

Prospectus

1. ELIGIBILITY CRITERIA

	PLAN A (for Surrogate Mother)	PLAN B (for Oocyte Donor)
Base Sum Insured (SI) – on annual basis (in Rs.)	2Lacs/ 5 Lacs / 10 Lacs	2Lacs/ 5 Lacs/ 10 Lacs
Tenure	3 Years	1 Years
Age of Proposer	Intending Couple – Male – 26 to 55 Years Female – 23 to 50 Years Intending Woman – 35 to 45 Years	Male -21 to 55 Years Female 21 to 50 Years
Entry Age – Minimum	Surrogacy: Individual : 25 years Oocyte donor: Individual : 23 years	
Entry Age – Maximum	Surrogacy: Individual : 35 Years Oocyte donor: Individual : 35 Years	
Cover Type	Individual (Women only)	
Premium Payment Term	Single	

2. SCHEDULE OF DISCOUNTS

Discount	
Digital Discount	5%
Discount in lieu of commission	5%

Note - Discounts applicable are in Multiplicative in nature.

3. BENEFITS COVERED UNDER THE POLICY

General Conditions Applicable To All The Benefits And Optional Benefits

- The maximum, total and cumulative liability of ours in respect of an Insured Person for any and all Claims arising under this Policy during the Policy Year for all benefits, except Optional Covers:
 - Shall not exceed the Sum Insured as mentioned in the Policy Schedule; or
 - The specific limits mentioned against that benefit for that Insured Person in the Policy Schedule.
Provided that the maximum, total, cumulative liability of the said specific limit mentioned against the benefit shall be within the Sum Insured.
- Coverage under Optional Cover-“Out-patient consultation with Gynecologist” shall be available over and above the Sum Insured.
- All Claims shall be payable subject to the terms, conditions, exclusions, sub-limits and wait periods of the Policy and subject to availability of the Sum Insured.
- Any Claim paid under any of the “Hospitalization Expenses” Benefits, shall reduce the Sum Insured for the Policy Year and only the balance shall be available for all the future claims for that Policy Year.
- Admissibility of a Claim under Benefit “In-patient Care / Day Care” is a pre-condition to the admission of Claim under "Road Ambulance" Cover and " Pre-Hospitalization Medical Expenses and Post-Hospitalization Medical Expenses" and the event giving rise to a Claim under Benefit “Hospitalization Expenses” shall be within the Policy Period for the Claim of such Benefit to be accepted.
- Linear interpolation methodology will be applied to calculate the premium rates if an intermittent value of Sum Insured is chosen by the Policyholder
- Benefits / Optional Covers (if opted) shall be available to the Insured Person, only if the particular Benefit / Optional Covers are specifically mentioned in the Policy Schedule.
- Surrogacy and Oocyte donation should be carried out in recognized centers registered with the National ART and Surrogacy Registry at <https://registry.artsurrogacy.gov.in/>, under the supervision of a registered Medical Practitioner as per the applicable law.

9. The surrogacy/ART procedures and treatment must be carried out in accordance with the Surrogacy (Regulation) Act 2021, Surrogacy (Regulation) Rules 2022, Assisted Reproductive Technology Act 2021, Assisted Reproductive Technology (Regulation) Rules 2022, and its amendments; as may be applicable.
10. The Proposal for insurance has to be made before the embryo transfer date for the surrogate mother and /or before ovarian stimulation date for oocyte donor.

3.1. BASE BENEFITS

3.1.1 Benefit : Hospitalization Expenses

If an Insured Person requires to be admitted in a Hospital in India only for (A) complication arising during Surrogacy pregnancy & Post-partum delivery in respect of the Surrogate Mother OR for (B) complications arising due to Oocyte retrieval in respect of the Oocyte Donor, which should be Medically Necessary during the Policy Year and while the Policy is in force for:

- (i) **In-patient Care:** We shall indemnify the Insured Person for Medical Expenses incurred towards Hospitalization through Cashless or Reimbursement Facility, maximum up to the Sum Insured, as specified in the Policy Schedule, provided that the Hospitalization is for a minimum period of 24 consecutive hours and was prescribed in writing, by a Medical Practitioner, and the Medical Expenses incurred are Reasonable and Customary Charges that were Medically Necessary.
- (ii) **Day Care Treatment:** We shall indemnify the Insured Person for Medical Expenses incurred on all relevant Day Care Treatments (as applicable) through Cashless or Reimbursement Facility, maximum up to the Sum Insured, as specified in the Policy Schedule, provided that the period of treatment of the Insured Person in the Hospital/Day Care Centre does not exceed 24 hours, which would otherwise require an in-patient admission and such Day Care Treatments was prescribed in written, by a Medical Practitioner, and the Medical Expenses incurred are Reasonable and Customary Charges that were Medically Necessary.

(iii) Advance Technology Methods:

We shall indemnify the Insured Person up to the Sum Insured, as specified in the Policy Schedule, for expenses incurred under Benefit 'Hospitalization Expenses' for treatment taken through following advance technology methods only if procedure is for Surrogacy Complication or Oocyte retrieval:

- A. Uterine Artery Embolization and HIFU
- B. Balloon Sinuplasty
- C. Deep Brain stimulation
- D. Oral chemotherapy
- E. Immunotherapy- Monoclonal Antibody to be given as injection
- F. Intra vitreal injections
- G. Robotic surgeries
- H. Stereotactic radio surgeries
- I. Bronchical Thermoplasty
- J. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- K. IONM - (Intra Operative Neuro Monitoring)
- L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

(iv) Pre-Hospitalization Medical Expenses and Post-Hospitalization Medical Expenses

We will indemnify the Insured Person for Medical Expenses incurred which are Medically Necessary, only through Reimbursement Facility, up to the Sum Insured, as specified in the Policy Schedule, provided that the Medical Expenses so incurred are related to the same Illness/Injury for which we have accepted the Insured Person's Claim under Benefit 'Hospitalization Expenses' and subject to the conditions specified below:

- a) For a period of 30 days immediately prior to the Insured Person's date of admission to the Hospital, provided that we shall not be liable to make payment for any Pre-hospitalization Medical Expenses that were not incurred during the Policy Year.
- b) For a period of 60 days immediately after the Insured Person's date of discharge from the hospital and claim documents to be submitted within 30 days after the completion of 60 days from the date of discharge from the hospital.

(v) Home Care Treatment

We shall indemnify the Insured Person for Reasonable and Customary Medical Expenses up to the Sum Insured, incurred during the Policy Year, for the Insured Person's home care treatment.

