



FUTURE GENERALI INDIA
Insurance Company Limited

FUTURE HOSPI - CASH POLICY WORDINGS

UIN:IRDA/NL-HLT/FGII/P-H/V.I/75/13-14

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

INTENTIONALLY LEFT BLANK

FUTURE HOSPI-CASH
CUSTOMER INFORMATION SHEET

(Description is illustrative and not exhaustive)

S.NO	TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
1	Product Name	Future Hospi-cash	
2	What am I covered for:	Hospital admission longer than 24 hrs	Section A (4) and Section B (I, II and III)
		Hospital Cash benefit for each continuous and completed period of 24 hours for a maximum of 30 days / 60 days / 90 days/ 180 days as per the schedule	Section B (I)
		2 times benefit payable for ICU within the city.	Section B (II)
		3 times benefit payable for ICU outside the city.	Section B (III)
		a fixed amount towards convalescence for Hospitalisation beyond 10 consecutive days which is payable only once per hospitalisation event	Section B (IV)
3	What are the major exclusions in the policy:	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.	Section C (1)
		Without derogation from the above point no. (1), any Medical Expenses incurred during the first two consecutive annual Periods 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 and varicose ulcers.	Section C (2)
		Without derogation from the above point No. (1), any Medical Expenses incurred during the first annual period 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.	Section C (3)
		Medical Expenses incurred during the first three consecutive annual periods 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.	Section C (4)
		Medical Expenses incurred for any illness diagnosed or diagnosable within 30 days, of the commencement of the Policy Period except those incurred as a result of accidental Bodily Injury.	Section C (5)
		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).	Section C (6)
		Dental treatment or surgery of any kind unless requiring hospitalisation as a result of Accidental Bodily injury	Section C (9)
		General debility, "Run-down" condition or rest cure, sexually transmitted disease, intentional self-injury.	Section C (12)
(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing).			
4	Waiting period	Initial waiting period: 30 days for all illnesses (not applicable on renewal or for accidents)	Section C (5)
		Specific waiting periods :	
		24 months for Cataract, Hernia etc diseases	Section C (2)
		36 months for Joint Replacement Surgeries	Section C (4)
		Pre-existing diseases: Covered after 48 months	Section C (1)
5	Renewal Conditions	The policy is renewable lifelong.	Section D (9) (a)
		In case of renewal, grace period of 30 days is admissible.	Section D (9) (c)

(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 HOSPI- CASH

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. **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.
3. **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:
 - 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 inpatient beds in all other places;
 - has qualified medical practitioner(s) in charge round the clock;
 - has a fully equipped operation theatre of its own where surgical procedures are carried out
 - maintains daily records of patients and will make these accessible to the insurance company's authorized personnel
4. **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.
5. **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.
6. **You, Your, Yourself** means the Insured person shown in the **Schedule**.
7. **We, Our, Us, Insurer** means Future Generali India Insurance Company Limited.
8. **Family** means and includes **You, Your** Spouse & Your dependent child/ children (up to the age of 25 years)
 - 8.1. The maximum number of days of **Hospitalisation** as mentioned in the **Schedule** would float over all the members under the **Family Floater Policy**.
 - 8.2. 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 **Family Floater Policy**.
9. **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**.
10. **Proposal** 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.
11. **Policy** means the complete documents consisting of the Proposal, **Policy** wording, **Schedule** and Endorsements and attachments if any.
12. **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.
13. **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.
14. **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**.
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.
16. **Home City** means the city of residence.
17. **Other than Home City** means the city which is other than the residential city of the Insured.
18. **Day Care Treatment** refers to medical treatment, and/or **Surgical Procedure** which is:
 - 18.1. undertaken under General or Local Anesthesia in a **Hospital/Day care centre** in less than 24 hrs because of technological advancement, and
 - 18.2. 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.
19. **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.
20. **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.
21. **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.
22. **Inpatient care** means treatment for which the insured person has to stay in a **Hospital** for more than 24 hours for a covered event.
23. **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.
24. **Medical Advice:** Any consultation or advice from a **Medical Practitioner** including the issue of any prescription or repeat prescription.
25. **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.
26. **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.

