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## **Prospectus**

### **RQBE SURROGACY AND OOCYTE DONOR INSURANCE POLICY**

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This product is specially designed to cover surrogate mother or Oocyte donor for complications arising out of pregnancy including Medical Termination of Pregnancy (in case of life threatening medical condition to the surrogate mother as authorized by the appropriate authority) and also covering post- partum delivery complications with respect to Surrogate mother resulting from Altruistic Surrogacy and complications arising due to oocyte retrieval with respect oocyte donor, as per the cover opted.

#### **❖ Eligibility for Proposer**

1. The Intending Couple or Intending Woman is eligible to propose for an insurance cover in favor of the Surrogate mother or Oocyte Donor
2. The intending couple/woman proposing to cover the surrogate mother, should fulfil the following conditions:
  - i. the intending couple should be married and between the age of 23 to 50 years in case of female and between 26 to 55 years in case of male on the day of certification
  - ii. the intending couple/woman have not had any surviving child biologically or through adoption or through surrogacy earlier: Provided that nothing contained in this item shall affect the intending couple who have a child and who is mentally or physically challenged or suffers from life threatening disorder or fatal illness with no permanent cure and approved by the appropriate authority with due medical certificate from a District Medical Board
3. Medical indications necessitating gestational surrogacy - A woman may opt for surrogacy if:
  - a. she has no uterus or missing uterus or abnormal uterus (like hypoplastic uterus or intrauterine adhesions or thin endometrium or small uni-cornuate uterus, T-shaped uterus) or if the uterus is surgically removed due to any medical conditions such as gynecological cancer
  - b. intended parent or woman who has repeatedly failed to conceive after multiple In vitro fertilization or intracytoplasmic sperm injection attempts. (Recurrent implantation failure)
  - c. multiple pregnancy losses resulting from an unexplained medical reason. Unexplained graft rejection due to exaggerated immune response
  - d. any illness that makes it impossible for woman to carry a pregnancy to viability or pregnancy that is life threatening
4. The proposer shall not be eligible for coverage under the policy.
5. An intending couple or intending woman shall not have the service of more than one surrogate at any given time.
6. An intending couple/Woman shall not have simultaneous transfer of embryos in the woman and in a surrogate.

#### **Who can be Insured:**

1. Surrogate Mother between the age of 25 to 35 years
2. Female Oocyte donor between the age of 23 to 35 years

Age mentioned above refers to completed age at the commencement date of this policy

**Specific conditions applicable to the Insured:**

1. The Insured Person shall be eligible only once in her entire lifetime to avail the coverage for Surrogacy or Oocyte retrieval
2. **Surrogate Mother** should be
  - a. a married woman having a child of her own and between the age of 25 to 35 years on the day of implantation of embryo in her womb and willing woman to act as a surrogate mother and undergo surrogacy procedures as per the provisions of the Surrogacy Act.
  - b. Should not provide her own gametes for the purpose of surrogacy
  - c. Should not act as a surrogate mother more than once in her lifetime
  - d. Should possess a certificate of medical and psychological fitness for surrogacy and surrogacy procedures from a registered medical practitioner
  - e. **Number of attempts of surrogacy procedures:** The number of attempts of any surrogacy procedure on the surrogate mother shall not be more than 3 times during the policy period.
  - f. Only Indian citizens shall have a right to act as a surrogate, and no ART bank/ART clinics shall receive or send an Indian for surrogacy abroad
  - g. Any woman agreeing to act as a surrogate shall be duty-bound not to engage in any act that would harm the fetus during pregnancy and the child after birth, until the time the child is handed over to the designated person(s).
  - h. Number of embryos to be implanted in the uterus of the surrogate mother - The gynecologist shall transfer one embryo in the uterus of a surrogate mother during a treatment cycle: Provided that only in special circumstances up to three embryos may be transferred
3. **Oocyte donor** should be:
  - a. a woman between 23 to 35 years of age and
  - b. shall donate oocytes only once in her lifetime

