FUTURE GENERALI
TOTAL INSURANCE SOLUTIONS

FUTURE HEALTH SURAKSHA INDIVIUAL POLICY WORDINGS

UIN:IRDA/NL-HLT/FGII/P-H/V.I/71/13-14

Corporate & Registered Office: 6th Floor, Tower-3, Indiabulls Finance Center, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400013, Maharashtra
Care Lines:- 1800-220-233, 1860-500-3333, 022-67837800 Email: fgcare@futuregenerali.in, Website: www.futuregenerali.in
IRDA Regn. No 132, CIN - U66030MH2006PLC165287, Service Tax Registration Number: AABCF0191RSD002

FGH/UW/RET/58/03

INTENTIONALY LEFT BLANK

Future Health Suraksha
Customer Information Sheet

(Description is illustrative and not exhaustive)

<table>
<tr><th>S.NO</th><th>TITLE</th><th>DESCRIPTION</th><th>REFER TO POLICY CLAUSE NUMBER</th></tr>
<tr><td>1</td><td>Product Name</td><td>Future Health Suraksha</td><td></td></tr>
<tr><td rowspan="9">2</td><td rowspan="9">What am I covered for:</td><td>a) Hospitalisation expenses</td><td>Section II (1) to (3)</td></tr>
<tr><td>b) Pre and Post Hospitalisation expenses</td><td>Section II (4) & (5)</td></tr>
<tr><td>c) 130 day care procedures</td><td>Section II (6)</td></tr>
<tr><td>d) Ambulance charges</td><td>Section II (7)</td></tr>
<tr><td>e) Free Medical Checkup after every 4 claims free years</td><td>Section II (8)</td></tr>
<tr><td>f) Patient Care</td><td>Section II (9)</td></tr>
<tr><td>g) Accidental Hospitalisation - 25% increase in balance SI</td><td>Section II (10)</td></tr>
<tr><td>h) Hospital Cash – For Platinum Plan</td><td>Section II (11)</td></tr>
<tr><td>i) Accompanying Person expenses</td><td>Section II (12)</td></tr>
<tr><td rowspan="9">3</td><td rowspan="9">What are the major exclusions in the policy:</td><td>Any Pre-existing diseases and conditions will have a waiting period of 48 months</td><td>Section III (1)</td></tr>
<tr><td>Two years waiting period for treatment of listed conditions which include cataracts, benign prostatic hypertrophy, hernia of all types. Please see policy clause for detailed list of conditions having 2 year waiting period.</td><td>Section III (2)</td></tr>
<tr><td>One year waiting period for gastric/duodenal ulcers, urinary/biliary stones, surgery on ears/tonsils/adenoids</td><td>Section III (3)</td></tr>
<tr><td>Three years waiting period for Joint replacement surgeries</td><td>Section III (4)</td></tr>
<tr><td>Any form of plastic surgery unless necessary for treatment of illness or accidental bodily injury.</td><td>Section III (8)</td></tr>
<tr><td>Dental treatment or surgery unless requiring hospitalisation and resulting from an accidental injury</td><td>Section III (10)</td></tr>
<tr><td>Treatment traceable to pregnancy, child birth except ectopic pregnancy</td><td>Section III (15)</td></tr>
<tr><td>Congenital Internal and or External illness/defect/disease</td><td>Section III (17)</td></tr>
<tr><td>Costs incurred on all methods of treatment including Alternative treatments except Allopathic.</td><td>Section III (21)</td></tr>
<tr><td colspan="4">(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing).</td></tr>
<tr><td>4</td><td>Claims procedure</td><td>a. Cashless treatment in network hospitals of Future Generali Health. Insured to call on the Toll Free number and get the pre-authorisation done.
b. Reimbursement claims to be submitted along with hospital discharge card, bills and receipts, prescriptions and bills, Diagnostic tests reports, etc.</td><td>Section IV (5) (a)
Section IV (5) (b)</td></tr>
<tr><td>5</td><td>Basis of Claims payment</td><td>1. Minimum period of hospitalisation is 24 hrs except for 130 listed day care procedures.
2. We shall make payment in Indian Rupees only.</td><td>Section IV (7) (b)
Section IV (7) (d)</td></tr>
<tr><td>6</td><td>Cost Sharing</td><td>Co-payments are applicable Zone wise for the various plans. In case of basic plan no co-pay is applicable in Zone C but 20% co-payment in Zone B and 30% in Zone A is applicable. Likewise for Silver Plan no copay in Zone C and Zone B where as 20% in Zone A. For Gold and Platinum no copayments are applicable</td><td>Section IV (7) (f)</td></tr>
<tr><td>7</td><td>Renewal Conditions</td><td>The Policy has to be renewed within the expiry date or within a maximum of 30 days from the expiry date.</td><td>Section IV (11)</td></tr>
<tr><td>8.</td><td>Specific Sum Insured limit</td><td>For the insured at age of entry above 55 years the maximum sum insured available would be Rs 5 lakhs. For insured persons above 55 years porting from other insurance policies the maximum sum insured available would also be Rs 5 lakhs.</td><td>Section IV (8)</td></tr>
<tr><td>9.</td><td>Geographical zone</td><td>The payment of claim under the medical Section will be as follows
<table>
<tr><th>Benefit Plan</th><th>Zone A</th><th>Zone B</th><th>Zone C</th></tr>
<tr><td>Platinum Plan</td><td>No sublimit applicable</td><td>No sublimit applicable</td><td>No sublimit applicable</td></tr>
<tr><td>Gold Plan</td><td>100%*</td><td>100%*</td><td>100%*</td></tr>
<tr><td>Silver Plan</td><td>80%*</td><td>100%*</td><td>100%*</td></tr>
<tr><td>Basic Plan</td><td>70%*</td><td>80%*</td><td>100%*</td></tr>
</table>
The geographical zones for specific plans as mentioned above are bases on the location of the hospital where treatment is taken and not the residence of the insured.</td><td>Section IV (7) (f)</td></tr>
</table>

(LEGAL DISCLAIMER) NOTE: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document the terms and conditions mentioned in the policy document shall prevail.

UIN:IRDA/NL-HLT/FGII/P-H/V.I/71/13-14

FUTURE HEALTH SURAKSHA (INDIVIDUAL)

This **Policy** is issued to **You** based on **Your Proposal** to **Us** and **Your** payment of the Premium. **You** are eligible to be covered under this **Policy** if **Your** age is between 90 days to 70 years with lifelong renewability. This **Policy** records the agreement between **Us** and sets out the terms of insurance and the obligations of each party.

I. DEFINITIONS

The following words or terms shall have the meaning ascribed to them wherever they appear in this **Policy**, and references to the singular or to the masculine shall include references to the plural and to the female wherever the context so permits:

1. **Hospital/ Nursing Home** means any institution established for in-patient care and **Day Care Treatment** of **Illness** and/ or injuries and which has been registered as a **Hospital** with the local authorities under Clinical Establishments (Registration and Regulation)Act,2010 or under enactments specified under the **Schedule** of Section 56(1) of the said Act OR complies with all minimum criteria as under:

   -has qualified nursing staff under its employment round the clock;

   -has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places;

   -has qualified medical practitioner(s) in charge round the clock;

   -has a fully equipped operation theatre of its own where **Surgical Procedure**s are carried out

   -maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

2. **Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an **Illness** or **Injury**, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a **Hospital** or **Day care centre**by a medical practitioner.

3. **Day Care Treatment** refers to medical treatment, and/or **Surgical Procedure** which is:

   a) undertaken under General or Local Anesthesia in a **Hospital**/**Day care centre**in less than 24 hrs because of technological advancement, and

   b) which would have otherwise required a hospitalisation of more than 24 hours.

   Treatment normally taken on an out-patient basis is not included in the scope of this definition.

4. **Medical Practitioner** is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his licence. The registered practitioner should not be the insured or close **Family** members.

5. **Qualified Nurse** is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

6. **Hospitalisation** Means admission in a **Hospital** for a minimum period of 24 In patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

7. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the **Policy Period** and requires medical treatment.

8. **Family** means and includes **You, Your** Spouse & **Your** 2 dependent children and dependent parents**.**

9. **You, Your, Yourself** means the Insured Person shown in the **Schedule**.

10. **We, Our, Us, Insurer** means Future Generali India Insurance Company Limited.

11. **Schedule** means that portion of the **Policy** which sets out **Your** personal details, the type of insurance cover in force, the **period** and the sum insured. Any Annexure or Endorsement to the **Schedule** shall also be a part of the **Schedule**.

12. **Proposal** means that portion of the **Policy** which sets out **Your** personal details, the type of insurance cover in force, the **period** and the sum insured.

13. **Policy** means the complete documents consisting of the **Proposal**, **Policy** wording, **Schedule** and Endorsements and attachments if any.

14. **Policy Period** means the **period** commencing with the start date mentioned in the **Schedule** till the end date mentioned in the **Schedule.**

15. **Sum Insured** means the amount stated in the **Schedule,** which is the maximum amount **We** will pay for claims made by **You** in one **Policy Period** irrespective of the number of claims **You** make or the number of years that **You** have had Future Generali Health Suraksha **Policy** with **Us**.

16. **Network Provider** means hospitals or health care providers enlisted by an **Insurer** or by a TPA and **Insurer** together to provide medical services to an insured on payment by a cashless facility.

17. **Non- Network** means Any **Hospital**, **Day care centre**or other provider that is not part of the network.

18. **Diagnostic Centre** means the diagnostic centers which have been empanelled by **Us** as per the latest version of the **Schedule** of diagnostic centers maintained by **Us**, which is available to **You** on request.

19. **Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the **Illness** / **Injury** involved .

20. **Any one Illness** will be deemed to mean continuous **period** of **Illness** and it includes relapse within 45 days from the date of last consultation with the **Hospital**/**Nursing Home** where treatment may have been taken.

