



FUTURE GENERALI INDIA
Insurance Company Limited

FUTURE HEALTH SURPLUS Policy Wordings

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FUTURE HEALTH SURPLUS

This policy is issued to You based on Your proposal to Us and Your payment of the premium. This Policy records the agreement between Us and sets out the terms of insurance and the obligations of each party.

SECTION I: 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** means a sudden, unintended and fortuitous external and visible event.
 - 2 **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.
 - 3 **Day care expenses** means the medical treatment costs necessary and reasonable in scope for a Day Care Procedure preauthorized by Us and done in a network Hospital to the extent that such cost does not exceed the reasonable and customary charges in the locality for the same Day Care Procedure.
 - 4 **Day care Procedure** means the course of medical treatment or a surgical procedure listed in the Schedule which requires less than 24 hours admission as an inpatient or any other surgeries/procedures agreed by Us which require less than 24 hours hospitalization as an inpatient due to subsequent advancement in Medical Technology. This excludes all procedures or treatment taken in outpatient departments.
 - 5 **Deductible** means the amount stated in the Schedule which shall be borne by You in respect of each and every Claim made under this Policy. Our liability to make any payment under the Policy is in excess of the Deductible.
 - 6 **Diagnostic Centre** means the diagnostic centers which have been empanelled by Us as per the latest version of the schedule of diagnostic centers maintained by Us, which is available to You on request.
 - 7 **Family** means and includes You, Your Spouse and Your two dependent children up to the age of 25 years
 - 8 **Hospital / Nursing Home** Any institution in India established for indoor care & treatment of disease & injury, which
 - a) Is registered either as a hospital or nursing home with the local authorities & is under the supervision of a registered medical practitioner
 - OR*
 - b) Complies with minimum criteria of
 - i. At least 15* in-patient beds
 - ii. Fully equipped OT of its own where surgical operations are carried out
 - iii. Fully qualified nursing staff under employment round the clock
 - iv. Qualified doctors in charge round the clock
- but shall not include any establishment which is a place of rest, a place for the aged, a place for drug-addicts or a place for alcoholics, a hotel or similar place
- (*NOTE: In class 'C' towns, minimum number of beds shall be 10)
- 9 **Hospitalisation** means the Insured's admission into Hospital for a continuous period of not less than 24 hours.
 - 10 **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.
 - 11 **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.
 - 12 **Network Hospital** means the institutions named on a list maintained by and available with Us. This list may be amended from time to time.
 - 13 **Primary Insurer** means the insurer with whom the insured person first lodges his claim for hospitalization expenses.
 - 14 **Policy** means the complete documents consisting of the Proposal, Policy wording, Schedule and Endorsements and attachments if any.
 - 15 **Policy Period** means the period commencing with the start date mentioned in the Schedule till the end date mentioned in the Schedule.
 - 16 **Post- hospitalization expenses** means relevant Medical Expenses incurred during period up to 90 days after Hospitalisation due to illness/ injury sustained. Such expenses 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.
 - 17 **Pre- hospitalization expenses** means relevant medical expenses incurred during period up to 60 days prior to Hospitalisation due to illness/ injury sustained. Such expenses will be considered as part of claim limited to treatment which is taken before hospitalization for an ailment/ disease/ injury not different from the one for which hospitalization was necessary.
 - 18 **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 Your first policy with Us.
 - 19 **Proposal** means the standard application form for insurance cover submitted to the insurer along with all information for the purpose of enabling the insurer to decide whether or not it is willing to grant cover and, if so, the terms on such cover.
 - 20 **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.
 - 21 **Reasonable and Customary** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved
 - 22 **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.
 - 23 **Sum Insured** means the amount stated in the Schedule, which is the maximum amount We will pay for claims made by You in one policy period in excess of the deductible amount, irrespective of the number of claims You make.
 - 24 **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.
 - 25 **We, Our, Us, Insurer** means Future Generali India Insurance Company Limited.
 - 26 **You, Your, Yourself** means the Insured Person shown in the Schedule.