**Type of Sum Insured:** Sum Insured shall be offered on Individual basis.

**❖ Policy Tenure:**

Insured	Policy Tenure	Policy Commencement
<b>Surrogate Mother</b>	36 Months	Policy shall commence from the date of realization of premium or acceptance of the proposal by the Company, whichever is later. The policy will be issued for a period of three continuous years
<b>Oocyte Donor</b>	12 Months	Policy shall commence from the date of realization of premium or acceptance of the proposal by the Company, whichever is later. The policy will be issued for a period of one year
<b>Specific Condition:</b> <ol style="list-style-type: none"> <li>1. Policy should be availed before commencement of the Surrogacy Procedures or oocyte retrieval</li> <li>2. Policy shall not be renewable at the end of the respective policy period</li> </ol>		

❖ **SUM INSURED OPTIONS: Rs. 3 Lakhs / Rs. 5 Lakhs / Rs.7.5 Lakhs / Rs. 10 Lakhs.**

❖ **PREMIUM PAYMENT OPTIONS:** Single payment Mode

### **3. SCOPE OF COVER:**

#### **A. In-patient Hospitalization Expenses:**

This Policy shall indemnify the **Reasonable and Customary Medical Expenses** incurred for **In-patient** hospitalization of the Insured Person, towards:

- a. complications arising out of pregnancy including Medical Termination of Pregnancy (in case of life-threatening medical condition to the surrogate mother as authorized by the appropriate authority) and also covering post- partum delivery complications for the Surrogate mother resulting from **Altruistic Surrogacy** or
- b. complications arising due to oocyte retrieval with respect to the Oocyte donor

under different heads mentioned below, during the **Policy Period** up to the **Sum Insured** as mentioned in the **Policy Schedule** (other than any sub-limits specified in the policy), subject to terms, conditions and exclusions mentioned in the Policy.

- i. **Room Rent**, Boarding, Nursing expenses as provided by the Hospital/Nursing Home up to 1% of Sum Insured, subject to maximum of Rs 5,000/- per day
- ii. **Intensive Care Unit (ICU)** expenses up to 2% of Sum Insured subject to maximum of Rs 10,000/- per day.
- iii. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees up to 30% of Sum Insured per claim, whether paid directly to the treating doctor /surgeon or to the hospital
- iv. Anesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines and Drugs, cost towards diagnostics, diagnostic imaging modalities and such similar other expenses.
- v. Expenses incurred on road Ambulance subject to a maximum of Rs 2,000/- per hospitalization. This benefit is payable only if hospitalization claim is paid.
- vi. **Proportionate Deduction:** In case of admission to a room exceeding the limits as mentioned in the point no. (i), the reimbursement of all other expenses incurred at the Hospital, with the exception of cost of pharmacy/medicines, consumables, implants, medical devices & diagnostics, shall be payable in the same proportion as the admissible rate per day bears to the actual rate per day of room rent charges

#### **B. Day Care Treatment:**

We will indemnify the reasonable and customary charges for Medical Expenses incurred on the Insured Person's Day Care Treatment, on the written advice of a Medical Practitioner provided that the hospitalization is **ONLY** for any complication arising due to pregnancy & post-partum delivery or any complication arising due to Oocyte Retrieval hospitalization.

OPD Treatment and Diagnostic Services will not be covered under the policy.

#### **C. Domiciliary Treatment:**

Domiciliary hospitalization means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:

- i. the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
- ii. the patient takes treatment at home on account of non-availability of room in a hospital.

**Note:**

- The hospitalization is due to any complication arising due to pregnancy & post-partum delivery.
- Medical & ambulatory devices used at home (like Pulse Oximeter, BP monitors, Sugar monitors, automation device for peritoneal dialysis, CPAP, BiPAP, Crutches, wheelchair etc.) are not covered.

**D. AYUSH Treatments**

We will indemnify the reasonable and customary charges for Inpatient Hospitalization Expenses incurred on the Insured Person's AYUSH Treatment, on the written advice of a Medical Practitioner.

**E. Advance treatment**

- F. The company shall indemnify the insured person, for expenses incurred under Benefit “In-patient Hospitalization Expenses” for treatment taken through following advance technologies only if the procedure is for complication arising out of Surrogacy or Oocyte retrieval. The coverage for Listed advance treatments shall be restricted up to 50% of the base SI. A sub limit of 1,00,000 for Robotic Surgeries shall apply.
1. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
  2. Balloon Sinuplasty
  3. Deep Brain stimulation
  4. Oral chemotherapy
  5. Immunotherapy- Monoclonal Antibody to be given as injection
  6. Intravitreal injections
  7. Robotic surgeries
  8. Stereotactic radio surgeries
  9. Bronchial Thermoplasty
  10. Vaporization of the prostate (Green laser treatment or holmium laser treatment)
  11. IONM - (Intra Operative Neuro Monitoring)
  12. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for hematological conditions to be covered.