Home Care Treatment means treatment availed by the Insured Person at home for (A) Complication arising during surrogacy pregnancy & Post-partum delivery OR for (B) Complications arising due to Oocyte retrieval, which should be Medically Necessary during the Policy Year and while the Policy is in force, which in normal course would require hospitalization of more than 24 hours or would have been admissible under Day Care Procedures but is actually taken at home, on the written advice of a Medical Practitioner, provided that:

- a) There is a continuous active line of treatment with monitoring of the health status by a medical practitioner for each day through the duration of the home care treatment.
- b) Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained.
- c) Home care treatment is availed in India and the services under this benefit shall be offered by registered homecare provider.
- d) The benefit can be availed on reimbursement basis only and a prior approval from us needs to be taken before availing such services from a registered home care provider.
- e) Under this Benefit we shall indemnify Pre-Hospitalization Medical Expenses and Post-Hospitalization Medical Expenses as per section 3.1.1 (iv).

Note –

We will not indemnify for Automation machine for peritoneal dialysis and for any Medical & ambulatory devices used at home (like Pulse Oxymeter, BP monitors, Sugar monitors, automation device for peritoneal dialysis, CPAP, BiPAP, Crutches, wheel chair etc.)

(vi) Road Ambulance Cover

We will indemnify the Insured Person, through Cashless or Reimbursement Facility, up to the Sum Insured, for expenses incurred on transportation of Insured Person in a registered road ambulance provided we have accepted the Insured Person's Claim under Benefit 'Hospitalization Expenses' and subject to conditions as specified below:

- (i) Such road ambulance transportation is offered by a Hospital or by an Ambulance service provider for the Insured Person's necessary transportation; and
- (ii) Such Transportation is from the place of occurrence of Medical Emergency of the Insured Person, to the nearest Hospital; and/or
- (iii) Such Transportation is from one Hospital to another Hospital for the purpose of providing advanced/better equipped medical support/aid to the Insured Person which is medically necessary subject to treating Medical Practitioner certification.

(vii) Conditions applicable for Benefit “Hospitalization Expenses” :

Room, boarding and nursing expenses as charged by the Hospital where the Insured Person availed medical treatment (Room Rent / Room Category):

- i. If the Insured Person is admitted in a Hospital room where the Room Category opted or Room Rent incurred is higher than the eligible Room Category/ Room Rent as specified in the Policy Schedule, then the Policyholder/Insured Person shall bear the ratable proportion of the total Associate Medical Expenses (including applicable surcharge and taxes thereon) in the proportion of the difference between the Room Rent actually incurred and the Room Rent specified in the Policy Schedule or the Room Rent of the entitled Room Category to the Room Rent actually incurred.
- ii. The eligible Room Rent or Room Category applicable for the Insured Person under the Policy is 'Twin Sharing Room', which means a Hospital room where at least two patients are accommodated at the same time. Such room shall be the most basic and the most economical of all accommodations available as twin sharing rooms in that Hospital.

Intensive Care Unit Charges (ICU Charges):

Intensive Care Unit Charges (ICU Charges): The eligible ICU Charges applicable for the Insured Person under the Policy is 'No limit', which means that there is no separate restriction on ICU Charges incurred towards stay in ICU during Hospitalization.

Note:

The nomenclature of Room categories may vary from one hospital to the other. Hence, the final consideration will be as per the definition of the Rooms mentioned in the Policy.

3.1.2 Benefit: Maternity Care Program

We shall offer the following Services through our network service provider during the Policy Year by any mode of communication (Voice/Video/Chat/Email Chat/etc.)

- (i) Unlimited E-Consultation with Gynaecologist.
- (ii) Unlimited E-Consultation with Nutritionist & Dietician
- (iii) Mother Support – Lactation support, Postpartum support, 4 calls from Gynaecologist, Curated content etc.

3.2. OPTIONAL COVERS

3.2.1 Out-patient consultation with Gynecologist

We shall indemnify the Insured, for availing Out-patient consultation with Gynecologist up to the amount/limit as specified against this Benefit in Policy Schedule, during the Policy Year.

3.2.2 Room Rent Modification

Notwithstanding anything to the contrary in the Policy, if this Optional Cover is opted, we agree to modify the Room Category to Single Private AC room as specified in Policy schedule.

'Single Private AC Room' means the maximum eligible Room Category in case of Hospitalization of the Insured Person is limited for stay in a Single Private AC Room.

Note:

- 1) The nomenclature of Room categories may vary from one hospital to the other. Hence, the final consideration will be as per the definition of the Rooms mentioned in the Policy.
- 2) No limit on ICU charges under this Optional Cover.

4. EXCLUSIONS

4.1. Standard Exclusions:

(a) Waiting Periods:

(i) 30-day waiting period- Code- Excl03

- a. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
- b. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.

- c. The referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

(b) Permanent Exclusions:

Any Claim of an Insured Person arising due to any of the following shall not be admissible unless expressly stated to the contrary elsewhere in the Policy Terms and conditions.

1. Investigation & Evaluation: **(Code- Excl04)**
 - a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
 - b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
2. Rest Cure, rehabilitation and respite care: **(Code- Excl05)**
 - a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
3. Change-of-Gender treatments: **(Code- Excl07)**
Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
4. Hazardous or Adventure sports: **(Code- Excl09)**
Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
5. Breach of law: **(Code- Excl10)**
Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
6. Excluded Providers: **(Code- Excl11)**
Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

Note: Refer Annexure – II to the Prospectus Cum Sales Literature for list of excluded hospitals.

7. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **(Code- Excl12)**
8. Treatments received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. **(Code- Excl13)**
9. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure **(Code-Excl14)**
10. Unproven Treatments: **(Code- Excl16)**
Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
11. Sterility and Infertility: **(Code- Excl17)**
Expenses related to sterility and infertility. This includes:
 - (i) Any type of contraception, sterilization
 - (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - (iii) Gestational Surrogacy
 - (iv) Reversal of sterilization
12. Maternity: **(Code Excl18)**
 - a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
 - b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

4.2. Specific Exclusions:

Any Claim of an Insured Person arising due to any of the following shall not be admissible unless expressly stated to the contrary elsewhere in the Policy Terms and conditions.

