RAHEJA QBE

Raheja QBE General Insurance Company Limited
5th Floor, A Wing, Fulcrum, IA Project Road, Sahar, Andheri East, Mumbai – 400059, India.
Tel: 022 69155050 I Email: customercare@rahejaqbe.com I Website: www.rahejaqbe.com
CIN: U66030MH2007PLC173129, IRDAI Reg. No. 141

Prospectus

Hospital Daily Cash – Group

Scope of Covers:

This policy covers the following:

In the event of Accidental Bodily Injury or Sickness first occurring or manifesting itself during the Policy Period and causing the Insured's Hospitalization, a hospitalization benefit will be payable as per the conditions below and subject to the Deductible as defined:

Sum Insured Options		(A) Rs. 500 Per day, (B) Rs. 750 Per Day, (C) Rs. 1000 Per Day (D) Rs. 1500 Per Day, (E) Rs. 2000 Per Day, (F) Rs. 3000 Per Day, (G) Rs. 4000 Per Day, (H) Rs. 5000 Per Day			
		Plan 30	**Plan 60**	**Plan 90**	**Plan 180**
		30 Days	60 Days	90 Days	180 Days
Basic Cover					
1	Sickness Hospitalization Cash	Daily benefit limit, Per Day Incase ICU Hospitalization Twice the Daily Benefit limit, Per Day, Max for 7 Days and maximum for 15 days per policy period.			
2	Accidental Hospital Cash	Twice the Daily Benefit limit Per Day, Maximum for 7 Days and maximum for 15 days per policy period.			
Optional Coverage					
3	Accidental Death	Ten Times of Daily Benefit limit, maximum upto Rs. 10,000. This Benefit is over and above the Base benefit.			
4	Day Care Procedure Cash	Three Times of Daily Benefit limit, maximum upto Rs. 5000. Twice in a Policy Year.			
5	CONVALESCENCE BENEFIT	Three Times of daily limit for the No of Days exceeding 10 consecutive days of hospitalization, maximum upto Rs. 10000. Only Once in a Policy Period. This Benefit is over and above the Base benefit.			
6	LOSS OF INCOME	We will pay per day benefit as per option selected below for Maximum upto5 Days and only once in a policy period, incase of hospitalization and Insured Person is absent from engaging in his/her primary occupation and loses his/her source of income temporarily or permanent subject to claim is payable in a base cover. Rs. 250 Rs. 500 Rs. 750 D. Rs. 1000 Above Benefit is over and above the Base benefit.			

7	INTERNATIONAL EMERGENCY BENEFIT	10 Times of Daily Benefit Sum Insured, maximum upto Rs. 25,000.
8	MATERNITY COVER	We will pay the **Daily Benefit** amount for the number of days Insured Person is Hospitalized for each continuous and completed period of 24 hours of Hospitalization Our maximum liability will be limited to the Daily Benefit amount, number of hospitalization days and applicable deductible Day/s specified in the Policy Schedule / Certificate of insurance or 35,000 whichever is lower. A maximum of two claims are payable in a lifetime These Benefits are admissible only if incurred in Hospital as in-patient in India Claims in respect of delivery for only first two children are covered. This benefit will be applicable only for Self or Spouse in a Policy. A waiting period, as specified in the schedule, is applicable for payment of any claim related to normal delivery, caesarean section and complications of maternity (including and not limited to medical complications). The waiting period can be waived if additional premium is paid for the same.
9	Time Deductible	Option to select Zero Day, 1 Day or 2 Days Time deductibles. Opted deductible shall apply on each and every admissible claim.

RAHEJA QBE

Raheja QBE General Insurance Company Limited
5th Floor, A Wing, Fulcrum, IA Project Road, Sahar, Andheri East, Mumbai – 400059, India.
Tel: 022 69155050 I Email: customercare@rahejaqbe.com I Website: www.rahejaqbe.com
CIN: U66030MH2007PLC173129, IRDAI Reg. No. 141

