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IRDA Registration Number: 137

Shriram General insurance Co. Ltd.
IN PARTNERSHIP WITH THE **Sanlam** GROUP
Regd.&Corpt. Office:E-8, EPIP, RIICO Industrial Area, Sitapura, Jaipur (Rajasthan) – 302022
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Toll Free: 1800-103-3009, 1800-300-30000, ISO/IEC 27001:2013 certified

Shri Hospital Daily Cash Benefit Insurance Policy – Prospectus

Shri Hospital Cash Insurance policy is the health insurance benefit product. It provides additional benefit to take care of your incidental expenses such as food, lodging, and travelling which are not covered in health insurance policy in an event of hospitalization.

1. Who Can Take This Policy?

The Policy can be taken by an individual for covering himself / herself and his/ her family i.e. spouse, dependent children up to 25 years of age and dependent parents.

2. Policy Available

- Individual Basis

Family consists of
- Self
- Spouse
- Children (including unmarried children, step children or legally adopted children, who are financially dependent and aged between 91 days and 25 years).
- Parents/parents-in-law

3. Eligibility Criteria

1. **Age of Entry –**

   - Proposer Age - 18 Year – 65 years
   - Dependent Children Age – 91 Day to 25 Years
     Coverage for child (91 days – 18 years) is not allowed without any family member (more than 18 years) being the proposer or covered in the policy

2. **Pre-medical Test – Age above 45 Year**
   Fasting Sugar Blood (FBS), Complete Blood Count (CBC), Blood Pressure (BP)report and Electro Cardio Gram (ECG) may be required to be submitted to us on request. Validity period of theses test 15 days or less immediately prior to the acceptance your health proposal under this policy. Any tests carried out older than 15 days prior to acceptance of this proposal would not be considered for acceptance and fresh test of the current date i.e. the date of proposal would be taken into consideration.
   After the medical examination, the coverage under the product would not be refused/ declined but would be amended to exclude the coverage permanently for the ailments/ diseases & its related complications substantiated in pre-policy medical examination.
   These facts would be disclosed to the customers clearly and the acceptance in writing from the insured would be sought before issuing the policy and in case customer does not accept the condition for permanently excluding the coverage for the related disease, then the company would have an option for denying the coverage. SGI also confirm that no loading and discount in the premium would be extended for these cases falling in the above category.

   No medical check-up up to 45 years, subject to proposal form having no adverse medical declaration. Wherever required, Insured person(s) has to undergo a Pre-policy check-up.
   If such a proposal is accepted and policy has been issued, We would reimburse 50% cost of the diagnostic test charges

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3. Maturity Age
Renewal Life long

4. Scope of Benefits

The Policy will provide coverage under two Plan options, namely, the Basic Plan and the Advance Plan.

Plan Type	**Basic Plan**	**Advance Plan**
Plan Available in days	15/30/60/90/120/180	90/120/180
Per Day Benefit Limit(₹)	500/1000/2000/3000/4000/5000	500/1000/2000/3000/4000/5000
Coverage		
Sickness Daily Hospital Cash Benefit	Yes	Yes
Accident Hospital Cash Benefit	Yes	Yes
Intensive Care Unit (ICU) Benefit:	Yes	Yes
Convalescence Benefit	No	Yes
Child Birth Hospital Cash	No	Yes
Compassionate Benefit	No	Yes
Optional Cover (subject to opt by insured) Day Care Treatment Benefit	Yes	Yes

Main Coverage

I. Sickness Daily Hospital Cash Benefit

During the period stated in the Schedule, if the insured person shall contract any disease or suffer from any illness and if such disease / illness shall, upon the advice of a duly Qualified Medical Practitioner, require admission of the insured Person as an In-patient in any Hospital in India for the purpose of medical /surgical treatment, then the Company will pay to the Insured Person, Daily Hospital Cash amount mentioned in the schedule for each consecutive 24 hours of hospitalization subject to maximum number of days stated in the Schedule.

Deductible - 1- day deductible is applicable on every hospitalization.

II. Accident Hospital Cash Benefit

During the period stated in the Schedule, if the insured person shall sustain bodily injury due to accident and if such accident shall, upon the advice of a duly Qualified Medical Practitioner, require admission of the insured Person as an In-patient in any Hospital in India for the purpose of medical /surgical treatment, then the Company will pay to the Insured Person, 2 times of Daily Hospital Cash amount mentioned in the schedule for each consecutive 24 hours of hospitalization subject to maximum number of days stated in the Schedule.