1. Any item or condition or treatment specified in List of Non-Medical Items (Annexure – I to Prospectus Cum Sales Literature).
2. Medical Expenses incurred towards
 - i. Delivery expenses (Normal Delivery or caesarean section) of the Surrogate Mother;
 - ii. New Born baby through Surrogacy to the Surrogate Mother;
 - iii. Miscarriage (including miscarriage due to accident) except in case of life threatening medical condition to the Surrogate Mother, during the policy period of the Surrogate Mother;
 - iv. Treatment of any pre-existing conditions / disease of the Insured including its complications;

- v. Surrogacy Treatment Procedure cost (Injection, tests, Ultra sound, Embryo transfer, Ovum pickup);
3. Surrogacy which is for commercial purposes.
 4. Costs associated with cryopreservation and storage of sperm, eggs and embryos.
 5. Selective termination of an embryo.
 6. Services done at unrecognized center
 7. Surgery / procedures that enhance fertility like Tubal Occlusion, Bariatric Surgery, Diagnostic Laparoscopy with Ovarian Drilling and such other similar surgery / procedures.
 8. Any Illness or Injury other than complications arising out of pregnancy and post-partum delivery for the Surrogate Mother or complications arising out of Oocyte retrieval for the Oocyte Donor.
 9. Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind of self-medication.
 10. Any expenses incurred on external prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walkers, glucometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome and oxygen concentrator for asthmatic condition, cost of cochlear implants and related surgery.
 11. Screening, counseling or treatment of any external Congenital Anomaly, Illness or defects or anomalies or treatment relating to external birth defects.
 12. Treatment of mental retardation, arrested or incomplete development of mind of a person, subnormal intelligence or mental intellectual disability.
 13. Expenses incurred for Artificial life maintenance, including life support machine use, post confirmation of vegetative state or brain dead by treating medical practitioner where such treatment will not result in recovery or restoration of the previous state of health under any circumstances.
 14. Non-Allopathic Treatment, Hydrotherapy, Acupuncture, Reflexology, Chiropractic treatment or treatment related to any unrecognized systems of medicine.
 15. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.
 16. Act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane or Illness or Injury attributable to consumption, use, misuse or abuse of tobacco, intoxicating drugs, alcohol or hallucinogens.
 17. Any charges incurred to procure documents related to treatment or Illness pertaining to any period of Hospitalization or Illness.
 18. Personal comfort and convenience items or services including but not limited to T.V. (wherever specifically charged separately), charges for access to cosmetics, hygiene articles, body care products and bath additives, as well as similar incidental services and supplies.
 19. Expenses related to any kind of RMO charges, Service charge, Surcharge, night charges levied by the hospital under whatever head or transportation charges by visiting consultant.
 20. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
 - a. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.
 - b. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
 - c. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.
 21. Any treatment taken in a clinic, rest home, convalescent home for the addicted, detoxification center, sanatorium, home for the aged, remodeling clinic or similar institutions.
 22. Remicade, Avastin or similar injectable treatment which is undergone other than as a part of In-Patient Care Hospitalization or Day Care Hospitalization is excluded.
 23. Expenses which are not Reasonable and customary and treatments which are not Medically Necessary.
 24. Expenses related to any kind of Advance Technology Methods other than mentioned in the Clause 3.1.1(iii).
 25. Any other exclusion as specified in the Policy Schedule.

Note: In addition to the foregoing, any loss, claim or expense of whatsoever nature arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, suppressing, minimizing or in any way relating to the above Permanent Exclusions shall also be excluded.

5. GENERAL TERMS AND CLAUSES

5.1. Claim Settlement (provision for Penal Interest)

- i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days the Company shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
Bank rate shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen

due.

5.2. Multiple Policies

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

5.3. Fraud

If any claim made by the Insured Person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s) / policyholder(s) who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent or the hospital/doctor/any other party acting on behalf of the Insured Person, with intent to deceive the insurer or to induce the insurer to issue an insurance Policy:-

- (a) The suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;
- (b) The active concealment of a fact by the Insured Person having knowledge or belief of the fact;
- (c) Any other act fitted to deceive; and
- (d) Any such act or omission as the law specially declares to be fraudulent
The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the Insured Person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

5.4. Cancellation / Termination

- (a) Policyholder/Insured Person cannot cancel/terminate this Policy due to any reason what so ever.
- (b) Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured Person under the Policy
- (c) The Company may cancel the Policy at any time on grounds of mis-representations, non-disclosure of material facts, fraud by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representations, non-disclosure of material facts or fraud.

Notes:

- (i) In case of death of an Insured Person, this Policy shall stand null and void from the date and time of demise of the Insured Person. The premium would be refunded for the unexpired period of this Policy at the short period scales subject to no claim has been admitted or has been lodged or any benefit has been availed by the Insured Person under the Policy.

Refund % to be applied on premium received

Cancellation date from Policy Period Start Date	Plan A Policy Tenure – 3 Year	Plan B Policy Tenure – 1 Year
Up to 1 month	91.70%	75.00%
1 month to 3 months	83.30%	50.00%
3 months to 6 months	75.00%	25.00%
6 months to 12 months	66.70%	0.00%
12 months to 15 months	50.00%	N.A.
15 months to 18 months	41.70%	N.A.
18 months to 24 months	33.30%	N.A.
24 months to 30 months	8.30%	N.A.
Beyond 30 months	0.00%	N.A.

5.5. **Withdrawal of Policy**

- i. In the likelihood of this product being withdrawn in future, the Company will intimate the Insured Person about the same 90 days prior to expiry of the policy.
- ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period etc as per IRDAI guidelines, provided the policy has been maintained without a break.

5.6. **Possibility of Revision of Terms of the Policy Including the Premium Rates**

The Company, with prior approval of IRDA, may revise or modify the terms of the policy including the premium rates. The Insured Person shall be notified three months before the changes are affected.

5.7. **Free Look Period**

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

The Insured Person shall be allowed free look period of fifteen days (Thirty days in case of distance marketing) from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

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 Company on medical examination of the Insured Person 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 Insured Person, a deduction towards the proportionate risk premium for period of cover or
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

5.8. **Grievances**

In case of any grievance the Insured Person may contact the Company through

Website/link: <https://www.careinsurance.com/customer-grievance-redressal.html>

Mobile App : Care Health- Customer App

Toll free (whatsapp number): 8860402452

Courier: Any of Company's Branch Office or corporate office

Insured Person may also approach the grievance cell at any of the Company's branches with the details of grievance.

If Insured Person is not satisfied with the redressal of grievance through one of the above methods, Insured Person may contact the grievance officer at Branch Office or corporate office. For updated details of grievance officer, kindly refer the link

<https://www.careinsurance.com/customer-grievance-redressal.html>

If Insured Person is not satisfied with the redressal of grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.

