



# FUTURE GENERALI INDIA

## Insurance Company Limited

# GROUP HEALTH INSURANCE POLICY

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Corporate & Registered Office: 001, Delta Plaza, 414, Veer Savarkar Marg, Prabhadevi, Mumbai - 400 025

Care Lines: MTNL/BSNL subscribers- 1800-220-233, Any other service provider- 1860-500-3333, Email: [care@futuregenerali.in](mailto:care@futuregenerali.in), Website: [www.futuregenerali.in](http://www.futuregenerali.in)

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## GROUP HEALTH INSURANCE POLICY

1. Where as the Insured Person designated in the Schedule hereto has by a proposal and declaration dated as stated in the schedule which shall be the basis of this Contract and is deemed to be incorporated herein, has applied to **Future Generali India Insurance Company Ltd.** (herein after called the Company) for the insurance herein after set forth in respect of Employees/Members (including their eligible Family Members) named in the schedule hereto (herein after called the Insured Person) and has paid premium as consideration for such insurance.
2. NOW THIS POLICY WITNESSETH that subject to the terms, Conditions, exclusions and definitions contained herein or endorsed or otherwise expressed hereon the Company undertakes that if during the period stated in the schedule or during the continuance of this policy by renewal any Insured Person shall contract any disease or suffer from any illness (herein after called DISEASE) or sustain any bodily injury through accident (herein after called INJURY) and if such disease or injury shall require any such Insured Person, upon the advice of a duly qualified Physician/Medical Specialist/Medical Practitioner (herein after called MEDICAL PRACTITIONER) or of a duly qualified surgeon (herein after called SURGEON) to incur hospitalization / Domiciliary Hospitalisation expenses for medical /surgical treatment at any Nursing Home/Hospital in India as herein defined (herein after called HOSPITAL) as an inpatient, the Company will pay to the Insured Person the amount of such expenses as would fall under different heads mentioned below, and **as are reasonably and necessarily incurred** therefor by or on behalf of such Insured Person, but not exceeding the sum insured for the person in any one period of such insurance as mentioned in the schedule hereto.
  1. Room, Boarding Expenses as provided by the Hospitalisation / Nursing Home
  2. Doctors fees
  3. Intensive Care Unit
  4. Nursing Expenses
  5. Surgical fees, operating theatre, Anaesthetist, Anaesthesia, Blood, Oxygen and their administration, Physical therapy
  6. Drugs and medicines consumed on the premises
  7. Hospital miscellaneous services (such as laboratory, Xray, diagnostic tests)
  8. Dressing, ordinary splints and plaster casts
  9. Cost of Prosthetic devices if implanted during a surgical procedure

**Note:** The Company's Liability in respect of all claims admitted during the period of insurance shall not exceed the Sum Insured for the person as mentioned in the schedule.

### **3. DEFINITIONS:**

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

1. **Hospital/Nursing Home** means any institution in India established for indoor care and treatment of sickness and injuries and which either:
  - (a) Is properly licensed, and in areas where licensing facilities are unavailable, the institution must be one recognized in the locality as a Hospital and must satisfy (b) to (d) below inclusive;
  - (b) Is primarily engaged in providing diagnostic, medical and surgical facilities for care and treatment of injured or sick persons on an inpatient basis, and is not an institution which is primarily a rest or convalescent facility, a place for custodial care, a facility for the aged or alcoholics or drug addicts or for the treatment of mental disorders.
  - (c) Employs Doctors and qualified nursing staff who are permanently available on the premises to provide

necessary medical care and attention to the patients on 24 -hour basis;

(d) Maintains daily medical records for each of its patient.

