an optional cover which can be obtained on payment of additional premium for all the Insured Persons under the Policy. A fixed amount towards convalescence for Hospitalisation more than 10 consecutive days will be payable only once per Hospitalisation event. This benefit is payable only if there is an admissible claim under any of the daily benefits.

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

The benefit will vary as per the plan opted

c. Maternity Benefit Expense Cover:
This is an optional cover which can be obtained on payment of additional premium for all the Insured Persons under the Policy. When Maternity Expenses Benefit is opted for in the policy, Exclusion C. 14 of the policy stands deleted. Option for Maternity Benefits has to be exercised at the inception of the policy period and no refund is allowable in case of Insured's cancellation of this option during currency of the policy.

Special conditions applicable to Maternity Expenses Benefit Extension:

This Hospital Cash Benefit is applicable for each continuous and completed period of 24 hours of **Hospitalisation** arising from or traceable to pregnancy, child birth including normal/ caesarean section, for a maximum of **5 days / 10 days /15 days/ 20 days/25 days** as per the **Schedule**

These Benefits are admissible only if incurred in Hospital as in-patient in India.

Maternity Benefit cover will be available to females within age band of 0-45 years only

Maternity Benefit loading will be applicable to the corresponding female member only, if opted.

A waiting period of 9 months is applicable for payment of any claim related to normal delivery, caesarean section and complications of maternity (including and not limited to medical complications). The waiting period stands waived if additional premium is paid for the same.

1. Claim in respect of delivery for only first two children and/ or operations associated therewith will be considered in respect of any one Insured Person covered under the Policy or any renewal thereof. Those Insured Persons who are already having two or more living children will not be eligible for this benefit. In case the first delivery is a twin (more than 1 child) delivery, then the second delivery will not be covered.

2. Pre-natal and post natal expenses including expenses for the new born baby are not covered.

d. Pre-existing Disease Cover:
This is an optional cover which can be obtained on payment of additional premium for all the Insured Persons under the Policy.

Pre-existing disease loading will be applicable to the corresponding family member only.

When Pre-Existing Disease Cover is opted for in the policy, Exclusion, Section C.1 of the Policy stands deleted.

C. 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:

1 Benefits will not be available for Any condition, ailment or **Injury** or related condition(s) for which **You** have been diagnosed, received medical treatment, had signs and/or symptoms, prior to inception of **Your** first **Policy**, until 48 consecutive months have elapsed, after the date of inception of the first **Policy** with **Us**.

This Exclusion shall cease to apply if **You** have maintained the **Policy** with **Us** for a continuous period of 48 months, without break from the date of **Your** first Sukshma Hospi-Cash **Policy** with **Us**.

The period of this exclusion would stand reduced if this **Policy** is a continuous **Renewal** of an earlier Hospital cash/Daily allowance **Policy** of another **Insurer** and has been ported as per the portability regulations of the IRDAI. The period of exclusion would stand reduced by the period of continuous existence of the earlier **Policy** with another **Insurer** of which this **Policy** is a **Renewal**.

2 Without derogation from the above point no. (1), any **Hospitalisation** during the first consecutive 24 months during which **You** have the benefit of a Health Insurance **Policy** with **Us** in connection with cataracts, benign prostatic hypertrophy, hernia of all types, hydrocele, all types of sinuses, fistulae, hemorrhoids, fissure in ano, dysfunctional uterine bleeding, fibromyoma, endometriosis, hysterectomy, all internal or external tumors/ cysts/ nodules/ polyps of any kind including breast lumps (except malignant conditions), **Surgery** for prolapsed inter vertebral disc unless arising from **Accident**, **Surgery** of varicose veins, varicose ulcers and Congenital internal **Illness**/disease.

This exclusion Period shall apply for a continuous Period of 48 months from the date of **Your** first Sukshma Hospi-Cash **Policy** with **Us** if the above referred **Illness** were present at the time of commencement of the **Policy** and if **You** had declared or were aware of such **Illness** at the time of proposing the **Policy** for the first time.

The period of this exclusion would stand reduced if this **Policy** is a continuous **Renewal** of an earlier Hospital cash/ Daily allowance **Policy** of another **Insurer** and has been ported as per the portability regulations of the IRDAI. The period of exclusion would stand reduced by the period of continuous existence of the earlier **Policy** with another **Insurer** of which this **Policy** is a **Renewal**.