27. **Any one illness** means continuous Period of **Illness** and it includes relapse within 45 days from the date of last consultation with the **Hospital/Nursing Home** where treatment may have been taken.
28. **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
- Internal Congenital Anomaly- Congenital Anomaly** which is not in the visible and accessible parts of the body.
 - External Congenital Anomaly- Congenital Anomaly** which is in the visible and accessible parts of the body.
29. **Condition Precedent** shall mean a **Policy** term or condition upon which the **Insurer's** liability under the **Policy** is conditional upon.
30. **Unproven/Experimental treatment:** Treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven .
31. **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.
32. **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.
33. **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.
34. **Alternative treatments** are forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.
35. **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.

B. POLICY BENEFITS:

In the event of Accidental **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:

- 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 30 days / 60 days /90 days/ 180 days as per the **Schedule**
- OR
- 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** situated in the **Home City** of the Insured, during any period of **Hospitalisation** necessitated solely by reason of the said Accidental **Bodily Injury** or Sickness for a maximum period of 10 days for each **Hospitalisation** and 20 days during the **Policy** period
- OR
- three 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** situated in a city other than **Home City** of the Insured, during any period of **Hospitalisation** necessitated solely by reason of the said Accidental **Bodily Injury** or Sickness for a maximum period of 10 days for each **Hospitalisation** and 20 days during the **Policy**

period.

** In case of Section II and III the maximum benefit payable in case of ICU whether in **Home City/ other than Home City** , is limited upto 10 days for each **Hospitalisation** and maximum of 20 days for all **Hospitalisations** put together in the **Policy** period. In case of the same **Hospitalisation** involving ICU stay in both **Home City** as well as other than **Home City**, the benefits under the "other than home city" would have precedence over benefits under **Home City** while adjudication of claim.*

*** In case of Sec I, II and III the maximum benefits would however be restricted to 30/ 60/ 90 /180 days as per the plan opted for each **Hospitalisation** or all **Hospitalisations** during the **Policy** period.*

****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**.*

***** In case the **Hospitalisation** in ICU exceeds the per **Hospitalisation** maximum limit of 10 days or the per **Policy** period limit of 20 days, the remaining period of **Hospitalisation** in ICU will be paid as per non ICU **Hospitalisation** benefits subject to the overall **Policy** maximum of 30/ 60/ 90 or 180 days.*

- A fixed amount towards convalescence for **Hospitalisation** beyond 10 consecutive days which is payable only once per **Hospitalisation** event. This benefit is payable only if there is an admissible claim under any of the daily benefits.

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:

- 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 a 48 months, without break from the date of **Your** first Hospital 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 the same per day benefit amount of another **Insurer**. 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**.

This Exclusion shall apply only to the extent of the amount by which the benefit amount has been increased if the **Policy** is a **Renewal** of a Hospital cash **Policy** without break in cover.

- 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 and varicose ulcers.

This exclusion Period shall apply for a continuous Period of 48 months from the date of **Your** first Hospital Cash **Policy** with **Us** if the above referred **Illness** 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.

The period of this exclusion would stand reduced if this **Policy** is a continuous **Renewal** of a earlier Hospital cash/ Daily allowance **Policy** of the same per day benefit amount of another **Insurer**. 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**.

This Exclusion shall apply only to the extent of the amount by which the benefit amount has been increased if the **Policy** is a **Renewal** of a Hospital cash **Policy** without break in cover.

- 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 Hospital Cash **Policy** with **Us** if the above referred **Illness** 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.

The period of this exclusion would stand reduced if this **Policy** is a continuous **Renewal** of a earlier Hospital cash / Daily allowance **Policy** of the same per day benefit amount of another **Insurer**. 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**.

This Exclusion shall apply only to the extent of the amount by which the benefit amount has been increased if the **Policy** is a **Renewal** of a Hospital cash **Policy** without break in cover.

- 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 Hospital Cash **Policy** with **Us** if the above referred **Illness** 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.

The period of this exclusion would stand reduced if this **Policy** is a continuous **Renewal** of a earlier Hospital cash/Daily allowance **Policy** of the same per day benefit amount of another **Insurer**. 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**.

This Exclusion shall apply only to the extent of the amount by which the benefit amount has been increased if the **Policy** is a **Renewal** of a Hospital cash **Policy** without break in cover.