PLAN & BENEFIT DETAILS

	Plan: 30 Days / 60 Days / 90 Days / 180 Days							
	Sum Insured							
Benefits Type	**500**	**750**	**1000**	**1500**	**2000**	**3000**	**4000**	**5000**
Sickness Hospital Cash – Normal – Per day Benefit	500	750	1000	1500	2000	3000	4000	5000
Sickness Hospital Cash – ICU (Max. 7 Days / 15 Days per Policy) – Per Day Benefit	1000	1500	2000	3000	4000	6000	8000	10000
Accidental Hospital Cash (Max. 7 Days / 15 Days per Policy) – Per Day Benefit	1000	1500	2000	3000	4000	6000	8000	10000
Optional Cover, If Opted								
Accidental Death – Fixed Benefit	5,000	7,500	10,000	10,000	10,000	10,000	10,000	10,000
Day Care Procedure Cash - Fixed Benefit – Twice in a Policy Year	1,500	2,250	3,000	4,500	5,000	5,000	5,000	5,000
CONVALESCENCE BENEFIT Per Day for Hospitalization exceeding 10 Days	1,500	2,250	3,000	4,500	6,000	9,000	10,000	10,000
LOSS OF INCOME	Basis the opted Options as below 1. Rs. 250 Per Day 2. Rs. 500 Per Day 3. Rs. 750 Per Day 4. Rs. 1000 Per Day							
INTERNATIONAL EMERGENCY BENEFIT	5,000	7,500	10,000	15,000	20,000	25,000	25,000	25,000
MATERNITY COVER	Waiting period options: Nil/ 9 months/ 12 months							
Time Deductible	Time Deductible will apply on each and every claims as below, if opted. 1. One Day deductible 2. Two Day Deductible							

Deductible:

Policy has Three Deductible options:

1. Nil Deductible
2. One Day Deductible
3. Two Day Deductible

Who can Take this policy?

1. Employer – Employee Group
2. Non-Employer – Employee Group
3. Minimum Group Size – 7 Lives

Family Definition:

Policy can be availed by persons between the age of 18 years and 75years. No Exit Age

Policy can be availed for Self and the following family members

a. Legally wedded Spouse
b. Dependent Children, maximum upto Three
Children between the age of 3 months to 25 years, Maximum Three, if either of the parents are covered with us
c. Parents or parent-in-law (Set of parents)

Family Combinations:

Self,
Self + Spouse,
Self+ Spouse+ up to Two Parents/Parent in law,
Self +Spouse + up to 3 Kids,
Self+ Spouse+ up to 3 Kids + up to Two Parents/Parent-in-law

Pre-Policy Medical Check-up – Not Required

Individual basis – SI shall apply to each individual member
Floater basis – SI shall apply to the entire family

Period of Insurance:

1 Year

Mode of Premium:

Quarterly, Half Yearly and Annually

Direct Business Discounts:

10% Discounts in lieu of Commission for Direct Business

Grace Period:

For monthly payment of mode, a fixed period of 15 days is to be allowed as Grace Period and for all other modes of payment a fixed period of 30 days be allowed as grace period.

Endorsements

Following type of endorsement are permissible under the Policy**.**

Premium Bearing

- Increase in Sum Insured: Subject to medical underwriting permissible at Renewal.
- Decrease in Sum Insured: Permissible at Renewal unless Policy wrongly issued by us
- Addition of member: Newly married spouse or Newborn baby after completion of 90 days of age permissible at Renewal
- Policy cancellation

Non-Premium Bearing

- Address change
- Corrections: Names, address etc.
- Change of Occupation

Above list is indicative.

Revision of Product

In case of revision of this product we will communicate to you at least 3 months prior to the revision. Existing policy will continue to remain in force till its expiry, and for existing policyholders the revision will be applicable only from the date of renewal.

Tax Benefit:

a. The premium amount paid under this policy qualifies for deduction under Section 80D of the Income Tax Act.

Pre- Acceptance Medical Test: Not Required

EXCLUSIONS (Which Can be Waived off by Additional Premium)

1. Waiting Period

The Company shall not be liable to make any payment unless opted for the Waiver of the exclusion/s, under the policy in connection with or in respect of following expenses till the expiry of waiting period mentioned below:

1.1 Pre-Existing Diseases (Code- Excl01)

a) 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.
b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
c) 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.
d) 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.

List of applicable diseases for 36 months waiting period are:

- Pre-Existing Diseases
- Age-related Osteoarthritis & Osteoporosis
- Schizophrenia (ICD code: F20 to F29)
- Psychosis (IDC code: F29)
- Dissociative and conversion disorder (ICD Code: F44.9)
- Specific Waiting Period: (Code- Excl02)

1.2 Specific Waiting Period: (Code- Excl02)

a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 12 months of continuous coverage after the date of inception of the first policy with the Insurer. 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 extant 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.

