



Hospital Daily Cash Rider - Prospectus

Suitability:

- a) This Rider can only be bought along with the Base Plan and cannot be bought in isolation or as a separate product.
- b) **The Rider is subject to the terms and conditions stated below and also the Policy terms, conditions, exclusions and applicable endorsements of the Base Plan.**
- c) This policy covers persons in the age group 91 days to 65 years. The maximum entry age is restricted to 65 years. The Minimum entry age for adult dependent: is 18 years and maximum entry age is 65 years.
- d) Children between 91 days and 5 years can be insured provided either parent is getting insured under the Base Plan.
- e) There is no maximum cover ceasing age on renewals. However, this Policy will be renewed only if Base Plan is being renewed.
- f) The policy will be issued for a period of 1, 2 & 3 year(s) period depending on the period of Base Plan.
- g) The policy offers option of covering on individual sum insured basis and on family floater basis, as opted in Base Plan.
- h) A maximum of 6 members can be added in a single policy, whether on an individual or family floater basis.
- i) The relationships allowed will be as defined in base policy.
- j) In a family floater policy, a maximum of 2 adults and a maximum of 5 children can be included in a single policy.
- k) In a family floater the age of the eldest member will be considered while computing premium for the family.
- l) In an individual policy, a maximum of 4 adults and a maximum of 5 children can be included in a single policy.

Salient Features & Benefits:

If an Insured Person suffers an Illness or Injury during the Policy Period that requires Hospitalization (including In-patient care AYUSH treatment in an AYUSH Hospital) as an inpatient, then

- i. Inpatient Benefit- We will pay Daily Cash amount for maximum 30 days per Policy Year for each continuous and completed period of 24 hours the Insured Person is Hospitalized;
- ii. Intensive Care Unit Benefit- We will pay twice the Daily Cash amount for maximum 30 days per Policy Year for each continuous and completed period of 24 hours that the Insured Person is Hospitalized and admitted in an Intensive Care Unit. Whenever Intensive Care Unit benefit is admissible under the policy, We will not pay for Daily Cash benefit in i. above for the period when the Insured Person is in Intensive Care Unit.

Our maximum liability shall be restricted to the Sum Insured mentioned in this rider in the Policy Schedule.

Please Note: Any claim under any of the benefits mentioned in this rider Policy will only be admissible when it qualifies according to the terms, conditions and exclusions in the Base Plan.

Sum Insured

Insured Person will be offered below mentioned Sum Insured options. Sum Insured of this rider Policy will remain same during Policy Period. At the time of renewal, Insured Person will have the option to switch to any of the Sum Insured options available in this rider Policy.

Benefits	Sum Insured (in Rs.)		
	1,000 per day	2,000 per day	3,000 per day
Inpatient Benefit	1,000 per day for maximum 30 days	2,000 per day for maximum 30 days	3,000 per day for maximum 30 days

Intensive Care Unit Benefit	2 X 1,000 per day for maximum 30 days	2 X 2,000 per day for maximum 30 days	2 X 3,000 per day for maximum 30 days
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Exclusions

- All exclusions as mentioned in the Base Plan unless otherwise stated and covered in Benefits section under Hospital Daily Cash Rider policy wordings.

Waiting Period

- There are no waiting periods in this Policy. However, this Policy shall follow waiting periods applicable in Base Plan.

Loading

- There are no loadings applicable in this Policy.

Discounts

- Discount of 7.5% on 2 years and 10% on 3 years policy premiums when paid on lump sum payment mode.
- Family Discount of 10% if 2 or more family members are covered under Individual Sum Insured Plan of this Policy.

Policy Period

- The policy will be issued for 1 year, 2 years and 3 years period depending on the period of Base Plan.

Premium Payment Modes

- Monthly
- Quarterly
- Semi-Annually
- Lump sum

Premium payment mode under this rider Policy will be same as that of premium payment mode chosen in Base Plan or it can be lump sum payment. **Premium Payment in Instalments**

Policyholder has the option to pay the premium in instalments on monthly, quarterly and Half Yearly basis apart from lump sum payment. However, premium payment mode under this rider Policy will be same as that of premium payment mode chosen in Base Plan or it can be lump sum payment.