Grievance may also be lodged at IRDAI integrated Grievance Management System - <https://bimabharosa.irdai.gov.in/>

Note: The Contact details of the Insurance Ombudsman offices have been provided as Annexure III.

6. **OTHER TERMS AND CLAUSES**

6.1. **Claims procedure and management**

This section explains about procedures involved to file a valid Claim by the Insured Person and related processes involved to manage the Claim by the Company.

6.1.1. **Pre-requisite for admissibility of a Claim:**

Any claim being made by an Insured Person or attendant of Insured Person during Hospitalization on behalf of the Insured Person, should comply with the following conditions:

- (i) The Condition Precedent Clause has to be fulfilled.
- (ii) The health damage caused, Medical Expenses incurred, subsequently the Claim being made, should be with respect to the Insured Person only. The Company will not be liable to indemnify the Insured Person for any loss other than the covered Benefits and any other person who is not accepted by the Company as an Insured Person.
- (iii) The holding Insurance Policy should be in force at the event of the Claim. All the Policy Terms and Conditions, wait periods and exclusions are to be fulfilled including the realization of Premium by their respective due dates.

- (iv) All the required and supportive Claim related documents are to be furnished within the stipulated timelines. The Company may call for additional documents wherever required.

6.1.2. Claim settlement - Facilities

(a) Cashless Facility

The Company extends Cashless Facility as a mode to indemnify the medical expenses incurred by the Insured Person at a Network Provider. For this purpose, the Insured Person will be issued a "Health card" at the time of Policy purchase, which has to be preserved and produced at any of the Network Providers in the event of Claim being made, to avail Cashless Facility. The following is the process for availing Cashless Facility:-

- (i) **Submission of Pre-authorization Form:** A Pre-authorization form which is available on the Company's Website or with the Network Provider, has to be duly filled and signed by the Insured Person and the treating Medical Practitioner, as applicable, which has to be submitted electronically by the Network Provider to the Company for approval. Only upon due approval from the Company, Cashless Facility can be availed at any Network Hospital.
- (ii) **Identification Documents:** The "Health card" provided by the Company under this Policy, along with one Valid Photo Identification Proof of the Insured Person are to be produced at the Network Provider, photocopies of which shall be forwarded to the Company for authentication purposes. Valid Photo Identification Proof documents which will be accepted by the Company are Voter ID card, Driving License, Passport, PAN Card, Aadhar Card or any other identification proof as stated by the Company.
- (iii) **Company's Approval:** The Company will confirm in writing, authorization or rejection of the request to avail Cashless Facility for the Insured Person's Hospitalization.
- (iv) **Company's Authorization:**
 - a) If the request for availing Cashless Facility is authorized by the Company, then payment for the Medical Expenses incurred in respect of the Insured Person shall not have to be made to the extent that such Medical Expenses are covered under this Policy and fall within the amount authorized in writing by the Company for availing Cashless Facility.
 - b) An Authorization letter will include details of Sanctioned Amount, any specific limitation on the Claim, and any other details specific to the Insured Person, if any, as applicable.
 - c) In the event that the cost of Hospitalization exceeds the authorized limit, the Network Provider shall request the Company for an enhancement of Authorization Limit stating details of specific circumstances which have led to the need for increase in the previously authorized limit. The Company will verify the eligibility and evaluate the request for enhancement on the availability of further limits.
- (v) **Event of Discharge from Hospital:** All original bills and evidence of treatment for the Medical Expenses incurred in respect of the Hospitalization of the Insured Person and all other information and documentation specified under Clauses 6.1.4 and 6.1.5 shall be submitted by the Network Provider immediately and in any event before the Insured Person's discharge from Hospital.
- (vi) **Company's Rejection:** If the Company does not authorize the Cashless Facility due to insufficient Sum Insured or insufficient information provided to the Company to determine the admissibility of the Claim, then payment for such treatment will have to be made by the Policyholder / Insured Person to the Network Provider, following which a Claim for reimbursement may be made to the Company which shall be considered subject to the Insured Person's Policy limits and relevant conditions. Please note that rejection of a Pre-authorization request is in no way construed as rejection of coverage or treatment. The Insured Person can proceed with the treatment, settle the hospital bills and submit the claim for a possible reimbursement.
- (vii) **Network Provider related:** The Company may modify the list of Network Providers or modify or restrict the extent of Cashless Facilities that may be availed at any particular Network Provider. For an updated list of Network Providers and the extent of Cashless Facilities available at each Network Provider, the Insured Person may refer to the list of Network Providers available on the Company's website or at the call center.
- (viii) **Claim Settlement:** For Claim settlement under Cashless Facility, the payment shall be made to the Network Provider whose discharge would be complete and final.

(b) Re-imburement Facility

- (i) It is agreed and understood that in all cases where intimation of a Claim has been provided under Reimbursement Facility and/or the Company specifically states that a particular Benefit is payable only under Reimbursement Facility, all the information and documentation specified in Clause 6.1.4 and Clause 6.1.5 shall be submitted to the Company at Policyholder's / Insured Person's own expense, immediately and in any event within 30 days of Insured Person's discharge from Hospital.
- (ii) The Company shall give an acknowledgement of collected documents. However, in case of any delayed submission, the Company may examine and relax the time limits mentioned upon the merits of the case.
- (iii) In case a reimbursement claim is received after a Pre-Authorization letter has been issued for the same case earlier, before processing such claim, a check will be made with the Network Provider whether the Pre-authorization has been utilized. Once such check and declaration is received from the Network Provider, the case will be processed.
- (iv) For Claim settlement under reimbursement, the Company will pay the Policyholder. In the event of death of the Policyholder, the Company will pay the nominee (as named in the Policy Schedule) and in case of no nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.
- (v) Date of Loss' under Reimbursement Facility is the 'Date of Admission' to Hospital in case of Hospitalization & actual Date of Loss for non-Hospitalization related Benefits.

6.1.3. Duties of a Claimant/ Insured Person in the event of Claim

It is agreed and understood that as a Condition Precedent for a Claim to be considered under this Policy:

- (i) The Policyholder / Insured Person shall check the updated list of Network Provider before submission of a pre-authorization request for Cashless Facility.
- (ii) All reasonable steps and measures must be taken to avoid or minimize the quantum of any Claim that may be made under this Policy.
- (iii) Intimation of the Claim, notification of the Claim and submission or provision of all information and documentation shall be made promptly and in any event in accordance with the procedures and within the timeframes specified in Clause 6.1 (Claims Procedure and Management) of the Policy.
- (iv) The Insured Person will, at the request of the Company, submit himself / herself for a medical examination by the Company's nominated Medical Practitioner as often as the Company considers reasonable and necessary. The cost of such examination will be borne by the Company.
- (v) The Company's Medical Practitioner and representatives shall be given access and co-operation to inspect the Insured Person's medical and Hospitalization records and to investigate the facts and examine the Insured Person.
- (vi) The Company shall be provided with complete necessary documentation and information which the Company has requested to establish its liability for the Claim, its circumstances and its quantum.