2. **Surgical Operation** means manual and/or operative procedures for correction of deformities and defects, repair of injuries, diagnosis and cure of diseases, relief of suffering and prolongation of life.
3. **Administrator** means the person or organization named in the Schedule who has been appointed by the Insurer to provide administrative services on its behalf and at its direction. Our In-house administrator, Future Generali Health (FGH) is the administrator for all policies, unless specified otherwise.
4. **Day care** expenses mean the medical treatment costs necessary and reasonable in scope for a Day Care Procedure to the extent that such cost does not exceed the reasonable and customary charges in the locality for the same Day Care Procedure.
5. **Day care Procedure** means any surgeries / procedures agreed by Administrator / Us which require less than 24 hours hospitalization as an inpatient due to subsequent advancement in technology. This excludes all procedures or treatment taken in out patient departments.
6. **Medical Practitioner** means a person who holds a degree/diploma of a recognized institution and is registered by Medical Council of respective State of India and acting within scope of his license. The term Medical Practitioner would include Physician, Specialist and Surgeon.
7. **Hospitalisation** means the Insured Person's admission into Hospital for a continuous period of not less than 24 hours
8. **Illness** means a condition affecting the general wellbeing and health of the body or an affliction of the bodily organs having a defined and recognized pattern of symptoms that first manifests itself in the Policy Period and which requires treatment by a Doctor. It does not mean any mental illness (a mental or bodily condition marked primarily by sufficient disorganization of personality, mind and emotions to seriously impair the normal psychological, social or work performance of individual) regardless of its cause or origin
9. **Policy** means the proposal, the Schedule, the Policy documents and any endorsements attaching to or forming part hereof either on the commencement date or during the Policy Period.
10. **Network Hospital** means the institutions named on a list maintained by and available from the Administrator, as the same and may be amended from time to time.
11. **Domiciliary Hospitalisation Benefit** means medical treatment for a period exceeding three days for such illness/disease/injury which in the normal course would require care and treatment at a hospital/nursing home but actually taken whilst confined at home in India under any of the following circumstances namely:
  - a. The condition of the patient is such that he/she cannot be removed to the hospital/nursing Home or
  - b. The patient cannot be removed to hospital/nursing home for lack of accommodation therein
  - c. Domiciliary Hospitalisation expenses are limited to 15% of the sum insured.Subject however that domiciliary hospitalisation benefits shall not cover:-
  - 1 Expenses incurred for pre and post hospital treatment and
  - 2 Expenses incurred for treatment for any of the following diseases
    - i. Asthma
    - ii. Bronchitis
    - iii. Chronic Nephritis and Nephritic Syndrome

- iv. Diarrhea and all type of Dysenteries including Gastro-enteritis
  - v. Diabetes Mellitus and Insipidus
  - vi. Epilepsy
  - vii. Hypertension
  - viii. Influenza, Cough and Cold
  - ix. All Psychiatric or Psychosomatic Disorders
  - x. Pyrexia of unknown Origin for less than 10 days
  - xi. Tonsillitis and Upper Respiratory Tract Infection including Laryngitis and Pharyngitis
  - xii. Arthritis, Gout and Rheumatism
12. **Qualified Nurse** means a person who holds a certificate of a recognized Nursing Council and who is employed on recommendation of the attending Medical Practitioner.
13. **Any one illness**  
Any one illness will be deemed to mean 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. Occurrence of same illness after a lapse of 45 days as stated above will be considered as fresh illness for the purpose of this policy.
14. **Pre-hospitalisation**  
Relevant medical expenses incurred during period up to 30 days prior to Hospitalisation on disease/illness/injury sustained will be considered as part of claim limited to treatment which is continued before hospitalization for an ailment / disease / injury not different from the one for which hospitalization was necessary.
15. **Post-hospitalisation**  
Relevant Medical Expenses incurred during period up to 60 days after Hospitalisation on disease/illness/injury sustained will be considered as part of claim limited to treatment which is continued after discharge for an ailment / disease / injury not different from the one for which hospitalization was necessary.
16. **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 prior to inception of Your first policy with Us.
17. **Maternity Expenses Benefit** means treatment taken in Hospital/Nursing Home arising from or traceable to pregnancy, childbirth including Caesarean section. This is an optional benefit available on payment of additional premium. When Maternity Expenses Benefit is opted for in the policy, Exclusion 4.14 of the policy stands deleted.

