

Raheja QBE General Insurance Company Limited

5th Floor, A Wing, Fulcrum, IA Project Road, Sahar, Andheri East, Mumbai – 400059, India.

 Tel: 022 69155050 | Email: customercare@rahejaqbe.com | Website: www.rahejaqbe.com

CIN: U66030MH2007PLC173129, IRDAI Reg. No. 141

CUSTOMER INFORMATION SHEET

This document provides key information about your policy. You are also advised to go through your policy document.

Sr. No	Title	Description	Refer to Policy clause number
1	Product Name	Wage Compensation Policy-Group	
2	Policy Number	Xxxxxxxxxx	
3	Type of Insurance Product/Policy	Benefit Product	
4	Sum Insured	Individual Sum Insured	
5	Policy Coverage	List of Benefits	
	Base Cover	Sickness Hospitalization Cash: If an Insured Person is admitted in a hospital due to an illness and such hospitalization is medically necessary & recommended by the Medical Practitioner, then a) We will pay the Daily Benefit amount for the number of days Insured Person is Hospitalized, b) 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.	Clause 4.1
		Accidental Hospital Cash: If an Insured Person is admitted in a hospital due to an accidental injury and such hospitalization is medically necessary & recommended by the Medical Practitioner, then a) We will pay the Daily Benefit amount for the number of days Insured Person is Hospitalized, b) 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. c) Such Hospitalization must be within 30 days of suffering injuries from the date of accident.	Clause 4.2

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	Optional cover	<p>Accidental Death: If an Insured Person dies solely and directly due to an Injury sustained in an Accident which occurs during the Policy Period, provided that the Insured Person's death occurs within 12 months from the date of that Accident.</p> <p>a) Once a Claim has been accepted and paid under this Benefit then this Policy will automatically terminate in respect of that Insured Person only.</p> <p>b) We will pay the Ten Times of Daily Benefit amount subject to maximum amount mentioned in policy schedule / Certificate of insurance.</p> <p>c) Our maximum liability will be limited to the Benefit amount specified in the Policy Schedule / Certificate of insurance.</p> <p>d) Deductible is not applicable for this cover.</p> <p>The payment under this benefit is over and above the Base Cover, subject to limits specified, if any.</p>	Clause 5.1
		<p>DAY CARE PROCEDURE CASH: If an Insured Person undertakes a day care procedure as an inpatient for less than 24 hours in a hospital or in a standalone day care center, and such treatment is medically necessary & recommended by the Medical Practitioner, then</p> <p>a) We will pay the Three Times of Daily Benefit amount for the Day Insured Person is Hospitalized,</p> <p>b) We will pay the Daily Benefit Amount if the Insured person undertakes any of the procedure as listed in Annexure 1.</p> <p>c) We shall be liable to make payment under this cover in respect of an Insured Person only twice during the Policy Year.</p> <p>d) Our maximum liability will be limited to the Benefit Amount specified in the Policy Schedule / Certificate of insurance</p> <p>e) Deductible is not applicable for this cover.</p> <p>The payment under this benefit is over and above the Base Cover, subject to limits specified, if any.</p>	Clause 5.2

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		<p>CONVALESCENCE BENEFIT: We will pay the Sum Insured specified in the Policy Schedule/Certificate of Insurance for this Benefit if the Insured Person is admitted in a Hospital for a minimum period as specified in the Policy Schedule/ Certificate of Insurance provided that:</p> <p>(a) We have accepted a Claim for the Base Cover under the Policy in respect of the same Hospitalization;</p> <p>(b) We shall be liable to make payment under this cover in respect of an Insured Person only once during the Policy Year.</p> <p>(c) This benefit is applicable only once in a policy period, irrespective of type of policy (Individual/ Floater).</p> <p>(d) The payment under this benefit is over and above the Base Cover, subject to limits specified, if any.</p> <p>f) Deductible is not applicable for this cover.</p>	Clause 5.3
		<p>Loss of income: if the Insured Person is admitted in a Hospital and we have accepted the claims under section 4.1 or 4.2, in addition to that We will pay the Daily Benefit specified in the Policy Schedule/Certificate of Insurance provided that the Insured Person is absent from engaging in his/her primary occupation and loses his/her source of income temporarily or permanent.</p> <p>(a) We have accepted a Claim for the Base Cover under the Policy in respect of the same Hospitalization;</p> <p>(b) We shall be liable to make payment under this cover in respect of an Insured Person only once during the Policy Year.</p> <p>(c) This benefit is applicable only once in a policy period, irrespective of type of policy (Individual/ Floater).</p> <p>(d) Our maximum liability will be limited to the Daily Benefit amount, number of hospitalization days and applicable Day/s Deductible specified in the Policy Schedule / Certificate of insurance.</p> <p>g) The payment under this benefit is over and above the Base Cover, subject to limits specified, if any.</p>	Clause 5.4

