

Customer Information Sheet

Sr. No	Title	Description	Policy Clause Number
1	Product Name	LIC's Arogya Rakshak (UIN : 512N318V01)	
2	What am I covered for	<ul style="list-style-type: none"> • Hospital Cash Benefit • Major Surgical Benefit In addition, the following benefits shall also be available under Major Surgical Benefit <ul style="list-style-type: none"> - Ambulance Benefit - Premium waiver Benefit (PWB) - MSB Restoration • Day Care Procedure Benefit • Other Surgical Benefit • Medical Management Benefit • Extended Hospitalization Benefit • Death Benefit: On death of the Original Principal Insured, Auto Health Cover benefit shall be available. • Health Check-up Benefit 	Condition 1 and 2 of Part C
3	What are the major exclusions in the policy:	<p>Following is a partial list of the Policy Exclusions. Please refer to the Policy Document for the complete list of Exclusion.</p> <ol style="list-style-type: none"> 1. Any Pre-existing Condition (As defined in Part B of the Policy Document) unless disclosed to and accepted by the Corporation prior to the Effective Date of Cover or the Date of Revival (if the Policy is revived after discontinuance of the Cover). 2. Any treatment or Surgery not performed by a Physician/Surgeon or any treatment or Surgery of a purely experimental nature. 3. Any Surgery/ Surgical Procedure carried out purely for the purposes of diagnosis, screening and investigation, e.g. lower/upper GI Endoscopy or true- cut needle biopsy unless otherwise specified. 4. Admission, diagnosis, or treatment in a Hospital outside India. Admission into a Hospital for routine examination, preventive medical check-up, vaccinations or any medical examination that are customarily carried out on an Out Patient Basis. 5. Admission into a hospital for any cosmetic, plastic surgery, aesthetic or related treatment of any type, also including any complications attributable to such treatments, irrespective of the reason behind such treatment, unless medically necessary for the treatment of illness or as a result of an injury or accident and performed within 6 months of the same. 	Condition 11 of Part C

		<p>6. Hospitalisation or Surgery for donation of an organ by donor.</p> <p>7. Any conditions resulting from failure to seek or follow reasonable medical advice. "Reasonable Medical Advice" refers to tests or treatments as recommended by a Medical Practitioner that a prudent person would normally undergo.</p> <p>8. Pre and Post Hospitalization treatment will not be payable.</p> <p>9. Treatment for any illness or injury where the period of confinement in a hospital is less than twenty four hours (excludes day care procedures and HCB paid out to hemo dialysis/ radiotherapy.)</p>	
4	Waiting period	<p><u>General waiting period:</u> 90 days from Effective Date of Cover In case of revival-</p> <p>a. If the request for revival is received within 90 days from the due date of the first unpaid premium, then there shall be a general waiting period of 45 days from the Date of Revival in respect of each Insured.</p> <p>b. If the request for revival is received beyond 90 days from the due date of the first unpaid premium, then there shall be a general waiting period of 90 days from the Date of Revival in respect of each Insured.</p> <p><u>Specific waiting period:</u> 2 years from Effective Date of Cover In case of revival-</p> <p>a. If the request for revival is received within 90 days from the due date of the first unpaid premium, then the specific waiting period shall continue to be till 2 years from the Effective Date of Cover in respect of each Insured.</p> <p>b. If the request for revival is received beyond 90 days from the due date of the first unpaid premium, then there shall be a specific waiting period of 2 years from the Date of Revival in respect of each Insured.</p>	Condition 10 of Part C
5	Payment basis	Fixed amount on the occurrence of a covered event	Condition 1 of Part C
6	Loss Sharing	Not Applicable	
7	Renewal Conditions	Not Applicable	
8	Renewal Benefits	Not Applicable	
9	Cancellation/ Termination	<p>A) <u>If policy is issued on single life:</u> The policy shall terminate at the earliest of the following:</p> <p>i. Non-payment of premiums within the revival period;</p> <p>ii. On death;</p> <p>iii. On the Date of Cover Expiry;</p> <p>iv. On exhausting all the lifetime maximum Benefit Limits;</p> <p>v. On payment of free look cancellation amount;</p> <p>vi. If the Policyholder cancels the Policy after premium review, if any.</p> <p>vii. On grounds of misrepresentation, fraud, non-disclosure or non-cooperation of the insured.</p> <p>B) <u>If policy is issued on more than one life:</u> The policy shall terminate at the earliest of the following:</p>	Condition 7 of Part D

