



CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

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

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 Comprehensive Suraksha - Group	NA
2	Policy number	Policy number shall be as on Policy Schedule issued post policy issuance.	NA
3	Type of Insurance Product/ Policy	Both Indemnity and 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), orFloater Sum Insured-Where all members under the policy have a single sum insured limit which may be utilized by any or all members. (Only Section applicable for Recovery Benefit & Hospital Cash) Note: For complete details of Sum Insured applicability, please refer to your Policy Schedule/Certificate of Insurance	NA
5	Policy Coverage (What the policy covers?)	Base covers: Coverage in force for the insured person shall be as per the plan opted	B
		1. Critical illness. We will pay the sum insured , on diagnosis of listed critical illness or surgical procedure as opted and mentioned in the policy schedule/ certificate of insurance.	B.1
		ii. Optional Covers Under Critical Illness	B.1.ii
		i. Cardiac arrest (We will pay sum insured, if insured person suffered from cardiac arrest)	B.1.ii.i
		ii. Molecular Gene Expression Profiling Test (Expenses towards Molecular Gene Expression Profiling Test for treatment guidance on diagnosis of cancer of specified severity will be paid)	B.1.ii.ii
		2. Women Suraksha We will pay the sum insured, on diagnosis of listed critical illness or surgical procedure as opted and mentioned in the policy schedule/ certificate of insurance.	B.2 B.2.1



		II. Optional Cover applicable under Women Suraksha	B.2.II
		i. Pregnancy and Newborn Complication (We will pay the sum insured , on diagnosis of listed pregnancy Complications)	B.2.II.i
		ii. Newborn Complication (We will pay the sum insured , on diagnosis of listed newborn Complications)	B.2.I.ii
		Sachet Critical Illness We will pay the sum insured or percentage of Sum insured , on diagnosis of listed critical illness or surgical procedure as opted and mentioned in the policy schedule/ certificate of insurance.	B.3
		Section 4 – Optional Covers (Applicable to Section 1, 2 & 3)	B.4
		I. Preventive Health Checkup (Cost of a Preventive Health Check-up for the Insured Person will be paid as per the listed test)	B.4.I
		II. Post Diagnosis Assistance (Cost towards out-patient counseling session will be paid upon diagnosis of critical illness or undergoing surgical procedure)	B.4.II
		III. Second Medical Opinion a. Second Medical Opinion – India (expenses for second medical opinion from medical practitioner anywhere in India for listed critical illness and surgical procedures will be paid) b. Second Medical Opinion – Global (expenses for second medical opinion from medical practitioner globally for listed critical illness and surgical procedures will be paid)	B.4.III
		iv. Loss of Job (Expense towards Loss of Job due to his/her Voluntary Resignation or Termination from the employment on diagnosis of major stage critical illness and surgical procedure will be paid)	B.4.IV
		v. Pre-Diagnosis Cover (Expenses incurred towards listed diagnostic tests/ procedures incurred up to 30 days prior to the diagnosis will be paid as per the listed test/procedures)	B.4.V
		Section 5: Recovery Benefit Lumpsum amount paid incase the insured get hospitalised for consecutive & continuous 10 or more days in a policy year)	B.5 B.5.1
		II. Optional Cover Applicable under Recovery Benefit	B.5.II



		i. Preventive Health Checkup (Cost of a Preventive Health Check-up for the Insured Person will be paid as per the listed test)	B.5.II.i
		ii. Recovery Benefit – Global Lumpsum amount paid incase the insured get hospitalised anywhere globally for consecutive & continuous 10 or more days in a policy year)	B.5.II.ii
		iii. Maternity Benefit Lumpsum amount paid incase the insured get hospitalised for maternity related claim for consecutive & continuous 10 or more days in a policy year) (B.5.II.iii
		iv. Reinstatement of Sum Insured (We will add to the Sum Insured, an amount equivalent to the Sum Insured under the hospitalization on subsequent hospitalization)	B.5.II.iv
		v. Waiting Period modification option (On opting this cover, waiting period of recovery benefit shall stand modified as mentioned in the schedule of coverage)	B.5.II.iv
		Section 6 : Hospital cash Per day sum insured subject to maximum number of benefit days as mentioned in the policy schedule /certificate of insurance for each continuous and completed period Hospitalization	B.6 B.6.I
		II. Optional Covers applicable under Hospital Cash	B.6.II
		i. Hospital Cash – Global (Per day sum insured subject to maximum number of benefit days as mentioned in the policy schedule /certificate of insurance for each continuous and completed period of Hospitalization anywhere in the world	B.6.II.i
		ii. Companion Benefit (We will pay expenses of an accompanying person during hospitalization of the insured)	B.6.II.ii
		iii. ICU Hospitalization (Per day sum insured subject to maximum number of benefit days as mentioned in the policy schedule /certificate of insurance for each continuous and completed period of Hospitalization in intensive care unit	B.6.II.iii
		iv. Maternity Benefit (Per day sum insured subject to maximum number of benefit days as mentioned in the policy schedule /certificate of insurance for each continuous and completed period of Hospitalization for maternity related claim	B.6.II.iv
		v. Waiting Period modification option (on opting for this cover , applicable waiting period of Hospital cash shall stand modified as mentioned in the certificate of insurance/policy schedule)	B.6.II.v



		vi. Time deductible modification option (On opting this cover , applicable time Deductible shall stand modified as mentioned in the certificate of insurance /policy scheduled)	B.6.II.vi
		vii. Reinstatement of Sum Insured (Sum Insured would be fully restored by the Number of benefit days utilised in respect of any subsequent admissible claim)	B.6.II.vii
		viii. Preventive Health Checkup (Insured person will be entitled to preventive health checkup for list of test mentioned in the certificate of insurance/policy wordings)	B.6.II.viii
		Section 7 : Permanent Total Disablement – Illness (We will pay the sum insured in case the insured suffers from permanent total disablement due to illness)	B.7 B.7.I B.7.I.i
		II. Optional Covers applicable under Permanent Total Disablement i. Loss of Job (We will pay the Sum Insured if Insured Person suffers from Loss of Job due to his/her Voluntary Resignation or Termination from the employment permanent total disablement due to illness)	B.7.II B.7.II.i
		My: Health Active (Program encourages to maintain good health and avail incentives)	A
6	Exclusions (what the policy does not cover)	Exclusion for Section 1, 2, 3 & its Optional Covers i. Treatment arising from or consequent upon war or any act of war(whether war be declared or not or caused during service in the armed forces of any country), invasion, act of foreign enemy, civil war, public defense, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind. ii. Any Illness, sickness or disease other than those opted and specified as Critical Illnesses or Surgical Procedure under this Section. iii. Any Critical Illness or Surgical Procedure arising out of use, abuse or consequence or influence of any substance, intoxicant, drug, alcohol or hallucinogen iv. Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner v. Any Claim caused due to intentional self-injury, suicide or attempted suicide. vi. Any Critical Illness or Surgical Procedure caused by or arising from or attributable to a foreign invasion,	B.1.IV B.2.IV B.3.III



		<p>act of foreign enemies, hostilities, (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defence, rebellion, revolution, insurrection, military or usurped power;</p> <p>vii. Any claim caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.</p> <p>viii. Working in underground mines, tunnelling or involving electrical installations with high tension supply, or as jockeys or circus personnel;</p> <p>ix. Congenital External Anomalies or any complications or conditions arising there from including any developmental conditions of the Insured;</p> <p>x. Whilst engaging in Adventure Sports.</p> <p>xi. Involvement in naval, military or air force operation.</p> <p>xii. Participation by the Insured Person in any flying activity, except as a bona fide passenger (fare paying or otherwise) of a recognized airline on regular routes and on a scheduled time table</p> <p>Exclusion applicable to Section 5 & 6</p> <p>i. Investigation & Evaluation: Code Excl04</p> <p>a. Expenses related to any admission primarily for diagnostic and evaluation purposes only are excluded.</p> <p>b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.</p> <p>ii. Rest Cure, rehabilitation and respite care—Code – Excl05: Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:</p> <p>a. 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.</p> <p>b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.</p> <p>iii. Obesity/Weight control: Code – Excl06: Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:</p>	<p>B.5.IV.ii B.6.IV.ii</p>
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		<ul style="list-style-type: none"> a. Surgery to be conducted is upon the advice of the doctor b. The surgery/procedure conducted should be supported by clinical protocols c. The member has to be 18 years of age or older and d. Body Mass Index (BMI) <ul style="list-style-type: none"> i. Greater than or equal to 40 or, ii. Greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss: iii. Obesity related cardiomyopathy iv. coronary heart disease v. severe sleep apnoea vi. uncontrolled type2 diabetes iv. 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. v. Cosmetic or plastic surgery: Code – Excl08: Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of Medically Necessary Treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner. vi. Hazardous or Adventure SportsCode – 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. vii. 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. viii. 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 web- 	
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		<p>site/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.</p> <p>ix. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code – Excl12</p> <p>x. Treatments received in health hydros, 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</p> <p>xi. 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</p> <p>xii. Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 diop-tres.Code – Excl15</p> <p>xiii. Unproven Treatments– 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.Code – Excl16</p> <p>xiv. Sterility and Infertility –Code – Excl17 -Expenses related to sterility and infertility. This includes:</p> <ol style="list-style-type: none"> a. Any type of contraception, sterilization b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI c. Gestational Surrogacy d. Reversal of sterilization <p>xv. Maternity:Code – Excl18</p> <ol style="list-style-type: none"> a. Medical treatment expenses traceable to child-birth (including complicated deliveries and cae-sarean 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. <p>xvi. War or any act of war, invasion, act of foreign enemy,</p>	
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		<p>(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, Chemical or Biological attack or weapons, radiation of any kind.</p> <p>xvii. Any Insured Person committing or attempting to commit intentional self-injury or attempted suicide or suicide while mentally sound or unsound.</p> <p>xviii. Any Insured Person's participation or involvement in naval, military or air force operation.</p> <p>xix. Investigative treatment for Sleep-apnoea, General debility or exhaustion ("run-down condition").</p> <p>xx. Congenital external diseases, defects or anomalies,</p> <p>xxi. Stem cell harvesting</p> <p>xxii. Investigative treatments for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure or for muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities).</p> <p>xxiii. Circumcisions (unless necessitated by Illness or Injury and forming part of treatment).</p> <p>xxiv. Any Convalescence, , sanatorium treatment, private duty nursing or long-term nursing care.</p> <p>xxv. Preventive care, and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.</p> <p>xxvi. Vaccination including inoculation and immunisations (Except post Animal bite treatment),</p> <p>xxvii. Non-Medical expenses such as Food charges (other than patient's diet provided by hospital), laundry charges, attendant charges, ambulance collar, ambulance equipment, baby food, baby utility charges and other such items. Full list of Non-Medical expenses is attached and also available at www.hdfcergo.com.</p> <p>xxviii. Treatment taken on Outpatient basis</p> <p>xxix. The provision or fitting of hearing aids, spectacles or contact lenses.</p> <p>xxx. Any treatment and associated expenses for alopecia, baldness including corticosteroids and topical immunotherapy wigs, toupees, hair pieces, any non-surgical hair replacement methods, Optometric therapy.</p>	
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		<ul style="list-style-type: none"> viii. Congenital external diseases, defects or anomalies, ix. Stem cell harvesting, or growth hormone therapy. x. Pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), maternity or birth (including caesarean section) except in the case of ectopic pregnancy. xi. treatment to treat infertility any fertility, sub-fertility or assisted conception procedure, xii. Sterility, treatment whether to affect infertility, surrogate or vicarious pregnancy, birth control, contraceptive supplies or services including complications arising due to supplying services. xiii. Investigative treatment for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure or for muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities). xiv. Circumcisions (unless necessitated by Illness or Injury and forming part of treatment); treatment for correction of vision due to refractive error, aesthetic or change-of-life treatments of any description and sex transformation operations. xv. Plastic surgery or cosmetic surgery or treatments to change appearance unless necessary as a part of Medically Necessary Treatment certified by the attending Medical Practitioner for reconstruction following an Accident, cancer or burns. xvi. Experimental, investigational or Unproven treatments, devices and pharmacological regimens. xvii. Investigation & Evaluation; <ul style="list-style-type: none"> a) Expenses related to any admission primarily for diagnostic 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. xviii. Any Convalescence, cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care. xix. Preventive care, any physical,; enteral feedings (infusion formulas via a tube into the upper gastrointes- 	
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		<p>tinal tract) and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.</p> <p>xx. vaccination including inoculation and immunisations (Except post bite treatment),</p> <p>xxi. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed; treatments rendered by a Medical Practitioner who is a member of an Insured Person's family, or stays with him</p> <p>xxii. Any Claim arising due to Non-disclosure of Pre-existing Illness or Material fact as sought to be declared on the Proposal/Enrolment form.</p>			
7	Waiting period	Applicable to Section Recovery Benefit & Hospital Cash			
	· Time period during which specified diseases/treatments are not covered.	<p>i) Pre-existing Diseases Pre-existing diseases: Covered after 36 months Option 1: 3 Years to 2 Years Option 2: 3 Years to 1 Years Option 3: 3 Years to 0 Year</p>	5.IV.i 6.IV.i		
	· It is counted from the beginning of the policy coverage.	<p>ii) Specified Disease/Procedure waiting period Specific Waiting periods (Not applicable for claims arising due to an accident):</p> <ul style="list-style-type: none"> • 24 months for listed diseases/procedure Option 1: 1 Year to 2 Years Option 2: 1 Year to 0 Years 	5.IV.ii 6.IV.ii		
		<p>iii. 30-day waiting period Initial waiting Period: 30 days for all illnesses (not applicable in case of continuous renewal or accidents)</p>	5.IV.iii 6.IV.iii		
		<p>iv. Critical Illness waiting Period (Applicable to Section 1,2, 3 & 7)</p> <ul style="list-style-type: none"> • 90 days waiting period for Major Critical Illness/Surgical Procedure • 180 days waiting period for minor critical illness /Surgical Procedure • 36 months waiting period for Pre-existing illness 	3.II.ii 7.IV.i		
		<p>Optional Covers Waiting Period 1.Pregnancy Complications – 1 Year 2. New Born Complications -1 Year</p>			
8	Financial limits coverage of	<table border="1"> <tr> <td>Sections</td> <td>Covers</td> </tr> </table>	Sections	Covers	
Sections	Covers				



		<p>Section 1 Critical Illness Cover SI Limit (1 Lakh to 5 Cr.)</p> <p>Sections 2 Women Suraksha SI Limit (1 Lakh to 5 Cr.)</p> <p>Optional Covers</p> <p>Pregnancy Complications – 25% of Sum Insured subject to maximum limit mentioned on Schedule of Coverage</p> <p>Newborn Complications -25% of Sum Insured subject to maximum limit</p> <p>Sections 3 Sachet Critical Illness cover SI Limit (1 Lakh to 5 Cr.)</p> <p>Sections 4 Optional Cover (Section 1 to section 3) Post Diagnosis Assistance –Rs.1000 to Rs.5000 Second Medical Opinion – Rs. 5000 to Rs. 20,000 Loss of Job-Max upto 70% of monthly salary for max upto 12 months</p> <p>Sections 5 Recovery Benefit SI Limit (Rs. 10,000 to Rs. 5 Lc)</p> <p>Sections 6 Hospital cash Benefit SI Limit (Rs. 500 to Rs. 20,000)</p> <p>Sections 7 Permanent Total Disablement – Illness SI Limit (1 Lakh to 5 Cr.)</p>	
9	Claims/Claims Procedure	<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>For Cashless Process:</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>For Reimbursement Process:</p> <p>i. TAT for Claim settlement – 30 days from the time the last necessary document is received.</p> <p>(Note: In case of internal verification, the final stand will be confirmed within 45 days from the time the last necessary</p>	B



		<p>document is received by us) Provide the details /web link for following: i. Network Hospital details: https://www.hdfcergo.com/locators/cashless-hospitalsnetworks ii. Helpline number: https://www.hdfcergo.com/customercare/grievances Call - : 022 6234 6234 / 0120 6234 6234 iii. 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 iv. 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 Details of Company officials: Customer Happiness Center: D-301, 3rd Floor, Eastern Business, District LBS Marg, Bhandup (West), Mumbai - 400 078.</p>	
11	Grievances/Complaints	<p>In case of any grievance the insured person may contact the Company through: - Website: www.hdfcergo.com - Contact us: 022 6234 6234 / 0120 6234 6234 - Email: grievance@hdfcergo.com - Contact Details for Senior Citizen: 022 6242 6226 - Email specific for Senior citizens: seniorcitizen@hdfcergo.com</p> <p>Insured Person may contact the Grievance officer at: cgo@hdfcergo.com For updated details of grievance officer, kindly refer the link: https://www.hdfcergo.com/customervice/grievances Ombudsman: https://bimabharosa.irdai.gov.in/.</p>	
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. Process for free look cancellation: 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 thirty 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. Policy renewal: Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your</p>	C



		<p>policy shall not be denied, provided the policy is not withdrawn.</p> <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> <p>Process for migration: 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 at least 30 days before the policy renewal date as per IRDAI Guidelines on Migration.</p> <p>Process for portability: 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> <p>Change in Sum Insured: Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time, 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 sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.</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.	

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:

HDFC ERGO General Insurance Company Limited. IRDAI Reg. No.146 CIN: U66030MH2007PLC177117.
 Registered & Corporate Office: 1st Floor, HDFC House,165-166 Backbay Reclamation, H. T. Parekh Marg, Churchgate, Mumbai – 400 020. UIN: my:credit Comprehensive Suraksha - Group: HDFHLGP22143V032122.

HDFC ERGO General Insurance



Date:

(Signature of the Policyholder)