List of applicable disease for 12 months waiting period are:

- Pancreatitis and stones in biliary and urinary system
- Cataract, glaucoma and other disorders of lens, disorders of retina
- Hyperplasia of prostate, hydrocele and spermatocele
- Abnormal utero-vaginal bleeding, female genital prolapse, endometriosis/adenomyosis, fibroids, PCOD, or any condition requiring dilation and curettage or hysterectomy
- Hemorrhoids, fissure or fistula or abscess of anal and rectal region
- Hernia of all sites,
- Osteoarthritis, systemic connective tissue disorders, dorsopathies, spondylopathies, inflammatory polyarthropathies, arthrosis such as RA, gout, intervertebral disc disorders, arthroscopic surgeries for ligament repair
- Chronic kidney disease and failure
- Varicose veins of lower extremities
- All internal or external benign or in situ neoplasms/tumors, cyst, sinus, polyp, nodules, swelling, mass or lump
- Ulcer, erosion and varices of gastrointestinal tract
- Surgical treatment for diseases of middle ear and mastoid (including otitis media, cholesteatoma, perforation of tympanic membrane), Tonsils and adenoids, nasal septum and nasal sinuses
- Surgery of Genito-urinary system unless necessitated by malignancy
- Spinal disorders

1.3 First Thirty Days Waiting Period (Code- Excl03)

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 is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

1.4 Maternity Expenses (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.

2. EXCLUSIONS (Which Cannot be Waived off)

The Company shall not be liable to make any payment under the policy, in respect of any expenses incurred in connection with or in respect of:

2.1 Investigation & Evaluation (Code- Excl04)

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.

2.2 Exclusion Name: Rest Cure, rehabilitation and respite care (Code- Excl05)

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.

2.3 Obesity/ Weight Control(Code- Excl06)

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

2.4 Change-of-Gender treatments: (Code- Excl07)

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

2.5 Cosmetic or plastic Surgery: (Code- Excl08)

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.

2.6 Hazardous or Adventure sports: (Code- Excl09)

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.

2.7 Breach of law: Code- (Excl10)

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

2.8 Excluded Providers: Code- (Excl11)
Expenses incurred towards treatment in any hospital or by any 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 following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

(Explanation: Details of excluded providers shall be provided with the policy document. Insurers to use various means of communication to notify the policyholders, such as e-mail, SMS about the updated list being uploaded in the website.)

2.9 Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **(Code- Excl12)**

2.10 Treatments received in heath 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- Excl13)**

2.11 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- Excl14)**

2.12 Refractive Error: (Code- Excl15)
Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

\

2.13 Unproven Treatments:(Code- Excl16)
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.

2.14 Birth control, Sterility and Infertility: (Code- Excl17)

Expenses related to Birth Control, 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

2.15 Any expenses incurred on Outpatient treatment (OPD treatment).

2.16 Circumcision unless necessary for treatment of a illness or injury not excluded hereunder or due to an accident.

2.17 Stem cell implantation/surgery except for a bone marrow transplant for hematological conditions.

2.18 Treatment taken outside the geographical limits of India. (Not applicable for Coverage “INTERNATIONAL EMERGENCY BENEFIT”)

2.19 Dental treatment or Surgery of any kind unless requiring Hospitalization as a result of accidental Bodily Injury.

2.20 Injury or Disease caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War like operations (whether war be declared or not)

2.21 Treatment of any external Congenital Anomaly, or Illness or defects or anomalies or treatment relating to external birth defects.

2.22 Charges incurred in connection with cost of spectacles and contact lenses, hearing aids, routine eye and ear examinations, dentures, artificial teeth.

2.23 Prostheses, corrective devices, medical appliances, external medical equipment of any kind used at home as post hospitalization care including cost of instrument used in the treatment of Sleep Apnea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.

2.24 Any medical expenses incurred on new-born /children below age of 91 days will not be covered under the Policy.

2.25 Day care Treatments" as defined under the policy are excluded from the scope of the Policy. (Not Applicable for Coverage "Day Care Procedure Cash")

2.26 Any expenses incurred on external prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walkers, glucometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome and oxygen concentrator for asthmatic condition.

2.27 Hospitalization for donation of any body organs by an Insured including complications arising from the donation of organs.

2.28 Act of self-destruction or self-inflicted Injury, attempted suicide or suicide.

GENERAL TERMS &CONDITIONS

CONDITION PRECEDENT TO THE CONTRACT

Age - A person shall be eligible to become an Insured Person if he/she is not younger than 91 days and not more than 75 years.