Deductible: Not Applicable

III. Intensive Care Unit (ICU) Benefit

During the policy period stated in the schedule If the insured person shall, upon the advice of a duly Qualified Medical Practitioner, require admission in ICU for the purpose of treatment of Sickness/Accident /Injury, then We will pay 2.5 times of the Daily Hospital Cash amount for each consecutive 24 hours that the Insured Person is admitted in an Intensive Care Unit, subject to maximum of 15 days per Policy Year. Whenever Intensive Care Unit benefit is admissible under the Policy, We will not pay for Daily Hospital Cash benefit in I or II above for the period when the Insured Person is in Intensive Care Unit.

Deductible:

- 1- day deductible is applicable on every hospitalization except accidental hospitalization.

IV. Convalescence Benefit

If the Insured Person is Hospitalized in India during the Policy Period for Medically Necessary treatment of an Illness Or an Injury that occurred during the Policy Period and the continuation of such Hospitalization is Medically Necessary for at least 15 consecutive days, then will pay a lump sum amount equal to 5 times of the Daily Cash Benefit amount specified in the Policy Schedule.

This benefit is payable in addition to basic plan if there is an admissible claim under same.

For Individual Policy: This benefit is available only once during the Policy tenure for per Insured Person.

V. Child Birth Hospital Cash

During the period stated in the Schedule the insured person shall, upon the advice of a duly Qualified Medical Practitioner, require admission of the Insured Person as an In-patient in any Hospital in India for the purpose of Child Delivery, then the Company will pay to the insured person Daily Hospital Cash amount stated in the schedule subject to maximum number of days stated in the schedule.

Special Condition:

1. The benefit under this cover is payable after waiting period of 2 years from date of addition of spouse in the policy period subject to both self and spouse are covered.
2. This cover is available for maximum of 2 child for life time.

VI. Compassionate Benefit

If the Insured Person is Hospitalized during the Policy Period for Medically Necessary treatment of an Injury due to an Accident that occurred during the Policy Period and the Insured Person dies during the course of such Hospitalization, We will pay the Nominee a lump sum amount equal to 10 times of the Daily Hospital Cash Benefit amount specified in the Policy Schedule

This benefit is payable in addition to basic plan only if there is an admissible claim under same.

Optional Cover

Day Care Treatment Benefit

If the Insured Person requires and avails a Medically Necessary Day Care Treatment (as defined under Annexure II below) during the Policy Period, We will pay a lump sum benefit amount which is the lower of 5 times the Daily Cash Benefit specified in the Policy Schedule or Rs.25,000 to the Insured Person for such Day Care Treatment provided the Insured Person is admitted in the Hospital for less than 24 hours.

The benefit under this Section shall be available for a maximum of 1 Day Care Treatments per Policy Year.
In case of Cataract, coverage is limited to 1 surgery in a Policy year.

5. Policy Period available for

a. 1 Year
b. 2 Year
c. 3 Year

6. Specific Exclusion - Waiting Period Applicable To Basic Plan And Advance Plan

We shall not be liable to make any payment under this Policy directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following waiting periods. All the waiting periods shall be applicable individually for each Insured Person and claims shall be assessed accordingly.

6.1. Pre-existing Diseases (Code - Excl 01)

i. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with insurer.
ii. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
iii. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage
iv. Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

6.2. Specified disease/procedure waiting period - Two Years Exclusions (Code - Excl 02)

a. Expenses related to the treatment of the below listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
c. If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

f. List of specific disease/procedures -
   i. Cataract,
   ii. Hysterectomy for Menorrhagia or Fibromyoma or prolapse of Uterus unless necessitated by malignancy myomectomy for fibroids,
   iii. Knee Replacement Surgery (other than caused by an Accident), Non-infectious Arthritis, Gout, Rheumatism, Osteoarthritis and Osteoporosis, Joint Replacement Surgery (other than caused by Accident), Prolapse of Inter-vertebral discs(other than caused by Accident), all Vertebrae Disorders, including but not limited to Spondylitis, Spondylolisthesis,
   iv. Varicose Veins and Varicose Ulcers,
   v. Stones in the urinary uro-genital and biliary systems including calculus diseases,
   vi. Benign Prostate Hypertrophy, all types of Hydrocele, Congenital Internal Anomaly,
   vii. Fissure, Fistula in anus, Piles, all types of Hernia, Pilonidal sinus, Haemorrhoids and any abscess related to the anal region,
   viii. Chronic Suppurative Otitis Media (CSOM), Deviated Nasal Septum, Sinusitis and related disorders, Surgery on tonsils/Adenoids, Tympanoplasty and any other benign ear, nose and throat disorder or surgery.

ix. Gastric and Duodenal ulcer, any type of Cysts/ Nodules/ Polyps/ internal tumours/ skin tumours, and any type of Breast lumps(unless malignant), Polycystic Ovarian Diseases,
x. Any surgery of the genito-urinary system unless necessitated by malignancy.