**❖ GENERAL EXCLUSIONS:**

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

**A. STANDARD EXCLUSIONS:****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. 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.

**3. 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.

**4. 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.

**5. 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.

**6. 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.

**7. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Excl12**

**8. 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-Excl13**

**9. 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**

**10. 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.

## **B. SPECIFIC EXCLUSIONS:**

11. Any **illness**, sickness or disease other than complications arising out of pregnancy and post-partum delivery for the surrogate mother or complications arising out of oocyte retrieval for the oocyte donor.

12. Medical Expenses incurred towards:

- a. Delivery (Normal/Cesarean) charges of the Surrogate Mother
- b. The Newborn Baby through Surrogacy to the Surrogate Mother
- c. Complication of Pregnancy to the Surrogate Mother, which is for other than ‘**Altruistic Surrogacy**’ and /or for the second Surrogacy and / or if the Surrogate Mother donates her own gametes
- d. Miscarriage (including miscarriage due to accident) except in case of life-threatening medical condition to the surrogate mother, during the policy period of the Surrogate Mother

- e. Complications arising due to oocyte retrieval, if the insured is donating for the second time
  - f. Treatment of any pre-existing condition/disease of the Insured including its complications
  - g. Treatment taken on OPD basis by the Insured
  - h. Pre and Post Hospitalization of the Insured
13. Complications of pregnancy resulting from:
- i. the Surrogacy procedure conducted in a Clinic which is not registered as per the provisions of The Surrogacy(Regulation) Act, 2021
  - ii. Surrogacy which is for commercial purposes or for commercialization of surrogacy or surrogacy procedures
  - iii. Surrogacy which is for producing children for sale, prostitution or any other form of exploitation
14. Any claim arising due to non-compliance of the provisions stated in the respective Surrogacy law, The Surrogacy (Regulation) Act, 2021, The Surrogacy (Regulation) Rules, 2022, the Assisted Reproductive Technology Law, The Assisted Reproductive Technology (Regulation) Act, 2021, The Assisted Reproductive Technology (Regulation) Rules, 2022 and any subsequent additions / modifications to the Law / Act / Rules.
15. War or any act of war, invasion, acts of foreign enemies, hostilities whether war be declared or not, civil war, revolution, insurrection, mutiny, martial law.
16. Intentional self-injury or attempted suicide whether sane or insane.
17. All expenses caused by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.
18. Any travel or transportation costs or expenses excluding ambulance charges.
19. Vaccination or inoculation of any kind
20. Durable medical equipment (including but not limited to wheelchairs, crutches, artificial limbs and the like), (namely that equipment used externally from the human body which can withstand repeated use; is not designed to be disposable; is used to serve a medical purpose; is generally not useful in the absence of an **Illness** or Injury and is usable outside of a Hospital) unless required for the treatment of **Illness** or Accidental Bodily Injury.
21. Prostheses, corrective devices, medical appliances, external medical equipment used at home as post hospitalization care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.
22. Any external **Congenital Anomaly**, diseases or defects.
23. Independent personal comfort and convenience items or services which are non-medical in nature and are charged separately unless they form part of the room rent.
24. Treatment of any external Congenital Anomaly, or Illness or defects or anomalies or treatment relating to external birth defects.



25. Treatments rendered by a Medical Practitioner who shares the same residence as an Insured Person or who is a member of the Insured Person's family like spouse, children (including adopted and step children), Parents, brother, sister, father in law, mother in law, sister in law, brother in law, son in law, daughter in law, uncle, aunt, grandfather, grandmother, grandson, granddaughter, nephew, and niece.
26. Voluntary Termination of Pregnancy
27. Non-medical Expenses incurred during Hospitalization. The list of such Non-medical Expenses is placed at Annexure 1 – List 1 – Items for which coverage is not available in the policy'.