Condition precedent - This Policy requires fulfilment of the terms and conditions of this Policy, payment of premium (including payment of instalment premium by the due dates as mentioned in the Policy Schedule) and disclosure of information norm at all times by You or any one acting on Your behalf. This is a precondition to any liability under the Policy.

Disclosure to Information Norm - The Policy shall be void and all premium paid shall be forfeited to Us, in the event of misrepresentation, mis-description or non-disclosure of any Material Fact.

Electronic Transactions - The Policyholder / Insured Person agrees to adhere to and comply with all terms and conditions as may be imposed for electronic transactions that We may prescribe from time to time which shall be within the terms and conditions of the contract, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of Us, for and in respect of the Policy or its terms, shall constitute legally binding and valid transactions when done in adherence to and in compliance with Our terms and conditions for such facilities, as may be prescribed from time to time which shall be within the terms and

conditions of the contract. However, the terms and condition shall not override provisions of any law(s) or statutory regulations including provisions of IRDAI regulations for protection of policyholders' interests.

No Constructive Notice - Any knowledge or information of any circumstance or condition in relation to the Policyholder/ Insured Person which is in Our possession and not specifically informed by the Policyholder Insured Person shall not be held to bind or prejudicially affect Us notwithstanding subsequent acceptance of any premium.

CONDITIONS APPLICABLE DURING CONTRACT

Free Look Period - The Free Look Period shall be applicable at the inception of the Policy and not on renewals or at the time of porting the policy. The insured shall be allowed a period of thirty days from date of receipt of the Policy, whether received electronically or otherwise, to review the terms and conditions of the Policy.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges; or

ii. where the risk has already commenced and the option of return of the Policy is exercised by the insured, a deduction towards the proportionate risk premium for period of cover or

iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

Alterations to the Policy - The Proposal Form, declaration, Certificate, and Policy constitutes the complete contract of insurance. For any change(s) / alteration/ modification in contract You are requested to give us in writing. Any change that We make will be communicated to You by a written endorsement signed and stamped by Us. This Policy cannot be changed by anyone (including an insurance agent or broker) except Us.

Cancellation of Policy –

a) The policyholder may cancel this policy by giving 7 days written notice.
b) In case the Policyholder requests cancellation of the Policy, where no claims are made under the Policy, the Company shall refund proportionate premium for the unexpired policy period on prorate basis.
c) In case the Policyholder requests for cancellation of the Policy, where there are claims made under the Policy, then there shall be no refund of premium for the unexpired policy period.
d) The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud or non-cooperation by the insured person by giving 15 days' written notice. There would be no refund of premium upon cancellation on the abovementioned grounds.

Multiple Policies

If two or more policies are taken by You from one or more insurers during the period for which You are covered under this Policy, the contribution clause shall not be applicable and We will make the claim payments independent of payments received under other similar polices in respect of the covered event.

Communication & Notices –

i) Any notice, direction or instruction under this Policy shall be in writing and if it is:
- To any Insured Person, then it shall be sent to You at Your last updated address as shown in Our records and You shall act for all Insured Persons for these purposes.
- To Us, it shall be delivered to Our address specified in the Schedule.

ii) No insurance agents, brokers or other person or entity is authorized to receive any notice, direction or instruction on Our behalf unless We have expressly stated to the contrary in writing.

iii) Notice and instructions will be deemed served ten (10) days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

iv) You must immediately bring to Our notice any change in the address or contact details. If You fail to inform Us, We shall send notice to the last known address and it would be considered that the notice has been sent to You.

v) You shall immediately notify Us in writing in regard to change in occupation / business at Your own expense and We may adjust the scope of cover and/or premium after analyzing the risk of such a change, if necessary, accordingly.

Note: Please include Your Policy number for any communication with Us.

Geography –
This Policy covers for events within the territorial limits of India except for cover – International Emergency Benefit & Accidental Death Benefit. However, all payments under this Policy will only be made in Indian Rupees.

Group Administrator –
The Group Administrator i.e. Policyholder shall take all reasonable steps to cover their members or employees of the company and ensure timely payment of premium in respect of the persons covered. The Group administrator will collect premium from members wherever applicable as mentioned in the Group/Master policy issued to the Group administrator. The Group administrator will neither charge more premium nor alter the scope of coverage offered under the Group/Master policy.

