

## CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

(This document provides key information about your policy. You are also advised to go through your policy document) 1

Sl. No.	TITLE	DESCRIPTION	Refer to Policy Clause No.
1.	<b>Product Name</b>	<b>JAN AROGYA BIMA POLICY</b>	
2.	<b>Policy Number</b>		
3.	<b>Type Of Insurance Product/Policy</b>	Payment on indemnity basis (Reimbursement)	
4.	<b>Sum Insured ( Basis )</b>	<b>Sum Insured-</b> Rs. 5,000/ per person	
5.	<b>Policy Coverage (What the Policy Covers?)</b>	<ul style="list-style-type: none"> <li>Hospital admission of minimum 24 hours</li> <li>Related medical expenses incurred 30 days prior to hospitalization</li> <li>Related medical expenses incurred within 60 days from date of discharge.</li> </ul> Specified / Listed procedures requiring less than 24 hours hospitalization (day care)	2.3,3.1,3.2
6.	Exclusions (What the Policy does not cover )	<ul style="list-style-type: none"> <li>Any hospital admission primarily for investigation / diagnostic purpose</li> <li>Pregnancy, infertility, congenital/genetic conditions</li> <li>Treatment outside India.</li> <li>Circumcision, sex change surgery ,cosmetic surgery &amp; plastic surgery,</li> <li>Substance abuse, self-inflicted injuries, STDs and HIV / AIDS,</li> <li>War or war like operations or breach of law, etc</li> <li>Any kind of admission fees, registration fees levied by the hospital</li> <li>Pre-existing diseases</li> </ul> (Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing).	4
7.	Waiting period Time period during which specified diseases/treatments are not covered It is counted from the beginning of the policy coverage	<ul style="list-style-type: none"> <li>Initial waiting period: 30 days for all illnesses(not applicable on renewal or for accidents)</li> <li>Specific waiting period for 1 year for listed diseases</li> <li>Such diseases which have been in existence at the time of proposing this insurance.</li> </ul> Pre-existing disease means any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 48 months prior to the first policy issued by the insurer.	4.1, 4.2, 4.3
8	Financial Limit of Coverage.  I Sub-Limit (it is pre		

## CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

(This document provides key information about your policy. You are also advised to go through your policy document) 2

	<p>defined limit and the insurance company will not pay any amount in excess of this limit )</p> <p>ii) Co-payment (it is a specified amount /percentage of the admissible claim amount to be paid by policy holder/insured</p> <p>iii) Deductible (it is a specified amount : Upto 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> <p>iv) any other limit (as applicable )</p>		
9	Claims/ Claims Procedure	<p><b>a. For Reimbursement of Claim:</b> The insured person may submit the necessary documents to Company within the prescribed time limit as specified hereunder.</p> <p><b>Reimbursement of Hospitalization, Day care and Pre Hospitalization Expenses:</b> Within thirty days of date of discharge from hospital</p>	6.2
10	Policy servicing	Policy Issuing Office <a href="http://www.orientalinsurance.org.in">www.orientalinsurance.org.in</a>	
11	Grievances/ Complaints	<p>a. Grievance Redressal Cell of the company at its policy issuing office, concerned Divisional Office, concerned Regional Office or the Grievance Cell of the Head Office of the Company.</p> <p>b. IRDAI Integrated Grievance Management System <a href="http://igms.irda.gov.in">http://igms.irda.gov.in</a></p> <p>c. Insurance Ombudsman—Contact details of the Insurance Ombudsman have been provided in Annexure B of the policy document.</p>	
12	Things to Remember	<p><b>a. Free Look Period</b></p> <p>The policy allows you a period of 15 days from the date of receipt, to review the terms and conditions, and to return the same if not acceptable.</p>	5.12

## CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

(This document provides key information about your policy. You are also advised to go through your policy document) 3

13	Insured's Obligations	Insured to disclose all pre-existing disease/s or condition/s before buying a policy, Non-disclosure may result in claim not being paid.	
----	-----------------------	--	--

Declaration by the Policy Holder:

I have read the above and confirm having noted the details

Place:

Date:

Signature of the Policy Holder