If the **Insured Person** has opted for Payment of Premium on an installment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in the **Policy Schedule**, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy)

- Grace Period** of 15 days would be given to pay the installment premium due for the **Policy**.
- [If premium is paid in instalments then coverage will be available during the grace period also.](#) (Note: In case of non-installment premium payment, coverage shall not be available for the period for which no premium is received). The **Insured Person** will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated **Grace Period**.
- No interest will be charged if the installment premium is not paid on due date.
- In case of installment premium due not received within the **Grace Period**, the Policy will get cancelled.
- In the event of a claim, all subsequent premium installments shall immediately become due and payable.
- The **Company** has the right to recover and deduct all the pending installments from the claim amount due under the policy.
- Policyholder has an option to withdraw from the auto deduction mode at least 15 days prior to the due date of installment premium. In this case, payment for the remaining installments will have to be made at the time of withdrawal for the continuation of the Policy.
- There is no obligation on Us to remind the Insured Person/Policyholder of the due dates.

Payment Facility

- Online
- Cheque/ Credit Card Payment
- Electronic Clearing System

Cancellation

The Policyholder may cancel this policy by giving 7 days' written notice and in such an event, the Company shall refund to the Insured a pro-rata premium for the unexpired Policy Period.

Note : For Policies where premium is paid by instalment : In case of admissible claim under the Policy, future instalment for the current Policy Year will be adjusted in the claim amount and no refund of any premium will be applicable during the Policy Year.

- i. The Company may cancel the policy at any time on grounds of misrepresentation 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 misrepresentation, non-disclosure of material facts or fraud.
- ii. Refund of Policy premium in case of death of Insured Person/s: Policy premium shall be refunded proportionately for the deceased Insured Person, for the unexpired Policy Period in case of death of any Insured Person/s
- iii. Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where any claim has been admitted or any benefit has been availed by the Insured Person under the Policy.

Non- Disclosure or Misrepresentation:

- I. If at the time of issuance of Policy or during continuation of the Policy, the information provided to Us in the proposal form or otherwise, by You or the Insured Person or anyone acting on behalf of You or an Insured Person is found to be incorrect, incomplete, suppressed or not disclosed, wilfully or otherwise, the Policy shall be:
 - i. cancelled ab initio from the inception date or the renewal date (as the case may be), or the Policy may be modified by Us, at our sole discretion, upon 30 day notice by sending an endorsement to Your address shown in the Schedule; and
 - ii. the claim under such Policy if any, shall be prejudiced.
- II. We may also exercise any of the below listed options for the purpose of continuing the health insurance coverage in case of Non-Disclosure/Misrepresentation of Pre-existing diseases subject to your prior consent;
 - i. Permanently exclude the disease/condition and continue with the Policy
 - ii. Incorporate additional waiting period of not exceeding 3 years for the said undisclosed disease or condition from the date the non-disclosed condition was detected and continue with the Policy.
 - iii. Levy underwriting loading from the first year of issuance of policy or renewal, whichever is later.

The above options will not prejudice the rights of the Company to invoke cancellation under clause I above.

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 and the premium paid 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 have 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**.

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 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.

If the Insured has not made any claim during the Free Look Period, the insured shall be entitled to

- 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
- 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**
- Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

Renewal of Policy

A health insurance policy shall be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured, provided the policy is not withdrawn and also subject to conditions stated under Moratorium clause

- i. Renewal of a health insurance policy shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years, except for benefit based policies where the policy terminates following payment of the benefit covered under the policy like critical illness policies.
- ii. The company shall condone a delay in renewal up to the grace period from the due date of renewal without considering such condonation as a break in policy.
- iii. No loading shall apply on renewals based on individual claims experience



- iv. The Company shall not resort to fresh underwriting unless there is an increase in sum insured. In case increase in sum insured is requested by the Policyholder, the Insurer may underwrite only to the extent of increased sum insured.
- Renewal premium due can be paid prior to the due date as per norms set out by the Company. **Grace Period** - Grace Period of 30 days for renewing the policy is provided under this policy. Any injury/ condition contracted during the Grace Period will not be covered.
- **Maximum Age** – There is no maximum cover ceasing age on renewal in this policy.
- We will not apply any additional loading on your policy premium at renewal based on claim experience.
- We shall be entitled to call for any information or documentation before agreeing to renew the Policy. Your Policy terms may be altered based on the information received.