6.1.4. Claims Intimation

Upon the occurrence of any Insured Event that may result in a Claim under this Policy, then as a Condition Precedent to the Company's liability under the Policy, all of the following shall be undertaken:

- (i) Upon occurrence of any Insured Event which has resulted in a Claim or may result in a Claim under the Policy, the Company shall be notified with full particulars within 48 hours from the date of occurrence of event either at the Company's call center or in writing.
- (ii) Claim must be filed within 30 days from the date of discharge from the hospital in case of hospitalization and actual date of loss in case of non-hospitalization Benefits.

Note: 6.1.4 (i) and 6.1.4 (ii) are precedent to admission of liability under the policy.

- (iii) The following details are to be disclosed to the Company at the time of intimation of Claim:

1. Policy Number;
2. Name of the Policyholder;
3. Name and address of the Insured Person in respect of whom the Claim is being made;
4. Nature of Illness or Injury;
5. Name and address of the attending Medical Practitioner and Hospital;
6. Date of admission to Hospital or proposed date of admission to Hospital for planned Hospitalization;
7. Any other necessary information, documentation or details requested by the Company.

- (iv) In case of an Emergency Hospitalization, the Company shall be notified either at the Company's call center or in writing immediately and in any event within 48 hours of Hospitalization commencing or before the Insured Person's discharge from Hospital.
- (v) In case of an Planned Hospitalization, the Company shall be notified either at the Company's call center or in writing at least 48 hours prior to planned date of admission to Hospital

6.1.5. Documents to be submitted for filing a valid Claim

The following information and documentation shall be submitted in accordance with the procedures and within the timeframes specified in Clause 6.1 in respect of all Claims:

1. Duly filled and signed Claim form by the Insured Person;
2. Copy of Photo ID of Insured Person;
3. Medical Practitioner's referral letter advising Hospitalization;
4. Medical Practitioner's prescription advising drugs or diagnostic tests or consultations;
5. Original bills, receipts and discharge summary from the Hospital/Medical Practitioner;
6. Original bills from pharmacy/chemists;
7. Original pathological/diagnostic test reports/radiology reports and payment receipts;
8. Operation Theatre Notes(if applicable);
9. Indoor case papers(if applicable);
10. Original investigation test reports and payment receipts supported by Doctor's reference slip;
11. Ambulance Receipt;
12. Any other document as required by the Company to assess the Claim, in case fraud is suspected.

Notes:

- The Company may give a waiver to one or few of the above mentioned documents depending upon the case.

- Additional documents as specified against any Benefit shall be submitted to the company.
- The Company will accept bills/invoices which are made in the Insured Person's name only.
- The Company may seek any other document as required to assess the Claim.
- Only in the event that original bills, receipts, prescriptions, reports or other documents have already been given to any other insurance Company, the Company will accept properly verified photocopies of such documents attested by such other insurance Company along with an original certificate of the extent of payment received from such insurance Company.

However, claims filed even beyond the timelines mentioned above should be considered if there are valid reasons for any delay.

6.1.6. Claim Assessment

- a. The Company shall scrutinize the Claim and supportive documents, once received. In case of any deficiency, the Company may call for any additional documents or information as required, based on the circumstances of the Claim.
- b. All admissible Claims under this Policy shall be assessed by the Company in the following progressive order:
 - (i) If a room accommodation has been opted for where the Room Rent or Room Category is higher than the eligible limit as applicable for that Insured Person as specified in the Policy Schedule, then, the Associate Medical Expenses payable shall be pro-rated as per the applicable limits in accordance with Clause 3.1.1(vii) and 3.2.2.
 - (ii) The balance amount, if any, subject to the applicability of sub-limits, Company's liability to make payment shall be limited to such extent as applicable and shall be the Claim payable
- c. All claims incurred in India are serviced by the Company directly.

6.1.7. Payment Terms

- (a) This Policy covers only medical treatment taken entirely within India. All payments under this Policy shall be made in Indian Rupees and within India.
- (b) The Company shall have no liability to make payment of a Claim under the Policy in respect of an Insured Person during the Policy Period, once the Sum Insured for that Insured Person is exhausted.
- (c) The Company shall settle or reject any Claim within 30 days of receipt of all the necessary documents / information as required for settlement of such Claim and sought by the Company. The Company shall provide the Policyholder / Insured Person an offer of settlement of Claim and upon acceptance of such offer by the Policyholder / Insured Person the Company shall make payment within 7 days from the date of receipt of such acceptance.
- (d) The Claim shall be paid only for the Policy Year in which the Insured event which gives rise to a Claim under this Policy occurs.
- (e) The Premium for the policy will remain the same for the policy period mentioned in the Policy Schedule.

7. UNDERWRITING

Wherever any Pre-Existing Disease or any other adverse medical history is declared for Insured Person, we may ask such Insured Person to undergo tele-underwriting as may deem fit to evaluate such member, irrespective of the member's age.

8. SCHEDULE OF BENEFITS

S. No.	Base Benefits	Plan A (for Surrogate Mother)	Plan B (for Oocyte donor)
1	Hospitalization Expenses		
	- In-Patient Care	Up to SI	
	- Day Care Treatment	All relevant Day Care Procedures, up to SI	
	- Advance Technology Methods	Up to SI	
	- Pre-Hospitalization Medical Expenses and Post-Hospitalization Medical Expenses	Pre-Hospitalization expense cover for 30 days prior to hospitalization & Post-Hospitalization expense cover for 60 days after discharge; Maximum up to SI	
	- Home Care Treatment	Up to SI	
	- Road Ambulance Cover	Up to SI	
2	Maternity Care Program	(i) Unlimited E-Consultation with Gynaecologist (ii) Unlimited E-Consultation with Nutritionist & Dietician (iii) Mother Support – Lactation support, Postpartum support, 4 calls from Gynaecologist, Curated content , etc.	NA

Optional Cover			
	Out-patient consultation with Gynecologist	Up to Rs. 1000/2000 per consultation in a year, maximum 3 /6 physical consultations	
	Room Rent Modification	Single Private AC Room	
Wait Periods		Plan A	Plan B
	Initial Waiting Period	30 days	
	24 Months Specific Diseases Waiting Period	NA	
	48 Months Pre-existing Diseases Waiting Period	NA	
Sub Limits		Plan A	Plan B
	Room Eligibility	Twin sharing room	
	ICU Charges	No limit	

Contact details for Claims & Policy Servicing

Registered Office:	Care Health Insurance Limited 5th Floor, 19 Chawla House, Nehru Place, New Delhi-110019
Correspondence address	Vipul Tech Square, Tower C, 3rd Floor, Golf Course Road, Sector-43, Gurugram-122009
WhatsApp Number	8860402452
E-mail ID for Claims	claims@careinsurance.com
Submit Your Queries/Requests:	https://www.careinsurance.com/contact-us.html
Website	www.careinsurance.com

Disclaimer: This is only a summary of features of 'Surrogacy and Oocyte Care'. The actual benefits available are as described in the Policy, and will be subject to the Policy terms, conditions and exclusions. Please seek the advice of Your insurance advisor if You require any further information or clarification.

Statutory Warning : Prohibition of Rebates (under Section 41 of Insurance Act, 1938): No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the Insurer. Any person making default in complying with the provision of this section shall be liable for a penalty which may extend to ten lakh rupees.

Note:

- The foregoing is only an indication of the cover offered. For details, please refer to the Policy terms and conditions, available on request.
- The Proposal Form shall form the basis of the insurance contract. It is mandatory for You to provide Us a duly filled in and signed Proposal Form and retain a copy as an evidence of the basis of the insurance contract.
- Any risk under the Policy shall commence only once We receive the premium (including all taxes and levies thereto).
- In case You have not understood any of the details, coverage, etc. in this document, You can seek for a clarification or a copy of this document in a language understood by You.
- For full details of this product, please log on to www.careinsurance.com
- The product is in conformity with the IRDAI approval and health insurance regulations and standardization guidelines.

Insurance is a subject matter of solicitation. Unique Advertisement number: XXXXXXX

IRDAI Registration Number - 148

CIN: U66000DL2007PLC161503 UIN:CHIHLP24136V012324

Annexure I - List of Expenses Generally Excluded ("Non-medical") in Hospital Indemnity Policy

SR. NO.	LIST - I - OPTIONAL ITEMS		
1	BABY FOOD		CHARGES
2	BABY UTILITIES CHARGES	53	SUGAR FREE Tablets
3	BEAUTY SERVICES	54	CREAMS POWDERS LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)
4	BELTS/ BRACES		
5	BUDS		
6	COLD PACK/HOT PACK	55	ECG ELECTRODES
7	CARRY BAGS	56	GLOVES
8	EMAIL / INTERNET CHARGES	57	NEBULISATION KIT
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
10	LEGGINGS	59	KIDNEY TRAY
11	LAUNDRY CHARGES	60	MASK
12	MINERAL WATER	61	OUNCE GLASS
13	SANITARY PAD	62	OXYGEN MASK
14	TELEPHONE CHARGES	63	PELVIC TRACTION BELT
15	GUEST SERVICES	64	PAN CAN
16	CREPE BANDAGE	65	TROLLY COVER
17	DIAPER OF ANY TYPE	66	UROMETER, URINE JUG
18	EYELET COLLAR	67	AMBULANCE
19	SLINGS	68	VASOFIX SAFETY
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES		
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED		
22	TELEVISION CHARGES		
23	SURCHARGES		
24	ATTENDANT CHARGES		
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)		
26	BIRTH CERTIFICATE		
27	CERTIFICATE CHARGES		
28	COURIER CHARGES		
29	CONVEYANCE CHARGES		
30	MEDICAL CERTIFICATE		
31	MEDICAL RECORDS		
32	PHOTOCOPIES CHARGES		
33	MORTUARY CHARGES		
34	WALKING AIDS CHARGES		
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)		
36	SPACER		
37	SPIROMETRE		
38	NEBULIZER KIT		
39	STEAM INHALER		
40	ARMSLING		
41	THERMOMETER		
42	CERVICAL COLLAR		
43	SPLINT		
44	DIABETIC FOOT WEAR		
45	KNEE BRACES (LONG/ SHORT/ HINGED)		
46	KNEE IMMOBILIZER/ SHOULDER IMMOBILIZER		
47	LUMBO SACRAL BELT		
48	NIMBUS BED OR WATER OR AIR BED CHARGES		
49	AMBULANCE COLLAR		
50	AMBULANCE EQUIPMENT		
51	ABDOMINAL BINDER		
52	PRIVATE NURSES CHARGES- SPECIAL NURSING		
		SR. NO.	LIST - II - ITEMS THAT ARE TO BE SUBSUMED INTO ROOM CHARGES
		1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
		2	HAND WASH
		3	SHOE COVER
		4	CAPS
		5	CRADLE CHARGES
		6	COMB
		7	EAU-DE-COLOGNE / ROOM FRESHNERS
		8	FOOT COVER
		9	GOWN
		10	SLIPPERS
		11	TISSUE PAPER
		12	TOOTH PASTE
		13	TOOTH BRUSH
		14	BED PAN
		15	FACE MASK
		16	FLEXI MASK
		17	HAND HOLDER
		18	SPUTUM CUP
		19	DISINFECTANT LOTIONS
		20	LUXURY TAX
		21	HVAC
		22	HOUSE KEEPING CHARGES
		23	AIR CONDITIONER CHARGES
		24	IM IV INJECTION CHARGES
		25	CLEAN SHEET
		26	BLANKET/WARMER BLANKET
		27	ADMISSION KIT
		28	DIABETIC CHART CHARGES
		29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
		30	DISCHARGE PROCEDURE CHARGES
		31	DAILY CHART CHARGES
		32	ENTRANCE PASS / VISITORS PASS CHARGES
		33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
		34	FILE OPENING CHARGES
		35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
		36	PATIENT IDENTIFICATION BAND / NAME TAG
		37	PULSE OXYMETER CHARGES

SR. NO.	LIST - III - ITEMS THAT ARE TO BE SUBSUMED INTO PROCEDURE CHARGES	SR. NO.	LIST IV – ITEMS THAT ARE TO BE SUBSUMED INTO COSTS OF TREATMENT
1	HAIR REMOVAL CREAM	1	ADMISSION/REGISTRATION CHARGES
2	DISPOSABLES RAZORS CHARGES (for site preparations)	2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	EYE PAD	3	URINE CONTAINER
4	EYE SHEILD	4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	CAMERA COVER	5	BIPAP MACHINE
6	DVD, CD CHARGES	6	CPAP/ CAPD EQUIPMENTS
7	GAUSE SOFT	7	INFUSION PUMP– COST
8	GAUZE	8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9	WARD AND THEATRE BOOKING CHARGES	9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS	10	HIV KIT
11	MICROSCOPE COVER	11	ANTISEPTIC MOUTHWASH
12	SURGICAL BLADES, HARMONIC SCALPEL, SHAVER	12	LOZENGES
13	SURGICAL DRILL	13	MOUTH PAINT
14	EYE KIT	14	VACCINATION CHARGES
15	EYE DRAPE	15	ALCOHOL SWABES
16	X-RAY FILM	16	SCRUB SOLUTION/STERILLIUM
17	BOYLES APPARATUS CHARGES	17	GLUCOMETER & STRIPS
18	COTTON	18	URINE BAG
19	COTTON BANDAGE		
20	SURGICAL TAPE		
21	APRON		
22	TORNIQUET		
23	ORTHO BUNDLE, GYNAEC BUNDLE		

Annexure II - List of Hospitals where Claim will not be admitted

Hospital Name	Address
Nulife Hospital And Maternity Centre	1616 Outram Lines, Kingsway Camp, Guru Teg Bahadur Nagar , New Delhi , Delhi
Taneja Hospital	F-15, Vikas Marg, Preet Vihar , New Delhi , Delhi
Shri Komal Hospital & Dr.Saxena's Nursing Home	Opp. Radhika Cinema, Circular Road , Rewari , Haryana
Sona Devi Memorial Hospital & Trauma Centre	Sohna Road, Badshahpur , Gurgaon , Haryana
Amar Hospital	Sector-70, S.A.S.Nagar, Mohali, Sector 70 , Mohali , Punjab
Brij Medical Centre	K K 54, Kavi Nagar , Ghaziabad , Uttar Pradesh
Famliy Medicare	A-55, Sector 61, Rajat Vihar Sector 62 , Noida , Uttar Pradesh
Jeevan Jyoti Hospital	162, Lowther Road, Bai Ka Bagh, Allahabad, Uttar Pradesh
City Hospital & Trauma Centre	C-1, Cinder Dump Complex, Opp. Krishna Cinema Hall, Kanpur Road, Alambagh, Lucknow, U.P.
Dayal Maternity & Nursing Home	No.953/23, D.C.F.Chowk, DLF Colony , Rohtak , Haryana
Metas Adventist Hospital	No.24, Ring-Road, Athwalines, Surat , Gujarat
Surgicare Medical Centre	Sai Dwar Oberoi Complex, S.A.B.T.V.Lane Road, Lokhandwala, Near Laxmi Industrial Estate, Andheri, Mumbai, Maharashtra
Paramount General Hospital & I.C.C.U.	Laxmi Commercial Premises, Andheri Kurla Road, Andheri, Mumbai, Maharashtra
Gokul Hospital	Thakur Complex, Kandivali East, Mumbai, Maharashtra
Shree Sai Hospital	Gokul Nagri I, Thankur Complex, Western Express Highway, Kandivali East, Mumbai, Maharashtra
Shreedevi Hospital	Akash Arcade, Bhanu Nagar, Near Bhanu Sagar Theatre, Dr.Deepak Shetty Road, Kalyan D.C. , Thane , Maharashtra
Saykhedkar Hospital & Research Centre Pvt. Ltd.	Trimurthy Chowk, Kamatwada Road, Cidco Colony , Nashik , Maharashtra
Arpan Hospital And Research Centre	No.151/2, Imli Bazar, Near Rajwada, Imli Bazar , Indore , Madhya Pradesh
Ramkrishna Care Hospital	Aurobindo Enclave, Pachpedhi Naka, Dhamtri Road, National Highway No43, Raipur , Chhattisgarh
Gupta Multispeciality Hospital	B-20, Vivek Vihar, New Delhi, Delhi
R.K.Hospital	3C/59, BP, Near Metro Cinema, New Industrial Township 1, Faridabad, Haryana
Prakash Hospital	D-12, 12A, 12B, Noida, Sector 33 , Noida , Uttar Pradesh
Aryan Hospital Pvt. Ltd.	Old Railway Road, Near New Colony, New Colony, Gurgaon, Haryana
Medilink Hospital Research Centre Pvt. Ltd.	Near Shyamal Char Rasta, 132, Ring Road, Satellite, Ahmedabad, Gujarat
Mohit Hospital	Khoya B-Wing, Near National Park, Borivali(E), Kandivali West, Mumbai, Maharashtra
Scope Hospital	628, Niti Khand-I, Indirapuram, Ghaziabad, Uttar Pradesh
Agarwal Medical Centre	E-234, Greater Kailash 1, New Delhi , Delhi
Oxygen Hospital	Bhiwani Stand, Durga Bhawan, Rohtak, Haryana
Prayag Hospital & Research Centre Pvt. Ltd.	J-206 A/1, Sector 41, Noida, Uttar Pradesh
Karnavati Superspeciality Hospital	Opposite Sajpur Tower, Naroda Road, Ahmedabad, Gujarat
Palwal Hospital	Old G.T. Road, Near New Sohna Mod, Palwal, Haryana
B.K.S. Hospital	No.18, 1st Cross, Gandhi Nagar, Adyar, Bellary, Karnataka
East West Medical Centre	No.711, Sector 14, Sector 14, Gurgaon, Haryana
Jagtap Hospital	Anand Nagar, Sinhgood Road , Anandnagar , Pune , Maharashtra
Dr. Malwankar's Romeen Nursing Home	Ganesh Marg, Tagore Nagar , Vikhroli East , Mumbai , Maharashtra
Noble Medical Centre	SVP Road, Borivali West , Mumbai , Maharashtra
Rama Hospital	Sonepat Road, Bahalgarh, Sonipat , Haryana
S.B.Nursing Home & ICU	Lake Bloom 16, 17, 18 Opposite Solaris Estate, L.T.Gate No.6, Tunga Gaon, Saki-Vihar Road, Powai , Mumbai , Maharashtra
Sparsh Multi Speciality Hospital & Trauma Care Center	G.I.D.C Road, Nr Udhana Citizan Co-Op.Bank , Surat , Gujarat