Group/Master policy will be issued to the group administrator and all members wherever required will be provided with the certificate of insurance by Us. Wherever mutually agreed group administrator will issue the certificate of insurance to its member as per agreed terms and conditions and in the format prescribed by us and shall keep the record of such issuance. We reserve the right to inspect the record at any time to ensure that terms and conditions of group policy and provisions of IRDAI group guidelines contained in circular ref: Master Circular on Operations and Allied Matters of Insurers 2024 - Health Insurance & Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests, Operations and Allied Matters of Insurers) Regulations, 2024 or any amendment thereof from time to time. We may also require submission of certificate of compliance from Your Group Administrator auditors.

The Group administrator will provide all possible help to its member and facilitate any service required under the Policy including claims. Notwithstanding this a member of the group covered under the Policy shall be free to contact Us directly for filing the claim or any assistance required under the Policy.

Instalment Premium - – If the Insured Person has opted for Payment of Premium on an instalment basis i.e. Half Yearly, Quarterly, as mentioned in the Policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy)

i. Grace Period would be given to Pay the instalment premium due for the Policy.
ii. During such grace period, availability of coverage will be as defined under section 1.22 of policy wordings.
iii. The Benefits provided under – "Waiting Periods", "Specific Waiting Periods" Sections shall continue in the event of payment of Premium within the stipulated grace Period.
iv. No interest will be charged If the installment premium is not paid on due date.
v. In case of installment premium due not received within the grace period, the Policy will get cancelled.

Options	Instalment Premium Option	Grace Period Applicable
Option 1	Yearly	30 Days
Option 2	Half Yearly	30 Days
Option 3	Quarterly	30 Days
Option 4	Monthly	15 Days

vi. No interest or any additional charges will be levied if the instalment premium is not paid on due date.
vii. In case of failure of transaction in ECS mode of payment and/or instalment premium due not received within the grace period, the policy will get cancelled and fresh policy would be issued with fresh waiting periods after obtaining consent from the customer.
viii. In case of change in terms and conditions of the policy contract or in premium rate, the ECS authorization shall be obtained afresh ensuring an informed choice to the policy holder.

ix. The insurer can withdraw ECS mode of payment by giving 15 days' notice prior to the due date of premium payable.

IMPORTANT POINTS TO BE NOTED WHILE OPTING FOR INSTALMENT PREMIUM PAYMENT VIA ELECTRONIC CLEARING SERVICE (ECS)

1. Completely filled & signed Electronic Clearing Service Mandate Form is mandatory.
2. Ensure that the Premium amount which would be auto debited & frequency of instalment is duly filled in the ECS Mandate form.
3. New ECS Mandate Form is required to be filled in case of any change in the Premium due to change of Daily Benefit Amount / age / coverages/revision in premium.
4. You need to inform us at least 15 days prior to the due date of instalment premium if you wish to discontinue with the ECS facility.
5. Non-payment of premium on due date as opted by You in the mandate form subject to a additional days of relaxation period as defined

Protection of Policy Holders Interest - This Policy is subject to Master Circular on Operations and Allied Matters of Insurers 2024 - Health Insurance & Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests, Operations and Allied Matters of Insurers) Regulations, 2024 or any amendment thereof from time to time.

Policy Disputes - Any and all disputes or differences concerning the interpretation of the coverage, terms, conditions, limitations and/ or exclusions under this Policy shall be governed by Indian law and shall be subject to the jurisdiction of the Indian Courts.

Records to be maintained - You or the Insured Person, as the case may be shall keep an accurate record containing all medical records pertaining to the treatment taken for any liability under the policy and shall allow Us or Our representative(s) to inspect such records. You or the Insured Person as the case may be, shall furnish such information as may be required by Us 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.

Revision & Modification of Product - Any revision or modification will be done with the approval of the Authority. We shall notify You about revision / modification in the product including premium. Such information shall be given to You at least ninety (90) days prior to the effective date of modification or revision coming into effect.

Termination of Policy - This Policy terminates on earliest of the following events-
a) Cancellation of Policy as per the cancellation provision.
b) On the policy expiry date.

Withdrawal of Product - The product will be withdrawn only after due approval from the Authority. We will inform the Policyholder in the event We may decide to withdraw the product.

In such cases, where Policy is falling due for Renewal within 90 days from the date of withdrawal, We will provide the Policyholder one time option to renew the existing Policy with us or migrate to modified or new suitable health insurance policy with Us. Any Policy falling due for Renewal after 90 days from the date of withdrawal will have to migrate to a modified or new suitable health insurance policy with Us.