#### ❖ CLAIM PROCEDURE

1. **Complete Discharge** – Any payment to the policy holder, insured person or his/her nominees or his/her legal representative or assignee 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.
2. **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 of 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.
3. **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 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 center 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
- 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

#### Claim Procedure

If the Insured happens to suffer and get hospitalized for treatment of any complication arising out of pregnancy or Postpartumdelivery complication in respect of Surrogate Mother or complications arising due to oocyte retrieval in respect of oocyte donor, which gives rise to or may give rise to a claim, then it is a **condition precedent** to our liability that the Insured or Proposer shall immediately:

- a. Give us intimation of the claim irrespective of notice provided to any other insurer for the same **illness** in case you are holding multiple insurance policies.
- b. Expeditiously give or arrange for us to be provided with any and all information and documentation in respect of the claimand/or our liability for it that may be requested by the us

Type of hospitalization	Turn Around Time	
<b>Cashless facility</b> - Admission in Network Hospital	<b>Planned Hospitalization:</b> pre-authorization has to be obtained 72 hours prior to the date of planned admission	<b>Emergency Hospitalization:</b> within 48 hours of an emergency admission
<b>Reimbursement</b> - Admission in Non - Network Hospital	For availing benefit through reimbursement mode, advance claim intimation of at least 48 hours to Raheja QBE is required for planned hospitalization and intimation within 24 hours for emergency hospitalization. This would help us to pre-process your claim for a smooth experience. For more details call us at or Mail: . Claim Documents as listed in the Policy Terms must be submitted at the earliest possible opportunity not exceeding 30days from date of discharge	



**i. Procedure for Cashless facility:**

Obtain our pre-authorization for the medical treatment in any of our **Network Hospitals** by mentioning the **Membership Number / Policy Number**. Insured can view or download the updated Network Hospitals from the Company's website <https://www.rahejaqbe.com/hospital-locator> access any of our network hospitals to avail cashless facility.

In case of planned admission, pre-authorization has to be obtained 72 hours prior to the date of admission and within 48 hours of an emergency admission. Pre-authorization request shall, if we are satisfied as to the validity of the claim, specify:

1. the treatment authorized;
2. the place at which it has been authorized, and
3. Any other conditions applicable to either.

**ii. Procedure for submission of Reimbursement Claims**

a. Upon Hospitalization, the insured Person or his/her dependents or the proposer shall provide us with fully particularized details of the quantum of any claim to be reimbursed and any and all other information and documentation in respect of the claim and/or our liability for it sought by our claims team at the earliest possible opportunity not exceeding 30 days from date of discharge.

b. We shall be under no obligation to pay or arrange to make payment for any claim until and unless it is satisfied as to the validity and quantum of Your claim.

c. The Insured shall obtain and furnish to the Company all copy of bills, receipts and any other documentation upon which a claim is based. Except in cases where a fraud is suspected, ordinarily no document not listed in the policy terms and conditions shall be deemed 'necessary'. The expenses towards doctors' fees for any additional medical examination required by us, at the time of claim shall be borne by us.

d. We shall only make payment (unless already paid direct to the service provider/hospital) to the Proposer or the Nominee mentioned in the Policy Schedule

e. Proposer / Insured hereby acknowledge and agree that the payment of any claim by or on behalf of us shall not constitute on the part of us any guarantee or assurance as to the quality or effectiveness of any medical treatment obtained by You, it being agreed and recognized by You that we are not in any way responsible or liable for the availability or quality of any service (medical or otherwise) rendered by any institution (including a **Network Hospital**) whether pre-authorized or not.

**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.

Following documents are to be submitted for processing of the claim along with the duly filled & signed claim form by the Proposer / nominee in addition to the documents listed in the table:

- KYC of the Insured and KYC of the nominee / legal heir in case of death claim under the policy.

- Account details with proof for NEFT of the Insured and of nominee / legal heir in case of death claim under the policy

i.e. cancelled cheque, passbook copy has to be submitted with the below listed claim documents.

- Proof of identity and residence of the beneficiary for claims exceeding Rs 1 Lakh