3 Without derogation from the above point No.(1), any **Hospitalisation** during the first 12 months during which **You** have the benefit of a Health Insurance **Policy** with **Us** in connection with any types of gastric or duodenal ulcers, stones in the urinary and biliary systems, **Surgery** on ears/ tonsils/ adenoids.

This exclusion period shall apply for a continuous period of 48 months from the date of **Your** first Sukshma Hospi-Cash **Policy** with **Us** if the above referred **Illness** were present at the time of commencement of the **Policy** and if **You** had declared or were aware of such **Illness** at the time of proposing the **Policy** for the first time.

The period of this exclusion would stand reduced if this **Policy** is a continuous **Renewal** of an earlier Hospital cash / Daily allowance **Policy** of another **Insurer** and has been ported as per the portability regulations of the IRDAI. The period of exclusion would stand reduced by the period of continuous existence of the earlier **Policy** with another **Insurer** of which this **Policy** is a **Renewal**.

4 **Hospitalisation** during the first consecutive 36 months during which **You** have the benefit of the **Policy** with **Us** in connection with joint replacement **Surgery** due to degenerative condition, Age related osteoarthritis and Osteoporosis unless such joint replacement **Surgery** is necessitated by accidental Bodily **Injury**.

This exclusion period shall apply for a continuous period of 48 months from the date of **Your** first Sukshma Hospi-Cash **Policy** with **Us** if the above referred **Illness** were present at the time of commencement of the **Policy** and if **You** had declared or were aware of such **Illness** at the time of proposing the **Policy** for the first time.

The period of this exclusion would stand reduced if this **Policy** is a continuous **Renewal** of an earlier Hospital cash/Daily allowance **Policy** of another **Insurer** and has been ported as per the portability regulations of the IRDAI. The period of exclusion would stand reduced by the period of continuous existence of the earlier **Policy** with another **Insurer** of which this **Policy** is a **Renewal**.

5 **Hospitalisation** for any **Illness** diagnosed within 30 days, of the commencement of the **Policy** Period except those incurred as a result of **Injury**.

6 **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).

7 Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an **Accident**.

8 Vaccination (unless post bite) inoculation, cosmetic treatments (for change of life or cosmetic or aesthetic treatment of any description), plastic **Surgery** other than as may be necessitated due to an **Accident** or as a part of any **Illness**, refractive error corrective procedures, **Unproven/ Experimental treatment**, investigational or unproven procedures or treatments, devices and pharmacological regimens of any description.

9 **Dental Treatment** or **Surgery** of any kind unless requiring **Hospitalisation** as a result of **Injury**.

10 The treatment of obesity (including morbid obesity) and other weight control programs, services and supplies.

11 **Hospitalisation** towards treatment of **Illness**/ disease/ condition arising out of abuse of alcohol, substance or drugs.

12 **Hospitalisation** for General debility, "Run-down" condition or rest cure, sexually transmitted disease, intentional self-**Injury**.

13 **Hospitalisation** for Invitro fertilization (IVF), Gamete intrafallopian transfer (GIFT) procedures, and zygote intrafallopian transfer (ZIFT) procedures, and any related prescription medication treatment; embryo transport; donor ovum and semen, voluntary medical termination of pregnancy; any treatment related to infertility and sterilization.

14 Maternity expense for **Hospitalisation** or 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).

15 **Hospitalisation** arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymphtropic Virus type III (HTLB-III) or Lymphadenopathy Associated Virus (LAV) or Human 5 Immunodeficiency Virus or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.

16 Congenital external **Illness**/disease/defect anomaly.

17 **Hospitalisation** primarily for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or **Injury**, for which confinement is required at a **Hospital**.

18 **Injury** or Disease directly or indirectly caused by or contributed to by nuclear weapons/materials.

19 Costs incurred on all methods of treatment including Alternative treatments other than Allopathy.

20 Genetic disorders and stem cell implantation/surgery/storage.

21 Any **Hospitalisation** arising from Insured's participation in any hazardous activity including but not limited to scuba diving, motor racing, parachuting, hang gliding, and rock or mountain climbing.

22 Any treatment received in convalescent home, health hydro, nature care clinic or similar establishments.

23 Hormone replacement therapy, Sex change or treatment which results from or is in any way related to sex change.

24 Any treatment including **Surgery** to remove organs from the donor in case of a transplant surgery.

25 **Hospitalisation** for any mental **Illness** or psychiatric **Illness**.

26 Any **Hospitalisation** received out of India.

D. CONDITIONS

1 Due Care

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

2 Insured

Only those persons named, as the Insured in the **Schedule** shall be covered under this **Policy**. The details of the Insured are as provided by **You**. A person may be added as an insured during the **Policy** Period after his application has been accepted by **Us**, an additional premium has been paid and **Our** agreement to extend cover has been indicated by it, issuing an endorsement confirming the addition of such person as an Insured. Cover under this **Policy** shall be withdrawn from any Insured upon that Insured giving 14 days written notice to be received by **Us**.

3 Communications

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

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

c) **You** must notify **Us** of any change in address.

4 Claims Procedure

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

a) **You** or someone claiming on **Your** behalf must inform **Us** in writing immediately, and in any event within 48 hours of **hospitalisation**. **You** must immediately consult a **Medical Practitioner** and follow the **Medical Advice** and treatment that he recommends.

b) **You** must take reasonable steps or measures to minimise the quantum of any claim that may be made under this **Policy**.

c) **You** shall expeditiously provide the Company with any and all information and documentation in respect of the **Hospitalisation**. The claim and/ **Our** liability hereunder that may be requested, and **You** shall submit **Yourself** for examination by the Company's medical advisors as often as may be considered necessary by **Us**. The cost of such medical examination will be borne by **Us**.

d) **You** or someone claiming on **Your** behalf must promptly and in any event within 30 days of discharge from a **Hospital** give **Us** the documentation (written details of the quantum of any claim along with certified copies of discharge card, **Hospital** bill and receipt) and other information if **We** ask for, to investigate the claim or **Our** obligation to make payment for it.

e) In the event of the death of the insured person, nominee claiming on his/ her behalf must inform **Us** in writing immediately and send **Us** a copy of the post mortem report (if any) within 14 days.

f) Mandatory necessary documents required to process claim are

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

g) The periods for intimation or submission of any documents as stipulated under (d) and (e) will be waived in case of any hardships being faced by the insured or his representative which is supported by some documentation.

h) On receipt of claim documents as mentioned above or any other relevant document as required by the company from You, We shall assess the admissibility of claim as per Policy terms and conditions. Upon satisfactory completion of assessment and admission of claim, the Company will make the payment of benefit as per the contract. In case if the claim is repudiated, We will inform the claimant about the same in writing with reason for repudiation.

5 Settlement of Claims

i. **Our** doctors will scrutinize the claims and flag the claim as settled/ Rejected/ Pending within the period of 30 days of the receipt of the last 'necessary' documents.

ii. Settled claims will be forwarded for payment.

iii. Pending claims will be asked for submission of incomplete documents.

iv. Rejected claims will be informed to the Insured Person in writing with reason for rejection.

v. In the cases of delay in the payment of a settled claim beyond the period of 30 days of the receipt of last Mandatory necessary document, **We** shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year.

6 Basis of claims payment

a) If **You** suffer a relapse within 45 days of the date when **You** last obtained medical treatment or consulted a **Medical Practitioner** and for which a claim has been made, then such relapse shall be deemed to be part of the same claim.

b) If the claim event falls within two **Policy** periods, the claims shall be paid taking into consideration the available sum insured in the two **Policy** periods, including the **Deductible**s for each **Policy** period. Such eligible claim amount to be payable to the insured shall be reduced to the extent of premium to be received for the **Renewal**/due date of premium of health insurance **Policy**, if not received earlier.

c) **We** shall make payment in India in Indian Rupees only.

d) The Company shall only make payment under this **Policy** to the Insured or in the event of death or total incapacitation of the Insured to the Proposer/ Nominee. Any payment made in good faith by the Company as aforesaid shall operate as a complete and final discharge of the Company's liability to make payment under this **Policy** for such claim.

e) An insured event shall be deemed to be a continuous and completed period of 24 hours as mentioned below
   a) continuous and completed period of minimum 12 hours of **Day Care Treatment, or**
   b) continuous and completed period of minimum 24 hours of **Hospitalisation** (other than **Day Care Treatment)**.

f) Deductible will be applicable for each separate incident reported for claims payment, even though the claim may be registered under the same benefit more than once subject to the terms and conditions of the Policy

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

7 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.

8 Renewal & Cancellation

a. **Your Policy** shall be renewable lifelong except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the insured.

b. This **Policy** may be renewed every year 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.

c. In case of Our own **Renewal** a **Grace Period** of 30 days is permissible and the **Policy** will be considered as continuous for the purpose of two year waiting period/ three year waiting period/ four year waiting period. Any **Hospitalisation** as a result of **Accident**/ disease contracted during the break period will not be admissible under the **Policy**.

d. **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.

e. **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

f. For Family floater policies, in the event of the death of any of the insured members, the cover ceases to exist for that insured and the remaining members would continue to have the coverage until the end of the policy period

g. 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.

h. Any change in benefit or premium will be done with the approval of the Insurance Regulatory and Development Authority of India, IRDAI and will be intimated to You at least 3 months in advance. In the likelihood of this policy being withdrawn in future, we will intimate you about the same 3 months prior to expiry of the policy. You will have the option to migrate to similar health insurance policy available with us at the time of renewal with all the accrued continuity benefits such as waiver of waiting period etc. provided the policy has been maintained without a break as per portability guidelines issued by IRDAI.

i. We will not apply any additional loading on your policy premium at renewal based on claim experience

j. The premium rates or loadings for the product would not be changed without approval from Authority.

k. If any Dependent Child has completed 25 years at the time of Renewal, then such Insured Person can be covered under a separate policy. The continuity benefits will be passed on to the separate policy taken by such Insured Person

9 Free Look Period

a. 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.

b. 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.

10 Portability

i. **Portability** will be granted to policy holders as per **Portability** guidelines of the IRDAI

ii. **We** will not be liable to offer **Portability** if policyholder fails to approach **Us** at least 45 days before the premium **Renewal** date.

iii. 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.

iv. Portability will be allowed for all individual Hospital Cash policies (Daily Benefit policies) issued by non-life insurance companies and/or standalone health insurance companies including family floater policies

v. Individual members, including the **Family** members covered under Sukshma Hospi-Cash (Group) policy of Future Generali India Insurance Company shall have the right to migrate from such a group **Policy** to an individual Future Hospi Cash **Policy** or a **Family** Floater **Policy** with **Us**

11 Jurisdiction

Each party agrees that the Indian courts shall have exclusive jurisdiction to settle any dispute which may arise out of or in connection with this Policy

12 Compliance with Policy Provisions

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

13 Territorial Limits and Law

a) **We** cover Hospital Cash benefit due to Accidental **Bodily Injury** or Sickness sustained by the Insured Person during the **Policy** Period anywhere in India only.

b) The construction, interpretation and meaning of the provisions of this **Policy** shall be determined in accordance with Indian Law.

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

14 Entire Contract

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

15 Examination of Medical Records

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

E. SCHEDULE OF BENEFITS

Plans A, B, C, D, E, F G, H, I, J can be offered for different options 5 days/ 10 days/ 15 days/ 20 days/ 25 days

Option – 5 Days											
Sno	**Benefits**		**Plans**								
			A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**
1	Daily Hospital Cash (in INR), maximum up to 5 days		100	200	300	400	500	600	700	800	900	1000
2	Daily ICU Cash (in INR), subject to maximum up to 5 days for each hospitalization and maximum up to 5 days during the policy period		200	400	600	800	1000	1200	1400	1600	1800	2000
Optional Benefits												
3	Deductible		1 day/ 2 days/ 3 days as opted									
4	Maternity Benefit Expenses Cover	with 9 months waiting period	Optional									
		without 9 months waiting period	Optional									
5	Pre-Existing Disease Cover		Optional									

Option – 10 Days											
Sno	**Benefits**		**Plans**								
			A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**
1	Daily Hospital Cash (in INR), maximum up to 10 days		100	200	300	400	500	600	700	800	900	1000
2	Daily ICU Cash (in INR), subject to maximum up to 5 days for each hospitalization and maximum up to 10 days during the policy period		200	400	600	800	1000	1200	1400	1600	1800	2000
Optional Benefits												
3	Deductible		1 day/ 2 days/ 3 days as opted									
4	Maternity Benefit Expenses Cover	with 9 months waiting period	Optional									
		without 9 months waiting period	Optional									
5	Pre-Existing Disease Cover		Optional									

Option – 15 Days											
Sno	**Benefits**		**Plans**								
			A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**
1	Daily Hospital Cash (in INR), maximum up to 15 days		100	200	300	400	500	600	700	800	900	1000
2	Daily ICU Cash (in INR), subject to maximum up to 10 days for each hospitalization and maximum up to 10 days during the policy period		200	400	600	800	1000	1200	1400	1600	1800	2000
Optional Benefits												
3	Deductible		1 day/ 2 days/ 3 days as opted									
4	Convalescence Benefit, Fixed amount (in INR) beyond 10 consecutive days will be payable once per Hospitalisation event		1000	1000	1000	1000	1500	1500	1500	2000	2000	2000
5	Maternity Benefit Expenses Cover	with 9 months waiting period	Optional									
		without 9 months waiting period	Optional									
6	Pre-Existing Disease Cover		Optional									