6.3. **First 30 Days Waiting Period (Code - Excl 03)**

i. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
ii. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
iii. The within referred waiting period shall be applicable to the enhanced sum insured in the event of granting higher sum insured subsequently

7. General Exclusion [Applicable for Basic Plan and Advance Plan]

The Company shall not be liable for Hospital Cash Amount under this policy if the hospitalization is directly or indirectly for

7.1 **Investigation & Evaluation (Code – Excl 04)**

a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded;
b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

7.2 **Rest Cure, rehabilitation and respite care- (Code- Excl 05)**

a. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

7.3 **Obesity/ Weight Control (Code- Excl 06)**

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
1. Surgery to be conducted is upon the advice of the Doctor
2. The surgery/Procedure conducted should be supported by clinical protocols
3. The member has to be 18 years of age or older and
4. Body Mass Index (BMI);
   a. greater than or equal to 40 or
   b. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
      i. Obesity-related cardiomyopathy
      ii. Coronary heart disease
      iii. Severe Sleep Apnea
      iv. Uncontrolled Type2 Diabetes

7.4 **Change-of-Gender treatments: (Code- Excl 07)**

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

7.5 **Cosmetic or plastic Surgery: (Code- Excl 08)**

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

7.6 **Hazardous or Adventure sports: (Code- Excl 09)**
Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

7.7 **Breach of law: (Code- Excl 10)**
Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

7.8 **Excluded Providers (Code – Excl 11)**
Expenses incurred towards treatment in any hospital or by an Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website/notified to the policyholders are not admissible. However, in case of life-threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

7.9 Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **(Code- Excl 12)**

7.10 Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. **(Code – Excl 13)**

7.11 Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure **(Code-Excl 14**)

7.12 **Refractive Error (Code – Excl 15)** - Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres

7.13 **Unproven Treatments (Code – Excl 16)** - Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

7.14 **Sterility and Infertility: (Code- Excl 17)**
Expenses related to sterility and infertility. This includes:
i. Any type of contraception, sterilization
ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
iii. Gestational Surrogacy
iv. Reversal of sterilization

7.15 **Maternity: (Code -Excl 18)**
i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

7.16 Intentional self-injury

7.17 Circumcision, Preputioplasty, Frenuloplasty, Preputial Dilatation and Removal of SMEGMA

7.18 Congenital External Condition / Defects / Anomalies

7.19 Venereal Disease and Sexually Transmitted Diseases (other than HIV)

7.20 Injury/disease directly or indirectly caused by or arising from or attributable to war, terrorism, invasion, act of foreign enemy, warlike operations (whether war be declared or not)

7.21 Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials

7.22 High Intensity Focused Ultra Sound, Uterine Fibroid Embolisation, Balloon Sinoplasty,Enhanced External Counter Pulsation Therapy and related therapies, Chelation therapy, Deep Brain Stimulation, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy, VAX-D, Low level laser therapy, Photodynamic therapy and such other therapies similar to those mentioned herein under this exclusion.

7.23 Stem cell Therapy, Chondrocyte Implantation, Procedures using Platelet Rich plasma and Intra articular injection therapy.

7.24 Oral Chemotherapy, Immuno therapy and Biologicals, except when administered as an inpatient, when clinically indicated and hospitalization warranted.

7.25 Inoculation or Vaccination (except for post–bite treatment and for medical treatment for therapeutic reasons.

7.26 Dental treatment or surgery unless necessitated due to accidental injuries and requiring hospitalization. (Dental implants are not payable).