Covers	Documents
In-Patient Hospitalization Expenses	<ul style="list-style-type: none"> <li>- Original Discharge summary in the hospital letter head with the seal and sign of the doctor with complete details of diagnosis, treatment given, treatment advised etc.</li> <li>- Original Main bill from the hospital with cost wise break up</li> <li>- Original payment receipt (Receipt should have Serial No)</li> <li>- Original investigation reports (such as X Ray, Lab Reports, Scan reports etc.) These are required for supporting the ailment, hence all reports taken prior / at the time or after the hospitalization are required.</li> <li>- All pharmacy bills should be accompanied with relevant prescriptions. Bills should contain date and patient name. If pharmacy is charged in the Main Hospital bill, then proper itemized break up of those medicines should be obtained from the hospital.</li> <li>- Implant stickers or invoice wherever applicable</li> <li>- In case of Road traffic accident (RTA), copy of FIR and/or Medico legal Certificate (MLC) would be required.</li> </ul> <p><b><u>Documents to be submitted by the Surrogate Mother -</u></b></p> <ul style="list-style-type: none"> <li>- Eligibility certificate issued in favor of the Surrogate Mother by the appropriate authority, constituted as per section 35 of The Surrogacy (Regulation) Act, 2021 and</li> <li>- Certificate of medical and psychological fitness of the Surrogate Mother for surrogacy and surrogacy procedures from a registered medical practitioner.</li> </ul> <p><b><u>Documents to be submitted by the Oocyte Donor</u></b></p> <ul style="list-style-type: none"> <li>- Form 13 – Consent form for the Donor of Oocytes as prescribed in The Assisted Reproductive Technology (Regulation) Rules, 2022</li> </ul>

### 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.

### **Multiple policies**

- i. In case of multiple policies taken by an Insured during a period from the same or one or more insurers to indemnify treatment costs, the insured person shall have the right to require settlement of insurers to indemnify treatment costs, the Insured Person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer if chosen by the policyholder shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
- ii. Insured person having multiple policies shall also have the right to prefer claims under this policies for the amounts disallowed under any other policy/policies, even if the sum insured is not exhausted. Then the Insurer(s) shall independently settle claim subject to the terms and conditions of this policy
- iii. If the amount claimed exceeds the sum insured under a single policy, the Insured Person shall have the right to choose insurer from whom he/she wants to claim the balance amount
- iv. Where the insured person has policies from more than one insurer to cover the same risk on an indemnity basis, the insured person shall only be indemnified for the treatment costs in accordance with the terms and conditions of the chosen policy.

### **❖ 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 reported under the Policy, the Company shall refund proportionate premium for the unexpired policy period on prorata basis.
- c) In case the Policyholder requests for cancellation of the Policy, where there are claims reported 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.

❖ **Migration:** Migration shall not allowed under the policy

❖ **Portability:** Portability shall not allowed under the policy

❖ **Renewal of Policy:** Policy shall not be available for Renewal on expiry

### **❖ Possibility of Revision of Terms of the Policy including the Premium Rates:**

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.

### ❖ **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

### ❖ **Withdrawal of Policy:**

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.

### ❖ **Automatic Termination**

This **policy** shall terminate immediately on the earlier of the following events irrespective of the expiry date mentioned in the **policy schedule**

- Upon the demise of the Surrogate Mother or Oocyte Donor, in which case the **Company** will refund premium calculated on pro-rata basis for the unexpired period subject there being no claim under the policy.
- Upon exhaustion of the Sum Insured.

### ❖ **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 New born 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.

## ❖ GRIEVANCES REDRESSAL

In case of any grievance the Insured Person may contact the company through

Website: [www.rahejaqbe.com](http://www.rahejaqbe.com)

Toll free: 1800-102- 7723 (9 am to 8 pm, Monday to Saturday)

E-mail: [customercare@rahejaqbe.com](mailto:customercare@rahejaqbe.com)

Telephone: 022 – 69155050

For Senior Citizen: 1800-102- 7723 (9 am to 8 pm, Monday to Saturday)

E-mail: [seniorcitizencare@rahejaqbe.com](mailto:seniorcitizencare@rahejaqbe.com)

Courier: Any branch office or the correspondence address, during normal business hours

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at:

### **RAHEJA QBE GENERAL INSURANCE COMPANY LIMITED**

Fulcrum, 501 & 502, A Wing, 5th Floor, IA Project Road, Sahar

Andheri East, Mumbai 400059, India

Tel: 022 - 69155050

Website: [www.rahejaqbe.com](http://www.rahejaqbe.com)

Email: [complaintsofficer@rahejaqbe.com](mailto:complaintsofficer@rahejaqbe.com)

Grievance may also be lodged at IRDAI Integrated Grievance Management System -

<https://bimabharosa.irdai.gov.in/>

If Insured person is not satisfied with the redressal of grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance.