		<ol style="list-style-type: none"> 1. Non-payment of premiums in respect of each Insured member within the revival period as applicable; 2. If AHC is not being available to any of the Insured, on exit of last successive PI; 3. If AHC is being available in respect of any of the Insured, on exit of last successive PI and thereafter on the earliest of the following in respect of the last eligible Insured member: <ol style="list-style-type: none"> a. expiry of AHC period; b. on death; c. on exhaustion of all the lifetime maximum Benefit Limits; 4. On payment of free look cancellation amount; 5. If the Policyholder cancels the policy after premium review, if any. 6. On grounds of misrepresentation, fraud, non-disclosure or non-cooperation of any of the insured. 	
10	Claims	<p>In the event of any Accidental Bodily Injury or Sickness that may give rise to a claim, the Principal Insured / Beneficiary shall immediately and in any event within 30 days from the date of discharge provide the Corporation with written notification of a claim in the forms prescribed by the Corporation and along with the supporting evidences as prescribed by the Corporation. However, delay in intimation of the genuine claim may be condoned by the Corporation, on merit, and where delay is proved to be for the reasons beyond his/her control. For details on claim procedures, please refer the Policy Document.</p>	Condition 3 of Part F
11	Policy Servicing/ Grievances/Complaints	<ul style="list-style-type: none"> • Corporation: In case of any grievance the Insured may contact the Grievance Redressal Officers of the Corporation at the Address given on the first page of the policy document. Insured can also contact at e-mail id co_complaints@licindia.com for redressal of any grievances. For Senior Citizens: Email address: co_healthsc@licindia.com Health Toll free Number: 18004259876 • IRDAI: In case the Insured is not satisfied with the response or do not receive a response from us within 15 days, then the Insured may approach the Grievance Cell of the IRDAI through any of the following modes: <ul style="list-style-type: none"> ➤ Toll Free Number 155255 / 18004254732 (i.e. IRDAI Grievance Call Centre) ➤ email: complaints@irdai.gov.in ➤ Register the complaint online at http://www.igms.irda.gov.in ➤ Address for sending the complaint through courier /letter: Consumer Affairs Department, Insurance Regulatory and Development Authority of India, Survey No.115/1, Financial District, Nanakramguda, Gachibowli, Hyderabad- 500032, Telangana 	Part G

		<ul style="list-style-type: none"> • Ombudsman: Insured can also approach Insurance Ombudsman whose Address is given on the first page of the policy document 	
12	Insured's Rights	<p>Free look Period: Insured will have a Free Look Period of 15 days from the date of receipt of policy document to review the terms and conditions of the policy and to return the same if not acceptable.</p> <p>Review of Premiums: The installment premium for Base Policy specified in the Schedule is guaranteed in respect of each Insured at inception for a period of 3 (three) years from the Date of Commencement of the Policy. Based on the experience of the portfolio under this plan, the Corporation reserves the right to revise the premium rates any time after the completion of 3 policy years starting from the date of commencement of the policy, the premium rates for future years will be subject to revision in compliance to the applicable Regulations from time to time. However, such revised rates shall be guaranteed for a further period of at least 3 years.</p> <p>Any such revision in premium rates under a policy shall be notified to each policy holder at least ninety days prior to the date when such revision or modification comes into effect. However, the Life Assured shall have the right to discontinue this policy in case the revised instalment premium is not acceptable.</p>	<p>Condition 8 of Part D</p> <p>Condition 7 of Part C</p>
13	Insured's Obligations	Please disclose all pre-existing disease/s or condition/s before buying/reviving a policy. Non-disclosure may result in claim not being paid.	Condition 11.1 of Part C
<p>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.</p>			