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|---|--|---|---------|
| 6 | <p><b>Exclusion</b><br/>(What the Policy Doesn't Cover )</p>   | <ul style="list-style-type: none"> <li>• Pre-existing Disease which are excluded upto 48 months of the policy being in force. Pre-existing diseases shall be covered only after the policy has been continuously in force for 48 months.</li> <li>• Admission primarily for investigation and evaluation.</li> <li>• Admission primarily for rest cure, rehabilitation and respite care.</li> <li>• Obesity and weight care.</li> <li>• Change of Gender treatments.</li> <li>• Expenses for cosmetic plastic surgery.</li> <li>• Expenses for treatment necessitated due to participation in hazardous or adventure sports.</li> <li>• Breach of Law.</li> <li>• Excluded providers.</li> <li>• Unproven Treatment</li> <li>• Sterility and Infertility.</li> <li>• Maternity.</li> <li>• Treatment outside India.</li> <li>• (Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing).</li> </ul> | 5       |
| 7 | <p><b>Waiting period</b><br/>i. Time Period during which specified diseases/treatments are not covered<br/>ii. It is counted from the beginning of the policy coverage</p> | <ul style="list-style-type: none"> <li>• Initial waiting period: 30 days for all illnesses (not applicable on renewal or for accidents)</li> <li>• Pre-existing diseases: Covered after 48 months</li> </ul>  | 4.A&4.B |
| 8 | <p><b>Financial Limits of coverage</b></p>   | <ul style="list-style-type: none"> <li>• <b>Daily cash Benefit</b><br/><b>Rs.500/- , Rs.1000/- , Rs.2000/- , Rs. 3000/-</b></li> </ul>  |         |
| 9 | <p><b>Claims/Claims Procedure</b></p>  | <p>For Cashless Service: Hospital Network Details are available at <a href="http://www.orientalinsurance.org.in">www.orientalinsurance.org.in</a><br/>For reimbursement of Claim : Policy issuing Office/TPA</p> <ul style="list-style-type: none"> <li>• Cashless services for covered expenses in Network hospitals</li> <li>• Reimbursement of admissible expenses</li> </ul> <p>Web link for following :</p>  |         |

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|----|------------------------------|--|--|
|    |                              | <ol style="list-style-type: none"> <li>1. Network Hospital Details:<br/><a href="https://orientalinsurance.org.in/en/network-hospitals?isSelected=locator&amp;isRefresh=true">https://orientalinsurance.org.in/en/network-hospitals?isSelected=locator&amp;isRefresh=true</a></li> <li>2. Help Line Number:<br/> <b>Toll free : 1800118485/011-33208485</b></li> <li>3. Hospitals Which are blacklisted or from where no claims will be accepted by insurer.<br/><a href="https://orientalinsurance.org.in/en/network-hospitals">https://orientalinsurance.org.in/en/network-hospitals</a></li> <li>4. Download/getting claim form<br/><a href="https://orientalinsurance.org.in/en/download-claim-form?isSelected=policyDownload&amp;isRefresh=true">https://orientalinsurance.org.in/en/download-claim-form?isSelected=policyDownload&amp;isRefresh=true</a></li> </ol> |  |
| 10 | <b>Policy Servicing</b>      | <ul style="list-style-type: none"> <li>• Company officials:<br/>Website: www. oriental insurance.org.in</li> <li>• Tollfree:1800118485Or011-33208485</li> <li>• .Policy issuing office</li> </ul>  |  |
| 11 | <b>Grievances/Complaints</b> | <ul style="list-style-type: none"> <li>• a.www.orientalinsurance.org.in</li> <li>• IRDAI Integrated Grievance ManagementSystem<a href="http://igms.irda.gov.in">http://igms.irda.gov.in</a></li> <li>• Insurance Ombudsman –Contact details of the Insurance Ombudsman have been provided n Annexure B of the policy document.<br/><a href="https://igms.irda.gov.in/Ombudsman">https://igms.irda.gov.in/Ombudsman</a> website:<a href="http://ecoi.co.in/ombudsman.html">http://ecoi.co.in/ombudsman.html</a></li> </ul>  |  |
| 12 | <b>Things to remember</b>    | <p><b>Free Look Cancelation:</b> The Insured may cancel this Policy by giving 15 days' written notice, and in such an event, the Company shall refund premium on short term rates for the unexpired Policy Period.</p> <p>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 30 days' written notice.</p> <p>There would be no refund of premium on cancellation on grounds of misrepresentation non- disclosure of material facts or fraud.</p> <p><b>Policy Renewal :</b></p> <ul style="list-style-type: none"> <li>• Life long renewal.</li> <li>• At renewal, the coverages, terms &amp; conditions &amp; premium may change, in which case an advance notice shall be sent to the insured.</li> </ul>   |  |

|    |                              |   |  |
|----|------------------------------|---|--|
|    |                              | <ul style="list-style-type: none"> <li>• Grace Period of 30days.</li> </ul> <p>The Policy may be withdrawn at any time by the company by giving advance notice to the insured/proposer. Alternate options available shall be informed.</p> <p><b>Portability</b> is allowed only during renewal and not mid-term.</p> <p>Increase in SI during the Policy term</p> <p>Turn Around Time(TAT)for issue of Pre- Auth and settlement of \ Reimbursement.</p> <p><b>Cancellation</b></p> <ol style="list-style-type: none"> <li>1. The Insured may cancel this Policy by giving 15 days' written notice, and in such an event, the Company shall refund premium on short term rates for the unexpired Policy Period.</li> <li>2. 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 30 days' written notice.</li> <li>3. There would be no refund of premium on cancellation on grounds of misrepresentation non- disclosure of material facts or fraud.</li> </ol> |  |
| 13 | <b>Insured's Obligations</b> | <ul style="list-style-type: none"> <li>• Insured to disclose all pre-existing disease/s or condition/s before buying a policy</li> <li>• Non-disclosure may result in claim not being paid</li> <li>• Notice of admission to hospital should be given within 48 hours of admission but before discharge from Hospital / Nursing Home, in case of both planned and emergency Hospitalization.</li> </ul>   |  |

Declaration by the Policy Holder:

I have read the above and confirm having noted the details

Place:

Date:

Signature of the Policy Holder