Claim Procedure:

- Please quote your member ID/policy number in all your correspondences.
- Please use the Claim Intimation Form (available on our website under Other Forms in the Downloads section) for intimation of a claim
 - **For claims related to Planned Hospitalization:** contact us at least 48 hours prior to hospitalization
 - **For claims related to unplanned or Emergency Hospitalization:** contact us within 24 hours of hospitalization
- Please send the duly signed claim form and all the information/ documents mentioned therein to us within 15 days of the completion of the treatment (Please refer to claim form for complete documentation)
- If there is any deficiency in the documents/information submitted by you, We will send the deficiency letter within 7 days of receipt of the claim documents
- The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of intimation.
- The payment will be made in the name of the proposer
- We can be contacted through:

	Within India
Claim Intimation:	Customer Service No. 022 6158 2020/ 022 6234 6234 Email: healthclaims@hdfcergo.com Reimbursement Claim Intimation: Visit www.hdfcergo.com - > Help - > Claim Registration
Claim document submission at address:	HDFC ERGO General Insurance Co. Ltd. Stellar IT Park, Tower-1 5th Floor, C - 25, Sector 62 Noida – 0120 398 8360

Tax Benefit

The premium amount paid under this policy qualifies for deduction under Section 80D of the Income Tax Act.

Redressal of Grievance

In case of any grievance the insured person may contact the Company through:

- Website: www.hdfcergo.com
- Contact us: 022 6158 2020/ 022 6234 6234
- E-mail: grievance@hdfcergo.com
- Contact Details for Senior Citizen: 022 – 6242 – 6226
- E-mail specific for Senior citizens : seniorcitizen@hdfcergo.com

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 cgo@hdfcergo.com

For updated details of grievance officer, kindly refer the link: <https://www.hdfcergo.com/customer-voice/grievances>

Contact Points	First Contact Point	Escalation level 1	Escalation level 2
Contact us at	https://www.hdfcergo.com/customer-care/grievances Call - : 022 6158 2020/ 022 6234 6234	https://www.hdfcergo.com/customer-care/grievances/escalation level 1 Call - : 022 6158 2020/ 022 6234 6234	https://www.hdfcergo.com/customer-care/grievances/escalation level 2 Call - : 022 6158 2020/ 022 6234 6234
Contact Point for Senior Citizen	022 – 6242 – 6226 seniorcitizen@hdfcergo.com	022 – 6242 – 6226 seniorcitizen@hdfcergo.com	022 – 6242 – 6226 seniorcitizen@hdfcergo.com
Write to us at	care@hdfcergo.com	grievance@hdfcergo.com	cgo@hdfcergo.com
Visit us	Grievance cell of any of our Branch office	The Grievance Cell, HDFC ERGO General Insurance Company Ltd., D-301, 3rd Floor, Eastern Business District (Magnet Mall), LBS Marg, Bhandup (West) Mumbai-400078	The Chief Grievance Officer, Registered & Corporate Office: 6th Floor, Leela Business Park, Andheri-Kurla Road, Andheri (East), Mumbai – 400 059.

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/>.

Requirement

Completed proposal form

Premium rates

- The premium under individual coverage will be charged on the completed age of the individual insured member and for family floater coverage the premium will be considered on the completed age of the eldest insured member.
- The premium for the policy will remain the same for the Policy Period mentioned in the Policy Schedule.
- Please note that your premium at renewal may change due to change in your age or changes in the applicable taxes.
- Premium rates are subject to change with prior approval from IRDA.

Gross Premium Chart (Exclusive of taxes) –

1 year Policy (For lump sum premium payment mode)

Benefit per day	INR 1000 per day								
	Age Band	Individual	Floater						
			1A	1A+1C	1A+2C	1A+3C	2A+0C	2A+1C	2A+2C
0-17	319	NA	NA	NA	NA	NA	NA	NA	NA
18-35	429	740	1,056	1,372	764	1,118	1,421	1,724	
36-45	495	805	1,121	1,436	870	1,203	1,545	1,848	
46-50	584	894	1,210	1,525	1,028	1,368	1,716	2,019	
51-55	666	975	1,291	1,541	1,173	1,519	1,871	2,060	
56-60	844	1,151	1,466	1,710	1,350	1,805	1,976	2,379	
61-65	1,260	1,563	1,879	2,105	1,890	2,271	2,684	2,955	
66-70	1,947	2,243	2,558	2,758	2,725	3,159	3,398	3,637	
71-75	2,433	2,725	3,040	3,220	3,407	3,889	4,128	4,367	
76-80	3,042	3,327	3,642	3,798	4,258	4,802	5,041	5,280	
Greater than 80	3,802	4,080	4,395	4,520	5,323	5,942	6,181	6,420	