7.27 Medical and / or surgical treatment of Sleep apnea.

7.28 Cochlear implants and procedure related hospitalization expenses.

7.29 In respect of the existing diseases, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), policy holder is not entitle to get the coverage for specified ICD codes

8. Condition(s)

8.1. The premium payable under this policy shall be payable in advance. No receipt of premium shall be valid except on the official form of the company signed by a duly authorized official of the company. The due payment of premium and the observance of fulfillment of the terms, provision, conditions and endorsements of this policy by the Insured Person/s, in so far as they relate to anything to be done or complied with by the Insured Person/s, shall be a condition precedent to any liability of the Company to make any payment under this policy.

No waiver of any terms, provisions, conditions, and endorsements of this policy shall be valid unless made in writing and signed by an authorized official of the Company.

8.2. **Modification of the terms of the policy**
The Company reserves the right to modify the policy terms and conditions or modify the premium of the policy with the prior approval of the Competent Authority. In such an event the insured will be intimated three months in advance.

8.3. **Withdrawal of the policy**

i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break.

8.4. **Free Look Period**

At the time of inception of the policy, the Insured will be allowed a period of 30 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the policy if not acceptable. In such a case, the premium refund shall be as follows:

If the Insured has not made any claim during the free look period, the Insured shall be entitled to –

a. 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
b. Where the risk has already commenced and the option of return of the policy is exercised by the policy holder, a deduction towards the proportionate risk premium for period on cover or
c. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.
d. Free look period shall not be applicable at the time of renewal.
e. This option is available if policy period is one year or more

8.5. **Disclosure to information norms**

The policy shall become void and all premium paid hereon shall be forfeited to the Company, in the event of nondisclosure of any material fact and/or mis-representation, fraud, moral hazard, mis description as declared in the proposal form and/or claim form at the time of claim

8.6. **Portability**

- 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 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.
- The existing insurer shall provide the information sought by the Acquiring insurer immediately but not more than 72 hours of receipt of request through Insurance Information Bureau of India (IIB) https://iib.gov.in/ portal.
- The Acquiring insurer shall decide and communicate on the proposal immediately but not more than 5 days of receipt of information from Existing insurer.
- The policyholder is entitled to transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, specific waiting periods, waiting period for pre-existing disease, Moratorium period etc from the Existing Insurer to the Acquiring Insurer in the previous policy.
- For Detailed Guidelines on portability, kindly refer the link https://www.irdai.gov.in/ADMINCMS/cms/Circulars_List.aspx?mid=3.2.3
- Portability is not available under the benefit-based health insurance policy

8.7. **Policy Termination**

The insurance under this policy with respect to each relevant Insured Person shall expire immediately on the earlier of the following events:

a. Upon the death of the Insured Person.
b. Upon exhaustion of the Hospital Cash amount chosen.
c. Upon exhaustion of the Maximum number of days per year chosen.

8.8. **Renewal**

i. The health insurance policy shall be renewable except on grounds of established fraud, or non-disclosure misrepresentation by the insured, provided the policy is not withdrawn and also subject to Moratorium clause.
ii. A Company shall not deny the renewal of a health insurance policy on the ground that the insured had made a claim or claims in the preceding policy years, except for benefit based policies where the policy terminates following payment of the benefit covered under the policy like critical illness policy

iii. The Company shall condone a delay in renewal up to the grace period from the due date of renewal without considering such condonation as a break in policy
iv. For individual products, the loadings on renewal premium shall be at portfolio and not based upon any individual policy claim experience. However, discount in premium may be provided by Company to individual policyholders for good claims experience
v. Company shall not resort to fresh underwriting by calling for medical examination, fresh proposal form etc. at renewal stage where there is no change in sum insured offered. Provided that where there is an improvement in the risk profile, the company may endeavour to recognize that for removal of loadings at the point of renewal.
vi. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
vii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
viii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
ix. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
x. No loading shall apply on renewals based on individual claims experience.

8.9. **Important Note**

Where the policy is issued for more than 1 year, the benefits under the policy is for each of the year, without any carry over benefit thereof

8.10. **Policy disputes**

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian Law.

8.11. **Notices**

Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile/email to E-8, EPIP, RIICO Industrial Area, Sitapura, Jaipur (Rajasthan) – 302022
Phone: +91-141-3928400, 3951111, Fax: +91-141-2770692, 2770693
Website: www.shriramgi.com, E-mail: customer.feedback@shriramgi.in. Notice and instructions will be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

8.12. **Customer Service**

If at any time the Insured Person requires any clarification or assistance, the insured may contact the offices of the Company at the address specified, during normal business hours.