21. **Pre-Hospitalisation Medical expenses** means **Medical expenses** incurred immediately before the Insured Person is Hospitalised, provided that:

    i. Such **Medical expenses** are incurred for the same condition for which the Insured Person's **Hospitalisation** was required, and

    ii. The In-patient **Hospitalisation** claim for such **Hospitalisation** is admissible by the Insurance Company.

22. **Post-Hospitalisation Medical expenses** means **Medical expenses** incurred immediately after the insured person is discharged from the **Hospital** provided that:

    i. Such **Medical expenses** are incurred for the same condition for which the insured person's **Hospitalisation** was required, and

    ii. The in-patient **Hospitalisation** claim for such **Hospitalisation** is admissible by the insurance company.

23. **Pre-Existing Disease** Any condition, ailment or **Injury** or related condition(s) for which **You** had signs or symptoms, and / or **We**re diagnosed, and / or received **Medical Advice** / treatment within 48 months to prior to the first **Policy** issued by the **Insurer**.

24. **OPD treatment is** one in which the Insured visits a clinic / **Hospital** or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

25. **Acute condition** is a disease , **Illness** or **Injury** that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/**Illness**/**Injury** which leads to full recovery.

26. **Chronic condition** is defined as a disease, **Illness**, or **Injury** that has one or more of the following characteristics:

    — it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
    — it needs ongoing or long-term control or relief of symptoms
    — it requires **Your** rehabilitation or for **You** to be specially trained to cope with it
    — it continues indefinitely

— it comes back or is likely to come back.

27. **Day care centre** means any institution established for **Day Care Treatment** of **Illness** and / or injuries or a medical set -up within a **Hospital** and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified **Medical Practitioner** AND must comply with all minimum criteria as under:-

    -has qualified nursing staff under its employment

    -has qualified medical practitioner/s in charge

    -has a fully equipped operation theatre of its own where **Surgical Procedure**s are carried out

    -maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

28. **Injury** means accidental physical bodily harm excluding **Illness** or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

29. **Medical Advice** means Any consultation or advice from a **Medical Practitioner** including the issue of any prescription or repeat prescription.

30. **Medical expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of **Illness** or **Accident** on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

31. **Inpatient Care** means treatment for which the insured person has to stay in a **Hospital** for more than 24 hours for a covered event.

32. **Intensive Care Unit** means an identified section, ward or wing of a **Hospital** which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

33. **New Born Baby** means baby born during the **Policy Period** and is aged between 1 day and 90 days, both days inclusive.

34. **Cumulative Bonus** shall mean any increase in the **Sum Insured** granted by the **Insurer** without an associated increase in premium.

35. **Dental Treatment** is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and **Surgery** excluding any form of cosmetic **Surgery**/implants.

36. **Accident** is a sudden, unforeseen and involuntary event caused by external, visible and violent means.

37. **Co-Payment** is a cost-sharing requirement under a health insurance **Policy** that provides that the policyholder/insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the Sum insured.

38. **Room rent** means the amount charged by a **Hospital** for the occupancy of a bed on per day (24 hours)basis and shall include associated medical expenses.

39. **Alternative treatments** are forms of treatments other than treatment "Allopathy" or "modem medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.

40. **Portability** means transfer by an individual health insurance policyholder (including **Family** cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one **Insurer** to another.

41. **Dependent Child** refers to a child (natural or legally adopted), who is financially dependent on the primary insured or proposer and does not have his / her independent sources of income.

42. **Emergency Care** means management for a severe **Illness** or **Injury** which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a **Medical Practitioner** to prevent death or serious long term impairment of the insured person's health.

43. **Domiciliary Hospitalisation** means medical treatment for an **Illness**/disease/**Injury** which in the normal course would require care and treatment at a **Hospital** but is actually taken while confined at home under any of the following circumstances:

    — the condition of the patient is such that he/she is not in a condition to be removed to a **Hospital**, or

    — the patient takes treatment at home on account of non availability of room in a **Hospital**.

44. **Unproven/Experimental treatment** - Treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

45. **Condition Precedent** shall mean a **Policy** term or condition upon which the **Insurer's** liability under the **Policy** is conditional upon

46. **Notification of Claim** is the process of notifying a claim to the **Insurer** or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.

47. **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a **Policy** in force without loss of continuity benefits such as waiting periods and coverage of preexisting diseases. Coverage is not available for the period for which no premium is received.

48. **Renewal** defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of **Grace Period** for treating the **Renewal** continuous for the purpose of all waiting periods.

49. **Contribution** is essentially the right of an **Insurer** to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a rateable proportion of Sum Insured.

    This clause shall not apply to any Benefit offered on fixed benefit basis.

50. **Subrogation** shall mean the right of the **Insurer** to assume the rights of the insured person to recover expenses paid out under the **Policy** that may be recovered from another source.

51. **Cashless facility** means a facility extended by the **Insurer** to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the **Policy** terms and conditions, are directly made to the **Network Provider** by the **Insurer** to the extent pre-authorization approved.

52. **Disclosure to information norm** The **Policy** shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

53. **Congenital Anomaly**-**Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position

    a) **Internal Congenital Anomaly** -**Congenital Anomaly** which is not in the visible and accessible parts of the body.

    b) **External Congenital Anomaly** - **Congenital Anomaly** which is in the visible and accessible parts of the body.

54. **Deductible** is a cost-sharing requirement under a health insurance **Policy** that provides that the **Insurer** will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of **Hospital** cash policies which will apply before any benefits are payable by the **Insurer** . A **Deductible** does not reduce the sum insured.

55. **Medically necessary treatment** is defined as any treatment, tests, medication, or stay in **Hospital** or part of a stay in **Hospital** which

    — is required for the medical management of the **Illness** or **Injury** suffered by the insured;

    — must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;

    — must have been prescribed by a medical practitioner,

    — must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

56. **Maternity expense:** Maternity expense shall include –a)medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during **Hospitalisation**)

b) expenses towards lawful medical termination of pregnancy during the **Policy** period.

II. SCOPE OF COVER

We shall pay the following **Medical expenses** for medically necessary treatment, **Reasonable and Customary Charges** incurred for **Hospitalisation**:

1. **Room rent, Board & Nursing Expenses as provided by the Hospital / Nursing Home**

   a) Gold, Silver, Basic Plan (for Sums Insured Rs 50000/- Rs 1lakh and Rs 1.5 lakhs) - up to 1% of the **Sum Insured** per day. If admitted into Intensive Care Unit up to 2% of the **Sum Insured** per day. All admissible claims under section (1) during the **Policy Period** up to 35% of the **Sum Insured** per claim.

   b) Gold, Silver, Basic Plan (for Sums Insured Rs 2 lakhs and above) - As per actuals.

   c) Platinum Plan – As per actuals.

2. **Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees**

   a) Gold, Silver, Basic Plan (for Sums Insured Rs 50000/- Rs 1lakh and Rs 1.5 lakhs) - up to 35% of the **Sum Insured** per claim.

   b) Gold, Silver, Basic Plan (for Sums Insured Rs 2 lakhs and above) - As per actuals.

   c) Platinum Plan – As per actuals.

3. **Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Diagnostic Materials and X-ray, Cost of Pacemaker, prosthesis/internal implants and any Medical expenses incurred which is integral part of the operation**

   a) Gold, Silver, Basic Plan (for Sums Insured Rs 50000/- Rs 1lakh and Rs 1.5 lakhs) - up to 40% of the **Sum Insured** per claim.

   b) Gold, Silver, Basic Plan (for Sums Insured Rs 2 lakhs and above) - As per actuals.

   c) Platinum Plan – As per actuals.

4. **Pre-Hospitalisation Medical expenses** – **We** shall pay for **Medical expenses** incurred 60 days prior to date of admission into the **Hospital**.

5. **Post–Hospitalisation Medical expenses** - **We** shall pay for **Medical expenses** incurred 90 days after the date of discharge from the **Hospital**.

6. **Day Care expenses** – **We** shall pay for expenses incurred under **Day Care Treatment** requiring less than 24 hours of **Hospitalisation** as per the attached list.

7. **Ambulance charges** - up to a maximum of Rs. 1500 per **Hospitalisation** will be reimbursed to **You** on producing the bills in original.

8. **Free medical check-up** - At the end of every continuous period of 4 years during which **You** have held **Our** Health Suraksha **Policy** without making a claim **You** may apply to **Us** for a free medical checkup (Physician's Consultation, ECG, Complete Blood Count, Urine Routine, Fasting blood Sugar, Post Prandial Blood Sugar, Lipid Profile, Sr. Creatinine, SGOT, SGPT, GGTP) at **Our** Diagnostic Center the location of which **We** will specify at the time of **Your** application. For the avoidance of doubt, **We** shall not be liable for any other ancillary or peripheral costs or expenses (including but not limited to those for transportation, accommodation or sustenance).

9. **Patient Care –** Available for persons above 60 years **We** shall provide payment for the nursing charges by a qualified nurse if necessary and recommended by the treating physician after discharge from the **Hospital** @ Rs 350/- per day or actuals whichever is lower up to a maximum 10 days per **Hospitalisation** subject to maximum of 30 days during the **Policy period.** This cover is over and above the **Hospitalisation** sum insured.

10. **Accidental Hospitalisation -**In case of **Hospitalisation** following an **Accident**, the limits under the **Policy** shall increase by 25% of the balance **Sum Insured** available subject to maximum of Rs.1 Lakh irrespective of number of claims in a **Policy** period.

11. **Hospital Cash** – **We** shall make payments of Rs 500/- for each completed day of **Hospitalisation** subject to maximum of 60 days during this **Policy period**. This benefit is applicable for **Platinum plan** with **Sum Insured** Rs. 6 lakhs and above. This benefit is over and above the **Hospitalisation** sum insured.