Option – 20 days											
Sno	**Benefits**		**Plans**								
			A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**
1	Daily Hospital Cash (in INR), maximum up to 20 days		100	200	300	400	500	600	700	800	900	1000
2	Daily ICU Cash (in INR), subject to maximum up to 10 days for each hospitalization and maximum up to 20 days during the policy period		200	400	600	800	1000	1200	1400	1600	1800	2000
Optional Benefits												
3	Deductible		1 day/ 2 days/ 3 days as opted									
4	Convalescence Benefit, Fixed amount (in INR) beyond 10 consecutive days will be payable once per Hospitalisation event		1000	1000	1000	1000	1500	1500	1500	2000	2000	2000
5	Maternity Benefit Expenses Cover	with 9 months waiting period	Optional									
		without 9 months waiting period	Optional									
6	Pre-Existing Disease Cover		Optional									

Option –25 days											
Sno	**Benefits**		**Plans**								
			A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**
1	Daily Hospital Cash (in INR), maximum up to 25 days		100	200	300	400	500	600	700	800	900	1000
2	Daily ICU Cash (in INR), subject to maximum up to 10 days for each hospitalization and maximum up to 20 days during the policy period		200	400	600	800	1000	1200	1400	1600	1800	2000
Optional Benefits												
3	Deductible		1 day/ 2 days/ 3 days as opted									
4	Convalescence Benefit, Fixed amount (in INR) beyond 10 consecutive days will be payable once per Hospitalisation event		1000	1000	1000	1000	1500	1500	1500	2000	2000	2000
5	Maternity Benefit Expenses Cover	with 9 months waiting period	Optional									
		without 9 months waiting period	Optional									
6	Pre-Existing Disease Cover		Optional									

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

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

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

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

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**		**Email**	**Fgcare@futuregenerali.in**
				**Website**	**www.futuregenerali.in**
	**GRO at each Branch**	Walk-in to any of our branches and request to meet the **Grievance Redressal Officer (GRO).**			

What can I expect after logging a Grievance?

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

How do I escalate?

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

	**Customer Service Cell**	**Customer Service Cell, Future Generali India Insurance Company Ltd.** Corporate & Registered Office:- 6th Floor, Tower 3, Indiabulls Finance Center, Senapati Bapat Marg, Elphinstone Road, Mumbai – 400013 Please send your complaint in writing. You can use the complaint form, annexed with your policy. Kindly quote your policy number in all communication with us. This will help us to deal with the matter faster.

What should I do, if I face difficulty in registering a grievance?

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

- **CALL CENTER: TOLL FREE NUMBER (155255).**
- **REGISTER YOUR COMPLAINT ONLINE AT: HTTP://WWW.IGMS.IRDA.GOV.IN/**

Insurance Ombudsman:

If you are still dissatisfied with the resolution provided, you may opt to approach the office of Insurance Ombudsman, provided the same is under their purview. The guidelines for taking up a complaint with the Insurance Ombudsman, along with their addresses are available on the consumer education website of the IRDA.
http://www.policyholder.gov.in/Ombudsman.aspx

For ease of reference, the list of Insurance Ombudsmen offices is as mentioned below.

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD	Insurance Ombudsman Office of the Insurance Ombudsman 2nd Floor, Ambica House, Nr. C.U.Shah College, 5, Navyug Colony, Ashram Road, **AHMEDABAD - 380 014** Tel: 079-27545441/27546139 Fax: 079-27546142 E-mail: bimalokpal.ahmedabad@gbic.co.in	Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu
BENGALURU	Insurance Ombudsman Office of the Insurance Ombudsman 24th Main Road, Jeevan Soudha Bldg, JP Nagar, 1st Phase, Ground Floor Bengaluru – 560 025. Tel.: 080-26652049/266520 E-mail: bimalokpal.bengaluru@gbic.co.in	Karnataka
BHOPAL	Insurance Ombudsman 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: bimalokpalbhopal@airtelmail.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Insurance Ombudsman Office of the Insurance Ombudsman 62, Forest Park, **BHUBANESHWAR - 751 009** Tel: 0674-2596455/2596003 Fax: 0674-2596429 E-mail: bimalokpal.bhubaneswar@gbic.co.in	Orissa
CHANDIGARH	Insurance Ombudsman Office of the Insurance Ombudsman S.C.O. No.101 - 103, 2nd Floor, Batra Building, Sector 17-D, **CHANDIGARH - 160 017** Tel: 0172-2706468/2705861 Fax: 0172-2708274 E-mail: bimalokpal.chandigarh@gbic.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, UT of Chandigarh
CHENNAI	Insurance Ombudsman Office of the Insurance Ombudsman Fatima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, **CHENNAI - 600 018** Tel: 044-24333668 /5284 Fax: 044-24333664 E-mail: bimalokpal.chennai@gbic.co.in	Tamilnadu, UT- Pondicherry Town and Karaikal (which are part of UT of Pondicherry)