8.13. **Cancellation**

We may at any time cancel the Policy on grounds of misrepresentation, fraud, non-disclosure of material fact by sending notice in writing by Registered A/D to Insured Person at Insured Person's last known address at least 15 days in advance in which case We shall refund pro-rata premium for the unexpired portion of the policy on the date of cancellation, provided no claim has occurred up to the date of cancellation.

Table -1

Period on risk	% of Annual Premium refunded		
	1 Year Policy	2 Year Policy	3 Year Policy
Upto 1 month	70%	75%	80%
Exceeding 1 month and upto 3 months	55%	70%	70%

Exceeding 3 months and upto 6 months	30%	55%	65%
Exceeding 6 months and upto 12 months	Nil	30%	45%
Exceeding 12 months and upto 18 months		10%	30%
Exceeding 18 months and upto 24 months		Nil	10%
Exceeding 24 months and upto 30 months			5%
Exceeding 30 months			Nil

8.14. **Refund of premium on death of Insured**
In the event of death of insured in the middle of policy year/during the course of policy period when no claim is paid or in the process to be paid during the policy period, premium shall be refunded on pro-rata basis for balance policy period.

Note - Refund of premium will be calculated from the date of demise subject to
a. Submission of death certificate
b. Intimation for refund should be within 30 days from date of demise of insured.

8.15. **Claims Procedure**

a. You or someone claiming on Your behalf must inform Us in writing immediately within 48 hours of hospitalization in case of emergency hospitalization and 48 hours prior to hospitalization in case of planned hospitalization.

You can intimate Us through E-mail, Fax, Telephone or at our website.

b. You or someone claiming on Your behalf must promptly and in any event within 7 days of discharge from a Hospital give Us the necessary documents along with all original supporting documentation, including but not limited to the following, and other information We ask for, to investigate the claim for Our obligation to make payment for it.

Note: Conditions **a is** precedent to admission of liability under the policy. However, the Company will examine and relax the time limit mentioned in these conditions depending upon the merits of the case.

The Insured Person/s shall submit to the Company: -
a. Duly completed claim form, and
b. Discharge Summary from the hospital
c. Hospital Main bill with breakup details.
d. Aadhar card & PAN card Copies (Not mandatory if the same is linked with the policy while issuance or in previous claim)

The Company shall pay interest as per Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests) Regulations, 2017, in case of delay in payment of an admitted claim under the Policy.

8.16. Any medical practitioner authorized by the Company shall be allowed to examine the Insured Person in case of any alleged injury or diseases requiring Hospitalization when and as often as the same may reasonably be required on behalf of the Company.

8.17. You must take reasonable steps or measures to minimize the quantum of any claim that may be made under this Policy.

8.18. **Claims Payment**
a) We shall be under no obligation to make any payment under this Policy unless We have been provided with the documentation and information We have requested to establish the circumstances of the claim or Our liability for it, and unless the Insured Person has complied with his obligations under this Policy.

b) We will only make payment to You under this Policy. Your receipt shall be considered as a complete discharge of Our liability against any claim under this Policy.
c) In the event of Your death, We will make payment to the Nominee (as named in the Schedule). No assignment of this Policy or the benefits there under shall be permitted.

8.19. **Settlement of Claims**
a) Our Medical Practitioners will scrutinize the claims and flag the claim as settled/ rejected/ pending within the period of 15 days of the receipt of the last necessary documents.
b) In case of '**pending'** claims, We will ask for submission of incomplete documents.
c) '**Rejected'** claims will be informed to the Insured Person in writing with reason for rejection.
d) In the circumstances where a claim warrant an investigation in Our opinion, We shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last 'necessary' document. In such cases, We shall settle the claim within 45 days from the date of receipt of last 'necessary' document.
e) In the cases of delay in the payment of a '**settled'** claim, We shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate which is 2% above the bank rate.

8.20. All claims under this policy shall be payable in Indian currency.

8.21. All treatments under this policy shall have to be taken in India.

8.22. **Fraud**
i. If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.
ii. Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/ policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.
iii. For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:
    a. the suggestion, as a fact of that which is not true and which the insured person does not believe to be true;
    b. the active concealment of a fact by the insured person having knowledge or belief of the fact;
    c. any other act fitted to deceive; and
    d. any such actor omission as the law specially declares to be fraudulent
iv. The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

8.23. **Compliance with policy provisions**
Failure to comply with any of the provisions contained in this Policy shall invalidate all claims hereunder.

8.24. **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.

8.25. **Endorsement (Change in Policy)**

i. This Policy constitutes the complete contract of insurance. This Policy cannot be modified by anyone (including an insurance agent or broker) except the company. Any change made by the company shall be evidenced by a written endorsement signed and stamped.

ii. The policyholder may be changed only at the time of renewal. The new policyholder must be the legal heir immediate family member Such change would be subject to acceptance by the company and payment of premium (if any). The renewed Policy shall be treated as having been renewed without break. The policyholder may be changed during the Policy Period only in case of his/her demise him/her moving out of India.

8.26. **Change of Sum Insured**

The Sum Insured can be changed (increased / decreased) only at the time of Renewal subject to the underwriting norms and acceptability criteria of the Policy.
If You increase the sum insured, the case may be subject to health check-up.
In case of increase in the Sum Insured, the waiting periods will apply afresh in relation to the amount by which the Sum Insured has been enhanced. The quantum of increase shall be at Our discretion and subject to Our underwriting guidelines. Additional premium if any, shall be charged as per terms and conditions of the Policy.

8.27. **Terms and condition of the Policy**

The terms and conditions contained herein and in the Policy Schedule shall be deemed to form part of the Policy and shall be read together as one document.

8.28. **Nomination**

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made For Claim settlement under reimbursement, the Company will pay the policyholder, In the event of death of the policyholder, the Company will pay the nominee (as named in the Policy Schedule/Policy Certificate/Endorsement of any) and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated full and final as of discharge its liability under Policy.
Nomination can be changed any time during the term of the policy.

8.29. **Moratorium Period**

After completion of 60(sixty) continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the company on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of 60(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 60(sixty) continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.

8.30. **Migration**

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 at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.
For Detailed Guidelines on migration, kindly refer the link:
https://www.irdai.gov.in/ADMINCMS/cms/Circulars_List.aspx?mid=3.2.3

8.31. **Complete discharge**
Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

8.32. **Relief under Section 80-D**
Insured Person is eligible for relief under Section 80-D of the IT Act in respect of the amount paid for Health Section by any mode other than cash.

8.33. **Governing Law**
The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian law. The section headings of this Policy are included for descriptive purposes only and do not form part of this Policy for the purpose of its construction or interpretation.

9. Premium Chart

A. Annual Policy

Premium with Excluding GST 18%

BASIC PLAN				
	Per Day Limit - ₹ 500			
	No. of Days	**91 Days to 18 Years**	**19 to 49 Years**	**50 Years and Above**
	15	204	364	776
	30	270	482	1,031
	60	331	589	1,261
	90	366	646	1,347
	120	396	697	1,439
	180	436	762	1,560
	Per Day Limit - ₹ 1,000			
	No. of Days	**91 Days to 18 Years**	**19 to 49 Years**	**50 Years and Above**
	15	406	722	1,540
	30	539	960	2,050
	60	661	1,175	2,509
	90	731	1,288	2,682
	120	792	1,391	2,867
	180	869	1,520	3,111
	Per Day Limit - ₹ 2,000			
	No. of Days	**91 Days to 18 Years**	**19 to 49 Years**	**50 Years and Above**
	15	810	1,438	3,069
	30	1,080	1,918	4,088
	60	1,322	2,347	5,004
	90	1,461	2,572	5,357
	120	1,585	2,777	5,722
	180	1,739	3,040	6,214
	Per Day Limit - ₹ 3,000			
	No. of Days	**91 Days to 18 Years**	**19 to 49 Years**	**50 Years and Above**
	15	1,215	2,158	4,599

	30	1,619	2,876	6,126
	60	1,983	3,520	7,501
	90	2,192	3,857	8,027
	120	2,377	4,164	8,578
	180	2,608	4,558	9,313
	Per Day Limit - ₹ 4,000			
	No. of Days	**91 Days to 18 Years**	**19 to 49 Years**	**50 Years and Above**
	15	1620	2,877	6,132
	30	2,159	3,835	8,168
	60	2,644	4,693	10,001
	90	2,923	5,143	10,703
	120	3,169	5,552	11,437
	180	3,477	6,077	12,417
	Per Day Limit - ₹ 5,000			
	No. of Days	**91 Days to 18 Years**	**19 to 49 Years**	**50 Years and Above**
	15	2,025	3,597	7,665
	30	2,698	4,793	10,210
	60	3,305	5,867	12,502
	90	3,653	6,428	13,378
	120	3,962	6,940	14,297
	180	4,347	7,597	15,522

