



**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	Serious Illness Booster	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)	Where Sum Insured of Base Policy is on Individual OR Multi Individual basis then coverage under this add-on shall be on Individual basis. Where Sum Insured of base policy is on Family Floater basis then coverage under this add-on shall be on Family Floater basis	Not Applicable
5	Policy Coverage (What the policy covers?)	Under this add-on we shall provide coverage on indemnity basis for medical treatment of ONLY the below listed Serious Illnesses if diagnosed for the first time in the life of the Insured Person post inception of this Add-on:  <ul style="list-style-type: none"> <li>a. Cancer of specified severity</li> <li>b. Open Chest CABG</li> <li>c. Kidney failure requiring regular dialysis</li> <li>d. Myocardial Infarction (First Heart Attack of specified severity)</li> <li>e. Open Heart Replacement or Repair of Heart Valves</li> <li>f. Major Organ/Bone Marrow Transplantation</li> <li>g. Multiple Sclerosis with persisting symptoms</li> <li>h. Permanent Paralysis of Limbs</li> <li>i. Stroke resulting in permanent symptoms</li> </ul>	Section B.I
6	Exclusions (what the policy does not cover)	As per and upto the terms and limits of the Base policy	Not Applicable
7	Waiting Period	All Waiting Periods that are applicable to the Base Policy shall apply afresh to this add-on from the date of inception of this add-on.	Section B.III
8	Financial limits of coverages	Sum Insured for this Add-on shall be upto 100% of Base Sum Insured of the base policy	
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. <b>Turn Around Time (TAT) for claims settlement:</b> 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:	As per base product

		<p>Network Hospital details :  <a href="https://www.hdfcergo.com/locators/cashless-hospitals-networks">https://www.hdfcergo.com/locators/cashless-hospitals-networks</a></p> <p>Helpline number:  <a href="https://www.hdfcergo.com/customercare/grievances">https://www.hdfcergo.com/customercare/grievances</a>  Call - : 022 6234 6234 / 0120 6234 6234</p> <p>Hospitals which are excluded or from where no claims will be accepted by insurer  <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>Downloading/getting claim form  <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: <a href="tel:02262346234">022 6234 6234 / 0120 6234 6234</a></p> <p>Or visit help section on <a href="http://www.hdfcergo.com">www.hdfcergo.com</a></p> <p>Details of Company officials:  Customer Happiness Center: D-301, 3rd Floor, Eastern Business District LBS Marg, Bhandup (West), Mumbai – 400078</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 / 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> <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:02261582026">022 6158 2026 / seniorcitizen@hdfcergo.com</a></li> <li>• <b>Women</b> Dedicated Helpline: <a href="tel:02261582055">022 6158 2055</a></li> </ul> <p><b>Grievance Redressal Escalation matrix:</b>  <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): <a href="https://bimabharosa.irdai.gov.in/">https://bimabharosa.irdai.gov.in/</a></p>	As per base product
12	Things to remember	<p><b>Free Look cancellation:</b> As per and upto the terms and limits of the Base policy</p> <p><b>Policy renewal:</b> As per and upto the terms and limits of the Base policy</p> <p><b>Migration and Portability:</b> As per and upto the terms and limits of the Base policy</p> <p><b>Process for migration:</b> As per and upto the terms and limits of the Base policy</p> <p><b>Process for portability:</b> As per and upto the terms and limits of the Base policy</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. In case of increase in Sum Insured, waiting periods shall apply afresh only for the enhanced portion of the sum insured.</p>	As per base product

		<b>Moratorium Period:</b> As per and upto the terms and limits of the Base policy	
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)