Hospital Name	Address
Saraswati Hospital	Divya Smruti Building, 1st Floor, Opp. Toyota Showroom, Malad Link Road, Malad West, Mumbai, Maharashtra
Shakuntla Hospital	3-B Tashkant Marg, Near St. Joseph Collage, Allahabad, Uttar Pradesh
Mahaveer Hospital & Trauma Centre	76-E, Station Road, Panki, Kanpur, Uttar Pradesh
Eashwar Lakshmi Hospital	Plot No. 9, Near Sub Registrar Office, Gandhi Nagar, Hyderabad, Andhra Pradesh
Amrapali Hospital	Plot No. NH-34, P-2, Omega -1, Greater Noida, Noida, Uttar Pradesh
Hardik Hospital	29c, Budh Bazar, Vikas Nagar, New Delhi, Delhi
Jabalpur Hospital & Research Centre Pvt Ltd	Russel Crossing, Naptier Town, Jabalpur, Madhya Pradesh
Panvel Hospital	Plot No. 260A, Uran Naka, Old Panvel, Navi Mumbai, Maharashtra
Santosh Hospital	L-629/631, Hapur Road, Shastri Nagar, Meerut, Uttar Pradesh
Sona Medical Centre	5/58, Near Police Station, Vikas Nagar, Lucknow, Uttar Pradesh
City Super Speciality Hospital	Near Mohan Petrol Pump, Gohana Road, Rohtak, Haryana
Navjeevan Hospital & Maternity Centre	753/21, Madanpuri Road, Near Pataudi Chowk, Gurgaon, Haryana
Abhishek Hospital	C-12, New Azad Nagar, Kanpur, Kanpur, Uttar Pradesh
Raj Nursing Home	23-A, Park Road, Allahabad, Uttar Pradesh
Sparsh Medicare and Trauma Centre	Shakti Khand - III/54, Behind Cambridge School, Indirapuram, Ghaziabad, Uttar Pradesh
Saras Healthcare Pvt Ltd.	K-112, SEC-12, Pratap Vihar, Ghaziabad, Uttar Pradesh
Getwell Soon Multispeciality Institute Pvt Ltd	S-19, Shalimar Garden Extn., Near Dayanand Park, Sahibabad, Ghaziabad, Uttar Pradesh
Shivalik Medical Centre Pvt Ltd	A-93, Sector 34, Noida, Uttar Pradesh
Aakanksha Hospital	126, Aaradhnanagar Soc, B/H. Bhulkabhavan School, Aanand-Mahal Rd., Adajan, Surat, Gujarat
Abhinav Hospital	Harsh Apartment, Nr Jamna Nagar Bus Stop, Goddod Road, Surat, Gujarat
Adhar Ortho Hospital	Dawer Chambers, Nr. Sub Jail, Ring Road, Surat, Gujarat
Aris Care Hospital	A 223-224, Mansarovar Soc, 60 Feet, Godadara Road, Surat, Gujarat
Arzoo Hospital	Opp. L.B. Cinema, Bhatar Rd., Surat, Gujarat
Auc Hospital	B-44, Gujarat Housing Board, Pandeshara, Surat, Gujarat
Dharamjivan General Hospital & Trauma Centre	Karmayogi - 1, Plot No. 20/21, Near Piyush Point, Pandesara, Surat, Gujarat
Dr. Santosh Basotia Hospital	Bhatar Road, Bhatar Road, Surat, Gujarat
God Father Hosp.	344, Nandvan Soc., B/H. Matrushakti Soc., Puna Gam, Surat, Gujarat
Govind-Prabha Arogya Sankool	Opp. Ratna-Sagar Vidhyalaya, Kaji Medan, Gopipura, Surat, Gujarat
Hari Milan Hospital	LH Road, Surat, Gujarat
Jaldhi Ano-Rectal Hospital	103, Payal Apt., Nxt To Rander Zone Office, Tadwadi, Surat, Gujarat
Jeevan Path Gen. Hospital	2nd. Floor, Dwarkesh Nagri, Nr. Laxmi Farsan, Sayan, Surat, Gujarat
Kalrav Children Hospital	Yashkamal Complex, Nr. Jivan Jyot, Udhna, Surat, Gujarat
Kanchan General Surgical Hospital	Plot No. 380, Ishwarnagar Soc, Bhamroli-Bhatar, Pandesara, Surat, Gujarat
Krishnavati General Hospital	Bamroli Road, Surat, Gujarat
Niramayam Hospital & Prasutigruah	Shraddha Raw House, Near Natures Park, Surat, Gujarat
Patna Hospital	25, Ashapuri Soc - 2, Bamroli Road, Surat, Gujarat
Poshia Children Hospital	Harekrishan Shopping Complex 1st Floor, Varachha Road, Surat, Gujarat
R.D Janseva Hospital	120 Feet Bamroli Road, Pandesara, Surat, Gujarat
Radha Hospital & Maternity Home	239/240 Bhagunagar Society, Opp Hans Society, LH Road, Varachha Road, Surat, Gujarat
Santosh Hospital	LH Road, Varachha, Surat, Gujarat

Notes:

1. For an updated list of Hospitals, please visit the Company's website.
2. Only in case of a medical emergency, Claims would be payable if admitted in the above Hospitals on a reimbursement basis.

Annexure III - Office of the Ombudsman

Office of the Ombudsman	Contact Details	Jurisdiction of Office (Union Territory, District)
AHMEDABAD	Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 E-mail : bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu
BENGALURU	Office of the Insurance Ombudsman, Jeevan Soudha Building ,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka
BHOPAL	Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa
CHANDIGARH	Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@cioins.co.in	Punjab , Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh
CHENNAI	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry)
DELHI	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481 / 23213504 Email: bimalokpal.delhi@cioins.co.in	Delhi, Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh
GUWAHATI	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam , Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana and Yanam – a part of Territory of Pondicherry

Office of the Ombudsman	Contact Details	Jurisdiction of Office (Union Territory, District)
JAIPUR	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@cioins.co.in	Rajasthan
ERNAKULAM	Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe – a part of Pondicherry
KOLKATA	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Andaman & Nicobar Islands, Sikkim
LUCKNOW	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabimagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038821/23/24/25/26/27/28/29/30/31 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane
PATNA	Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand

Office of the Ombudsman	Contact Details	Jurisdiction of Office (Union Territory, District)
NOIDA	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddha Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur
PUNE	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

The updated details of Insurance Ombudsman are available on website of IRDAI: www.irda.gov.in, on the website of General Insurance Council: www.gicouncil.org.in, on the Company's website www.careinsurance.com or from any of the Company's offices. Address and contact number of Executive Council of Insurers –

Office of the 'Executive Council of Insurers'

3rd Floor, Jeevan Seva Annexe,

S.V. Road, Santacruz(W),

Mumbai - 400 054.

Tel : 022-69038801/03/04/05/06/07/08/09

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