



This document provides key information about your policy. You are also advised to go through your policy document.

Sr. No.	Title	Description	Policy Clause Number
1	Name of add-on policy	ABCD Chronic Care	Not Applicable
2	Policy Number	Policy number shall be as on Policy Schedule of Base policy issued post policy issuance	Not Applicable
3	Type of Insurance Product / Policy	Indemnity	Not Applicable
4	Sum Insured (Basis)	<ul style="list-style-type: none"> • Individual Sum Insured - Where each member has a separate sum insured under the policy • Floater Sum Insured - Where all members under the policy have a single sum insured limit which may be utilized by any or all members 	Not Applicable
5	Policy Coverage (What the policy covers?)	<p>This Add-on shall indemnify Medical Expenses arising out of any of the below mentioned conditions (which are declared by You and accepted by the Company) and its complications leading to a Hospitalization:</p> <ol style="list-style-type: none"> a. Asthma b. Blood Pressure c. Cholesterol d. Diabetes 	Section C
6	Exclusions (what the policy does not cover)	As per and upto the terms and limits of the Base policy	As per base product
7	Waiting Period	Medical Expenses covered under this Add-on shall be payable after an initial waiting period of 30 days of this add-on being in-force. Waiting Periods for other conditions shall apply as per the Base Policy.	As per base product

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8	Financial limits of coverages	As per and upto the terms and limits of the Base policy	As per base product
	• Sub-limits	As per and upto the terms and limits of the Base policy	As per base product
	• Co-payment	As per and upto the terms and limits of the Base policy	As per base product
	• Deductible	As per and upto the terms and limits of the Base policy	As per base product
9	Claims/Claims Procedure	Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.	As per base product
		Turn Around Time (TAT) for claims settlement: As per and upto the terms and limits of the Base policy	
		For Reimbursement Process: As per and upto the terms and limits of the Base policy	
		Provide the details / web link for following: Network Hospital details : https://www.hdfcergo.com/locators/cashless-hospitals-networks	
		Helpline number : https://www.hdfcergo.com/customercare/grievances Call - : 022 6234 6234 / 0120 6234 6234	
		Hospitals which are excluded or from where no claims will be accepted by insurer: http://www.hdfcergo.com/docs/default-source/documents/excluded-hospital1.pdf	
		Downloading/getting claim form https://www.hdfcergo.com/download/claim-form	

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10	Policy Servicing	<p>Call center number: 022 6234 6234 / 0120 6234 6234</p> <p>Or visit help section on www.hdfcergo.com</p> <p>Details of Company officials: Customer Happiness Center: D-301, 3rd Floor, Eastern Business District LBS Marg, Bhandup (West), Mumbai – 400078</p>	As per base product
11	Grievances/Complaints	<p>In case of any grievance the insured person may contact the Company through:</p> <ul style="list-style-type: none"> - Website: www.hdfcergo.com - Contact Us: 022 6234 6234 / 0120 6234 6234 - E-mail: grievance@hdfcergo.com - Contact Details for Senior Citizen: 022 – 6242 – 6226 - E-mail specific for Senior citizens : seniorcitizen@hdfcergo.com <p>Insured Person may contact the Grievance officer at cgo@hdfcergo.com</p> <p>For updated details of grievance officer, kindly refer the link: https://www.hdfcergo.com/customer-voice/grievances</p> <p>Ombudsman: https://bimabharosa.irdai.gov.in/.</p>	As per base product
12	Things to remember	<p>Free Look cancellation: As per and upto the terms and limits of the Base policy</p> <p>Policy renewal: As per and upto the terms and limits of the Base policy</p> <p>Migration and Portability: As per and upto the terms and limits of the Base policy</p>	As per base product

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		<p><u>Process for migration:</u> As per and upto the terms and limits of the Base policy</p> <p><u>Process for portability:</u> As per and upto the terms and limits of the Base policy</p> <p>Change in Sum Insured: As per and upto the terms and limits of the Base policy</p> <p>Moratorium Period: As per and upto the terms and limits of the Base policy</p>	
13	Your Obligations	Please disclose all pre-existing disease/s or condition/s and fill in the complete details in the proposal form before buying a policy. Non-disclosure may affect the claim settlement.	Not Applicable

Note:

1. Web-link of the product documents: << <https://www.hdfcergo.com/download> >>
2. In case of any conflict, the terms and conditions mention in the policy document shall prevail.

Declaration by the Policy Holder

I have read the above and confirm having noted the details.

Place: _____

Date: _____

(Signature of the Policyholder)