- 5 **Hospitalisation** for any **Illness** diagnosed or diagnosable within 30 days (1month), of the commencement of the **Policy** Period except those incurred as a result of accidental Bodily **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 Accidental Bodily **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 In vitro 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 Lymphotropic 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 Internal and /or 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**/ Nursing Home.
- 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 Cost of pre-insurance medical examination

We will reimburse 50% of the cost of any pre-insurance medical examination once the **Proposal** is accepted and the **Policy** issued for that insured. **We** shall maintain a list of and the fees chargeable by, institutions where such Pre-insurance medical examination may be conducted, the reports from which will be accepted by **Us**. Such list shall be furnished to the prospective policyholder at the time of pre-insurance medical examination.

4 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.

5 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:

- You** or someone claiming on **Your** behalf must inform **Us** in writing immediately, and in any event within 48 hours of the aforesaid **Illness** or **Bodily Injury**. **You** must immediately consult a **Medical Practitioner** and follow the **Medical Advice** and treatment that he recommends.
- You** must take reasonable steps or measures to minimise the quantum of any claim that may be made under this **Policy**.
- 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**.
- 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.
- 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.
- Mandatory necessary documents required to process claim are
 - Completely filled Future Hospi-Cash Claim form (original)
 - Discharge certificate/ card from **Hospital** (photocopy)
 - Final **Hospital** bill with receipt (photocopy)
- 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.

6 Settlement of Claims

- 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.
- Pending claims will be asked for submission of incomplete documents.
- Rejected claims will be informed to the Insured Person in writing with reason for rejection.
- Upon acceptance of an offer of settlement as stated in sub-regulation (5) of the (Protection of Policyholders' Interest) Regulations, 2000 by **You**, **We** will make payment of the amount due within 7 days from the date of acceptance of the offer by the insured. In the cases of delay in the payment, **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.

7 Basis of claims payment

- 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.
- 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 **Deductibles** 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.
- We** shall make payment in India in Indian Rupees only.
- 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.
- A continuous and completed period of less than 24 hours of

Hospitalisation or **Day Care Treatment** consequent upon an insured event shall be deemed to be a continuous and completed period of 24 hours if such period extends to at least 12 hours.

8 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.

9 Renewal & Cancellation

- Your Policy** shall be renewable lifelong except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the insured.
- This **Policy** may be renewed by mutual consent 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.
- 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/Four year waiting periods. Any **Hospitalisation** as a result of **Accident**/disease contracted during the break period will not be admissible under the **Policy**.
- In case of Hospi-Cash **Policy**, there will be no loading on premium for adverse claims experience (except for Group policies) .
- 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.
- 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

- 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.
- In case of group policies the following would apply
 - Discount Percentage for favorable claim ratio (BONUS): Low claim Ratio Discount at the following scale will be allowed on the Total premium at **Renewal** only, depending upon the incurred claims ratio for the entire group insured under the Group Future Hospi-cash **Policy** for upto preceding three years.

Incurred Claim Ratio under the Group Policy	Discount Percentage (%)
Up to 20 %	20
21-35%	15
36-50%	10
51-55%	5

- Loading Percentage for high claim ratio (MALUS): The Total Premium payable at **Renewal** of the group **Policy** will be loaded at the following scale depending upon the incurred claims ratio for the entire group insured under the Group Hospi-cash **Policy** for upto preceding three years.

Incurred Claim Ratio under the Group Policy	Loading Percentage (%)
Between 71% and 80%	25
Between 81% and 100%	50
Between 101% and 125%	85
Between 126% and 150%	115
Between 151% and 175%	150
Between 176% and 200%	180
Over 200%	Cover to be reviewed

- 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.

10 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.

11 Portability

- i. **Portability** will be granted to policy holders of a similar Hospital Cash **Policy** (Fixed daily benefit **Policy**) of another **Insurer** to Future Hospi Cash **Policy** as per **Portability** guidelines.
- ii. **Portability** will be granted subject to the Policyholder desirous of porting his **Policy** to Future Hospi Cash **Policy** applying to Future Generali India Insurance Company Ltd at least 45 days before the premium **Renewal** date of his/her existing **Policy**.
- iii. **We** will not be liable to offer **Portability** if policyholder fails to approach **Us** at least 45 days before the premium **Renewal** date.
- iv. 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.
- v. **Portability** will be allowed for all individual Hospital Cash policies (Daily Benefit policies) issued by non-life insurance companies including **Family** floater policies
- vi. Individual members, including the **Family** members covered under Group Future Hospi Cash 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 the same **Insurer**.