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		INTERNATIONAL EMERGENCY BENEFIT: If an Insured Person is admitted in a hospital or Intensive Care Unit (ICU) outside India due to an illness / injury that occurs during the Policy Period and such hospitalization is medically necessary & recommended by the Medical Practitioner, then a) We will pay Ten Times the Daily Benefit amount for the number of days Insured Person is Hospitalized. b) Our maximum liability will be limited to the Daily Benefit Amount, number of hospitalization days & applicable Day/s Deductible specified in the Policy Schedule / Certificate of insurance. c) Deductible is applicable for this cover.	Clause 5.5
		Time Deductible: If an Insured Person has Opted for Time Deductible as specified in the policy schedule of Coverage in the Policy Schedule/Certificate of Insurance will be applied on each and every admissible Claim under the Policy.	Clause 5.6
		Double benefit option: If an Insured Person is admitted in the hospital due to an accidental injury or in an Intensive Care Unit (ICU) due to an illness / injury that occurs during the Policy Period and such hospitalization is medically necessary & recommended by the Medical Practitioner, then a) We will pay two Times the Daily Benefit amount in case of ICU/Accident Hospitalization; maximum days per hospitalization as mentioned in policy schedule / Certificate of insurance. b) Our maximum liability will be limited to double daily Benefit Amount, number of hospitalization days & applicable Day/s Deductible specified in the Policy Schedule / Certificate of insurance.	Clause 5.7

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		Waiting period waiver: Option to waive off one, two or all the below three waiting periods: 1. Pre-Existing Diseases 2. Specific Waiting Period 3. First Thirty Days Waiting Period	Clause 5.8
		Maternity hospitalization Cash: If Insured has opted for this Cover, a) We will pay the Daily Benefit amount for the number of days Insured Person is Hospitalized. b) 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. Applicable only for the delivery of first two living children of the Insured person and/or any surgical procedures required to be carried out on the Insured Person as a direct result of the delivery. Hospitalization for lawful medical termination of pregnancy also included. The payment under this benefit is within the Base Cover, subject to limits specified, if any.	Clause 5.9

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6	Exclusions		Clause 6
	EXCLUSIONS (Which Can be Waived off by Additional Premium)	Waiting Period: The Company shall not be liable to make any payment unless opt 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:	
	Pre-Existing Diseases (Code- Excl01)	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.	
		In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.	
		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.	
		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	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.	
		In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.	

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		<p>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.</p> <p>The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.</p> <p>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.</p> <p>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 gastro-intestinal 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, Internal Congenital Anomaly, Surgery of Genito-urinary system unless necessitated by malignancy, Spinal disorders</p>	<p>Clause 6</p>
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	First Thirty Days Waiting Period	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.	Clause 6
		This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.	
		The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.	
	Maternity Expenses	I. medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy; II. expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.	
7	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:	Clause 7
		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.	
		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.	

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		<p>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</p>	Clause 7
		<p>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.</p>	
		<p>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.</p>	
		<p>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.</p>	
		<p>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.</p>	

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		<p>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.)</p>	Clause 7
		<p>Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code-Excl12)</p>	
		<p>Treatments received in health spas, 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)</p>	
		<p>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)</p>	
		<p>Refractive Error: (Code- Excl15) Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.</p>	
		<p>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.</p>	

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		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	Clause 7
		Any expenses incurred on Outpatient treatment (OPD treatment).	
		<ul style="list-style-type: none"> • Circumcision unless necessary for treatment of a illness or injury not excluded hereunder or due to an accident. 	
		Stem cell implantation/surgery except for a bone marrow transplant for hematological conditions.	
		Treatment taken outside the geographical limits of India. (Not applicable for Coverage Clause 5.5)	
		Dental treatment or Surgery of any kind unless requiring Hospitalization as a result of accidental Bodily Injury.	
		Injury or Disease caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy. Treatment of any external Congenital Anomaly, or Illness or defects or anomalies or treatment relating to external birth defects.	
		Charges incurred in connection with cost of spectacles and contact lenses, hearing aids, routine eye and ear examinations, dentures, artificial teeth.	