Individual members will also have an option to opt for suitable health insurance Policy with Us subject to applicable Portability norms in vogue.

CONDITIONS FOR RENEWAL OF CONTRACT

Continuity - Insured Person would have an option to migrate to Our individual health insurance plans if the group Policy is discontinued or if Insured Person is leaving the group on account of resignation, retirement, termination of employment or otherwise, subject to Our underwriting guidelines. Dependent children likewise when exiting on account of reaching upper age limit will have an option to migrate to Our individual health insurance plans subject to Our underwriting guidelines. Insured Person will be entitled for accrued continuity benefits as per prevailing portability guidelines issued by the Authority.

Renewal Terms -

a. This Policy may be renewed by mutual consent and in such event; the renewal premium shall be paid to the Company on or before the date of expiry of the Policy or of the subsequent renewal thereof.
b. Renewal will not be refused by Us except on grounds of established fraud or non-disclosure , moral hazard or misrepresentation by the insured person, provided that the policy is not withdrawn and also subject to conditions stated under clause 6.2.19 of policy wordings.
c.The Policyholder shall throughout the period of insurance keep and maintain a record containing the names of all the Insured Persons. The Policyholder shall declare to the company any additions in the number of Insured Persons as and when arising during the period of insurance and shall pay the additional premium as agreed
d. It is hereby agreed and understood that, this insurance being a group policy availed by the Insured covering members, the benefit thereof would not be available to members who cease to be part of the group for any reason whatsoever.
e.At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period to maintain continuity of benefits without Break in Policy. Coverage during the grace period will be as defined under clause 1.22 of policy wordings.
f. If not renewed within Grace Period after due renewal date, the Policy shall terminate.

Migration:
The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company policy by applying for migration of the policy 30 days before the premium due date of his/her existing policy as per extant 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 proposed insured person will get the accrued continuity benefits in waiting periods as per extant guidelines on migration. For Detailed Guidelines on migration, kindly refer the link - https://www.rahejaqbe.com/frontend/images/health-basic- guideline/pdf/download/C_Migration_Guideline.pdf

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 premium due date of his/her existing policy as per extant 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 extant guidelines on portability.

For Detailed Guidelines on portability, kindly refer the link - https://www.rahejaqbe.com/frontend/images/health-basic-guideline/pdf/download/Portability_Migration_Guideline.pdf

CONDITIONS WHEN A CLAIM ARISES

Complete Discharge - Payment made by Us to You /Assignee/Nominee/legal representative, as the case may be, in respect of any benefit under the Policy shall in all cases be complete and construe as an effectual discharge in favor of Us.

Disclaimer of Claim - If Company disclaim liability to the Insured for any claim and if the insured within twelve (12) calendar months from the date or receipt of the notice of such disclaimer does not, notify the Company in writing that he does not accept such disclaimer and intends to recover his claim from the Company, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable under the policy.

Physical Examination - Any Medical Practitioner authorized by the Us shall be allowed to examine the Insured Person in case of any alleged disease/Illness/Injury requiring Hospitalization. Non-co-operation by the Insured Person will result into rejection of claim. We will bear the cost towards performing such medical examination (at the specified location) of the Insured Person.

Claims Process & Management

In the event of any claim under the Policy, completed claim form and required documents must be furnished to Us within the stipulated time. Failure to furnish this documentation within the stipulated time shall not invalidate nor reduce any claim if You can satisfy Us that it was not reasonably possible for You to submit / give proof within such time.
Policyholder's / Insured Person's duties at the time of Claim On occurrence of an event which will eventually lead to a Claim under this Policy, the Policyholder / Insured Person shall:

a) Forthwith intimate the Claim in accordance with claim intimation section # 7.6. of this Policy.
b) If so requested by Us, the Insured Person will have to submit himself / herself for a medical examination including any Pathological / Radiological examination by Independent Medical Practitioner as often as it is considered reasonable and necessary. The cost of such examination will be borne by Us.
c) Allow the Medical Practitioner or any of Our representatives to inspect the medical and Hospitalization records, investigate the facts.
d) Assist and not hinder or prevent Our representatives in pursuance of their duties for ascertaining the admissibility of the Claim under the Policy.