DELHI	Insurance Ombudsman Office of the Insurance Ombudsman 2/2 A, Universal Insurance Bldg. Asaf Ali Road, **NEW DELHI - 110 002** Tel: 011-23237539/23232481 Fax: 011-23230858 E-mail: bimalokpal.delhi@gbic.co.in	Delhi
GUWAHATI	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Nivesh, 5th floor Nr. Panbazar Overbridge, S.S. Road, **GUWAHATI - 781 001** Tel:0361-2132204/5 Fax: 0361-2732937 E-mail: bimalokpal.guwahati@gbic.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Insurance Ombudsman Office of the Insurance Ombudsman 6-2-46 , 1st Floor, Moin Court Lane, Opp. Saleem Function Palace, A.C.Guards, Lakdi-Ka-Pool, **HYDERABAD - 500 004** Tel: 040-65504123/23312122 Fax: 040-23376599 E-mail: bimalokpal.hyderabad@gbic.co.in	Andhra Pradesh, Telangana and UT of Yanam - a part of UT of Pondicherry
JAIPUR	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel : 0141-2740363 E-mail: bimalokpal.jaipur@gbic.co.in	Rajasthan
ERNAKULAM	Insurance Ombudsman Office of the Insurance Ombudsman 2nd Floor, CC 27/2603, Pulinat Building, Opp. Cochin Shipyard, M.G. Road, **ERNAKULAM - 682 015** Tel: 0484-2358759/2359338 Fax: 0484-2359336 E-mail: bimalokpal.ernakulam@gbic.co.in	Kerala, UT of (a) Lakshadweep, (b) Mahe - a part of UT of Pondicherry
KOLKATA	Insurance Ombudsman Office of the Insurance Ombudsman 4th Floor, Hindusthan Bldg., Annexe, 4, C.R.Avenue, **KOLKATA - 700 072** Tel: 033-22124346 / (40) Fax: 033-22124341 E-mail : bimalokpal.kolkata@gbic.co.in	West Bengal, Sikkim and UT of Andeman & Nicobar Islands
LUCKNOW	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Bhawan, Phase 2, 6th Floor, Nawal Kishore Road, Hazratganj, **LUCKNOW - 226 001** Tel: 0522 -2231331/30 Fax: 0522-2231310 E-mail: bimalokpal.lucknow@gbic.co.in	Districts of U.P:- Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar
MUMBAI	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Seva Annexe, 3rd Floor, S.V.Road, Santacruz (W), **MUMBAI - 400 054** Tel: 022-26106928/26106552 Fax: 022-26106052 E-mail: bimalokpal.mumbai@gbic.co.in	Goa and Mumbai Metropolitan Region excluding Areas of Navi Mumbai & Thane
Noida	Insurance Ombudsman 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@gbic.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	Insurance Ombudsman Office of the Insurance Ombudsman 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, **PATNA – 800006** Tel: 0612-2680952 E-mail: bimalokpal.patna@gbic.co.in	Bihar and Jharkhand
Pune	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Darshan Bldg., 2nd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, **PUNE – 411 030** Tel: 020-32341320 E-mail: bimalokpal.pune@gbic.co.in	Maharashtra, Area of Navi Mumbai and Thane but excluding Mumbai Metropolitan Region

The updated details of Insurance Ombudsman are available on IRDA website: www.irda.gov.in, on the website of General Insurance Council: www.generalinsurancecouncil.org.in, our website www.futuregenerali.in or from any of our offices.

ISO No. : FGH/UW/RET/100/01

Future Generali India Insurance Company Limited

(IRDAI Regn. No. 132), (CIN: U66030MH2006PLC165287), Service Tax Registration Number: AABCF0191RSD002.
Regd. and Corp. 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 | Fax No: 022 4097 6900. Trade Logo displayed above belongs to M/S Assicurazioni Generali - Societa Per Azioni and used by Future Generali India Insurance Co Ltd. under license.