12. **Accompanying Person** - **We** shall make payments of Rs 500/- for each completed day of **Hospitalisation** in case of a **Dependent Child** up to age of 10 years subject to maximum of 30 days during the **Policy period**. Accompanying person means and includes mother, father, grandfather, grandmother and any immediate **Family** member. This benefit is over and above the **Hospitalisation** sum insured.

III. EXCLUSIONS

We will not pay for any expenses incurred by **You** in respect of claims arising out of or howsoever related to any of the following:

1. Benefits will not be available for Any condition, ailment or **Injury** or related condition(s) for which **You** have been diagnosed, received medical treatment, had signs and/ or symptoms, prior to inception of **Your** first **Policy**, until 48 consecutive months have elapsed, after the date of inception of the first **Policy** with **Us**.

   This Exclusion shall cease to apply if **You** have maintained the Health Insurance **Policy** with **Us** for a continuous **period** of a full 4 years, without break from the date of **Your** first Health Insurance **Policy** with **Us**.

   The period of this exclusion would stand reduced if this **Policy** is a continuous **Renewal** of an earlier similar **Policy** of another **Insurer** and has been ported as per the **Portability** regulations. The period of exclusion would stand reduced by the period of continuous existence of the earlier **Policy** with another **Insurer** of which this **Policy** is a **Renewal**.

   This Exclusion shall apply only to the extent of the amount by which the limit of indemnity has been increased if the **Policy** is a **Renewal** of a Health Insurance **Policy** without break in cover.

2. Without derogation from the above point no. (1), any **Medical expenses** incurred during the first two consecutive annual **Period**s during which **You** have the benefit of a Health Insurance **Policy** with **Us** in connection with cataracts, benign prostatic hypertrophy, hernia of all types, hydrocele, all types of sinuses, fistulae, hemorrhoids, fissure in ano, dysfunctional uterine bleeding, fibromyoma endometriosis, hysterectomy, all internal or external tumors/ cysts/ nodules/ polyps of any kind including breast lumps, **Surgery** for prolapsed inter vertebral disc unless arising from **Accident**, **Surgery** of varicose veins and varicose ulcers.

   The period of this exclusion would stand reduced if this **Policy** is a continuous **Renewal** of an earlier similar **Policy** of another **Insurer** and has been ported as per the **Portability** regulations. The period of exclusion would stand reduced by the period of continuous existence of the earlier **Policy** with another **Insurer** of which this **Policy** is a **Renewal**.

   This exclusion **Period** shall apply for a continuous **Period** of a full 4 years from the date of **Your** first Health **Policy** with **Us** if the above referred **Illness** were present at the time of commencement of the **Policy** and if **You** had declared such **Illness** at the time of proposing the **Policy** for the first time.

   This Exclusion shall apply only to the extent of the amount by which the limit of indemnity has been increased if the **Policy** is a **Renewal** of a Health Insurance **Policy** without break in cover.

3. Without derogation from the above point No. (1), any **Medical expenses** incurred during the first annual **period** during which **You** have the benefit of a Health Insurance **Policy** with **Us** in connection with any types of gastric or duodenal ulcers, stones in the urinary and biliary systems, **Surgery** on ears/tonsils/adenoids.

   The period of this exclusion would stand reduced if this **Policy** is a continuous **Renewal** of an earlier similar **Policy** of a different **Insurer** and has been ported as per the **Portability** regulations. The period of exclusion would stand reduced by the period of continuous existence of the earlier **Policy** with another **Insurer** of which this **Policy** is a **Renewal**.

   This exclusion **period** shall apply for a continuous **period** of a full 4 years from the date of **Your** first Health **Policy** with **Us** if the above referred **Illness** were present at the time of commencement of the **Policy** and if **You** had declared such **Illness** at the time of proposing the **Policy** for the first time.

This Exclusion shall apply only to the extent of the amount by which the limit of indemnity has been increased if the **Policy** is a **Renewal** of a Health Insurance **Policy** without break in cover.

4. **Medical expenses** incurred during the first three consecutive annual **period**s during which **You** have the benefit of a Health **Policy** with **Us** in connection with joint replacement **Surgery** due to Degenerative condition, Age related osteoarthritis and Osteoporosis unless such joint replacement **Surgery** is necessitated by accidental Bodily **Injury**.

   The period of this exclusion would stand reduced if this **Policy** is a continuous **Renewal** of an earlier similar **Policy** of a different **Insurer** and has been ported as per the **Portability** regulations. The period of exclusion would stand reduced by the period of continuous existence of the earlier **Policy** with another **Insurer** of which this **Policy** is a **Renewal**.

   This exclusion **period** shall apply for a continuous **period** of a full 4 years from the date of **Your** first Health **Policy** with **Us** if the above referred **Illness** were present at the time of commencement of the **Policy** and if **You** had declared such **Illness** at the time of proposing the **Policy** for the first time.

   This Exclusion shall apply only to the extent of the amount by which the limit of indemnity has been increased if the **Policy** is a **Renewal** of a Health Insurance **Policy** without break in cover.

5. **Medical expenses** incurred for any **Illness** diagnosed or diagnosable within 30 days, of the commencement of the **Policy Period** except those incurred as a result of accidental Bodily **Injury**.

   The exclusion would not apply if this **Policy** is a continuous **Renewal** of an earlier similar **Policy** of a different **Insurer** and has been ported as per the **Portability** regulations.

   This Exclusion shall apply only to the extent of the amount by which the limit of indemnity has been increased if the **Policy** is a **Renewal** of a Health Insurance **Policy** without break in cover.

6. **Injury** or Disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War like operations (whether war be declared or not).

7. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an **Accident**.

8. Vaccination/ inoculation(except as post bite treatment), cosmetic treatments (for change of life or cosmetic or aesthetic treatment of any description), plastic **Surgery** other than as may be necessitated due to an **Accident** or as a part of any **Illness**, refractive error corrective procedures, Unproven/Experimental treatment, investigational or unproven procedures or treatments, devices and pharmacological regimens of any description.

9. Charges incurred in connection with cost of spectacles and contact lenses, hearing aids , durable medical equipment (including but not limited to cost of instrument used in the treatment of Sleep Apnea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Asthmatic condition, wheel chair ,crutches, artificial limbs, belts, braces, stocking, Glucometer and the like), namely that equipment used externally for the human body which can withstand repeated use ; is not designed to be disposable; is used to serve a medical purpose ,such cost of all appliances/devices whether for diagnosis or treatment after discharge from the **Hospital**.

10. Dental treatment or **Surgery** of any kind unless requiring **Hospitalisation** as a result of accidental Bodily **Injury**.

11. The treatment of obesity (including morbid obesity) and other weight control programs, services and supplies.

12. Expenses incurred towards treatment of **Illness**/ disease/ condition arising out of alcohol use/ misuse or abuse of alcohol, substance or drugs (whether prescribed or not).

13. Convalescence, general debility, ''Run-down'' condition or rest cure, venereal disease, intentional self-**Injury**.

14. Invitrofertilization (IVF), Gamete intrafallopian transfer (GIFT) procedures, and zygote intrafallopian transfer (ZIFT) procedures, and any related prescription medication treatment; embryo transport; donor ovum and semen and related costs, including collection and preparation; voluntary medical termination of pregnancy; any treatment related to infertility and sterilization.

15. Maternity expenses for treatment arising from or traceable to pregnancy childbirth, miscarriage, abortion or complications of any of this, including caesarian section. However, this exclusion will not apply to abdominal operation for extra uterine pregnancy (Ectopic Pregnancy), which is proved by submission of Ultra Sonographic Report and Certification by Gynecologist that it is life threatening.

16. All expenses arising out of any condition directly or indirectly caused to or associated with Human T - Cell Lymphotropic Virus type III (HTLB-III) or Lymphadenopathy Associated Virus (LAV) or Human Immunodeficiency Virus or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.

17. Congenital Internal and/ or external **Illness**/ disease/ defect anomaly.

18. Charges incurred at **Hospital** or **Nursing Home** primarily for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or **Injury**, for which confinement is required at a **Hospital**/ **Nursing Home**.

19. Vitamins, tonics, nutritional supplements unless forming part of the treatment for **Injury** or disease as certified by the medical practitioner.

20. **Injury** or Disease directly or indirectly caused by or contributed to by nuclear weapons/ materials.

21. Costs incurred on all methods of treatment including Alternative treatments except Allopathic.

22. Genetic disorders and stem cell implantation/ **Surgery**/ storage.

23. Any treatment required arising from Insured's participation in any hazardous activity including but not limited to scuba diving, motor racing, parachuting, hang gliding, rock or mountain climbing etc unless specifically agreed by the Insurance Company.

24. Any treatment received in convalescent home, convalescent **Hospital**, health hydro, nature care clinic or similar establishments.

25. Outpatient Diagnostic, Medical and **Surgical Procedure**s or OPD treatments, non-prescribed drugs and medical supplies, Hormone replacement therapy, Sex change or treatment which results from or is in any way related to sex change.

26. Doctor's home visit charges during pre and post **Hospitalisation** period, Attendant Nursing charges unless more than 60 years as specified in the patient care benefit clause no II (9).

27. Expenses related to donor screening, treatment, including **Surgery** to remove organs from the donor in case of a transplant **Surgery**. **We** will also not pay donor's pre and post **Hospitalisation** expenses or any other medical treatment for the donor consequent to **Surgery**.

28. **Surgery** to correct deviated septum and hypertrophied turbinate.

29. Treatment for any mental **Illness** or psychiatric **Illness**.

30. Personal comfort and convenience items or services such as television, telephone, barber or guest service and similar incidental services and supplies.