Benefit per day	INR 2000 per day							
	Age Band	Individual	Floater					
			1A+1C	1A+2C	1A+3C	2A+0C	2A+1C	2A+2C
0-17	638	NA	NA	NA	NA	NA	NA	NA
18-35	858	1,481	2,112	2,743	1,528	2,236	2,842	3,447
36-45	989	1,610	2,241	2,873	1,741	2,406	3,091	3,696
46-50	1,169	1,788	2,419	3,050	2,057	2,737	3,432	4,037
51-55	1,332	1,950	2,581	3,083	2,345	3,038	3,743	4,120
56-60	1,687	2,301	2,932	3,420	2,699	3,610	3,952	4,758
61-65	2,520	3,126	3,757	4,211	3,780	4,542	5,368	5,910
66-70	3,893	4,486	5,117	5,516	5,451	6,318	6,796	7,274
71-75	4,867	5,449	6,080	6,440	6,813	7,778	8,256	8,734
76-80	6,083	6,654	7,285	7,596	8,517	9,603	10,081	10,559
Greater than 80	7,604	8,159	8,790	9,041	10,646	11,884	12,363	12,841

Benefit per day	INR 3000 per day							
	Age Band	Individual	Floater					
			1A+1C	1A+2C	1A+3C	2A+0C	2A+1C	2A+2C
0-17	956	NA	NA	NA	NA	NA	NA	NA
18-35	1,287	2,221	3,168	4,115	2,291	3,354	4,263	5,171
36-45	1,484	2,415	3,362	4,309	2,611	3,610	4,636	5,544
46-50	1,753	2,682	3,629	4,576	3,085	4,105	5,148	6,056
51-55	1,999	2,925	3,872	4,624	3,518	4,557	5,614	6,180
56-60	2,531	3,452	4,399	5,129	4,049	5,416	5,928	7,137
61-65	3,780	4,689	5,636	6,316	5,670	6,813	8,052	8,866

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66-70	5,840	6,728	7,675	8,273	8,176	9,477	10,194	10,912
71-75	7,300	8,174	9,120	9,660	10,220	11,667	12,384	13,102
76-80	9,125	9,980	10,927	11,394	12,775	14,405	15,122	15,839
Greater than 80	11,406	12,239	13,186	13,561	15,969	17,827	18,544	19,261

Benefit per day	INR 1000 per day	INR 2000 per day	INR 3000 per day
Additional Child	212	424	636

2 Year Premium Calculation (For lump sum premium payment mode)

7.5% Discount on premium if Insured Person is paying premium of 2 years in lump sum mode. Example,

- Proposed Insured Age 32 years opting for 1000 per day plan, 2 years policy
Gross Premium = $429 \times 2 \times 92.5\%$ = Rs. 793.65
- Proposed Insured Age 35 years opting for 1000 per day plan, 2 years policy
Gross Premium = $(429 + 494) \times 92.5\%$ = Rs. 854.19

3 Year Premium Calculation (For lump sum premium payment mode)

10% Discount on premium if Insured Person is paying premium of 3 years in lump sum mode. Example,

- Proposed Insured Age 32 years opting for 1000 per day plan, 3 years policy
Gross Premium = $429 \times 3 \times 90\%$ = Rs. 1,158.30
- Proposed Insured Age 35 years opting for 1000 per day plan, 3 years policy
Gross Premium = $(429 + 494 + 494) \times 90\%$ = Rs. 1,276.12

Premium Calculation for Monthly, Quarterly and Semi-annually premium payment modes

Premium for each instalment under monthly, quarterly and semi-annually payment modes are shown as % of premium for lump sum premium payment mode.

Premium Payment Mode	Policy Period		
	1-year	2-year	3-year
Half-yearly	51.60%	25.80%	17.80%
Quarterly	26.20%	13.10%	9.10%
Monthly	8.90%	4.50%	3.10%

Illustration – Consider a policyholder aged 40 years who has opted for 1,000 per day plan. Below grid shows the each instalment amount that policyholder has to pay under different premium payment options and different policy term.

Policyholder’s age – 40 years, Daily Cash Benefit – 1,000 per day, Yearly Premium – Rs. 494

Premium Payment Mode	Policy Period		
	1-year	2-year	3-year
Lump sum	494	915 ($494 \times 2 \times 92.5\%$)	1,335 ($494 \times 3 \times 90\%$)

		Discount of 7.5%	Discount of 10%
Half-yearly	255 (494*51.60%)	255 (494*2*25.80%)	264 (494*3*17.80%)
Quarterly	130 (494*26.20%)	130 (494*2*13.10%)	135 (494*3*9.10%)
Monthly	44 (494*8.90%)	45 (494*2*4.50%)	46 (494*3*3.10%)

Section 41 of Insurance Act 1938 as amended by Insurance Laws Amendment Act, 2015 (Prohibition of Rebates):

1. 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 prospectuses or tables of the insurers.
1. 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: Policy Term and Conditions & Premium rates are subject to change with prior approval from IRDA.

Disclaimer:

This is only a summary of the product features. 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.