

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

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

Sr. No.	Title	Description	Policy Clause Number						
1	Name of add-on policy	Limitless	Not Applicable						
2	Policy Number	Policy number shall be as on Policy Schedule of Base policy issued post policy issuance	Not Applicable						
3	Type of Insurance Product / Policy	Indemnity	Not Applicable						
4	Sum Insured (Basis)	- Individual Sum Insured - Where each member has a separate set of benefits under the policy - Floater Sum Insured - Where all members under the policy have a single set of benefits which may be utilized by any or all members - Multi-Individual Sum Insured - Where each member has a separate set of benefits under the policy	Section 1.B						
5	Policy Coverage (What the policy covers?)	This add-on indemnifies Medical Expenses incurred by the Insured Person upto an infinite amount and in conjunction with the table below and also subject to conditions as specified below:	Section 2						
		<table><tr><th>If Base Sum Insured (INR) in force is</th><th>Eligible benefit</th></tr><tr><td>>= 10Lac & <50Lac</td><td>One claim of infinite value shall be payable in the lifetime of the policy</td></tr><tr><td>>=50Lac</td><td>Two claims each of infinite value shall be payable in the lifetime of the policy</td></tr></table>		If Base Sum Insured (INR) in force is	Eligible benefit	>= 10Lac & <50Lac	One claim of infinite value shall be payable in the lifetime of the policy	>=50Lac	Two claims each of infinite value shall be payable in the lifetime of the policy
		If Base Sum Insured (INR) in force is		Eligible benefit					
		>= 10Lac & <50Lac		One claim of infinite value shall be payable in the lifetime of the policy					
>=50Lac	Two claims each of infinite value shall be payable in the lifetime of the policy								
6	Exclusions	As per and upto the terms and limits of the Base policy	As per base product						

	(what the policy does not cover)		
7	Waiting Period - Time period during which specified disease / treatments are not covered - It is counted from the beginning of the policy coverage	Pre-existing diseases waiting period (Code-Excl01): 36 months Specified Disease/Procedure waiting period : 24 months Initial waiting Period (Code-Excl03): 30 days for all illnesses except accidents	Section 3.A
8	Financial limits of coverages	As per and upto the terms and limits of the Base policy	As per base product
	• Sub-limits	As per and upto the terms and limits of the Base policy	As per base product
	• Co-payment	As per and upto the terms and limits of the Base policy	As per base product
	• Deductible	As per and upto the terms and limits of the Base policy	As per base product
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. Turn Around Time (TAT) for claims settlement: As per and upto the terms and limits of the Base policy For Reimbursement Process: As per and upto the terms and limits of the Base policy Provide the details /web link for following: Network Hospital details : https://www.hdfcergo.com/locators/cashless-hospitals-networks Helpline number : https://www.hdfcergo.com/customercare/grievances Call - : 022 6234 6234 / 022 6158 2020	As per base product

		Hospitals which are excluded or from where no claims will be accepted by insurer http://www.hdfcergo.com/docs/default-source/documents/excluded-hospital1.pdf	
		Downloading/getting claim form https://www.hdfcergo.com/download/claim-form	
10	Policy Servicing	Call center number: 022 6234 6234 / 022 6158 2020 Or visit help section on www.hdfcergo.com Details of Company officials: Customer Happiness Center: D-301, 3rd Floor, Eastern Business District LBS Marg, Bhandup (West), Mumbai – 400078	As per base product
11	Grievances/Complaints	In case of any grievance the insured person may contact the Company through: - First Point of Contact: Call us at 022 6158 2020 / 022 6234 6234/www.hdfcergo.com - Level 1 (For lack of a response or if the response provided does not meet your expectation): Write to The Complaints & Grievance Cell (C&G Cell) on the address mentioned below / email to grievance@hdfcergo.com / Call on 18002677444 (operational Monday - Saturday 9AM to 6PM) - Level 2 (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 cgo@hdfcergo.com - Level 3 (In case grievance is not resolved at the above escalation levels): Lodge an online complaint through the website of Council for Insurance Ombudsmen (CIO) www.cioins.co.in - Senior Citizen Dedicated Helpline: 022 6158 2026 / seniorcitizen@hdfcergo.com - Women Dedicated Helpline: 022 6158 2055 Grievance Redressal Escalation matrix: https://www.hdfcergo.com/customer-voice/grievances Ombudsman (If not satisfied with the redressal of grievance through above methods): https://bimabharosa.irdai.gov.in/	As per base product
12	Things to remember	Free Look cancellation: As per and upto the terms and limits of the Base policy Policy renewal: As per and upto the terms and limits of the Base policy Migration and Portability: As per and upto the terms and limits of the Base policy Process for migration: As per and upto the terms and limits of the Base policy Process for portability: As per and upto the terms and limits of the Base policy Change in Sum Insured: As per and upto the terms and limits of the Base policy Moratorium Period: As per and upto the terms and limits of the Base policy	As per base product



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
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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)