31. Standard list of excluded items as notified by IRDA attached as annexure 1.

IV. CONDITIONS

1. Due Care

Where this **Policy** requires **You** to do or not to do something, then the complete satisfaction of that requirement by **You** or someone claiming on **Your** behalf is a precondition to any obligation under this **Policy**. If **You** or someone claiming on **Your** behalf fails to completely satisfy that requirement, then **We** may refuse to consider **Your** claim. **You** will cooperate with **Us** at all times.

2. Insured

Only those persons named, as the Insured in the **Schedule** shall be covered under this **Policy**. The details of the Insured are as provided by **You**. A person may be added as an insured during the **Policy Period** after his application has been accepted by **Us,** an additional premium has been paid and **Our** agreement to extend cover has been indicated by it issuing an endorsement confirming the addition of such person as an Insured. Cover under this **Policy** shall be withdrawn from any Insured upon such Insured giving 14 days written notice to be received by **Us**.

3. Cost of pre-insurance medical examination

We will reimburse 50% of the cost of any pre-insurance medical examination once the **Proposal** is accepted and the **Policy** is issued for that insured. **We** shall maintain a list of and the fees chargeable by, institutions where such Pre-insurance medical examination may be conducted, the reports from which will be accepted by **Us**. Such list shall be furnished to the prospective policyholder at the time of pre-insurance medical examination.

4. Communications

a) Any communication meant for **Us** must be in writing and be delivered to **Our** address shown in the **Schedule**. Any communication meant for **You** will be sent by **Us** to **Your** address shown in the **Schedule**.

b) All notifications and declarations for **Us** must be in writing and sent to the address specified in the **Schedule**. Agents are not authorized to receive notices and declarations on **Our** behalf.

c) **You** must notify **Us** of any change in address.

5. Claims Procedures

If **You** meet with any accidental Bodily **Injury** or suffer an **Illness** that may result in a claim, then as a condition precedent to **Our** liability, **You** must comply with the following:

a) Cashless treatment is only available at a Network Provider. In order to avail of cashless treatment, the following procedure must be followed by **You**:

i. Prior to taking treatment and/or incurring **Medical expenses** at a Network **Hospital**, **You** must call **Us** at **Our** call centre and request pre-authorisation by way of the written form.

ii. After considering **Your** request and obtaining any further information or documentation that **We** have sought, **We** may, if satisfied, send the **Network Provider** an authorisation letter. The authorisation letter, the ID card issued to **You** along with this **Policy** and any other information or documentation that **We** have specified must be produced to the **Network Provider** identified in the pre-authorisation letter at the time of **Your** admission to the same.

iii. If the procedure above is followed, **You** will not be required to directly pay for the **Medical expenses** in the Network **Hospital** that **We** are liable to indemnify under this **Policy** and the original bills and evidence of treatment in respect of the same shall be left with the Network Provider. Pre-authorisation does not guarantee that all costs and expenses will be covered. **We** reserve the right to review each claim for **Medical expenses** and accordingly coverage will be determined according to the terms and conditions of this **Policy**. **You** shall, in any event, be required to settle all other expenses directly.

b) If pre-authorisation as above is denied by **Us** or if treatment is taken in a **Hospital** which is Non-Network or if **You** do not wish to avail cashless facility, then:

i. **You** or someone claiming on **Your** behalf must give Notification Of Claim in writing immediately, and in any event within 48 hours of the aforesaid **Illness** or Bodily **Injury**. **You** must immediately consult a **Medical Practitioner** and follow the **Medical Advice** and treatment that he recommends.

ii. **You** must take reasonable steps or measure to minimise the quantum of any claim that may be made under this **Policy**.

iii. **You** must have **Yourself** examined by **Our** medical advisors if **We** ask, the cost for which will be borne by **Us**.

iv. **You** or someone claiming on **Your** behalf must promptly and in any event within 15days of discharge from a **Hospital** give **Us** the necessary documents (written details of the quantum of any claim along with all original supporting documentation, including but not limited to first consultation letter, original vouchers, bills and receipts, birth/death certificate (as applicable)) and other information **We** ask for to investigate the claim or **Our** obligation to make payment for it.

v. In the event of the death of the insured person, someone claiming on his behalf must inform **Us** in writing immediately and send **Us** a copy of the post mortem report (if any) within 14 days.

vi. The periods for intimation or submission of any documents as stipulated under (i), (iv), and (v) will be waived in case of any hardships being faced by the insured or his representative which is supported by some documentation.

c) **Settlement of Claims**

i. **Our** doctors will scrutinize the claims and flag the claim as settled/ Rejected/ Pending within the period of 30 days of the receipt of the last 'necessary' documents.

ii. Pending claims will be asked for submission of incomplete documents.

iii. Rejected claims will be informed to the Insured Person in writing with reason for rejection.

iv. Upon acceptance of an offer of settlement as stated in sub-regulation (5) of the Protection of Policyholders' Interest Regulations, 2000, by **You**, **We** will make payment of the amount due within 7 days from the date of acceptance of the offer by the insured. In the cases of delay in the payment, **We** shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year.

6. Cumulative Bonus & Portability

a) **We** will provide cumulative bonus for every claim free year. **We** shall increase in the **Sum Insured** by 10% towards Cumulative Bonus for every claim free year on the basic **Sum Insured** up to the maximum of 50% of the sum insured.

b) In case of a claim in the **Policy** the Cumulative Bonus will get reduced by 10% for each claim year. Increase/ Reduction in cumulative bonus will depend on the claims in the previous year, but the base **Sum Insured** (excluding cumulative bonus amount if any) of the **Policy** issued by **Us** shall be preserved.

c) In case of porting of **Policy** from another insurance company, the accumulated cumulative bonus will be transferred only incase if the Insured is 45 years or lower in age. The maximum cumulative bonus will be 50% for those policies where there is no cumulative bonus at the time of inception of this **Policy** with **Us**. For Policies which have cumulative bonus at the time of inception of the first **Policy** with **Us** the cumulative bonus shall be restricted to max 70%.

d) In case of insured above 45 years of age, **We** will accept the **Policy** and no cumulative bonus accumulated in the last company will be carried forward.

e) **Portability** shall be applicable to the **Sum Insured** under the previous **Policy** along with enhanced **Sum Insured** (base **Sum Insured** + cumulative bonus), if requested by the insured, to the extent of cumulative bonus acquired from the previous **Insurer** (s) under the previous policies. The premium applicable would be for the enhanced **Sum Insured** (base **Sum Insured** + Cumulative bonus) and if the same is not available, to the next higher SI band if requested by the insured.

f) This clause does not alter the annual character of this insurance or **Our** right to decline to renew or to cancel the **Policy**.

g) **Portability** will be granted to **Policy** holders of a similar Health Indemnity **Policy** of another **Insurer** to Future Health Suraksha **Policy** as per **Portability** guidelines.

h) **Portability** will be granted subject to the policyholder desirous of porting his **Policy** to Future Health Suraksha **Policy** applying to Future Generali India Insurance Company Ltd at least 45 days before the premium **Renewal** date of his/her existing **Policy**.

i) **We** will not be liable to offer **Portability** if policyholder fails to approach **Us** at least 45 days before the premium **Renewal** date.

j) Where the outcome of acceptance of **Portability** is still awaited from **Us** on the date of **Renewal** the existing policyholder should extend his existing **Policy** with the existing **Insurer** on a short period basis as per the **Portability** guidelines.

k) **Portability** will be allowed for all individual Health Insurance policies issued by non-life insurance companies including **Family** floater policies.

l) Individual members, including the **Family** members covered under Group Health **Policy** of Future Generali India Insurance Company shall have the right to migrate from such a group **Policy** to an individual Health Suraksha **Policy** with **Us**.

7. Basis of claims payment

a) If **You** suffer a relapse within 45 days of the date when **You** last obtained medical treatment or consulted a Doctor it would fall under **Any one Illness** and if a claim has been made for the same, then such relapse shall be deemed to be part of the same claim.

b) The day care treatments (procedures) listed are subject to the exclusions, terms and conditions of the **Policy** and will not be treated as independent coverage under the **Policy**.

c) If the claim event falls within two **Policy** periods, the claims shall be paid taking into consideration the available **Sum Insured** in the two **Policy** periods, including the **Deductibles** for each **Policy** period. Such eligible claim amount to be payable to the insured shall be reduced to the extent of premium to be received for the **Renewal**/due date of premium of health insurance **Policy**, if not received earlier.

d) **We** shall make payment in Indian Rupees only.

e) **Our** obligation to make payment in respect of **Surgery** for cataracts (after the expiry of the 2 year period referred to in Exclusion 2) above, shall be restricted to 10% of the **Sum Insured** for each eye, subject to a minimum of Rs 15000 (or the actual incurred amount whichever is lower) and maximum of Rs 50,000/- per eye. This will be **Our** maximum liability irrespective of the number of Health Suraksha policies **You** hold.

f) The payment of claim under the medical Section will be as follows

Benefit Plan	Zone A	Zone B	Zone C
Platinum Plan	No sublimit applicable	No sublimit applicable	No sublimit applicable
Gold Plan	100%*	100%*	100%*
Silver Plan	80%*	100%*	100%*
Basic Plan	70%*	80%*	100%*

The geographical zones for specific plans as mentioned above are bases on the location of the **Hospital** where treatment is taken and not the residence of the insured.

- Platinum plan is for Insured who have paid premium for **Sum Insured** 6 lacs and above.
- Gold Plan is for insured who paid the premium for Zone A region which comprises of Mumbai including Thane and Panvel, Delhi including NCR (National Capital Region).The eligibility of the claim amount will be 100% for all the Zones subject to the **Policy** terms and conditions.
- Silver Plan is for insured who paid the premium for Zone B region which comprises of Chennai, Kolkatta, Bangalore, Ahmedabad and Hyderabad. The eligibility of the claim amount will be 100% for Zone B and Zone C, 80% for Zone A subject to the **Policy** terms and conditions.
- Basic Plan is for insured who have paid the premium for Zone C region which comprises of rest of India excluding Zone A and Zone B. The eligibility of the claim amount will be 100% for Zone C, 80% for Zone B and 70% for Zone A subject to the **Policy** terms and conditions.