The contact details of Ombudsman offices are mentioned below:

Areas of Jurisdiction	Office of the Insurance Ombudsman
Gujarat, UT of Dadra and Nagar Haveli, Damanand Diu	Office of the Insurance Ombudsman, Jeevan Prakash Building, 6 <sup>th</sup> floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201/02/05/06, Email: <a href="mailto:bimalokpal.ahmedabad@cioins.co.in">bimalokpal.ahmedabad@cioins.co.in</a>
Karnataka	Office of the Insurance Ombudsman, Jeevan soudha Building, PID No.57-27-N-19, Ground Floor, 19/19, 24 <sup>th</sup> Main Road, JP Nagar, 1 <sup>st</sup> Phase, Bengaluru 560078. Tel.: 080-26652048/26652049, Email: <a href="mailto:bimalokpal.bengaluru@cioins.co.in">bimalokpal.bengaluru@cioins.co.in</a>

Madhya Pradesh and Chhattisgarh	Office of the Insurance Ombudsman, 1st floor, Jeevan Shikha, 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462011. Tel.: 0755-2769201/2769202, Email.: <a href="mailto:bimalokpal.bhopal@cioins.co.in">bimalokpal.bhopal@cioins.co.in</a>
Odisha	Office of the Insurance Ombudsman, 62, Forest Park, Bhubaneswar – 750009. Tel.: 0674-2596461/2586455. Email.: <a href="mailto:bimalokpal.bhubaneswar@cioins.co.in">bimalokpal.bhubaneswar@cioins.co.in</a>
Punjab, Haryana(excluding Gurugram, Faridabad,Sonepat and Bahadurgarh),, Himachal Pradesh, Jammu and Kashmir, UT of Chandigarh	Office of the Insurance Ombudsman, Jeevan Deep Building, SCO 20-27, Ground Floor, Sector- 17 A, Chandigarh - 160017 Tel.: 0172 - 4646394 / 2706468 Email: <a href="mailto:bimalokpal.chandigarh@cioins.co.in">bimalokpal.chandigarh@cioins.co.in</a>
Tamil Nadu, UT-Puducherry Town and Karaikal (which are part of UT of Puducherry)	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4 <sup>th</sup> Floor,453, Anna Salai, Teynampet, Chennai 600 018. Tel. 044 – 24333668/ 24333678. Email.: <a href="mailto:bimalokpal.chennai@cioins.co.in">bimalokpal.chennai@cioins.co.in</a>
Delhi	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110002. Tel. 011- 23239633/23237532, Email.: <a href="mailto:bimalokpal.delhi@cioins.co.in">bimalokpal.delhi@cioins.co.in</a>
Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	Office of the Insurance Ombudsman, Jeevan Nivesh, 5 <sup>th</sup> Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001 (ASSAM). Tel.: 0361 - 2632204 / 2602205, Email.: <a href="mailto:bimalokpal.guwahati@cioins.co.in">bimalokpal.guwahati@cioins.co.in</a>
Andhra Pradesh, Telangana and UT of Yanam-a part of the UT of Puducherry	Office of the Insurance Ombudsman, 6-2-46, 1 <sup>st</sup> Floor, “Moin court”, Lane Opp., Saleem Function Palace, A.C. Guards, Lakdi-Ka-Pool, Hyderabad – 500004. Tel.: 040 - 23312122, Email.: <a href="mailto:bimalokpal.hyderabad@cioins.co.in">bimalokpal.hyderabad@cioins.co.in</a>
Rajasthan	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg, Gr. Floor, Bhawani Singh Marg, Jaipur – 302005. Tel.: 0141- 2740363/2740798, Email.: <a href="mailto:bimalokpal.jaipur@cioins.co.in">bimalokpal.jaipur@cioins.co.in</a>
Kerala, UT of (a) Lakshadweep, (b) Mahe-a part of UT of Puducherry	Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College, M.G. Road, Kochi- 682011., Tel.: 0484–2358759 Email.: <a href="mailto:bimalokpal.ernakulam@cioins.co.in">bimalokpal.ernakulam@cioins.co.in</a>
West Bengal, UT of Andaman and Nicobar Islands, Sikkim	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072.. Tel. 033 - 22124339 / 22124341 Email.: <a href="mailto:bimalokpal.kolkata@cioins.co.in">bimalokpal.kolkata@cioins.co.in</a>
Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli,	Office of the Insurance Ombudsman, 6th Floor, Jeevan bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow – 226001. Tel.: 0522-2231330/2231331. Email: <a href="mailto:bimalokpal.lucknow@cioins.co.in">bimalokpal.lucknow@cioins.co.in</a>