SECTION II: SCOPE OF COVER

If you contract any disease or suffer from any illness or accident and if such illness or accident shall require, upon advice of the duly qualified Medical Practitioner to incur hospitalization expenses for medical/ surgical treatment at any Hospital in India as an inpatient, We will pay you the amount of such expenses in excess of the deductible per hospitalization that are reasonably and necessarily incurred in respect by or on behalf of You up to limits indicated but not exceeding the sum insured during the period stated in the Policy

Schedule. In the event of any claims becoming admissible under the Policy, We will pay to You or the Nominee as under:

1. Room, Board & Nursing Expenses as provided by the hospital/ nursing home including registration and service charges.
2. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees.
3. Anesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Diagnostic Materials and X-ray, Cost of Pacemaker, prosthesis/ internal implants and any medical expenses incurred which is integral part of the operation.
4. Pre- hospitalisation expenses incurred within 60 days prior to Hospitalisation due to illness/ injury sustained.
5. Post- hospitalisation expenses incurred within 90 days after the date of discharge from the hospital.

For the purpose of calculation of the deductible per hospitalization any expenses incurred on room and boarding, nursing expenses, surgeon's, anesthetist, medical practitioners, consultants and specialist's fees, anesthesia, Blood, Oxygen, Operation theater charges, surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, cost of Pacemaker and similar expenses will be taken into account. However Pre- hospitalisation and Post-hospitalization expenses will not be taken into account.

SECTION III: GENERAL 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. Pre-existing diseases/ condition: 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 High deductible Health Insurance Policy, until 48 consecutive months have elapsed, after the date of inception of the first High deductible Health Insurance Policy.

This Exclusion shall cease to apply if You have maintained the Health Insurance Policy with Us for a continuous period of a full 4 years, without break from the date of Your first similar **policy** (high deductible policy).

In case of change in plan from a lower deductible plan to higher deductible plan this Exclusion shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased (i.e. enhanced sum insured) if the policy is a renewal of similar (high deductible policy) policy without break in cover.

2. **30-day Exclusion:** 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. This Exclusion shall apply only to the extent of the amount by which the limit on indemnity has been increased if the Policy is a renewal of similar policy (high deductible policy)without break in cover.

3. **Waiting period for specified diseases/ ailments/ conditions:**

1.1 Medical Expenses incurred during the first three consecutive annual periods during which You have the benefit of a similar High deductible 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.

1.2 In case of change in plan from a lower deductible plan to higher deductible plan this Exclusion shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased (i.e. enhanced sum insured) if the policy is a renewal of similar High deductible Policy without break in cover.

4. **Permanent Exclusions:** We will not pay for any expenses incurred by You in connection of the following:

- a. 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).
- b. Circumcision, unless necessary for treatment of a disease, not excluded hereunder or as may be necessitated due to an accident. Vaccination (except 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, experimental, investigational or unproven procedures or treatments, devices and pharmacological regimens of any description.
- c. Charges incurred in connection with cost of spectacles and contact lenses, hearing aids, durable medical equipment (including but not limited to cost of instrument used in the treatment of Sleep Apnea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Asthmatic condition, wheel chair, crutches, artificial limbs, belts, braces, stocking, Glucometer and the like), namely that equipment used externally for the human body which can withstand repeated use; is not designed to be disposable; is used to serve a medical purpose, such cost of all appliances/ devices whether for diagnosis or treatment after discharge from the hospital.
- d. Dental treatment or surgery of any kind unless requiring hospitalisation as a result of accidental Bodily injury.
- e. The treatment of obesity (including morbid obesity) and other weight control programs, services and supplies.
- f. 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).
- g. Convalescence, general debility, "Run-down" condition or rest cure, venereal disease, intentional self-injury.
- h. 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.
- i. 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), which is proved by submission of Ultra Sonographic Report and Certification by Gynecologist that it is a life threatening.
- j. 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 Human Immunodeficiency Virus or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.
- k. Congenital Internal and/ or external illness/ disease/ defect.
- l. 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.
- m. Vitamins, tonics, nutritional supplements unless forming part of the treatment for injury or disease as certified by the attending Physician.
- n. Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons/ materials.
- o. Costs incurred on all methods of treatment except Allopathic.