*****The percentage of amount shown in the above table is with respect to the eligible claim amount.

******The co-payment stands waived for all plans in case of claims due to any of the medical emergencies stated below

1) Acute Myocardial infarction
2) Major Accidents requiring immediate **Hospitalisation** and treatment
3) Acute Cerebrovascular Accident
4) Third degree burns

8. Specific Sum Insured limit

For the insured at age of entry above 55 years the maximum **Sum Insured** available would be Rs 5 lakhs. For insured persons above 55 years porting from other insurance policies the maximum **Sum Insured** available would also be Rs 5 lakhs.

9. Fraud

If **You** or any of **Your Family** member make or progress any claim knowing it to be false or fraudulent in any way, then this **Policy** will be void and all claims or payments due under it shall be lost and the premium paid shall become forfeited.

10. Contribution (In case of Multiple Policies)

If **You** or any of **Your Family** members covered under the Health Suraksha **Policy** hold two or more policies from one or more insurers to indemnify treatment costs, **We** will not apply the **Contribution** clause, and **You** will have the right to require a settlement of **Your** claim in terms of any of the policies **You** or **Your Family** members hold with any **Insurer**.

a) In all such cases if **You** or **Your Family** members covered choose to claim under **Our** Health Suraksha **Policy** then **We** shall settle the claim without insisting on the **Contribution** clause as long as the claim is within the limits of and according to the terms of the Health Suraksha **Policy**.

b) If the amount claimed under **Our** Health Suraksha **Policy** exceeds the **Sum Insured** after considering the **Deductibles** or co-payment, then **You** shall have the right to choose other concurrent insurers by whom the claim can be settled. In such cases, **We** will settle the claim with **Contribution** clause.

c) Except in benefit policies, in cases where **You** have policies from more than one **Insurer** to cover the same risk on indemnity basis, **You** shall only be indemnified the **Hospitalisation** costs in accordance with the terms and conditions of **Our** Health Suraksha **Policy**.

d) This section is not applicable to the Hospital Cash benefit payable in case of Platinum Plan.

11. Renewal & Cancellation

a) **Your** Health Suraksha **Policy** shall be renewable lifelong except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the insured.

b) In case of **Our Renewal** a **Grace Period** of 30 days is permissible and the **Policy** will be considered as continuous for the purpose of all waiting periods and Health Check-up benefit.

c) Any **Medical expenses** incurred as a result of disease condition/ **Accident** contracted during the break period will not be admissible under the **Policy**.

d) For **Renewal Proposal** received after completion of **Grace Period** of 30 days, all waiting periods would apply afresh.

e) This **Policy** may be renewed by mutual consent and in such event, the **Renewal** premium shall be paid to **Us** on or before the date of expiry of the **Policy** or of the subsequent **Renewal** thereof.

f) **Renewal**s will not be refused or cancellation will not be invoked by **Us** except on ground of fraud, moral hazard or misrepresentation.

g) **We** may cancel this insurance by giving **You** at least 15 days written notice, and if no claim has been made then **We** shall refund a pro-rata premium for the unexpired **Policy** Period.

h) **You** may cancel this insurance by giving **Us** at least 15 days written notice, and if no claim has been made then **We** shall refund premium on short term rates for the unexpired **Policy Period** as per the rates detailed below.

Period on risk	Rate of premium refunded
Upto one month	75% of annual rate
Upto three months	50% of annual rate
Upto six months	25% of annual rate
Exceeding six months	Nil

i) There will be no loading on premium for adverse claims experience.

j) The brochure/ prospectus mentions the premiums as per the age slabs/ **Sum Insured** and the same would be charged as per the completed age at every **Renewal**. The premiums as shown in the brochure/ prospectus are subject to revision as and when approved by the regulator. However such revised premiums would be applicable only from subsequent **Renewal**s and with due notice whenever implemented.

12. Dispute Resolution

a) Any dispute regarding the claim amount, liability otherwise being admitted, are to be referred to arbitration under the Arbitration & Conciliation Act 1996. The law of the arbitration shall be Indian law and the seat of the arbitration and venue for all the hearings shall be within India.

b) If these arbitration provisions are held to be invalid, for any reason due to change/ amendment in law etc, then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian courts.

13. Compliance with Policy Provisions

Failure by **You** or the **Insured Person** to comply with any of the provisions in this **Policy** may invalidate all claims hereunder.

14. Examination of Records

We may examine **Your** records relating to the insurance under this **Policy** at any time during the **Policy Period** and up to three years after the **Policy** expiration, or until final adjustment (if any) and resolution of all claims under this **Policy**

15. Subrogation

You and any claimant under this **Policy** shall do whatever is necessary to enable **Us** to enforce any rights and remedies or obtain relief from other parties to which **We** would become entitled or subrogated upon **We** paying for or making good any loss under this **Policy** whether such acts and things shall be or become necessary or required before or after **Your** indemnification by **Us**. This section is not applicable to the Hospital Cash benefit payable in case of Platinum Plan.

16. Territorial Limits and Law

a. **We** cover Accidental Bodily **Injury** or sickness sustained by the Insured Person during the **Policy Period** anywhere in India.

b. All medical/ surgical treatments including investigations under this policy shall have to be taken in India and admissible claims thereof shall be payable in Indian currency (Indian Rupees).

c. The construction, interpretation and meaning of the provisions of this **Policy** shall be determined in accordance with Indian Law.

d. The **Policy** constitutes the complete contract of insurance .No change or alteration shall be valid or effective unless approved in writing by **Us**, which approval shall be evidenced by an endorsement on the **Schedule**.

17. Free Look Period

a) The insured will be allowed a period of at least 15 days from the date of receipt of the **Policy** to review the terms and conditions of the **Policy** and to return the same if not acceptable

b) If the insured has not made any claim during the free look period, the insured shall be entitled to-

i. A refund of the premium paid less any expenses incurred by the **Insurer** on medical examination of the insured persons and the stamp duty charges or;

ii. where the risk has already commenced and the option of return of the **Policy** is exercised by the policyholder, a deduction towards the proportionate risk premium for period on cover or;

iii. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

V. DAY CARE LIST

Day Care

In addition to Day Care list **We** would also cover Any other surgeries/ procedures agreed by **Us** in a **Hospital** or a **Day care centre**which require less than 24 hours **Hospitalisation** for inpatient care due to subsequent advancement in technology.

1. Suturing - CLW -under LA or GA
2. Surgical debridement of wound
3. Therapeutic Ascitic Tapping
4. Therapeutic Pleural Tapping
5. Therapeutic Joint Aspiration
6. Aspiration of an internal abscess under ultrasound guidance
7. Aspiration of hematoma
8. Incision and Drainage
9. Endoscopic Foreign Body Removal - Trachea /- pharynx-larynx/ bronchus
10. Endoscopic Foreign Body Removal -Oesophagus/stomach /rectum.
11. True Cut Biopsy – Breast/ liver/ Kidney-Lymph Node/ Pleura/ Lung/ Muscle biopsy/ Nerve biopsy/ synovial biopsy/ Bone trephine biopsy/ Pericardial biopsy
12. Endoscopic ligation/banding
13. Sclerotherapy
14. Dilatation of digestive tract strictures
15. Endoscopic ultrasonography and biopsy
16. Nissen fundoplication for Hiatus Hernia /Gastro esophageal reflux disease
17. Endoscopic placement/removal of stents
18. Endoscopic Gastrostomy
19. Replacement of Gastrostomy tube
20. Endoscopic polypectomy
21. Endoscopic decompression of colon
22. Therapeutic ERCP
23. Brochoscopic treatment of bleeding lesion
24. Brochoscopic treatment of fistula /stenting
25. Bronchoalveolar lavage & biopsy
26. Tonsillectomy without Adenoidectomy
27. Tonsillectomy with Adenoidectomy
28. Excision and destruction of lingual tonsil
29. Foreign body removal from nose
30. Myringotomy
31. Myringotomy with Grommet insertion
32. Myringoplasty /Tympanoplasty
33. Antral wash under LA
34. Quinsy drainage
35. Direct Laryngoscopy with or w/o biopsy
36. Reduction of nasal fracture
37. Mastoidectomy
38. Removal of tympanic drain
39. Reconstruction of middle ear
40. Incision of mastoid process & middle ear
41. Excision of nose granuloma
42. Blood transfusion for recipient
43. Therapeutic Phlebotomy
44. Haemodialysis/Peritoneal Dialysis
45. Parenteral Chemotherapy
46. Radiotherapy
47. Coronary Angioplasty (PTCA)
48. Pericardiocentesis
49. Insertion of filter in inferior vena cava
50. Insertion of gel foam in artery or vein
51. Carotid angioplasty
52. Renal angioplasty
53. Tumor embolisation
54. TIPS procedure for portal hypertension
55. Endoscopic Drainage of Pseudopancreatic cyst
56. Lithotripsy
57. PCNS (Percutaneous nephrostomy)
58. PCNL (percutaneous nephrolithotomy)
59. Suprapubiccytostomy
60. Trans urethral resection of bladder tumor
61. Hydrocele surgery
62. Epididymectomy
63. Orchidectomy
64. Herniorrhaphy
65. Hernioplasty
66. Incision and excision of tissue in the perianal region
67. Surgical treatment of anal fistula
68. Surgical treatment of hemorrhoids
69. Sphincterotomy/Fissurectomy
70. Laparoscopic appendicectomy
71. Laparoscopic cholecystectomy
72. TURP (Resection prostate)
73. Varicose vein stripping or ligation
74. Excision of dupuytren's contracture
75. Carpal tunnel decompression
76. Excision of granuloma
77. Arthroscopic therapy
78. Surgery for ligament tear
79. Surgery for meniscus tear
80. Surgery for hemoarthrosis/pyoarthrosis
81. Removal of fracture pins/nails
82. Removal of metal wire
83. Incision of bone, septic and aseptic
84. Closed reduction on fracture, luxation or epiphyseolysis with osetosynthesis
85. Suture and other operations on tendons and tendon sheath
86. Reduction of dislocation under GA
87. Cataract surgery
88. Excision of lachrymal cyst
89. Excision of pterigium
90. Glaucoma Surgery
91. Surgery for retinal detachment
92. Chalazion removal (Eye)
93. Incision of lachrymal glands
94. Incision of diseased eye lids
95. Excision of eye lid granuloma
96. Operation on canthus & epicanthus
97. Corrective surgery for entropion & ectropion
98. Corrective surgery for blepharoptosis

99. Foreign body removal from conjunctiva
100. Foreign body removal from cornea
101. Incision of cornea
102. Foreign body removal from lens of the eye
103. Foreign body removal from posterior chamber of eye
104. Foreign body removal from orbit and eye ball
105. Excision of breast lump /Fibro adenoma
106. Operations on the nipple
107. Incision/Drainage of breast abscess
108. Incision of pilonidal sinus
109. Local excision of diseased tissue of skin and subcutaneous tissue
110. Simple restoration of surface continuity of the skin and subcutaneous tissue
111. Free skin transportation, donor site
112. Free skin transportation recipient site
113. Revision of skin plasty
114. Destruction of the diseases tissue of the skin and subcutaneous tissue
115. Incision, excision, destruction of the diseased tissue of the tongue
116. Glossectomy
117. Reconstruction of the tongue
118. Incision and lancing of the salivary gland and a salivary duct
119. Resection of a salivary duct
120. Reconstruction of a salivary gland and a salivary duct
121. External incision and drainage in the region of the mouth, jaw and face
122. Incision of hard and soft palate
123. Excision and destruction of the diseased hard and soft palate
124. Incision, excision and destruction in the mouth
125. Surgery to the floor of mouth
126. Palatoplasty
127. Transoral incision and drainage of pharyngeal abscess
128. Dilatation and curettage
129. Myomectomies
130. Simple Oophorectomies

Note: The standard exclusions and waiting periods are applicable to all of the above procedures depending on the medical condition/ disease under treatment. Only 24 hours **Hospitalisation** is not mandatory.

In case of any claims contact

Claims Department

Future Generali Health (FGH)

Future Generali India Insurance Co. Ltd.

Office No. 3, 3rd Floor, “A” Building , G - O – Square

S. No. 249 & 250, Aundh Hinjewadi Link Road, Wakad, Pune - 411 057.

Toll Free Number: 1800 103 8889

Toll Free Fax: 1800 103 9998

Email: fgh@futuregenerali.in

ANNEXURE 1: NON PAYABLE ITEMS

Sr. No.	Expense Head	Special Remarks
1	Hair Removal Cream	Not Payable
2	Baby Charges (Unless Specified/Indicated)	Not Payable
3	Baby Food	Not Payable
4	Baby Utilities Charges	Not Payable
5	Baby Set	Not Payable
6	Baby Bottles	Not Payable
7	Brush	Not Payable
8	Cozy Towel	Not Payable
9	Hand Wash	Not Payable
10	Moisturizer Paste Brush	Not Payable
11	Powder	Not Payable
12	Razor	Not Payable
13	Shoe Cover	Not Payable
14	Beauty Services	Not Payable
15	Belts/ Braces	Essential and may be paid specifically for cases who have undergone surgery of thoracic or lumbar spine.
16	Buds	Not Payable
17	Barber Charges	Not Payable
18	Caps	Not Payable
19	Cold Pack / Hot Pack	Not Payable
20	Carry Bags	Not Payable
21	Cradle Charges	Not Payable
22	Comb	Not Payable
23	Disposables Razors Charges	Payable for Site Preparations
24	Eau-De-Cologne / Room Fresheners	Not Payable
25	Eye Pad	Not Payable
26	Eye Shield	Not Payable
27	Email / Internet Charges	Not Payable
28	Food Charges (Other Than Patient's Diet Provided By Hospital)	Not Payable
29	Foot Cover	Not Payable
30	Gown	Not Payable
31	Leggings	Essential in bariatric and varicose vein surgery and should be considered for these conditions where surgery itself is Payable.
32	Laundry Charges	Not Payable
33	Mineral Water	Not Payable
34	Oil Charges	Not Payable
35	Sanitary Pad	Not Payable
36	Slippers	Not Payable
37	Telephone Charges	Not Payable
38	Tissue Paper	Not Payable
39	Tooth Paste	Not Payable
40	Tooth Brush	Not Payable
41	Guest Services	Not Payable
42	Bed Pan	Not Payable
43	Bed Under Pad Charges	Not Payable
44	Camera Cover	Not Payable
45	Cliniplast	Not Payable
46	Crepe Bandage	Not Payable
47	Curapore	Not Payable
48	Diaper Of Any Type	Not Payable
49	DVD, CD Charges	If CD is specifically sought by Insurer, then Payable
50	Eyelet Collar	Not Payable
51	Face Mask	Not Payable
52	Flexi Mask	Not Payable
53	Gauze Soft	Not Payable

54	Gauze	Not Payable
55	Hand Holder	Not Payable
56	Hansaplast / Adhesive Bandages	Not Payable
57	Infant Food	Not Payable
58	Slings	Reasonable costs for one sling in case of upper arm fractures should be considered
59	Weight Control Programs/ Supplies/ Services	Not Payable
60	Cost Of Spectacles / Contact Lenses / Hearing Aids	Not Payable
61	Dental Treatment Expenses That Do Not Require Hospitalisation	Not Payable
62	Hormone Replacement Therapy	Not Payable
63	Home Visit Charges	Not Payable
64	Infertility / Subfertility / Assisted Conception Procedure	Not Payable
65	Obesity (Including Morbid Obesity)	Not Payable
66	Psychiatric & Psychosomatic Disorders	Not Payable
67	Corrective Surgery For Refractive Error	Not Payable
68	Treatment Of Sexually Transmitted Diseases	Not Payable
69	Donor Screening Charges	Not Payable
70	Admission / Registration Charges	Not Payable
71	Hospitalisation For Evaluation / Diagnostic Purpose	Not Payable
72	Expenses For Investigation / Treatment Irrelevant To The Disease For Which Admitted Or Diagnosed	Not Payable
73	Any Expenses When The Patient Is Diagnosed With Retro Virus + Or Suffering From HIV / AIDS Etc Is Detected / Directly Or Indirectly	Not Payable
74	Stem Cell Implantation / Surgery And Storage	Not Payable except Bone Marrow Transplantation where covered by policy
75	Ward And Theatre Booking Charges	Payable under OT Charges, not Payable separately
76	Arthroscopy & Endoscopy Instruments	Rental charged by the hospital Payable. Purchase of instruments not Payable
77	Microscope Cover Payable Under OT	Payable under OT Charges, not Payable separately
78	Surgical Blades, Harmonic Scalpel, Shaver	Payable under OT Charges, not Payable separately
79	Surgical Drill	Payable under OT Charges, not Payable separately
80	Eye Kit	Payable under OT Charges, not Payable separately
81	Eye Drape	Payable under OT Charges, not Payable separately
82	X - Ray Film	Payable under Radiology Charges, not as consumable
83	Sputum Cup	Payable under Investigation Charges, not as consumable
84	Boyles Apparatus Charges	Payable under OT Charges, not Payable separately
85	Blood Grouping And Cross Matching Of Donors Samples	Not Payable, Part of cost of blood
86	Antiseptic Or Disinfectant Lotions	Not Payable, Part of Dressing Charges
87	Band Aids, Bandages, Sterile Injections, Needles, Syringes	Not Payable, Part of Dressing Charges
88	Cotton	Not Payable, Part of Dressing Charges
89	Cotton Bandage	Not Payable, Part of Dressing Charges
90	Micropore / Surgical Tape	Not Payable, Part of Dressing Charges
91	Blade	Not Payable
92	Apron	Not Payable, Part of Hospital Services / Disposable Linen to be part of OT / ICU Charges
93	Torniquet	Not Payable
94	Orthobundle, Gynaec Bundle	Not Payable, Part of Dressing Charges
95	Urine Container	Not Payable
96	Luxury Tax	Actual tax levied by government is Payable. Part of charge for room sub limits
97	HVAC	Not Payable, part of room charge
98	Housekeeping Charges	Not Payable, part of room charge
99	Service Charges Where Nursing Charge Also Charged	Not Payable, part of room charge
100	Television & Air Conditioner Charges	Not Payable, part of room charge
101	Surcharges	Not Payable, part of room charge
102	Attendant Charges	Not Payable, part of room charge
103	IM IV Injection Charges	Not Payable, part of Nursing charges
104	Clean Sheet	Not Payable, pat of laundry / housekeeping
105	Extra Diet Of Patient (Other Than That Which Forms Part Of Bed Charge)	Patient Diet provided by hospital is Payable
106	Blanket / Warmer Blanket	Not Payable, part of room charge
107	Admission Kit	Not Payable
108	Birth Certificate	Not Payable
109	Blood Reservation Charges And Ante Natal Booking Charges	Not Payable
110	Certificate Charges	Not Payable
111	Courier Charges	Not Payable

112	Conveyance Charges	Not Payable
113	Diabetic Chart Charges	Not Payable
114	Documentation Charges / Administrative Expenses	Not Payable
115	Discharge Procedure Charges	Not Payable
116	Daily Chart Charges	Not Payable
117	Entrance Pass / Visitors Pass Charges	Not Payable
118	Expenses Related To Prescription On Discharge	Not Payable. To be claimed by patient under post hospitalisation expenses, if admissible
119	File Opening Charges	Not Payable
120	Incidental Expenses / Misc. Charges (Not Explained)	Not Payable
121	Medical Certificate	Not Payable
122	Maintenance Charges	Not Payable
123	Medical Records	Not Payable
124	Preparation Charges	Not Payable
125	Photocopies Charges	Not Payable
126	Patient Identification Band / Name Tag	Not Payable
127	Washing Charges	Not Payable
128	Medicine Box	Not Payable
129	Mortuary Charges	Payable upto 24 Hours. Shifting charges not Payable
130	Medico Legal Case Charges (MLC Charges)	Not Payable
131	External Durable Devices	Not Payable
132	Walking Aids Charges	Not Payable
133	Bipap Machine	Not Payable
134	Commode	Not Payable
135	CPAP / CAPD Equipments	Not Payable
136	Infusion Pump - Cost	Not Payable
137	Oxygen Cylinder (For Usage Outside The Hospital)	Not Payable
138	Pulse Oxymeter Charges	Not Payable
139	Spacer	Not Payable
140	Spirometer	Not Payable
141	Sp02 Probe	Not Payable
142	Nebulizer Kit	Not Payable
143	Steam Inhaler	Not Payable
144	Arm Sling	Not Payable
145	Thermometer	Not Payable
146	Cervical Collar	Not Payable
147	Splint	Not Payable
148	Diabetic Foot Wear	Not Payable
149	Knee Braces (Long / Short / Hinged)	Not Payable
150	Knee Immobilizer / Shoulder Immobilizer	Not Payable
151	Lumbosacral Belt	Essential and may be paid specifically for cases who have undergone surgery of lumbar spine
152	Nimbus Bed Or Water Or Air Bed Charges Payable For Any ICU	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia / quadriplegia for any reason and at reasonable cost of approximately Rs. 200/ day
153	Ambulance Collar	Not Payable
154	Ambulance Equipment	Not Payable
155	Microshield	Not Payable
156	Abdominal Binder	Essential and should be paid in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc.
157	Betadine \ Hydrogen Peroxide \ Spirit \ Disinfectants Etc.	May be Payable when prescribed for patient, not Payable for hospital use in OT or ward or for dressings in hospital
158	Private Nurses Charges- Special Nursing Charges	Post hospitalisation nursing charges not Payable
159	Nutrition Planning Charges - Dietician Charges / Diet Charges	Not Payable
160	Sugar Free Tablets	Payable. Sugar free variants of admissible medicines are not excluded
161	Creams Powders Lotions	Toiletries are not Payable, only prescribed medical pharmaceuticals Payable
162	Digestion Gels	Payable when prescribed
163	ECG Electrodes Upto 5 Electrodes	Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and atleast one set every second day must be Payable
164	Gloves	Sterilized Gloves Payable. Unsterilized Gloves not Payable
165	HIV Kit	Payable for pre operative screening
166	Listerine / Antiseptic Mouthwash	Payable when prescribed

167	Lozenges	Payable when prescribed
168	Mouth Paint	Payable when prescribed
169	Nebulisation Kit	If used during hospitalisation is Payable reasonably
170	Novarapid	Payable when prescribed
171	Volini Gel / Analgesic Gel	Payable when prescribed
172	Zytee Gel	Payable when prescribed
173	Vaccination Charges	Routine Vaccination not Payable. Post Bite Vaccination Payable
174	AHD	Not Payable. Part of hospital's own internal cost
175	Alcohol Swabs	Not Payable. Part of hospital's own internal cost
176	Scrub Solution / Sterillium	Not Payable. Part of hospital's own internal cost
177	Vaccine Charges For Baby	Not Payable
178	Aesthetic Treatment / Surgery	Not Payable
179	TPA Charges	Not Payable
180	Visco Belt Charges	Not Payable
181	Any Kit With No Details Mentioned [Delivery Kit, Orthokit, Recovery Kit, Etc]	Not Payable
182	Examination Gloves	Not Payable
183	Kidney Tray	Not Payable
184	Mask	Not Payable
185	Ounce Glass	Not Payable
186	Outstation Consultant's / Surgeon's Fees	Not Payable, except for telemedicine consultations where covered by policy
187	Oxygen Mask	Not Payable
188	Paper Gloves	Not Payable
189	Pelvic Traction Belt	Not Payable
190	Referral Doctor'S Fees	Not Payable
191	Accu Check (Glucometery/ Strips)	Not Payable pre hospitalisation or post hospitalisation / Reports and Charts required
192	Pan Can	Not Payable
193	Sofnet	Not Payable
194	Trolly Cover	Not Payable
195	Urometer, Urine Jug	Not Payable
196	Ambulance	Payable-Ambulance from home to hospital or inter hospital shifts is Payable / RTA as specific requirement is Payable
197	Tegaderm / Vasofix Safety	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
198	Urine Bag	Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs
199	Softovac	Not Payable
200	Stockings	Essential for case like CABG etc. where it should be paid.

FUTURE GENERALI
TOTAL INSURANCE SOLUTIONS

TOLL FREE PHONE: 1800 103 8889
TOLL FREE FAX: 1800 103 9998
E MAIL: fgh@futuregenerali.in

HEALTH INSURANCE CLAIM FORM

ALL FIELDS IN THIS FORM ARE MANDATORY AND THE CLAIM WILL BE NOT BE PROCESSED IF ANY OF THE DETAILS ARE MISSING

Claim Number (For FGH Use Only)	

POLICY / INSURED DETAILS

Policy No : _____ Health Card No. of Patient _____

Policy Start Date _____ Policy End Date _____ Date of Joining the Policy _____

Corporate Name : _____(Only for Group Policies) Employee ID _____

PERSONAL DETAILS OF EMPLOYEE/PROPOSER

1	Name of the Employee / Individual:
2	E-Mail address of the Employee/Individual:
3	Mobile No:
4	Permanent Account Number (PAN):

CLAIMANT / PATIENT DETAILS

1	Name of the Patient:	
2	Relationship with the Employee / Proposer ◯ Self ◯ Spouse ◯ Child ◯ Parent ◯ Others _____	
3	Date of Birth of Claimant: _____ Age _____ Years Gender ◯ Male ◯ Female	
4	Residential Address	

CLAIM DETAILS

Total Claimed Amount: `							

Claimed Amount in Words: Rupees (`)_____

1. Diagnosis _____
2. Admission Date: _____Discharge Date : _____
3. Name of Treating Doctor: _____
4. Mobile No. of Treating Doctor: _____
5. Name of Family Physician: _____
6. Mobile No. of Family Physician: _____

Enclosure Check List :

1. Original Discharge Summary containing all relevant details
2. All Original Bills and their Receipts
3. Copies of all Reports & prescriptions
4. First Prescription / Consultation Letter from your Doctor.
5. Original Money Receipt duly signed with a Revenue Stamp.
6. Copy of Proposer/Employee Photo ID Proof & Address Proof

CONSENT REQUIREMENT FOR ACCESS TO TREATMENT PAPERS / INDOOR CASE SHEETS / MEDICAL RECORDS / INVESTIGATOR VISIT

I hereby authorize Future Generali India Insurance or any agency / individual authorized by them to obtain copies or review in person all my medical records including but not limited to admission notes, treatment sheets, indoor case papers, investigation reports, prescriptions and all other documents present in the hospital case file. Details related to my past hospitalisations in your hospital can also be provided / shown to Future Generali or its authorized representatives. I agree that all information provided above by me in the claim documents is true and that if I have provided any false or untrue information, my right to claim the reimbursement of expenses shall be absolutely forfeited.

Name of Patient / Relative: _____

Relationship with Patient: _____

Signature of Patient / Relative: _____

Date: DD / MM / YYYY

FUTURE GENERALI
TOTAL INSURANCE SOLUTIONS

TOLL FREE PHONE: 1800 103 8889
TOLL FREE FAX: 1800 103 9998
E MAIL: fgh@futuregenerali.in

Please attach this form in Original to the hospital bill and other claim documents. Separate claim form required for each claim. PLEASE ENCLOSE A PHOTOCOPY OF THE FUTURE GENERALI HEALTH ID CARD.

AUTHORIZATION FOR TRANSFER OF CLAIM AMOUNT BY NATIONAL ELECTRONIC FUND TRANSFER

Name as per Bank Account														
Bank Name														
Branch Name & Address														
Branch Phone No.														
Branch MICR Code														
Branch IFSC Code for NEFT														
(Please attach a Photocopy of a cheque or a blank cheque of your bank duly cancelled for ensuring accuracy of the bank name, branch name, account number & name of account holder printed)														
Account Type (Please Tick)	Savings			Current			Cash / Credit							
Account No. (as appearing in Cheque Book)														
HR Authorization & Stamp					Bank Authorization & Stamp									

Date from which the mandate should be effective: _____

I hereby declare that the particulars given above are correct and complete and request you to remit any amount due to me, if any to the aforesaid bank account. I herewith further declare that if any transaction is delayed or not effected at all or is wrongly credited to any other account for reasons of incomplete or incorrect information as provided above, I shall not hold Future Generali India Insurance Company Ltd ("Company") or any of its directors, employees or agents responsible for the same. I also declare that the remittance of any dues to the aforesaid bank account shall be considered as full and valid discharge of its obligations by the company. I also undertake to advise any change in the particulars of my bank account to facilitate updation of records for the purpose of credit of any amount due, through NEFT.