Ballia, Sidharathnagar.	
Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane	Office of the Insurance Ombudsman, 3rd Floor, Jeevan seva Annexe, S.V. Road, Santacruz (W), Mumbai – 400054. Tel.: 022 - 69038800/27/29/31/32/33. Email: <a href="mailto:bimalokpal.mumbai@cioins.co.in">bimalokpal.mumbai@cioins.co.in</a>
State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddha nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.	Office of the Insurance Ombudsman, Bhagwansahai Palace, 4th floor, Main Road, Naya Bans, Sector 15, Distt: gautambhuddh Nagar, U.P – 201301. Tel.: 0120-2514252 / 2514253 Email: <a href="mailto:bimalokpal.noida@cioins.co.in">bimalokpal.noida@cioins.co.in</a>
Bihar, Jharkhand	Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel: 0612-2547068 Email: <a href="mailto:bimalokpal.patna@cioins.co.in">bimalokpal.patna@cioins.co.in</a>
Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region	Office of the Insurance Ombudsman, Jeevan Darshan Bldg, 3rd floor, C.T.S. No.s 195 to198, N.C. Kelkar Road, Narayan Peth, Pune- 411030 Tel: 020-24471175, Email: <a href="mailto:bimalokpal.pune@cioins.co.in">bimalokpal.pune@cioins.co.in</a>

The details of Insurance Ombudsman are available on website: <https://www.cioins.co.in/Ombudsman>

On the website of General Insurance Council: [www.gicouncil.in](http://www.gicouncil.in) and

our website [www.rahejaqbe.com](http://www.rahejaqbe.com) or from any of the Our offices.

**Annexure 1** (attached to and forming part of policy wordings)

<b>LIST I – ITEMS FOR WHICH COVERAGE IS NOT AVAILABLE IN THE POLICY</b>	
<b>Sl. No.</b>	<b>Item</b>
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS / BRACES
5	BUDS
6	COLD PACK / HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT’S DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICES CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	TELEVISION CHARGES
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER

40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/SHORT/HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES – SPECIAL NURSING CHARGES
53	SUGAR FREE TABLETS
54	CREAMS POWDER LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)
55	ECG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED (DELIVERYKIT, ORTHOKIT, RECOVERY KIT, ETC)
59	KIDNEY TRAY
60	MASK
61	OUNCE GLASS
62	OXYGEN MASK
63	PELVIC TRACTION BELT
64	PAN CAN
65	TROLLEY COVER
66	UROMETER, URINE JUG
67	AMBULANCE
68	VASOFIX SAFETY
<b>LIST II – ITEMS THAT ARE TO BE SUBSUMED INTO ROOM CHARGES</b>	
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU0DE-COLOGNE/ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER

12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSE
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMER CHARGES
<b>LIST III – ITEM THAT ARE TO BE SUBSUMED INTO PROCEDURE CHARGES</b>	
1	HAIR REMOVAL CREAM
2	DISPOSABLE RAZORS CHARGES (FOR SITE PREPARATIONS)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD, CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL, SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES

18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE
<b>LIST IV – ITEMS THAT ARE TO BE SUBSUMED INTO COSTS OF TREATMENT</b>	
1	ADMISSION / REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION / DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP / CAPD EQUIPMENTS
7	INFUSION PUMP – COST
8	HYDROGEN PEROXIDE\SPIRIT\DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES – DIETICIAN CHARGES – DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOLT SWABES
16	SCRUB SOLUTION/STERILLIUM
17	GLUCOMETER & STRIPS
18	URINE BAG

### **Premium Chart (Excluding Tax)**

Office Premium per policy term (in ₹)					
Coverage	Term of the coverage	Sum insured options ( in ₹)			
		3,00,000	5,00,000	7,50,000	10,00,000
<b>Complications of Altruistic Surrogacy Pregnancy and Post-Partum Delivery</b>	<b>36 months</b>	1,06,747	1,77,912	2,04,599	2,25,059
<b>Complications of Oocyte donation</b>	<b>12 months</b>	17,791	29,652	44,478	59,304