12 Dispute Resolution

- a) Any and all disputes or differences, which may arise under or in relation to this **Policy**, relating to the quantum of any claim, liability otherwise being admitted, shall be referred to arbitration in accordance with Arbitration and Conciliation Act, 1996, within a period of 30 days of either the Company or the Insured giving notice in this regard.
- b) The applicable law in and of the arbitration shall be Indian law.
- c) The expenses of the arbitrator shall be shared between the parties equally and such expenses along with all reasonable costs in the conduct of the arbitration shall be awarded by the arbitrator to the successful party, or where no party can be said to have been wholly successful, to such party, as substantially succeeded.
- d) It is agreed a **Condition Precedent** to any right of action or suit upon this **Policy** that an award by such arbitrator or arbitrators shall be first obtained.
- e) In the event that these arbitration provisions shall be held to be invalid then all such disputes shall be referred to the exclusive jurisdiction of the Indian Courts.

13 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.

14 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**.

Grievance Redressal Procedures

Dear Customer,

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

What Constitutes a Grievance?

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

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


	Help - Lines	1800-220-233 / 1860-500-3333 / 022-67837800		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.

What do I do, if I am unhappy with the Resolution?

- 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.
--	------------------------------	---

How do I Escalate?

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/](http://www.igms.irda.gov.in/)**

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. 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- 27546840 Fax: 079-27546142 E-mail: ins.omb@rediffmail.com	Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu
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 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 Fax: 0674-2596429 E-mail: ioobbsr@dataone.in	Orissa
CHANDIGARH	Insurance Ombudsman Office of the Insurance Ombudsman S.C.O. No.101, 102 & 103, 2nd Floor, Batra Building, Sector 17-D, CHANDIGARH - 160 017 Tel: 0172-2706468 Fax: 0172-2708274 E-mail: ombchd@yahoo.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: chennaiinsuranceombudsman@gmail.com	Tamilnadu, UT- Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
NEW DELHI	Insurance Ombudsman Office of the Insurance Ombudsman 2/2 A, Universal Insurance Bldg. Asaf Ali Road, NEW DELHI - 110 002 Tel: 011-23239633 Fax: 011-23230858 E-mail: jobdelraj@rediffmail.com	Delhi & Rajasthan
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: ombudsmanghy@rediffmail.com	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 Fax: 040-23376599 E-mail: insombudhyd@gmail.com	Andhra Pradesh, Karnataka and UT of Yanam - a part of UT of Pondicherry
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 Fax: 0484-2359336 E-mail: jokochi@asianetindia.com	Kerala, UT of (a) Lakshadweep, (b) Mahe - a part of UT of Pondicherry
KOLKATA	Insurance Ombudsman 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: iombsbpa@bsnl.in	West Bengal, Bihar, Jharkhand and UT of Andaman & Nicobar Islands, Sikkim
LUCKNOW	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Bhawan, Phase 2, 6th Floor, Nawal Kishore Road, Hazratganj, LUCKNOW - 226 001 Tel: 0522 -2231331 Fax: 0522-2231310 E-mail: insombudsman@rediffmail.com	Uttar Pradesh and Uttaranchal
MUMBAI	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Seva Annexe, 3rd Floor, S.V.Road, Santacruz (W), MUMBAI - 400 054 Tel: 022-26106928 Fax: 022-26106052 E-mail: ombudsmanmumbai@gmail.com	Maharashtra, Goa

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

HEALTH INSURANCE CLAIM FORM

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) _____

DETAILS OF PRIMARY INSURED

Policy No : _____ Health Card No. of Patient _____
Policy Start Date _____ Policy End Date _____ Date of Joining the Policy _____
Corporate Name : _____ (Only for Group Policies)
Employee ID _____

1 Name of the Employee / Individual: _____

2 E-Mail address of the Employee/Individual: _____

3 Mobile No: _____

4 Permanent Account Number (PAN): _____

Address: _____
City: _____ State: _____ Pincode: _____ Phone No: _____

DETAILS OF INSURED PERSON HOSPITALIZED

1 Name of the Patient: _____

2 Relationship with the Employee / Proposer Self Spouse Child Parent

3 Date of Birth of Claimant: _____ Age : _____ Years Gender Male Female

4 Occupation: Service / Self Employed / Homemaker / Student / Retired / Others

Residential Address (if different from above)

Address: _____
City: _____ State: _____ Pincode: _____ Phone No: _____

DETAILS OF INSURANCE HISTORY:

Currently do you have any other Medclaim/Health Insurance Yes No

(if yes, provide other insurance details)

Date of commencement of first insurance without break: _____ (All previous policy copies to be enclosed)

Insurance Co. Name _____ Policy No: _____ Sum Insured _____

Have you been hospitalized in the last four years since inception of policy Yes No. If yes, please provide below details:

Date of Hospitalisation: _____ Diagnosis: _____

Previously covered by any other Medclaim / Health Insurance Yes No

If Yes, Company Name _____

DETAILS OF HOSPITALISATION

Name of Hospital where admitted: _____

Room Category occupied: Day Care Single Occupancy Twin Sharing 3 or more Bed per Room Others _____

Hospitalisation due to Injury Illness Maternity - Date of Injury / Date of Disease first Detected / Date of Delivery: _____

In case of accident / injury: RTA Intentional Self Injury. How did injury occur: _____

Date of Accident / Injury: _____ Reported to Police Yes No, if Medico Legal Yes No

FIR / MLC No: _____ FIR / MLC copy attached Yes No

Injury / Diseases caused due to Substance Abuse / Alcohol Consumption: Yes No. Test conducted to establish this Yes No

System of Medicine: _____

DETAILS OF CLAIM

Claimed Amount in Words: Rupees _____

Pre Hospitalisation Period (in days): _____ Post Hospitalisation Period (in days): _____

Details of the Treatment Expenses Claimed	Amount (Rs.)	Details of the Treatment Expenses Claimed	Amount (Rs.)
Pre Hospitalisation Expenses		Health Check Up Cost	
Hospitalisation Expenses		Ambulance Charges	
Post Hospitalisation Expenses		Others	
Total Claimed Amount (Rs.):			

DETAILS OF BILL ENCLOSED

Sr.No	Bill No	Date	Issued by	Towards	Amount (Rs.)

Details of Lumpsum / Cash Benefit Claimed:

Hospital Daily Cash Rs. _____ Surgical Cash Rs. _____ Critical Illness Benefit Rs. _____ Convalescence Rs. _____

Pre and Post Lumpsum Benefit Rs. _____ Others Rs. _____ Total Rs. _____

<p>1. Diagnosis _ _____</p> <p>2. Admission Date: _____ Time : _____</p> <p>3. Discharge Date : _____ Time: _____</p> <p>4. Name of Treating Doctor: _____</p> <p>5. Mobile No. of Treating Doctor: _____</p> <p>6. Name of Family Physician: _____</p> <p>7. Mobile No. of Family Physician: _____</p>	<p>Claim documents submitted - Check List:</p> <p><input type="checkbox"/> Claim Form duly signed</p> <p><input type="checkbox"/> Copy of Claim Intimation Letter</p> <p><input type="checkbox"/> Original Hospital Main Bill and Detailed Break Up</p> <p><input type="checkbox"/> Original Hospital Bill Payment Receipt</p> <p><input type="checkbox"/> Original Discharge Summary containing all relevant details</p> <p><input type="checkbox"/> All Original Pharmacy Bills and their Receipts</p> <p><input type="checkbox"/> Copies of all Investigation Reports & Prescriptions including OT Notes</p> <p><input type="checkbox"/> First Prescription / Consultation Letter from your Doctor</p> <p><input type="checkbox"/> Original Money Receipt duly signed with a Revenue Stamp</p> <p><input type="checkbox"/> Copy of Proposer / Employee Photo ID Proof & Address Proof</p>
---	---

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 / MMM / 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

NEFT Transfers will be done only in special cases subject to Future Generali discretion

Bank Name																																		
Branch Name & Address																																		
Branch Phone No.																																		
Branch MICR Code																																		
Branch IFSC Code for NEFT																																		
(Please attach a Xerox copy of a cheque or a blank cheque of your bank duly cancelled for ensuring accuracy of the bank name, branch name and account number)																																		
Account Type (Please Tick)	Savings			Current			Cash / Credit																											
Account No. (as appearing in Cheque Book)																																		

Date from which the mandate should be effective: _____

I hereby declare that the particulars given above are correct and complete. If any transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I shall not hold Future Generali India Insurance Company Ltd. responsible. I also undertake to advise any change in the particulars of my account to facilitate updation of records for purpose of credit of claim amount through NEFT.

Name of Employee / Proposer: _____

Signature of Employee / Proposer: _____ Date: _____

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.