Name of Employee / Proposer: _____ Signature of Employee / Proposer: _____ Policy No. _____ Claimant Name: _____ Date: _____

FEEDBACK AND SUGGESTIONS

We thank you for choosing Future Generali as your Insurance provider. We always strive to ensure that our service levels exceed our customer's expectations. In the spirit of this endeavour, we will greatly appreciate your valuable inputs and feedback. Kindly provide your feedback on your experience with Future Generali and any suggestions for improving our services. We value your time and promise to evaluate your suggestions for improvement of our service.

FUTURE GENERALI Health

FUTURE GENERALI
TOTAL INSURANCE SOLUTIONS

Grievance Redressal Procedures

Dear Customer,

At **Future Generali** we are committed to provide **"Exceptional Customer-Experience"** that you remember and return to fondly. We encourage you to read your policy & schedule carefully. We want to make sure the plan is working for you and welcome your feedback.

What Constitutes a Grievance?

A "Grievance/Complaint" is defined as any communication that expresses dissatisfaction about an action or lack of action, about the standard service/deficiency of service from Future Generali or its intermediary or asks for remedial action.

If you have a complaint or grievance you may reach us through the following avenues:

HELP LINE	**Help - Lines**	**1800-220-233 / 1860-500-3333 / 022-67837800**		**Email**	**Fgcare@futuregenerali.in**
				Website	**www.futuregenerali.in**
	GRO at each Branch	Walk-in to any of our branches and request to meet the **Grievance Redressal Officer (GRO).**			

What can I expect after logging a Grievance?

- We will acknowledge receipt of your concern within 3 - business days.
- Within 2 - weeks of receiving your grievance, we shall revert to you the final resolution.
- We shall regard the complaint as closed if we do not receive a reply within 8 weeks from the date of receipt of response.

What do I do, if I am unhappy with the Resolution?

- You can write directly to our **Customer Service Cell at our Head office:**:

	**Customer Service Cell**	**Customer Service Cell, Future Generali India Insurance Company Ltd.** Corporate & Registered Office:- 6th Floor, Tower 3, Indiabulls Finance Center, Senapati Bapat Marg, Elphinstone Road, Mumbai – 400013 Please send your complaint in writing. You can use the complaint form, annexed with your policy. Kindly quote your policy number in all communication with us. This will help us to deal with the matter faster.

How do I Escalate?

While we constantly endeavor to promptly register, acknowledge & resolve your grievance, if you feel that you are experiencing difficulty in registering your complaint, you may register your complaint through the **IRDA** (**Insurance Regulatory and Development Authority**).

- **CALL CENTER: TOLL FREE NUMBER (155255).**
- **REGISTER YOUR COMPLAINT ONLINE AT: HTTP://WWW.IGMS.IRDA.GOV.IN/**

Insurance Ombudsman:

If you are still not satisfied with the resolution to the complaint as provided by our **GRO**, you may approach the Insurance Ombudsman for a review. The Insurance Ombudsman is an organization that addresses grievances that are not settled to your satisfaction. You may reach the nearest insurance ombudsman office. The list of Insurance Ombudsmen offices is as mentioned below.

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD	Insurance Ombudsman Office of the Insurance Ombudsman 2nd Floor, Ambica House, Nr. C.U.Shah College, 5, Navyug Colony, Ashram Road, **AHMEDABAD - 380 014** Tel: 079-27545441/27546139 Fax: 079-27546142 E-mail: bimalokpal.ahmedabad@gbic.co.in	Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu
BENGALURU	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Mangal Bldg., 2nd Floor, Behind Canara Mutual Bldgs., No.4, Residency Road, Bengaluru – 560 025. Tel.: 080 - 22222049 E-mail: bimalokpal.bengaluru@gbic.co.in	Karnataka
BHOPAL	Insurance Ombudsman Office of the Insurance Ombudsman Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, **BHOPAL - 462 023** Tel: 0755-2569201/9202 Fax: 0755-2769203 E-mail: bimalokpalbhopal@airtelmail.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Insurance Ombudsman Office of the Insurance Ombudsman 62, Forest Park, **BHUBANESHWAR - 751 009** Tel: 0674-2596455/2596003 Fax: 0674-2596429 E-mail: bimalokpal.bhubaneswar@gbic.co.in	Orissa
CHANDIGARH	Insurance Ombudsman Office of the Insurance Ombudsman S.C.O. No.101 - 103, 2nd Floor, Batra Building, Sector 17-D, **CHANDIGARH - 160 017** Tel: 0172-2706468/2705861 Fax: 0172-2708274 E-mail: bimalokpal.chandigarh@gbic.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, UT of Chandigarh
CHENNAI	Insurance Ombudsman Office of the Insurance Ombudsman Fatima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, **CHENNAI - 600 018** Tel:044-24333668 /5284 Fax: 044-24333664 E-mail: bimalokpal.chennai@gbic.co.in	Tamilnadu, UT- Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
DELHI	Insurance Ombudsman Office of the Insurance Ombudsman 2/2 A, Universal Insurance Bldg. Asaf Ali Road, **NEW DELHI - 110 002** Tel: 011-23237539/23232481 Fax: 011-23230858 E-mail: bimalokpal.delhi@gbic.co.in	Delhi
GUWAHATI	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Nivesh, 5th floor Nr. Panbazar Overbridge, S.S. Road, **GUWAHATI - 781 001** Tel:0361-2132204/5 Fax: 0361-2732937 E-mail: bimalokpal.guwahati@gbic.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Insurance Ombudsman Office of the Insurance Ombudsman 6-2-46 , 1st Floor, Moin Court Lane, Opp. Saleem Function Palace, A.C.Guards, Lakdi-Ka-Pool, **HYDERABAD - 500 004** Tel: 040-65504123/23312122 Fax: 040-23376599 E-mail: bimalokpal.hyderabad@gbic.co.in	Andhra Pradesh, Telangana and UT of Yanam - a part of UT of Pondicherry
JAIPUR	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel : 0141-2740363 E-mail: bimalokpal.jaipur@gbic.co.in	Rajasthan
ERNAKULAM	Insurance Ombudsman Office of the Insurance Ombudsman 2nd Floor, CC 27/2603, Pulinat Building, Opp. Cochin Shipyard, M.G. Road, **ERNAKULAM - 682 015** Tel: 0484-2358759/2359338 Fax: 0484-2359336 E-mail: bimalokpal.ernakulam@gbic.co.in	Kerala, UT of (a) Lakshadweep, (b) Mahe - a part of UT of Pondicherry
KOLKATA	Insurance Ombudsman Office of the Insurance Ombudsman 4th Floor, Hindusthan Bldg., Annexe, 4, C.R.Avenue, **KOLKATA - 700 072** Tel: 033-22124346 / (40) Fax: 033-22124341 E-mail : bimalokpal.kolkata@gbic.co.in	West Bengal, Sikkim and UT of Andeman & Nicobar Islands

LUCKNOW	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Bhawan, Phase 2, 6th Floor, Nawal Kishore Road, Hazratganj, **LUCKNOW - 226 001** Tel: 0522 -2231331/30 Fax: 0522-2231310 E-mail: bimalokpal.lucknow@gbic.co.in	Districts of U.P:- Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar
MUMBAI	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Seva Annexe, 3rd Floor, S.V.Road, Santacruz (W), **MUMBAI - 400 054** Tel: 022-26106928/26106552 Fax: 022-26106052 E-mail: bimalokpal.mumbai@gbic.co.in	Goa and Mumbai Metropolitan Region excluding Areas of Navi Mumbai & Thane
Noida	Insurance Ombudsman Office of the Insurance Ombudsman	Uttaranchal and the following Districts of U.P:- Agra, Aligarh, Bagpet, Bareilly, Bijnor, Budaun, Bulandshehar, Etah , Kanooj, Mainpuri, Mathura , Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozabad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur
Patna	Insurance Ombudsman Office of the Insurance Ombudsman	Bihar and Jharkhand
Pune	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Darshan Bldg., 2nd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel: 020-32341320 E-mail: bimalokpal.pune@gbic.co.in	Maharashtra, Area of Navi Mumbai and Thane but excluding Mumbai Metropolitan Region

The updated details of Insurance Ombudsman are available on IRDA website: www.irda.gov.in, on the website of General Insurance Council: www.generalinsurancecouncil.org.in, our website www.futuregenerali.in or from any of our offices.

FUTURE GENERALI
TOTAL INSURANCE SOLUTIONS

Form for Request / Complaint / Feedback / Appreciation

I want to submit a REQUEST ☐ COMPLAINT ☐ SUGGESTION / FEEDBACK ☐ APPRECIATION ☐

POLICY TYPE MOTOR ☐ HEALTH ☐ PERSONAL ACCIDENT ☐ OTHER ☐ _____

POLICY DETAILS POLICY NO ☐ CLAIM NO ☐ COVER NOTE ☐ HEALTH CARD ☐ EXISTING SERVICE REQUEST ☐

☐☐☐☐☐☐☐☐☐☐☐☐

CUSTOMER NAME _____ FIRST NAME MIDDLE NAME LAST NAME

ADDRESS _____

_____

_____

CITY _____ PIN CODE _____

TEL NO. _____ MOBILE NO. _____

Detailed description

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Customer's Signature

D D M M Y Y Y Y

Date

You may submit the form to the Nearest Branch Office or mail it to our Customer Service Cell at:

Customer Service Cell
Future Generali India Insurance Company Ltd.
Corporate & Registered Office: - 6th Floor, Tower 3, Indiabulls Finance Centre, Senapati Bapat Marg, Elphinstone Road, Mumbai – 400013
Care Lines: 1800-220-233 / 1860-500-3333 / 022-6783 7800 Email: fgcare@futuregenerali.in Website: www.futuregenerali.in

Office Use Only: Service / Case # ☐☐☐☐☐☐☐☐☐☐

Comments:

_____

_____

_____

_____