Claim Intimation:

Upon the occurrence of any event, that may give rise to a claim under this Policy, the Policyholder / Insured Person or Nominee, must notify Us immediately at the call centre or in writing within seven (7) days of occurrence of such event.

The following details are to be provided to Us at the time of intimation of Claim:

- Policy Number
- Certificate Number
- Name of the Primary Insured
- Name of the Insured Person in whose relation the Claim is being lodged
- Nature of Illness / Injury
- Name and address of the attending Medical Practitioner and Hospital
- Hospitalization period
- Any other information as requested by Us

Claims Documents
In case of any Claim for the covered Benefit, the indicative list of documents as mentioned below shall be provided by the Policyholder/Insured Person, immediately but not later than 15 days of event, to avail the Claim.
We may consider the delay in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which the Insured Person was placed, it was not possible for him or any other person to give notice or file claim within the prescribed time limit. However, no proof will be accepted if furnished later than one (1) year from the time the loss occurred. Requirement of all or any of the following documents will depend on the nature of claim.

List of Blacklisted hospitals- https://www.rahejaqbe.com/hospital-locator

Documents required for Claims processing:

1. Claim Form Duly Filled and Signed (Original)
2. Copy of attested Hospital summary / Discharge Summary / Death Summary
3. Final Hospital Bill with Bill break up and receipt (photocopy)
4. Copy of attested Death Certificate issued by Hospital and Local Authority
5. MLC/FIR Report/Post Mortem Report (if applicable and conducted) duly attested by concern authority.
6. Copy of KYC documents (Photo ID proof, Pan Card, Aadhar Card etc.)
7. Cancelled cheque for NEFT payment
8. Proof of loss of income (Applicable for Loss of income cover, if opted). Salary Slip for Salaried person and proof of occupation for self-employed person.

Scrutiny of Claim Documents

a) We shall scrutinize the Claim and accompanying documents. Any deficiency in documents shall be intimated within five (5) days of its receipt.
b) If the deficiency in the submitted Claim documents is not furnished or partially furnished within ten (10) working days of the first notification, We shall send a reminder of the same every ten (10) days thereafter.
c) We will send a maximum of three (3) reminders following which, We will send a rejection letter after 15 days from last reminder.

Claim Investigation

We may investigate Claims at Our own discretion to determine the validity of Claim. Such investigation may be concluded within thirty (30) days from the date of receipt of last necessary document of the Claim. Verification carried out, if any, will be done by individuals or entities authorized by Us to carry out such verification/investigation(s) and the costs for such verification/ investigation shall be borne by Us.

Settlement & Repudiation of a Claim

We shall ordinarily settle a Claim including rejection within 30 days of the receipt of the last "necessary" documents. However, where the circumstances of a claim warrant an investigation it 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 / information.

In case of delay in the payment beyond the stipulated timelines, We shall be liable to pay interest at the rate of two percent (2%) above the Bank Rate or as per the applicable / extant IRDAI regulation. Such interest shall be paid from the date of the receipt of last relevant and necessary document from the insured /claimant by us till the date of the actual payment.

Payment Terms

a) All Claims will be payable in India and in Indian rupees.
b) We will only make payment to the Insured Person / Policyholder under this Policy. The receipt of payment by the Insured Person / Policyholder shall be considered as a complete discharge of Our liability against any claim under this Policy. In the event of Your death, We will make payment to the Nominee / Assignee (as named in the Policy Schedule/ Certificate of Insurance). In case where a Nominee(s)/Assignee has not been mentioned in the Proposal Form, the claim payment shall be made as per Indian succession law.
c) If premium is payable in instalments and not paid on or before the due date then We will not pay for any claim that occurs during the relaxation period unless the instalment premium is paid by You within the relaxation period. We shall have the rights to recover and deduct the pending instalment premium towards the insured person who has claimed prior to the instalment due date from the claim amount due under the Policy.

Disclaimer

This is only a summary of the product features. The actual benefits shall be described in the policy, and will be subject to the policy terms, conditions and exclusions.

For more details on risk factors, terms and conditions, read the sales brochure carefully before concluding a sale.

IRDA Regulation

This Policy is subject to Master Circular on Operations and Allied Matters of Insurers 2024 - Health Insurance & Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests, Operations and Allied Matters of Insurers) Regulations, 2024 or any amendment thereof from time to time.

Prohibition of Rebates: Section 41 of the Insurance Act, 1938 (and amendments thereof)

1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out 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 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 prospectus or tables of the insurers.

2) Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.