

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

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

Please Note: Benefits opted and mentioned in the policy schedule/certificate of insurance will only be applicable.

S. No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product / Policy	my: Credit - Personal Accident - Group	NA
2	Policy number	Policy number shall be as on Policy Schedule issued post policy issuance	NA
3	Type of Insurance Product / Policy	Benefit	NA
4	Sum Insured	<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 <p><u>Note:</u> For complete details of Sum Insured applicability, please refer to your Policy Schedule / Certificate of Insurance</p>	NA
5	Policy Coverage (What the policy covers?)	<p>Base Covers: Coverages in force for the Insured Persons shall be as opted and as specified in Policy Schedule / Certificate of Insurance</p> <p>Expenses in respect of:</p>	
		<p>1. Credit Shield: Loan protection in the event of an accident for the below listed perils</p>	Section B.1
		<p>i. Accidental Death: Loan protection in the event of an Accidental Death due to an Accident</p>	Section B.1
		<p>ii. Permanent Disablement: Loan protection in the event of a listed Permanent Disablement due to an Accident</p>	Section B.1



		2. Accident Shield: Lump Sum payment in the event of an Accidental Death due to an Accident	Section B.2
		Optional Covers: Optional covers in force for the Insured Persons shall be as opted and as specified in Policy Schedule / Certificate of Insurance	
		a) Permanent Total Disability – Illness: Lump Sum payment in the event of Permanent Total Disablement due to an Illness	Section B.2.2.a
		b) Permanent Partial Disability – Illness: Lump Sum payment in the event of Permanent Partial Disablement due to an Illness	Section B.2.2.b
		MY: Health Active: The services listed below are available to all Insured Person through Our Network Provider on Our HDFC ERGO Mobile App only	Section C
		1. Health Coach: Provides access to listed Health Coaching services for listed services	Section C.i
		2. Wellness Services: Includes Discounts on OPD, Pharmaceuticals, pharmacy, diagnostic centers Customer Engagement: Monthly newsletters, Diet consultation, health tips Specialized programs: stress management, Pregnancy Care, Work life balance management	Section C.ii
6	Exclusions (what the policy does not cover)	Specific exclusions applicable	Section D.1
		<ul style="list-style-type: none"> i. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or alcohol addiction programs, any other substance abuse treatment or services, or supplies. ii. War or any act of war, invasion, act of foreign enemy(whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind iii. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world. 	

		<ul style="list-style-type: none"> iv. Any loss suffered by the Insured on account of his participation as the driver, co-driver or passenger during motor racing or trial runs or rallies using a motorized vehicle or bicycle v. Loss or damage caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission). vi. Any Insured Person committing or attempting to commit a breach of law with criminal intent, or intentional self-injury or attempted suicide or suicide. vii. From engaging in or participation in or involvement including but not limited to naval, military or air force operation. viii. From participation in Adventure sports 	
7	Waiting Periods	Waiting Periods applicable to specific benefits	
	<ul style="list-style-type: none"> • Time period during which specified disease / treatments are not covered • It is counted from the beginning of the policy coverage 	<u>NA</u>	
8	Financial Limits of coverage	Financial limits specific to covers	
	Sub-limits	Sub limits specific to particular covers	
	(It is a predefined limit and the insurance company will not pay any amount in excess of this limit)	<u>NA</u>	
	Co-payments	Co-payment specific to particular covers	
	(It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured)	NA	

	<p>Deductible</p> <p>It is a specified amount:</p> <ul style="list-style-type: none"> • up to which an insurance company will not pay any claim, and • which will be deducted from total claim amount (if claim amount is more than the specified amount) 	<p>Deductible specific to particular covers</p>	
		<p>NA</p>	
	<p>Sum Insured Limits</p>	<p>As specified in Policy Schedule / Certificate of Insurance</p>	
<p>9</p>	<p>Claims / Claims procedure</p>	<p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <p>Turn Around Time (TAT) for claims settlement:</p> <p><u>For Cashless Process :</u></p> <p>i. TAT for preauthorization of cashless facility: Decision on cashless authorization to be provided within 1 hour from the time of receipt of request.</p> <p>ii. TAT for cashless final bill authorization: Within 3 hours of the receipt of discharge authorization request from the hospital.</p> <p><u>For Reimbursement Process :</u></p> <p>i. TAT for Claim settlement – 30 days from the time the last necessary document is received. (Note: In case of internal verification, the final stand will be confirmed within 45 days from the time the last necessary document is received by us)</p> <p>Provide the details /web link for following:</p> <p>Network Hospital details : https://www.hdfcergo.com/locators/cashless-hospitals-networks</p>	<p>Section F.1</p>

		<p>Helpline number : https://www.hdfcergo.com/customer-care/grievances</p> <p>Call - : 022 6234 6234 / 0120 6234 6234</p>	
		<p>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</p> <p>Downloading/getting claim form https://www.hdfcergo.com/download/claim-form</p>	
10	Policy Servicing	<p>Call center number : 022 6234 6234 / 0120 6234 6234 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 - 400 078.</p>	Section E.15
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>	Section E.15

12	Things to remember	<p>Free Look cancellation: You may cancel the insurance policy if you do not want it, within 30 days from the beginning of the policy.</p> <p>Process for free look cancellation:</p> <ol style="list-style-type: none"> 1. 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. 2. The insured person shall be allowed free look period of 30 days 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. 	Section E.5
		<p>Policy renewal: Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.</p>	Section E.9
		<p>Migration and Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.</p>	Section E.7
		<p><u>Process for migration:</u> The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the Company by applying for Migration of the policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration.</p>	NA
		<p><u>Process for portability:</u> The Insured Person will have the option to port the Policy to other insurers by applying to such Insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to Portability.</p>	Section E.7
		<p>Change in Sum Insured: Sum Insured can be changed (increased/ decreased) only at the time of renewal, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.</p>	
		<p>Moratorium Period: After completion of five continuous years under the policy no look back to be applied. This period of five years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and applicable for the sums insured of the first policy and subsequently completion of five continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits.</p>	Section E.6

		After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.	
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.	

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)