ADVANCE PLAN

Per Day Limit - ₹ 500			
No. of Days	**91 Days to 18 Years**	**19 to 49 Years**	**50 Years and Above**
90	440	1,113	2,116
120	471	1,164	2,208
180	509	1,230	2,331
Per Day Limit - ₹ 1,000			
No. of Days	**91 Days to 18 Years**	**19 to 49 Years**	**50 Years and Above**
90	880	2,226	4,233
120	942	2,328	4,416
180	1,018	2,460	4,661
Per Day Limit - ₹ 2,000			
No. of Days	**91 Days to 18 Years**	**19 to 49 Years**	**50 Years and Above**
90	1,760	4,452	8,465
120	1,883	4,657	8,832
180	2,037	4,919	9,322
Per Day Limit - ₹ 3,000			
No. of Days	**91 Days to 18 Years**	**19 to 49 Years**	**50 Years and Above**
90	2,640	6,678	12,698
120	2,825	6,985	13,248
180	3,055	7,379	13,983
Per Day Limit - ₹ 4,000			
No. of Days	**91 Days to 18 Years**	**19 to 49 Years**	**50 Years and Above**
90	3,518	8,901	16,928
120	3,766	9,312	17,660
180	4,074	9,834	18,640
Per Day Limit - ₹ 5,000			
No. of Days	**91 Days to 18 Years**	**19 to 49 Years**	**50 Years and Above**
90	4,400	11,128	21,157
120	4,707	11,640	22,073
180	5,091	12,293	23,296

Optional Day Care

Plan Type (₹)	Premium (₹)
500	149
1000	297
2000	592
3000	886
4000	1,183
5000	1,478

Note: Above premium is excluding of any applicable Tax.

B. Long Term Policy

Policy Term	Rate
2 Year	2 Times of Annual Rate
3 Year	3 Times of Annual Rate

Discount

Details	Discount Percentage (%)
1. Direct Discount	18%
2. Family Discount	10% is applicable if 2 or more family member are covered.
3. Long term discount if policy year	2 Year – 5% 3 Year - 10%
4. Higher Deductible - 2 Days • Age - 91 Days to 49 Years • Age - 50 Years and Above	 5% 10%

Annexure I

Illustration – Premium calculation

Plan Type	Basic	Basic
No. of Member Covered	1	2
Members	Self	Self + Spouse
Benefit Period	30 Days	30 Days
Daily Cash Opted	1000 per day	1000 per day
Higher Deductible in Days	No	2
Policy Period	1 Year	2 Year
Age of Member In Year	19-49	19-49
Annual Premium Table (₹)	960	1,920
Family Discount	0	10%
Higher Deductible Discount	0	5%
Long Term Discount	0	5%
Direct Discount	0	18%
Net Premium (₹)	960	1,271
Applicable Tax (₹) -18%	173	229
Total Premium Payable (₹)	1,133	2,149

Shriram General insurance Co. Ltd.
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Annexure – II

List of Day Care Treatments covered under Day Care Treatment Benefit are as follows:

1. Cataract
2. Lithotripsy/ Nephrolithotomy for renal calculus
3. Coronary angiography
4. Haemodialysis
5. Parenteral Chemotherapy
6. Manipulation of dislocation under GA
7. Radiotherapy
8. Cystoscopy under GA
9. Therapeutic curettage
10. Surgery for ligament tear

Insured person is eligible for a claim in-respect of the above said day care treatments only for one time in a policy year.

10. Section 41 of Insurance Act 1938

PROHIBITIONOF REBATES –

1. No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.

2. Any person making default in complying with the provision of this Section shall be punishable with fine, which may extend to ten lakh rupees.