#### 4. EXCLUSIONS:

The Company shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any Insured Person in connection with or in respect of the following:-

1. Benefits will not be available for any Pre-existing condition(s) as defined in the policy, until 48 months of continuous coverage have elapsed, since inception of the first policy.
2. Any disease other than those stated in clause 4.3, contracted by the Insured Person during the first 30 days from the commencement date of the policy except accidental bodily injury requiring hospitalisation.
3. During the first year of the operation of insurance cover, the expenses on treatment of diseases such as Cataract, Benign Prostatic Hypertrophy, Hysterectomy/ myomectomy for menorrhagia or fibromyoma or prolapse of uterus, Hernia, Hydrocele, Fistula in anus, piles, Sinusitis and related disorders, Surgery for prolapsed inter vertebral disc unless arising from accident, Surgery of varicose veins and varicose ulcers, Joint Replacement due to Degenerative condition, Age related osteoarthritis and Osteoporosis are not payable.
4. 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).
5. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident.
6. Vaccination 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 , experimental, investigational or unproven procedures or treatments, devices and pharmacological regimens of any description.
7. Charges incurred in connection with cost of spectacles and contact lenses, hearing aids, durable medical equipment (including but not limited to wheel chair ,crutches artificial limbs, belts, braces, stocking, Glucometer and the like), namely that equipment used externally from the human body which can withstand repeated use; is not designed to be disposable; is used to serve a medical purpose ;is generally not useful in absence of a Illness or Injury and is usable outside of a Hospital) unless required for the treatment of Illness or Injury or Accidental Bodily Injury.
8. Any dental treatment or surgery which is a corrective in nature, unless it requires Hospitalisation and is carried out under general anesthesia and is necessitated by Illness or Accidental Bodily Injury.
9. Personal comfort and convenience items or services such as television, telephone, barber or beauty service guest service and similar incidental services and supplies.
10. The treatment of obesity (including morbid obesity) and other weight control programs, services and supplies.
11. Expenses incurred towards treatment of illness/disease/condition arising out of alcohol use /misuse or abuse of alcohol, substance or drugs (whether prescribed or not).
12. Convalescence, general debility, "Run-down" condition or rest cure, venereal disease, intentional self-injury.
13. 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 and related costs, including collection and preparation; voluntary medical termination of pregnancy; any treatment related to infertility and sterilization.
14. Treatment arising from or traceable to pregnancy childbirth, miscarriage, abortion or complications of any of this, including caesarian section.
15. All expenses arising out of any condition directly or indirectly caused to or associated with Human T - Cell Lymph tropic Virus type III (HTLB-III) or Lymphadenopathy Associated Virus (LAV) 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.
17. Charges incurred at Hospital or Nursing Home primarily for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at a Hospital/Nursing Home.
18. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician.
19. Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons/materials.
20. Costs incurred on all methods of treatment except Allopathic.
21. Genetic disorders and stem cell implantation / surgery/storage.
22. Any treatment required arising from Insured Person's participation in any hazardous activity including but not limited to scuba diving, motor racing, parachuting, hang gliding, rock

- or mountain climbing etc unless specifically agreed by the Company.
- 23. Any treatment received in convalescent home, convalescent hospital, health hydro, nature care clinic or similar establishments.
- 24. Any stay in the hospital for any domestic reason or where no active regular treatment is given by the specialist.
- 25. Out patient Diagnostic, Medical and Surgical procedures or treatments, non-prescribed drugs and medical supplies, Hormone replacement therapy, Sex change or treatment which results from or is in any way related to sex change.
- 26. Any kind of Service charges, Surcharges, Admission fees / Registration charges etc levied by the hospital.
- 27. Doctor's home visit charges, Attendant / Nursing charges during pre and post hospitalization period.
- 28. Expenses related to donor screening, treatment, including surgery to remove organs from the donor in case of a transplant surgery.