- p. Any treatment required arising from Insured's participation in any hazardous activity including but not limited to scuba diving, motor racing, parachuting, hang gliding, rock or mountain climbing etc unless specifically agreed by the Insurance Company.
- q. Any treatment received in convalescent home, convalescent hospital, health hydro, nature care clinic or similar establishments.
- r. Outpatient 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.
- s. Doctor's home visit charges during pre and post hospitalization period, Attendant Nursing charges
- t. Expenses related to donor screening, treatment, excluding surgery to remove organs from the donor in case of a transplant surgery. We will not pay the donor's pre- and post- hospitalization expenses or any other medical treatment for the donor consequent to surgery.
- u. Surgery to correct deviated septum and hypertrophied turbinate.
- v. Treatment for any mental illness or psychiatric illness.
- w. Personal comfort and convenience items or services such as television, telephone, barber or beauty service guest service and similar incidental services and supplies

information or documentation that We have specified must be produced to the Network Hospital identified in the pre-authorisation letter at the time of Your admission to the same.

iii) If the procedure above is followed, You will not be required to directly pay for the Hospitalisation Expenses above the deductible in the Network Hospital that We are liable to indemnify under Section II above and the original bills and evidence of treatment in respect of the same shall be left with the Network Hospital. Pre-authorisation does not guarantee that all costs and expenses will be covered. We reserve the right to review each claim for Hospitalisation Expenses and accordingly coverage will be determined according to the terms and conditions of this Policy. You shall, in any event, be required to settle all other expenses directly.

- b. If pre-authorization as per 4 a) above is denied by Us or if treatment is taken in a Hospital other than a Network Hospital or if You do not wish to avail cashless facility, then:
 - i. You or someone claiming on Your behalf must inform Us in writing immediately, and in any event within 30 days of the aforesaid Illness or Bodily Injury.
 - ii. You must immediately consult a Doctor and follow the advice and treatment that he recommends.
 - iii. You must take steps or measure to minimise the quantum of any claim that may be made under this Policy.
 - iv. You must have Yourself examined by Our medical advisors if We ask for this, at the insurers cost.
 - v. 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 all original supporting documentation, including but not limited to first consultation letter, original vouchers, bills and receipts, birth/death certificate (as applicable)) and other information We ask for to investigate the claim or Our obligation to make payment for it.
 - vi. In the event of the death of the insured person, someone claiming on his behalf must inform Us in writing immediately and send Us a copy of the post mortem report (if conducted) within 30 days.
 - vii. We shall make claim payment in Indian Rupees only.

**Note: Waiver of conditions (i) and (vi) may be considered where it is proved to the satisfaction of the Company that under the circumstances in which the insured was placed it was not possible from him or any other person to give notice or file claim within the prescribed time limit. This would also be considered in case of every claim where insured may have intimated primary insurer only, as he may not know initially that his claim will cross deductible.*

- c. In case the originals are required by the primary insurer, we would return the original documents to the primary insurer after stamping the documents for the amount we have settled under the policy.

SECTION IV: GENERAL 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 the person named, as the Insured in the Schedule shall be covered under this Policy. The details of the Insured are as provided by You. Cover under this Policy shall be withdrawn upon such Insured giving 15 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 or the last registered address.
- 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 that may result in a claim, then as a condition precedent to Our liability, you must comply with the following:

- a. Cashless treatment is only available at a Network Hospital. In order to avail of cashless treatment, the following procedure must be followed by You:
 - i) Prior to taking treatment and/or incurring Medical Expenses at a Network Hospital, You must call Us and request pre-authorisation by way of the written form We will provide.
 - ii) After considering Your request and after obtaining any further information or documentation we have sought, We may if satisfied send You or the Network Hospital, a pre-authorisation letter. The pre-authorisation letter, the ID card issued to You along with this Policy and any other

5. 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 Doctor and for which a claim has been made, then such relapse shall be deemed to be part of the same claim.
- b) We shall make payment in Indian Rupees only.

6. Fraud

If You or any of Your family members 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.

7. Renewal & Cancellation

- a) 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. A grace period of 15 days is permissible for renewals. Any medical expenses incurred as a result of disease condition/ accident contracted during the break period would not be admissible under the policy. We shall not be bound to give notice that such renewal premium is due.
- b) Ordinarily renewals will not be refused /cancellation will not be invoked by Us except on ground of fraud, moral hazard or misrepresentation. We may invite renewals with max 50% loading of premium for adverse claims experience.
- c) 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.
- d) 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.
- e)

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. Refund in case of the deceased member will be as per pro- rate premium, subject to no claim.

8. 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 law of the arbitration will be Indian law, and the seat of the arbitration and venue for all hearings shall be within India.
- 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.

9. 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.

10. Contribution

If at the time when any claim arises under this Policy there is any other indemnity medical expenses insurance where the Sum Insured is higher than the deductible specified in this policy, then the claim amount over and above the deductible would be shared in rate able proportion. We shall not be liable to pay or contribute more than rate able proportion of any claim.

11. Territorial Limits and Law

- a) This Policy is restricted to insured events occurring in and Medical Expenses incurred in India
- 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, which approval shall be evidenced by an endorsement on the Schedule.

SECTION V- DAY CARE LIST

Operations on the eyes

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

Operations of Ears

-Microsurgical operations on the middle ear

- Myringoplasty (Type 1 tympanoplasty)
- Tympanoplasty (closure of an eardrum perforation and reconstruction of the auditory ossicles)
- Revision of a tympanoplasty
- Stapedotomy
- Stapedectomy

-Other operations on the middle and internal ear

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

-Operations on the nose and the nasal sinuses

- Operations on turbinates (nasal concha)

Operations on the tongue

- Incision, excision and destruction of diseased tissue of the tongue
- Partial glossectomy
- Glossectomy
- Reconstruction of the tongue

Operations on the Salivary Glands and salivary ducts

- Incision and lancing of a salivary gland and a salivary duct
- Resection of a salivary gland
- Reconstruction of a salivary gland and a salivary duct

Other operations on the mouth and face

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

Operations on the tonsils and adenoids

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

Operations on the Skin and subcutaneous tissues

- Free skin transplantation
- Skin plasty

Operations on the Breast

- Incision of the breast
- Operations on the nipple.

Operations on the digestive tract

- Surgical treatment of anal fistulas
- Surgical treatment of hemorrhoids
- Division of the anal sphincter (sphincterotomy)
- Ultrasound guided aspirations.
- Sclerotherapy.

Operations on the urinary system

- 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
- 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 vaganalis 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

- Amputation of the penis
- Plastic reconstruction of the penis

Orthopedic Surgeries

- Incision on bone
- Closed reduction on fracture, luxation or epiphysealolysis with osteosynthesis
- Reduction of dislocation under GA
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Other Operations

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

Any other surgeries/procedures agreed by Us which require less than 24 hours hospitalization as an inpatient, due to subsequent advancement in Medical Technology.

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:


	24X7 Help-lines	MTNL/BSNL :1800-220-233		Email	care@futuregenerali.in
		Others :1860-500-3333		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	<p>Customer Service Cell, Future Generali India Insurance Company Ltd. Corporate & Registered Office:- 12th & 15th Floor, Tower 1, Indiabulls Finance Centre, Senapati Bapat Marg, Elphinstone Road, Mumbai – 400013</p> <p>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.</p>
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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: lokochi@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 : ioombsbpa@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

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