

### CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

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

| S.No | Title                                     | Description<br>(Please refer to applicable Policy Clause Number in next column)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Policy Clause Number                                              |
|------|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| 1    | Name of Insurance Product/Policy          | Optima Wellbeing (Add on)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | NA                                                                |
| 2    | Policy number                             | Policy number shall be as on Policy Schedule issued post policy issuance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NA                                                                |
| 3    | Type of Insurance Product/ Policy         | Benefit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NA                                                                |
| 4    | Sum Insured                               | <ul style="list-style-type: none"> <li>Individual Sum Insured - Where each member has a separate sum insured under the policy), or</li> <li>Floater Sum Insured-Where all members under the policy have a single sum insured limit which may be utilized by any or all members</li> </ul> <p>Sum Insured shall be as opted and the same will be mentioned in your Policy Schedule</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | NA                                                                |
| 5    | Policy Coverage (What the policy covers?) | <p><b>Base Covers:</b> Coverages in force for the Insured Persons shall be as per the plan opted</p> <p>Expenses in respect of:</p> <ol style="list-style-type: none"> <li>1. Tele-Consultations (Consultations with General Practitioner listed on our/ Service Provider's digital platform for treatment advice)</li> <li>2. Doctor Consultations (In-Person) (In Person consultations with General Practitioner /Specialist/Super Specialist listed on our/ Service Provider's digital platform for treatment advice)</li> <li>3. Psychology E-Counselling (e-counselling session(s) with a Psychologist)</li> <li>4. Diet &amp; Nutrition E-Consultation (diet and nutrition e-consultation with dietitians/nutritionist)</li> <li>5. Fitness Sessions (unlimited live scheduled online fitness sessions)</li> <li>6. Wellness Features <ul style="list-style-type: none"> <li>• Discounts on Diagnostic services</li> </ul> </li> </ol> | <p>2.1</p> <p>2.2</p> <p>2.3</p> <p>2.4</p> <p>2.5</p> <p>2.6</p> |

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|   |                                                                                                                                                                                                            | <ul style="list-style-type: none"> <li>Discount on Pharmacy expenses</li> <li>Free Home Sample Collection</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |
| 6 | Exclusions (what the policy does not cover)                                                                                                                                                                | All exclusions as mentioned in the Base Plan unless otherwise stated and covered in Benefits section under Optima Wellbeing (Add-on) policy wordings.                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2                   |
| 7 | Waiting period <ul style="list-style-type: none"> <li>Time period during which specified diseases/treatments are not covered.</li> <li>It is counted from the beginning of the policy coverage.</li> </ul> | 30 days initial waiting period for all illnesses (except accident) in the first year and is not applicable in subsequent renewals<br><br>Note: Waiting Periods in force for Insured Persons shall be as per the plan opted or option selected                                                                                                                                                                                                                                                                                                                                                                                | 2                   |
| 8 | Financial limits coverage of<br><br>i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)                                                     | NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | NA                  |
| 9 | Claims/Claims Procedure                                                                                                                                                                                    | Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.<br><br>Turn Around Time (TAT) for claims settlement:<br><br><u>For Cashless Process :</u> <ul style="list-style-type: none"> <li>i. TAT for preauthorization of cashless facility: Decision on cashless authorization to be provided within 1 hour from the time of receipt of request..</li> <li>ii. TAT for cashless final bill authorization :Within 3 hours of the receipt of discharge authorization request from the hospital.</li> </ul><br><u>For Reimbursement Process :</u> | As per base product |

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|    |                       | <p>TAT for Claim settlement – Within 15 days of claim intimation</p> <p>Provide the details /web link for following:</p> <p>iii. Network Hospital details :<br/> <a href="https://www.hdfcergo.com/locators/cashless-hospitals-networks">https://www.hdfcergo.com/locators/cashless-hospitals-networks</a></p> <p>iv. Helpline number :<br/> <a href="https://www.hdfcergo.com/customercare/grievances">https://www.hdfcergo.com/customercare/grievances</a></p> <p>Call: 022 6234 6234 / <a href="tel:02261582020">022 6158 2020</a></p> <p>v. Hospitals which are excluded or from where no claims will be accepted by insurer<br/> <a href="http://www.hdfcergo.com/docs/default-source/documents/excluded-hospital1.pdf">http://www.hdfcergo.com/docs/default-source/documents/excluded-hospital1.pdf</a></p> <p>vi. Downloading/getting claim form<br/> <a href="https://www.hdfcergo.com/download/claim-form">https://www.hdfcergo.com/download/claim-form</a></p> |                     |
| 10 | Policy Servicing      | <p>Call center number :</p> <ul style="list-style-type: none"> <li>Contact Us at: 022 6234 6234 / 022 6158 2020</li> <li>Or</li> <li>visit help section on <a href="http://www.hdfcergo.com">www.hdfcergo.com</a></li> </ul> <p>Details of Company officials:<br/> Customer Happiness Center: D-301, 3rd Floor,<br/> Eastern Business District LBS Marg, Bhandup<br/> (West), Mumbai - 400 078.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | As per base product |
| 11 | Grievances/Complaints | <p>In case of any grievance the insured person may contact the Company through:</p> <ul style="list-style-type: none"> <li><b>First Point of Contact</b> : Call us at <a href="tel:02261582020">022 6158 2020</a> / <a href="tel:02262346234">022 6234 6234</a>/<a href="http://www.hdfcergo.com">www.hdfcergo.com</a></li> <li><b>Level 1</b> (For lack of a response or if the response provided does not meet your expectation) : Write to The Complaints &amp; Grievance Cell (C&amp;G Cell) on the address mentioned below / email to <a href="mailto:grievance@hdfcergo.com">grievance@hdfcergo.com</a> / Call on <a href="tel:18002677444">18002677444</a> (operational Monday - Saturday 9AM to 6PM)</li> </ul>                                                                                                                                                                                                                                                  | As per base product |

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|    |                    | <ul style="list-style-type: none"> <li>• <b>Level 2</b> (If you're not satisfied with the resolution or if no response was received within 15 days) : Write to the Chief Grievance Officer on the address mentioned below / email to <a href="mailto:cgo@hdfcergo.com">cgo@hdfcergo.com</a></li> <li>• <b>Level 3</b> (In case grievance is not resolved at the above escalation levels) : Lodge an online complaint through the website of Council for Insurance Ombudsmen (CIO) <a href="http://www.cioins.co.in">www.cioins.co.in</a></li> <li>• <b>Senior Citizen</b> Dedicated Helpline: <a href="tel:022-61582026">022 6158 2026</a> / <a href="mailto:seniorcitizen@hdfcergo.com">seniorcitizen@hdfcergo.com</a></li> <li>• <b>Women</b> Dedicated Helpline: <a href="tel:022-61582055">022 6158 2055</a></li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                 |                     |
|    |                    | <p><b>Grievance Redressal Escalation matrix:</b><br/> <a href="https://www.hdfcergo.com/customer-voice/grievances">https://www.hdfcergo.com/customer-voice/grievances</a></p> <p><b>Ombudsman</b> (If not satisfied with the redressal of grievance through above methods):<br/> <a href="https://bimabharosa.irdai.gov.in/">https://bimabharosa.irdai.gov.in/</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |
| 12 | Things to remember | <p><b>Free Look cancellation:</b> You may cancel the insurance policy if you do not want it, within 30 days from the beginning of the policy.</p> <p>Process for free look cancellation:</p> <ol style="list-style-type: none"> <li>1. The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.</li> <li>2. The insured person shall be allowed free look period of 30 days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.</li> </ol> <p><b>Policy renewal:</b> Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.</p> <p><b>Migration and Portability:</b> When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.</p> <p><u>Process for migration:</u> The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the Company by applying for Migration of the policy atleast 30 days</p> | As per base product |

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|    |                  | <p>before the policy renewal date as per IRDAI guidelines on Migration.</p> <p><u>Process for portability:</u> The Insured Person will have the option to port the Policy to other insurers by applying to such Insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to Portability.</p> <p><b>Change in Sum Insured:</b> Sum Insured can be changed (increased/ decreased) only at the time of renewal, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.</p> <p><b>Moratorium Period:</b> After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.</p> |                |
| 13 | Your Obligations | Please disclose all pre-existing disease/s or condition/s and fill in the complete details in the proposal form before buying a policy. Non-disclosure may affect the claim settlement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Not Applicable |

## Note:

1. Web-link of the product documents: <<<https://www.hdfcergo.com/download>>>
2. In case of any conflict, the terms and conditions mention in the policy document shall prevail.



Declaration by the Policy Holder;

I have read the above and confirm having noted the details.

Place:

Date:

(Signature of the Policyholder)

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