## 5 CONDITIONS

- 1. Every notice of communication to be given or made under this policy shall be delivered in writing at the address as shown in the schedule.
- 2. The premium payable under this policy shall be paid in advance. No receipt for premium shall be valid except on the official form of the Company signed by a duly authorized official of the Company. The due payment of premium and the observance and fulfillment of the terms, provisions, conditions and endorsements of this policy by the Insured Person in so far as they relate to anything to be done or complied with by the Insured Person shall be a condition precedent to any liability of the Company to make any payment under this policy. No waiver of any terms provisions, conditions and endorsements of this policy shall be valid unless made in writing and signed by an authorized official of the Company.
- 3.1. Claims Procedure
  - a) Notification of the Claim intimation should be given within **48 hrs of Admission or before Discharge** from Hospital/Nursing Home.
  - b) The Insured Person shall without any delay consult a Doctor and follow the advice and treatment recommended, take reasonable step to minimize the quantum of any claim that might be made under this Policy.
  - c) The Insured Person shall immediately file the claim and in any case within 30 days of discharge from the Hospital provide the Company with written details of the quantum of any claim along with all the original bills, receipts and other documents upon which a claim is based and shall also give the Company such additional information and assistance as the Company may require in dealing with the claim.
  - d) The Insured Person shall submit himself for examination by the Company's medical advisors as often as may be considered necessary by the Company.
  - e) In event of Insured Person's death, written notice accompanied by a copy of postmortem (if any) is given to the Company within 14 days.
- 2. Claims procedure for policies serviced by Future Generali Health (FGH)
  - a) Future Generali Health will provide the user guide & identity card to Insured Person. User guide will have following details:
    - i. Contact details of all FGH offices.
    - ii. Website address of Future Generali Health(FGH)

- iii. Network list of hospitals with their contact details.
- iv. Claim submission guidelines.
- b) Intimation of claims
  - i. Insured Person will intimate the Company or to the FGH directly on toll free no.
  - ii. If claim is intimated with the Company, claim will be notified and Insured Person will be explained to submit the claim with FGH.
  - iii. FGH will explain the cashless and reimbursement claim process to Insured Person.
  - iv. FGH will register the claim under a unique claim no.
  - v. FGH claim no will be used as reference claim no by the Company.
- c) Claims Submission
  - i. Insured Person will submit the claim papers to FGH.
  - ii. Following is the document list for claim submission:
    - Claim form
    - Original discharge summary
    - Original set of investigation reports
    - Original bills and receipts
    - Pharmacy bills in original with prescriptions
- d) Claims Processing
  - i. FGH doctors will scrutinize the claims and flag the claim as settled/ Rejected/ Pending
  - 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. FGH will forward daily/weekly claims report for settled/ pending/ rejected claims.
  - vi. The Company will go through the report and flag the claim in their records
  - vii. In cashless claims, hospital will submit the claims to FGH for payment.
- e) Claims Payment
  - i. FGH will send the discharge voucher with details of allowed and disallowed amount
  - ii. Insured Person will send the signed discharge voucher to FGH, on which FGH will send the cheque in name of Insured Person.
  - iii. FGH will make the payment within 14 days.
- 4. The Company shall not be liable to make any payment under this policy in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent means or device whether by the Insured Person or by any other person acting on his behalf.
- 5. If at the time when any claim arises under this policy, there is in existence any other insurance (other than Cancer insurance policy in collaboration with Indian Cancer Society) whether it be effected by or on behalf of whom the claim may have arisen covering the same loss, liability, compensation, costs or Expenses, the Company shall not be liable to pay or contribute more than its rateable proportion of any loss, liability, compensation, costs or expenses. The benefits under this policy shall be in excess of the benefits available under Cancer Insurance Policy.
- 6. The policy may be renewed by mutual consent. The Company shall not however be bound to give notice that it is due for renewal and the Company may at any time cancel this Policy by sending the Insured Person 30 days notice by registered

letter, at the Insured Person's last known address and in such event the Company shall refund to the Insured Person a pro-rata' premium for unexpired period of Insurance. The Company shall, however, remain liable for any claim which arose prior to the date of cancellation. The Insured Person may at any time cancel this policy and in such event the Company shall allow refund of premium at the Company's short period rate only (table given here below) provided no claim has occurred up to the date of cancellation.

<b><u>PERIOD ON RISK</u></b>	<b><u>RATE OF PREMIUM TO BE CHARGED</u></b>
Up to one month	1/4th of the annual rate
Up to three months	1/2 of the annual rate
Up to six months	3/4th of the annual rate
Exceeding six months	Full annual rate

7. Any dispute regarding the claim amount, liability otherwise being admitted, are to be referred to arbitration under the Arbitration & Conciliation Act 1996. The law of the arbitration shall be Indian law and the seat of the arbitration and venue for all the hearings shall be within India.
8. If these arbitration provisions are held to be invalid, then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian courts.
9. This Policy may be renewed by mutual consent every year and in such event, the renewal premium shall be paid to the Company on or before the date of expiry of the Policy or of the subsequent renewal thereof. However the Company shall not be bound to give notice that such renewal premium is due.
10. Continuity benefits shall not be granted to Individuals covered under group policy in event that the group policy is discontinued or not renewed or to the individual retail policies taken by the insured members of the group policies
11. If the Company shall disclaim liability to the Insured Person for any claim hereunder and if the Insured Person shall not within 12 calendar months from the date of receipt of the notice of such disclaimer notify the Company in writing that he does not accept such disclaimer and intends to recover his claim from the Company then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.
12. All medical/surgical treatments under this policy shall have to be taken in India and admissible claims thereof shall be payable in Indian currency.

#### **DAY CARE LIST**

##### **Operations on the eyes**

- o Incision of tear glands
- o Other operations on tear ducts
- o Incision of diseased eyelids
- o Excision and destruction of diseased tissue of the eyelid
- o Operations on the canthus and epicanthus
- o Corrective surgery for entropion and ectropion
- o Corrective surgery for blepharoptosis
- o Removal of a foreign body from the conjunctiva
- o Removal of foreign body from the cornea
- o Incision of the cornea
- o Operations for pterygium
- o Other operations on the cornea
- o Removal of a foreign body from the lens of the eye
- o Removal of a foreign body from the posterior chamber of the eye
- o Removal of a foreign body from the orbit and eyeball
- o Operation of a cataract

##### **Operations of Ears**

- Microsurgical operations on the middle ear
  - o Myringoplasty (Type 1 tympanoplasty)

- o Tympanoplasty (closure of an eardrum perforation and reconstruction of the auditory ossicles)
- o Revision of a tympanoplasty
- o Stapedotomy
- o Stapedectomy
- o Other microsurgical operations on the middle ear

##### **-Other operations on the middle and internal ear**

- o Paracentesis (myringotomy)
- o Removal of a tympanic drain.
- o Mastoidectomy
- o Incision of the mastoid process and middle ear
- o Reconstruction of the middle ear
- o Fenestration of the inner ear
- o Other operations on the middle and inner ear.

##### **-Operations on the nose and the nasal sinuses**

- o Excision and destruction of diseases tissue of the nose
- o Operations on turbinates (nasal concha)
- o Other Operations on the nose.
- o Nasal Sinus aspiration

##### **Operations on the tongue**

- o Incision, excision and destruction of diseases tissue of the tongue
- o Partial glossectomy
- o Glossectomy
- o Reconstruction of the tongue
- o Other operations on the Tongue

##### **Operations on the Salivary Glands and salivary ducts**

- o Incision and lancing of a salivary gland and a salivary duct
- o Resection of a salivary gland
- o Reconstruction of a salivary gland and a salivary duct
- o Other operations on the salivary glands and a salivary duct.

##### **Other operations on the mouth and face**

- o Palatoplasty
- o External Incision and drainage in the region of the mouth, jaw and face
- o Excision and destruction of disease hard and soft palate
- o Incision of the hard and soft palate
- o Plastic Surgery to the floor of the mouth
- o Other operations in the mouth.

##### **Operations on the tonsils and adenoids**

- o Transoral incision and drainage of a pharyngeal abscess
- o Tonsillectomy without adenoidectomy
- o Tonsillectomy with adenoidectomy
- o Excision and destruction of a lingual tonsil.
- o Other operations on the tonsils and adenoids

##### **Operations on the Skin and subcutaneous tissues**

- o Surgical Wound debridement and removal of diseased tissue of the skin and subcutaneous tissues
- o Free skin transplantation
- o Revision of skin plasty
- o Other restoration and reconstruction of the skin and subcutaneous tissues

##### **Operations on the Breast**

- o Incision of the breast
- o Operations on the nipple.

##### **Operations on the digestive tract**

- o Incision and excision of tissue in the perianal region
- o Surgical treatment of anal fistulas
- o Surgical treatment of hemorrhoids
- o Division of the anal sphincter (sphincterotomy)
- o Other operations on the anus
- o Ultrasound guided aspirations.
- o Sclerotherapy.

##### **Operations on the urinary system**

- o Cystoscopic removal of stones

##### **Operations on the female sexual organs**

- Incision of the ovary
- Insufflation of the Fallopian tubes
- Dilatation of the cervical canal
- Conisation of the uterine cervix
- Other operations on the uterine cervix
- Incision of the uterus (hysterotomy)
- Therapeutic curettage
- Culdotomy
- Incision of the vagina
- Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas
- Operations on Bartholin's glands (cyst)

**Operations on the Prostrate and seminal vesicles**

- Transurethral excision and destruction of prostate tissue
- Transurethral and percutaneous destruction of prostrate tissue
- Incision and excision of periprostatic tissue
- Radical Prostatovesiculectomy
- Other excision and destruction of prostate tissue
- Operations on the seminal vesicles
- Other operations on the prostate

**Operations on the scrotum and tunica vaginalis testis**

- Incision of the scrotum and tunica vaginalis testis
- Operation on a testicular hydrocele
- Excision and destruction of diseased scrotal tissue.
- Other operations on the scrotum and tunica vaginalis testis

**Operations on the testes**

- Incision of the testes
- Excision and destruction of diseased tissue of the testes
- Unilateral orchidectomy
- Bilateral orchidectomy
- Reconstruction of the testis

**Operations on the Penis**

- Operations on the foreskin
- Local excision and destruction of diseased tissue of the penis
- Amputation of the penis
- Plastic reconstruction of the penis
- Other operations on the Penis

**Orthopedic Surgeries**

- Incision on bone
- Closed reduction on fracture, luxation or epiphysealolysis with osteosynthesis
- Suture and other operations on tendons and tendon sheath
- Reduction of dislocation under GA

**Other Operations**

- Lithotripsy
- Coronary angiography
- Radiotherapy for Malignancies
- Parenteral Chemotherapy
- Haemodialysis

**ENDORSEMENT TO BE ATTACHED**

Special conditions applicable to Maternity Expenses Benefit Extension

- These benefits are admissible only if the expenses are incurred in Hospital/Nursing Home as in-patients in India.
- 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.
- Claim in respect of 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.
- Pre-natal and post-natal expenses are covered within the maternity limit; provided the condition necessitates treatment in the hospital and the hospital stay is for minimum 24 hours.

**MATERNITY EXPENSES BENEFIT COVER:**

This is an optional cover which can be obtained on payment of additional premium for all the Insured Persons under the Policy.

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.

The maximum benefit allowable under this clause will be up to Rs.50, 000/- or the Sum Insured opted by the member of the group whichever is lower (expenses incurred towards the normal baby care during delivery is included within Maternity limit). Kindly refer to attached Schedule /endorsement.

## 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:

	<b>24X7 Help-lines</b>	MTNL/BSNL :1800-220-233		<b>Email</b>	<b>care@futuregenerali.in</b>
		Others :1860-500-3333		<b>Website</b>	<b>www.futuregenerali.in</b>
	<b>Customer Service Cell</b>	<b>Future Generali India Insurance Company Ltd.</b> Corporate & Registered Office: - 001, Delta Plaza, 414, Veer Savarkar Marg, Prabhadevi, Mumbai - 400 025			

While sending in your complain in writing, please 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.

- 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.

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).

### INSURANCE OMBUDSMAN

If you are still not satisfied with the resolution to the complaint as provided by our Grievance Redressal Officer, 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
<b>AHMEDABAD</b>	Insurance Ombudsman Office of the Insurance Ombudsman 2nd Floor, Ambica House, Nr. C.U.Shah College, 5, Navyug Colony, Ashram Road, <b>AHMEDABAD - 380 014</b> Tel: 079-27546840 Fax: 079-27546142 E-mail: <a href="mailto:ins.omb@rediffmail.com">ins.omb@rediffmail.com</a>	Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu
<b>BHOPAL</b>	Insurance Ombudsman Office of the Insurance Ombudsman Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, <b>BHOPAL - 462 023</b> Tel: 0755-2569201 Fax: 0755-2769203 E-mail: <a href="mailto:bimalokpalbhopal@airtelmail.in">bimalokpalbhopal@airtelmail.in</a>	Madhya Pradesh & Chhattisgarh
<b>BHUBANESHWAR</b>	Insurance Ombudsman Office of the Insurance Ombudsman 62, Forest Park, <b>BHUBANESHWAR - 751 009</b> Tel: 0674-2596455 Fax: 0674-2596429 E-mail: <a href="mailto:ioobbsr@dataone.in">ioobbsr@dataone.in</a>	Orissa
<b>CHANDIGARH</b>	Insurance Ombudsman Office of the Insurance Ombudsman S.C.O. No.101, 102 & 103, 2nd Floor, Batra Building, Sector 17-D, <b>CHANDIGARH - 160 017</b> Tel: 0172-2706468 Fax: 0172-2708274 E-mail: <a href="mailto:ombchd@yahoo.co.in">ombchd@yahoo.co.in</a>	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, UT of Chandigarh
<b>CHENNAI</b>	Insurance Ombudsman Office of the Insurance Ombudsman Fatima Akhtar Court, 4th Floor, 453 (old 312) Anna Salai, Teynampet, <b>CHENNAI - 600 018</b> Tel:044-24333668 /5284 Fax: 044-24333664 E-mail: <a href="mailto:insombud@md4.vsnl.net.in">insombud@md4.vsnl.net.in</a>	Tamilnadu, UT- Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
<b>NEW DELHI</b>	Insurance Ombudsman Office of the Insurance Ombudsman 2/2 A, Universal Insurance Bldg, Asaf Ali Road, <b>NEW DELHI - 110 002</b> Tel: 011-23239633 Fax: 011-23230858 E-mail: <a href="mailto:jobdelraj@rediffmail.com">jobdelraj@rediffmail.com</a>	Delhi & Rajasthan
<b>GUWAHATI</b>	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Nivesh, 5th floor Nr. Panbazar Overbridge, S.S. Road, <b>GUWAHATI - 781 001</b> Tel:0361-2132204/5 Fax: 0361-2732937 E-mail: <a href="mailto:ombudsmanghy@rediffmail.com">ombudsmanghy@rediffmail.com</a>	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
<b>HYDERABAD</b>	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, <b>HYDERABAD - 500 004</b> Tel: 040-65504123 Fax: 040-23376599 E-mail: <a href="mailto:insombudhyd@gmail.com">insombudhyd@gmail.com</a>	Andhra Pradesh, Karnataka and UT of Yanam - a part of UT of Pondicherry
<b>ERNAKULAM</b>	Insurance Ombudsman Office of the Insurance Ombudsman 2nd Floor, CC 27/2603, Pulinat Building, Opp. Cochin Shipyard, M.G. Road, <b>ERNAKULAM - 682 015</b> Tel: 0484-2358759 Fax: 0484-2359336 E-mail: <a href="mailto:iokochi@asianetindia.com">iokochi@asianetindia.com</a>	Kerala, UT of (a) Lakshadweep, (b) Mahe - a part of UT of Pondicherry
<b>KOLKATA</b>	Insurance Ombudsman Office of the Insurance Ombudsman North British Bldg. 29, N.S. Road, 4th Floor, <b>KOLKATA - 700 001</b> Tel: 033-22134866 Fax: 033-22134868 E-mail : <a href="mailto:iombkol@vsnl.net">iombkol@vsnl.net</a>	West Bengal, Bihar, Jharkhand and UT of Andaman & Nicobar Islands, Sikkim
<b>LUCKNOW</b>	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Bhawan, Phase 2, 6th Floor, Nawal Kishore Road, Hazratganj, <b>LUCKNOW - 226 001</b> Tel: 0522 -2231331 Fax: 0522-2231310 E-mail: <a href="mailto:insombudsman@rediffmail.com">insombudsman@rediffmail.com</a>	Uttar Pradesh and Uttaranchal
<b>MUMBAI</b>	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Seva Annexe, 3rd Floor, S.V.Road, Santacruz (W), <b>MUMBAI - 400 054</b> Tel: 022-26106928 Fax: 022-26106052 E-mail: <a href="mailto:ombudsmanmumbai@gmail.com">ombudsmanmumbai@gmail.com</a>	Maharashtra, Goa