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A. **Annual Policy -** Premium with GST -18%

BASIC PLAN

Per Day Limit - ₹ 500			
No. of Days	**91 Days to 18 Years**	**19 to 49 Years**	**50 Years and Above**
15	241	430	916
30	319	569	1,217
60	391	695	1,488
90	432	762	1,589
120	467	822	1,698
180	514	899	1,841
Per Day Limit - ₹ 1,000			
No. of Days	**91 Days to 18 Years**	**19 to 49 Years**	**50 Years and Above**
15	479	852	1,817
30	636	1,133	2,419
60	780	1,387	2,961
90	863	1,520	3,165
120	935	1,641	3,383
180	1,025	1,794	3,671
Per Day Limit - ₹ 2,000			
No. of Days	**91 Days to 18 Years**	**19 to 49 Years**	**50 Years and Above**
15	956	1,697	3,621
30	1,274	2,263	4,824
60	1,560	2,769	5,905
90	1,724	3,035	6,321
120	1,870	3,277	6,752
180	2,052	3,587	7,333
Per Day Limit - ₹ 3,000			
No. of Days	**91 Days to 18 Years**	**19 to 49 Years**	**50 Years and Above**
15	1,434	2,546	5,427
30	1,910	3,394	7,229
60	2,340	4,154	8,851
90	2,587	4,551	9,472
120	2,805	4,914	10,122
180	3,077	5,378	10,989
Per Day Limit - ₹ 4,000			
No. of Days	**91 Days to 18 Years**	**19 to 49 Years**	**50 Years and Above**
15	1,912	3,395	7,236
30	2,548	4,525	9,638
60	3,120	5,538	11,801
90	3,449	6,069	12,630
120	3,739	6,551	13,496
180	4,103	7,171	14,652

	Per Day Limit - ₹ 5,000		
No. of Days	**91 Days to 18 Years**	**19 to 49 Years**	**50 Years and Above**
15	2,390	4,244	9,045
30	3,184	5,656	12,048
60	3,900	6,923	14,752
90	4,311	7,585	15,786
120	4,675	8,189	16,870
180	5,129	8,964	18,316

ADVANCE PLAN

Per Day Limit - ₹ 500			
No. of Days	**91 Days to 18 Years**	**19 to 49 Years**	**50 Years and Above**
90	519	1,313	2,497
120	556	1,374	2,605
180	601	1,451	2,751
Per Day Limit - ₹ 1,000			
No. of Days	**91 Days to 18 Years**	**19 to 49 Years**	**50 Years and Above**
90	1,038	2,627	4,995
120	1,112	2,747	5,211
180	1,201	2,903	5,500
Per Day Limit - ₹ 2,000			
No. of Days	**91 Days to 18 Years**	**19 to 49 Years**	**50 Years and Above**
90	2,077	5,253	9,989
120	2,222	5,495	10,422
180	2,404	5,804	11,000
Per Day Limit - ₹ 3,000			
No. of Days	**91 Days to 18 Years**	**19 to 49 Years**	**50 Years and Above**
90	3,115	7,880	14,984
120	3,334	8,242	15,633
180	3,605	8,707	16,500
Per Day Limit - ₹ 4,000			
No. of Days	**91 Days to 18 Years**	**19 to 49 Years**	**50 Years and Above**
90	4,151	10,503	19,975
120	4,444	10,988	20,839
180	4,807	11,604	21,995
Per Day Limit - ₹ 5,000			
No. of Days	**91 Days to 18 Years**	**19 to 49 Years**	**50 Years and Above**
90	5,192	13,131	24,965
120	5,554	13,735	26,046
180	6,007	14,506	27,489

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Optional Day Care	Plan Type (₹)	Premium (₹)
	500	176
	1000	350
	2000	699
	3000	1,045
	4000	1,396
	5000	1,744

CIN No. U66010RJ2006PLC029979
IRDA Registration Number: 137

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Illustration

Age of the members insured	Coverage opted on individual basis covering each member of the family separately (at a single point in time)			Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured is available for each member of the family)					Coverage opted on family floater basis with overall Sum insured (Only one sum insured is available for the entire family)			
	Premium (Rs.)	Benefit period opted (days)	Daily Cash (Rs.)	Premium (Rs.)	Discount, For 2 or more member	Premium after discount (Rs.)	Benefit period Opted (days)	Daily Cash (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater discount, if any	Premium after discount (Rs.)	Sum insured (Rs.)
18 Year	204	15	500	204	10%	184	15	500	NA	NA	NA	NA
40 Year	364	15	500	364	10%	365	15	500	NA	NA	NA	NA
50 year	776	15	500	776	10%	698	15	500	NA	NA	NA	NA
Total Premium for all members of the family is Rs **1,344,** when each member is covered separately. Sum insured available for each individual is Rs..**500**				Total Premium for all members of the family is Rs.**1,247** when each member is covered separately. Sum insured available for each individual is Rs..**500**					Total Premium for all members of the family is Rs. **NA**, when each member is covered separately. Sum insured available for each individual is Rs**..NA**			