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		<p>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 Apnea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.</p>	Clause 7
		<ul style="list-style-type: none"> Any medical expenses incurred on new-born /children below age of 91 days will not be covered under the Policy. 	
		<p>Day care Treatments” as defined under the policy are excluded from the scope of the Policy. (Not Applicable for Coverage Clause No. 5.2)</p>	
		<p>. Hospitalization for donation of any body organs by an Insured including complications arising from the donation of organs.</p>	
		<ul style="list-style-type: none"> Act of self-destruction or self-inflicted Injury, attempted suicide or suicide. 	
7	Waiting Period	<ul style="list-style-type: none"> Pre-Existing Diseases (Code- Excl01) Specific Waiting Period: (Code- Excl02) First Thirty Days Waiting Period (Code- Excl03) 	6.2,6.3 and 6.4
8	Financial Limits	As per mentioned in policy wording, certificate of insurance	

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9	Claims /Claims Procedure	<p>For Claims visit : https://www.rahejaqbe.com/claims/health-claims Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <p>Turn Around Time (TAT) for claims settlement: TAT for preauthorization of cashless facility: 1 Hours TAT for cashless final bill authorization: 3 Hours</p> <p>Network Hospital details: https://www.rahejaqbe.com/hospital-locator Helpline number: 18001027723</p> <p>Blacklisted Hospitals list (No claims will be accepted): https://www.rahejaqbe.com/frontend/images/network-hospital/Raheja_QBE_General_Insurance_List_of_Excluded_Provider.s.pdf</p> <p>Download claim form https://www.rahejaqbe.com/frontend/images/xxxxxxxxxxxxx/pdf/download/Retail_Health_Claim_Form.pdf</p>	Section 7
10	Policy Servicing	customercare@rahejaqbe.com Toll Free No -1800 102 7723 (9 am to 8 pm, Mon to Sat)	

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11	Grievances /Complaints	<p>The Grievance Cell, Raheja QBE General Insurance Company Limited Fulcrum, 501 & 502, A wing, 5th Floor, International Airport project road, Sahar, Andheri East, Mumbai - 400059, India. Toll free: 1800-102-7723 (Toll Free - 9 Am to 8 PM, Monday to Saturday)</p> <p>E-mail: customercare@rahejaqbe.com Escalation level 1- complaintsofficer@rahejaqbe.com Escalation level 2- grievancehead@rahejaqbe.com</p> <p>For Senior Citizen: Telephone : +91 22 4171 4949 Email: seniorcitizencare@rahejaqbe.com</p> <p>IRDAI Integrated Grievance Management System – https://www.cioins.co.in/ Insurance Ombudsman – The contact details of the Insurance Ombudsman offices have been provided as Annexure-B of Policy document.</p>	Clause 10
12	Things to remember	<p>Free Look cancellation: You may cancel the insurance policy if you do not want it, within 30 days from the beginning of the policy. Process as per policy wordings.</p> <p>Policy renewal: Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.</p> <p>Migration and Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer. For Detailed Guidelines on portability and migration, kindly refer the link http://www.rahejaqbe.com/frontend/images/health-basic-guideline/pdf/download/Portability_Migration_Guideline.pdf</p>	

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		Change in Sum Insured: Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.	
		Moratorium Period: After completion of five continuous years under the policy no look back to be applied. This period of five years is called as moratorium period. The moratorium would be applicable for the sum insured of the first policy and and subsequently completion of five continuous years would be applicable from date of enhancement or sum insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance policy shall be contestable except for prover fraud and permanent exclusions specified in the policy contract.	
13	Your Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. Disclosure of other material information during the policy period.)	

Declaration by the Policy Holder

I have read the above and confirm having noted the details.

Place

Date

(Signature of the Policy holder)

Note	1. You may find product related documents on https://www.rahejaqbe.com/health-insurance/wage-compensation-policy
	2. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail