



FUTURE GENERALI INDIA
Insurance Company Limited

GROUP HEALTH INSURANCE

UIN:IRDA/NL-HLT/FGII/P-H/V.I/79/13-14

Corporate & Registered Office - 6th Floor, Tower 3, Indiabulls Finance Center, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400013, Maharashtra
Care Lines: - 1800-220-233, 1860-500-3333, 022-67837800 Email: - Fgcare@futuregenerali.in Website:- www.futuregenerali.in
IRDA Regn. No 132, CIN - U66030MH2006PLC165287, Service Tax Registration Number: AABCF0191RSD002

FGH/UW/GRP/22/03

INTENTIONALLY LEFT BLANK

GROUP HEALTH INSURANCE

I. Whereas the Insured Person designated in the Schedule hereto has by a proposal and declaration dated as stated in the schedule which shall be the basis of this Contract and is deemed to be incorporated herein, has applied to Future Generali India Insurance Company Ltd. (herein after called the Company) for the insurance herein after set forth in respect of Employees/Members (including their eligible Family Members) named in the schedule hereto (herein after called the Insured Person) and has paid premium as consideration for such insurance.

The Insured Person is eligible to be covered under this policy from birth/90 days (as a dependent child) upto the age of 80 years with lifelong renewability subject to continuous renewal of the group policy. This Policy records the agreement between the Company and the Insured Person and sets out the terms of insurance and the obligations of each party.

II. NOW THIS POLICY WITNESSETH that subject to the terms, Conditions, exclusions and definitions contained herein or endorsed or otherwise expressed here on the Company undertakes that if during the period stated in the schedule or during the continuance of this policy by renewal any Insured Person shall contract any disease or suffer from any illness (herein after called DISEASE) or sustain any bodily injury through accident (herein after called INJURY) and if such disease or injury shall require any such Insured Person, upon the medical advice of a duly qualified Physician/ Medical Specialist/ Medical Practitioner (herein after called MEDICAL PRACTITIONER) or of a duly qualified surgeon (herein after called SURGEON) to incur Inpatient care/ Emergency care/ Domiciliary Hospitalisation expenses for medical/ surgical treatment at any Nursing Home/ Hospital in India as herein defined (herein after called HOSPITAL) as an inpatient, the Company will pay to the Insured Person the amount of such expenses as would fall under different heads mentioned below, and as are medically necessary and reasonable & customary charges incurred therefore by or on behalf of such Insured Person, but not exceeding the sum insured for the person in any one period of such insurance as mentioned in the schedule hereto.

1. Room rent, Boarding Expenses as provided by the Hospitalisation/ Nursing Home
2. Medical Practitioner fees
3. Intensive Care Unit
4. Nursing Expenses
5. Surgical fees, operating theatre, Anaesthetist, Anaesthesia, Blood, Oxygen and their administration, Physical therapy
6. Drugs and medicines consumed on the premises
7. Hospital miscellaneous services (such as laboratory, X- ray, diagnostic tests)
8. Dressing, ordinary splints and plaster casts
9. Cost of Prosthetic devices if implanted during a surgical procedure

Note: The Company's Liability in respect of all claims admitted including Pre-hospitalization Medical Expenses and Post-hospitalization Medical Expenses during the period of insurance shall not exceed the Sum Insured for the person as mentioned in the schedule.

III. DEFINITIONS:

The following words or terms shall have the meaning ascribed to them wherever they appear in this Policy, and references to the singular or to the masculine shall include references to the plural and to the female wherever the context so permits:

1. **Policy** means the proposal, the Schedule, the Policy documents and any endorsements attaching to or forming part hereof either on the commencement date or during the Policy Period.
2. **Accident:** An accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
3. **Injury:** Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

4. Co-Payment: A co-payment is a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the Sum insured.

5. Day Care Treatment: refers to medical treatment, and/ or surgical procedure which is:

- a) undertaken under General or Local Anesthesia in a hospital/ day care centre in less than 24 hrs because of technological advancement, and
- b) which would have otherwise required a hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

6. Deductible: A deductible is a cost-sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/ hours in case of hospital cash policies which will apply before any benefits are payable by the insurer . A deductible does not reduce the sum insured.

7. Dependent Child: A dependent child refers to a child (natural or legally adopted), who is financially dependent on the primary insured or proposer and does not have his/ her independent sources of income.

8. Domiciliary Hospitalisation: 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:

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

In this policy Domiciliary Hospitalisation expenses are limited to 15% of the sum insured. However that domiciliary hospitalisation benefits shall not cover:-

- 1 Expenses incurred for pre and post hospital treatment and
- 2 Expenses incurred for treatment for any of the following diseases
 - i. Asthma
 - ii. Bronchitis
 - iii. Chronic Nephritis and Nephritic Syndrome
 - iv. Diarrhea and all type of Dysenteries including Gastro-enteritis
 - v. Diabetes Mellitus and Insipidus
 - vi. Epilepsy
 - vii. Hypertension
 - viii. Influenza, Cough and Cold
 - ix. All Psychiatric or Psychosomatic Disorders
 - x. Pyrexia of unknown Origin for less than 10 days
 - xi. Tonsillitis and Upper Respiratory Tract Infection including Laryngitis and Pharyngitis
 - xii. Arthritis, Gout and Rheumatism

9. Emergency Care: Emergency care means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.

10. Grace Period: Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre existing diseases. Coverage is not available for the period for which no premium is received.

11. Hospital: A hospital means any institution established for in-patient care and day care treatment of illness and/ or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act,2010 or under enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- has qualified nursing staff under its employment round the clock;
 - has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places;
 - has qualified medical practitioner(s) in charge round the clock;
 - has a fully equipped operation theatre of its own where surgical procedures are carried out
 - maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
- 12 Intensive Care Unit:** Intensive care unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
- 13 Inpatient Care:** Inpatient care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
- 14 Medical Practitioner:** A Medical practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his licence. The registered practitioner should not be the insured or close family members.
- 15 Medically Necessary:** Medically necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
- is required for the medical management of the illness or injury suffered by the insured;
 - must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - must have been prescribed by a medical practitioner,
 - must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- 16 Network Provider:** Network Provider means hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility.
- 17 Non- Network:** Any hospital, day care centre or other provider that is not part of the network.
- 18 Pre-Existing Disease:** Any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and/ or were diagnosed, and/ or received medical advice / treatment within 48 months to prior to the first policy issued by the insurer.
- 19 Qualified Nurse:** Qualified nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
- 20 Reasonable & Customary Charges:** Reasonable & Customary charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness/ injury involved.
- 21 Surgery:** Surgery or Surgical Procedure means manual and/ or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.
- 22 OPD treatment:** OPD treatment one in which the Insured visits a clinic/ hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
- 23 Hospitalisation:** Hospitalisation means admission in a Hospital for a minimum period of 24 In-patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
- 24 Illness:** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.
- 25 Acute condition:** Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.
- 26 Chronic condition:** is defined as a disease, illness, or injury that has one or more of the following characteristics:
- it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
 - it needs ongoing or long-term control or relief of symptoms
 - it requires your rehabilitation or for you to be specially trained to cope with it
 - it continues indefinitely
 - it comes back or is likely to come back.
- 27 Day care centre:** A day care centre means any institution established for day care treatment of illness and / or injuries or a medical set -up within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:-
- has qualified nursing staff under its employment
 - has qualified medical practitioner/s in charge
 - has a fully equipped operation theatre of its own where surgical procedures are carried out
 - maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.
- 28 Medical Advice:** Any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.
- 29 Medical expenses:** Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
- 30 Pre-hospitalization Medical Expenses:** Medical Expenses incurred immediately before the Insured Person is Hospitalised, provided that:
- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
 - ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
- 31. Post-hospitalization Medical Expenses:** Medical Expenses incurred immediately after the Insured Person is discharged from the hospital provided that:
- i. Such Medical Expenses are incurred for the same condition for which the insured person's hospitalization was required, and
 - ii. The in-patient Hospitalization claim for such Hospitalization is admissible by the insurance company.
- 32. New Born Baby:** Newborn Baby means those babies born to you and your spouse during the Policy Period Aged between 1 day and 90 days.
- 33. Maternity expense:** Maternity expense shall include
- a) Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization)
 - b) Expenses towards lawful medical termination of pregnancy during the policy period.

- 34. Dental Treatment:** Dental treatment is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/ implants.
- 35. Any one illness:** Any one illness means continuous Period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/ Nursing Home where treatment may have been taken.
- 36. Congenital Anomaly:** Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
- Internal Congenital Anomaly-** Congenital anomaly which is not in the visible and accessible parts of the body.
 - External Congenital Anomaly-** Congenital anomaly which is in the visible and accessible parts of the body.
- 37. Unproven/ Experimental treatment:** Unproven/ Experimental treatment is Treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.
- 38. Condition Precedent:** Condition Precedent shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
- 39. Notification of Claim:** Notification of claim is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address/ telephone number to which it should be notified.
- 40. Disclosure to information norm:** The Policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- 41. Cashless facility:** Cashless facility means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved.
- 42. Subrogation:** Subrogation shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from another source.
- 43. Contribution:** Contribution is essentially the right of an insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a rateable proportion of Sum Insured.
- This clause shall not apply to any Benefit offered on fixed benefit basis.
- 44. Renewal:** Renewal defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.
- 45. Portability:** Portability means the right accorded to an individual health insurance policy holder (including family cover) to transfer the credit gained by the insured for pre-existing conditions and time bound exclusions if the policyholder chooses to switch from one insurer to another insurer or from one plan to another plan of the same insurer, provided the previous policy has been maintained without any break.
- 46. Room rent:** Room Rent means the amount charged by a hospital for the occupancy of a bed on per day (24 hours) basis and shall include associated medical expenses.
- 47. Alternative treatments:** Alternative treatments are forms of treatments other than "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context. The cover would be applicable provided the treatment has been undergone in a government hospital or in any institute recognized by government and/ or accredited by Quality Council of India/ National Accreditation Board on Health or any other suitable institutions.
- continuous coverage have elapsed, since inception of the first policy.
- Any disease other than those stated in clause IV.3, contracted by the Insured Person during the first 30 days from the commencement date of the policy except accidental bodily injury requiring hospitalisation.
 - During the first year of the operation of insurance cover, the expenses on treatment of diseases such as Cataract, Benign Prostatic Hypertrophy, Hysterectomy/ myomectomy for menorrhagia or fibromyoma or prolapse of uterus, Hernia, Hydrocele, Fistula in anus, piles, Sinusitis and related disorders, Surgery for prolapsed inter vertebral disc unless arising from accident, Surgery of varicose veins and varicose ulcers, Joint Replacement due to Degenerative condition, Age related osteoarthritis and Osteoporosis are not payable.
 - Injury or Disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War like operations (whether war be declared or not).
 - Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident.
 - Vaccination/ inoculation(except as post bite treatment), cosmetic treatments (for change of life or cosmetic or aesthetic treatment of any description), plastic surgery other than as may be necessitated due to an accident or as a part of any illness, refractive error corrective procedures , Unproven/ Experimental treatment, investigational or treatments, devices and pharmacological regimens of any description.
 - Charges incurred in connection with cost of spectacles and contact lenses, hearing aids, durable medical equipment (including but not limited to wheel chair ,crutches artificial limbs, belts, braces, stocking, Glucometer 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 absence of a Illness or Injury and is usable outside of a Hospital) unless required for the treatment of Illness or Accidental Bodily Injury.
 - Any dental treatment or surgery which is a corrective in nature, unless it requires Hospitalisation and is carried out under general anesthesia and is necessitated by Illness or Accidental Bodily Injury.
 - Personal comfort and convenience items or services such as television, telephone, barber or beauty service guest service and similar incidental services and supplies.
 - The treatment of obesity (including morbid obesity) and other weight control programs, services and supplies.
 - Expenses incurred towards treatment of illness/ disease/ condition arising out of alcohol use/ misuse or abuse of alcohol, substance or drugs (whether prescribed or not).
 - Convalescence, general debility, "Run-down" condition or rest cure, venereal disease, intentional self-injury.
 - Invitro fertilization (IVF), Gamete intrafallopian transfer (GIFT) procedures, and zygote intrafallopian transfer (ZIFT) procedures, and any related prescription medication treatment; embryo transport; donor ovum and semen and related costs, including collection and preparation; voluntary medical termination of pregnancy; any treatment related to infertility and sterilization.
 - Treatment arising from or traceable to pregnancy childbirth, miscarriage, abortion or complications of any of this, including caesarian section. However, this exclusion will not apply to abdominal operation for extra uterine pregnancy (Ectopic Pregnancy).
 - All expenses arising out of any condition directly or indirectly caused to or associated with Human T - Cell Lymph tropic Virus type III (HTLB-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.
 - Congenital Internal and/ or external illness/ disease/ defect/ anomaly.

IV. EXCLUSIONS:

The Company shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any Insured Person in connection with or in respect of the following:-

- Benefits will not be available for any Pre-existing disease(s)/ condition(s) as defined in the policy, until 48 months of

17. Charges incurred at Hospital or Nursing Home primarily for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at a Hospital/Nursing Home.
 18. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending medical practitioner.
 19. Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons/ materials.
 20. Costs incurred on all methods of treatment including Alternative treatments except Allopathic.
 21. Genetic disorders and stem cell implantation/ surgery/ storage.
 22. Any treatment required arising from Insured Person's participation in any hazardous activity including but not limited to scuba diving, motor racing, parachuting, hang gliding, rock or mountain climbing etc unless specifically agreed by the Company.
 23. Any treatment received in convalescent home, convalescent hospital, health hydro, nature care clinic or similar establishments.
 24. Any stay in the hospital for any domestic reason or where no active regular treatment is given by the specialist.
 25. Outpatient Diagnostic, Medical and Surgical procedures or treatments (OPD treatment), non-prescribed drugs and medical supplies, Hormone replacement therapy, Sex change or treatment which results from or is in any way related to sex change.
 26. Any kind of Service charges, Surcharges, Admission fees/ Registration charges etc levied by the hospital.
 27. Medical Practitioner's home visit charges, Attendant/ Nursing charges during pre and post hospitalization period.
 28. Expenses related to donor screening, treatment, including surgery to remove organs from the donor in case of a transplant surgery.
 29. Standard list of excluded items as notified by IRDA attached as annexure 1.
- c. The Insured Person shall without any delay consult a medical practitioner and follow the advice and treatment recommended, take reasonable step to minimize the quantum of any claim that might be made under this Policy.
 - d. The Insured Person shall immediately file the claim and in any case within 30 days of discharge from the Hospital provide the Company with written details of the quantum of any claim along with all the original bills, receipts and other documents upon which a claim is based and shall also give the Company such additional information and assistance as the Company may require in dealing with the claim.
 - e. The Insured Person shall submit himself for examination by the Company's medical advisors as often as may be considered necessary by the Company.
2. **Claims Administration:** If Insured Person meets with any accidental Bodily Injury or suffers an Illness that may result in a claim, then as a condition precedent to the Company's liability, Insured Person must comply with the following:
 - i. Cashless treatment is only available at a Network Provider. In order to avail of cashless treatment, the following procedure must be followed by Insured Person:
 - a) Prior to taking treatment and/ or incurring Medical Expenses at a Network Hospital, Insured Person must call us at our call centre and request pre-authorisation by way of the written form.
 - b) After considering Insured Persons request and obtaining any further information or documentation that the Company has sought, Company may, if satisfied, send the Network Provider an authorisation letter. The authorisation letter, the ID card issued to Insured Person along with this Policy and any other information or documentation that Company has specified must be produced to the Network Provider identified in the pre-authorisation letter at the time of Insured Persons admission to the same.
 - c) If the procedure above is followed, Insured Person will not be required to directly pay for the Medical Expenses in the Network Hospital that the Company is liable to indemnify under this Policy and the original bills and evidence of treatment in respect of the same shall be left with the Network Provider. Pre-authorisation does not guarantee that all costs and expenses will be covered. The Company reserves the right to review each claim for Medical Expenses and accordingly coverage will be determined according to the terms and conditions of this Policy. Insured Person shall, in any event, be required to settle all other expenses directly.
 - ii. If pre-authorisation as above is denied by the Company or if treatment is taken in a Hospital which is Non-Network or if Insured Person does not wish to avail cashless facility, then:
 - a) Insured Person must give Notification of Claim, in writing, immediately, and in any event within 48 hours of the aforesaid Illness or Bodily Injury. Insured Person must immediately consult a Doctor and follow the advice and treatment that he recommends.
 - b) Insured Person must promptly and in any event within 30 days of discharge from a Hospital give the Company the documentation (written details of the quantum of any claim along with all original supporting documentation, including but not limited to first consultation letter, original vouchers, bills and receipts, birth/death certificate (as applicable)) and other information the Company asks for to investigate the claim or the Company's obligation to make payment for it.
 - c) In the event of the death of the insured person, someone claiming on his behalf must inform the Company in writing immediately and send the Company a copy of the post mortem report (if any) within 14 days.
 - d) The periods for intimation or submission of any documents as stipulated under (a), (b), and (c) will be waived in case of any hardships being faced by the insured or his representative which is supported by some documentation.

V. CONDITIONS

- A. Every notice of communication to be given or made under this policy shall be delivered in writing at the address as shown in the schedule.
- B. The premium payable under this policy shall be paid in advance. No receipt for premium shall be valid except on the official form of the Company signed by a duly authorized official of the Company. The due payment of premium and the observance and fulfillment of the terms, provisions, conditions and endorsements of this policy by the Insured Person in so far as they relate to anything to be done or complied with by the Insured Person shall be a condition precedent to any liability of the Company to make any payment under this policy. No waiver of any terms provisions, conditions and endorsements of this policy shall be valid unless made in writing and signed by an authorized official of the Company.
- C. **Administration of Policy**
 1. **Claims Procedure:** Claims procedure for policies serviced by in-house service administrator (Future Generali Health (FGH))
 - a. The Company's in-house service administrator will provide the user guide & identity card to Insured Person within 15 days from the date of issue of policy. User guide will have following details:
 - i. Contact details of in-house service administrator
 - ii. Website address of in-house service administrator
 - iii. Updated Network list of hospitals with their contact details.
 - iv. Claim submission guidelines.
 - b. Notification of the Claim intimation should be given within 48 hrs of Admission or before Discharge from Hospital/ Nursing Home.

3. Claims Processing

- a) Claims submission
 - i. Insured Person will submit the claim papers to in-house service administrator
 - ii. Following is the 'necessary' document list for claim submission:
 - Claim form
 - Original discharge summary
 - Original set of investigation reports
 - Original bills and receipts
 - Pharmacy bills in original with prescriptions
- b) Claims Processing
 - i. The Company's In-house service administrator doctors will scrutinize the claims and flag the claim as settled/ Rejected/ Pending within the period of 30 days of the receipt of the last 'necessary' documents.
 - ii. Pending claims will be asked for submission of incomplete documents.
 - iii. Rejected claims will be informed to the Insured Person in writing with reason for rejection.
 - iv. In cashless claims, hospital will submit the claims to the Company's In-house service administrator for payment.
 - v. If the claim event falls within two policy periods, the claims shall be paid taking into consideration the available sum insured in the two policy periods, including the deductibles for each policy period. Such eligible claim amount to be payable to the insured shall be reduced to the extent of premium to be received for the renewal/ due date of premium of health insurance policy, if not received earlier.
- c) Claims Payment
 - i. The Company's In-house service administrator will send the discharge voucher with details of allowed and disallowed amount
 - ii. Insured Person will send the signed discharge voucher to the Company's in-house service administrator, on which the administrator will send the cheque in name of Insured Person.
 - iii. Upon acceptance of an offer of settlement as stated in sub-regulation (5) of the (Protection of Policyholders' Interest) Regulations, 2000 by You, We will make payment of the amount due within 7 days from the date of acceptance of the offer by the insured. In the cases of delay in the payment, We shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year.

4. Fraud

The Company shall not be liable to make any payment under this policy in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent means or device whether by the Insured Person or by any other person acting on his behalf.

5. Contribution (In case of Multiple Policies)

If You or any of your family members covered under the policy hold two or more policies from one or more insurers to indemnify treatment costs, we will not apply the contribution clause, and you will have the right to require a settlement of your claim in terms of any of the policies you or your family members hold with any insurer.

- a) In all such cases if you or your family members covered choose to claim under our policy then we shall settle the claim without insisting on the contribution clause as long as the claim is within the limits of and according to the terms of the policy.
- b) If the amount claimed under our Policy exceeds the sum insured after considering the deductibles or co-payment, then you shall have the right to choose other concurrent insurers by whom the claim can be settled. In such cases, we will settle the claim with contribution clause.

- c) Except in benefit policies, in cases where you have policies from more than one insurer to cover the same risk on indemnity basis, you shall only be indemnified the hospitalization costs in accordance with the terms and conditions of our policy.
- d) If the group policy is renewed with the same insurer and the claim event of the insured member (covered in both these policies) falls within these two policy periods, the claims shall be paid taking into consideration the available sum insured in the two policy periods, including the deductibles for each policy period. Such eligible claim amount to be payable to the insured subject to the premium being received for the renewal of the health insurance policy.

6. Subrogation

The insured person and any claimant under this Policy shall do whatever is necessary to enable the Company to enforce any rights and remedies or obtain relief from other parties to which the Company would become entitled or subrogated upon the Company paying for or making good any loss under this Policy whether such acts and things shall be or become necessary or required before or after the insured person's indemnification by the Company. This section is not applicable to any benefit cover if given under the policy.

7. Renewal & Cancellation

- 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) Renewals will be lifelong and will not be refused or cancellation will not be invoked by the Company except on ground of fraud, moral hazard or misrepresentation.
- c) In case of a renewal a grace period of 30 days is permissible and the Policy will be considered as continuous for the purpose of all waiting periods.
- d) Any medical expenses incurred as a result of disease condition/ Accident contracted during the break period will not be admissible under the policy.
- e) For renewal proposal received after completion of grace period of 30 days, all waiting periods would apply afresh.
- f) The Company may cancel this insurance by giving the Insured Person at least 15 days written notice, and if no claim has been made then the Company shall refund a pro-rata premium for the unexpired Policy Period.
- g) The Insured Person may cancel this insurance by giving the Company at least 15 days written notice, and if no claim has been made then the Company shall refund premium on short term rates for the unexpired Policy Period.

Short term rates are detailed below.

Period on risk	Rate of premium
Up to one month	1/4th of the annual rate
Up to three months	1/2 of the annual rate
Up to six months	3/4th of the annual rate
Exceeding six months	Full annual rate

8. Dispute Resolution

- a. Any dispute regarding the claim amount, liability otherwise being admitted, are to be referred to arbitration under the Arbitration & Conciliation Act 1996. The law of the arbitration shall be Indian law and the seat of the arbitration and venue for all the hearings shall be within India.
- b. If these arbitration provisions are held to be invalid, then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian courts.

9. Portability

Individual members, including the family members covered under group health insurance policy of a non-life insurance company shall have the right to migrate from such a similar group policy to an individual health policy or a family floater policy with the same insurer. For group health insurance policies, the individual member's shall be given credit based on the number of years of continuous insurance coverage as per the Portability guidelines.

Individual members covered under Group Health Insurance Policy of Future Generali India Insurance Company shall have the right to migrate from such a similar group **Policy** to individual **Health Suraksha Policy**.

10. Denial of liability

If the Company shall disclaim liability to the Insured Person for any claim hereunder and if the Insured Person shall not within 12 calendar months from the date of receipt of the notice of such disclaimer 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 hereunder.

11. Territorial limit

All medical/ surgical treatments under this policy shall have to be taken in India and admissible claims thereof shall be payable in Indian currency (Indian Rupees).

VI. DAY CARE LIST

In addition to Day Care list – We would also cover any other surgeries/ procedures agreed by Us which require less than 24 hours hospitalization as an inpatient due to subsequent advancement in technology.

1. Suturing - CLW -under LA or GA
2. Surgical debridement of wound
3. Therapeutic Ascitic Tapping
4. Therapeutic Pleural Tapping
5. Therapeutic Joint Aspiration
6. Aspiration of an internal abscess under ultrasound guidance
7. Aspiration of hematoma
8. Incision and Drainage
9. Endoscopic Foreign Body Removal - Trachea /- pharynx-larynx/ bronchus
10. Endoscopic Foreign Body Removal -Oesophagus/stomach /rectum.
11. True Cut Biopsy – Breast/ liver/ Kidney-Lymph Node/ Pleura/ Lung/ Muscle biopsy/ Nerve biopsy/ synovial biopsy/ Bone trephine biopsy/ Pericardial biopsy
12. Endoscopic ligation/banding
13. Sclerotherapy
14. Dilatation of digestive tract strictures
15. Endoscopic ultrasonography and biopsy
16. Nissen fundoplication for Hiatus Hernia /Gastro esophageal reflux disease
17. Endoscopic placement/removal of stents
18. Endoscopic Gastrostomy
19. Replacement of Gastrostomy tube
20. Endoscopic polypectomy
21. Endoscopic decompression of colon
22. Therapeutic ERCP
23. Bronchoscopic treatment of bleeding lesion
24. Bronchoscopic treatment of fistula /stenting
25. Bronchoalveolar lavage & biopsy
26. Tonsillectomy without Adenoidectomy
27. Tonsillectomy with Adenoidectomy
28. Excision and destruction of lingual tonsil
29. Foreign body removal from nose
30. Myringotomy
31. Myringotomy with Grommet insertion
32. Myringoplasty /Tympanoplasty
33. Antral wash under LA
34. Quinsy drainage
35. Direct Laryngoscopy with or w/o biopsy
36. Reduction of nasal fracture
37. Mastoidectomy
38. Removal of tympanic drain
39. Reconstruction of middle ear
40. Incision of mastoid process & middle ear
41. Excision of nose granuloma
42. Blood transfusion for recipient
43. Therapeutic Phlebotomy
44. Haemodialysis/Peritoneal Dialysis
45. Parenteral Chemotherapy
46. Radiotherapy
47. Coronary Angioplasty (PTCA)
48. Pericardiocentesis
49. Insertion of filter in inferior vena cava
50. Insertion of gel foam in artery or vein
51. Carotid angioplasty
52. Renal angioplasty
53. Tumor embolisation
54. TIPS procedure for portal hypertension
55. Endoscopic Drainage of Pseudopancreatic cyst
56. Lithotripsy
57. PCNS (Percutaneous nephrostomy)
58. PCNL (percutaneous nephrolithotomy)
59. Suprapubiccystostomy
60. Trans urethral resection of bladder tumor

61. Hydrocele surgery
62. Epididymectomy
63. Orchidectomy
64. Herniorrhaphy
65. Hernioplasty
66. Incision and excision of tissue in the perianal region
67. Surgical treatment of anal fistula
68. Surgical treatment of hemorrhoids
69. Sphincterotomy/Fissurectomy
70. Laparoscopic appendicectomy
71. Laparoscopic cholecystectomy
72. TURP (Resection prostate)
73. Varicose vein stripping or ligation
74. Excision of Dupuytren's contracture
75. Carpal tunnel decompression
76. Excision of granuloma
77. Arthroscopic therapy
78. Surgery for ligament tear
79. Surgery for meniscus tear
80. Surgery for hemoarthrosis/pyoarthrosis
81. Removal of fracture pins/nails
82. Removal of metal wire
83. Incision of bone, septic and aseptic
84. Closed reduction on fracture, luxation or epiphyseolysis with osseosynthesis
85. Suture and other operations on tendons and tendon sheath
86. Reduction of dislocation under GA
87. Cataract surgery
88. Excision of lachrymal cyst
89. Excision of pterigium
90. Glaucoma Surgery
91. Surgery for retinal detachment
92. Chalazion removal (Eye)
93. Incision of lachrymal glands
94. Incision of diseased eye lids
95. Excision of eye lid granuloma
96. Operation on canthus & epicanthus
97. Corrective surgery for entropion & ectropion
98. Corrective surgery for blepharoptosis
99. Foreign body removal from conjunctiva
100. Foreign body removal from cornea
101. Incision of cornea
102. Foreign body removal from lens of the eye
103. Foreign body removal from posterior chamber of eye
104. Foreign body removal from orbit and eye ball
105. Excision of breast lump /Fibro adenoma
106. Operations on the nipple
107. Incision/Drainage of breast abscess
108. Incision of pilonidal sinus
109. Local excision of diseased tissue of skin and subcutaneous tissue
110. Simple restoration of surface continuity of the skin and subcutaneous tissue
111. Free skin transportation, donor site
112. Free skin transportation recipient site
113. Revision of skin plasty
114. Destruction of the diseased tissue of the skin and subcutaneous tissue
115. Incision, excision, destruction of the diseased tissue of the tongue
116. Glossectomy
117. Reconstruction of the tongue
118. Incision and lancing of the salivary gland and a salivary duct
119. Resection of a salivary duct
120. Reconstruction of a salivary gland and a salivary duct
121. External incision and drainage in the region of the mouth, jaw and face
122. Incision of hard and soft palate
123. Excision and destruction of the diseased hard and soft palate
124. Incision, excision and destruction in the mouth
125. Surgery to the floor of mouth
126. Palatoplasty
127. Transoral incision and drainage of pharyngeal abscess
128. Dilatation and curettage
129. Myomectomies
130. Simple Oophorectomies

Note: The standard exclusions and waiting periods are applicable to all of the above procedures depending on the medical condition/ disease under treatment. Only 24 hours Hospitalisation is not mandatory.

In case of any claims contact
Claims Department
Future Generali Health (FGH)
Future Generali India Insurance Co. Ltd.
Office No. 3, 3rd Floor, "A" Building, G - O - Square
S. No. 249 & 250, Aundh Hinjewadi Link Road, Wakad, Pune - 411 057.

Toll Free Number: 1800 103 8889
Toll Free Fax: 1800 103 9998
Email: fgh@futuregenerali.in

6. Corporate buffer is not applicable for maternity claims.

ENDORSEMENT FOR MATERNITY EXPENSES BENEFIT COVER:

This is an optional cover which can be obtained on payment of additional premium for all the Insured Persons under the Policy.

When Maternity Expenses Benefit is opted for in the policy, Exclusion IV.14 of the policy stands deleted. Option for Maternity Benefits has to be exercised at the inception of the policy period and no refund is allowable in case of Insured's cancellation of this option during currency of the policy.

Special conditions applicable to Maternity Expenses Benefit Extension

This benefit covers treatment taken in Hospital/ Nursing Home arising from or traceable to pregnancy, child birth including Normal/ Caesarean section.

1. These Benefits are admissible only if the expenses are incurred in Hospital/ Nursing Home as in-patient in India.
2. A waiting period of 9 months 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 stands waived if additional premium is paid for the same.
3. Claim in respect of delivery for only first two children and/ or operations associated therewith will be considered in respect of any one Insured Person covered under the Policy or any renewal thereof. Those Insured Persons who are already having two or more living children will not be eligible for this benefit. In case the first delivery is a twin (more than 1child) delivery, then the second delivery will not be covered.
4. Pre-natal and post natal expenses including expenses for the new born baby are not covered. Pre-natal and Post-natal treatment is covered within the maternity limits as inpatient only. Here Prenatal would mean complete antenatal period, and Post natal would mean upto six weeks after date of delivery.
5. No Individual (Employee or Dependant) can be covered more than once in a policy. If Self and Spouse are both covered under the GMC policy, maternity benefit will be available only once.

ANNEXURE 1: NON PAYABLE ITEMS

Sr. No.	Expense Head	Special Remarks
1	Hair Removal Cream	Not Payable
2	Baby Charges (Unless Specified/Indicated)	Not Payable
3	Baby Food	Not Payable
4	Baby Utilities Charges	Not Payable
5	Baby Set	Not Payable
6	Baby Bottles	Not Payable
7	Brush	Not Payable
8	Cozy Towel	Not Payable
9	Hand Wash	Not Payable
10	Moisturizer Paste Brush	Not Payable
11	Powder	Not Payable
12	Razor	Not Payable
13	Shoe Cover	Not Payable
14	Beauty Services	Not Payable
15	Belts/ Braces	Essential and may be paid specifically for cases who have undergone surgery of thoracic or lumbar spine.
16	Buds	Not Payable
17	Barber Charges	Not Payable
18	Caps	Not Payable
19	Cold Pack / Hot Pack	Not Payable
20	Carry Bags	Not Payable
21	Cradle Charges	Not Payable
22	Comb	Not Payable
23	Disposables Razors Charges	Payable for Site Preparations
24	Eau-De-Cologne / Room Fresheners	Not Payable
25	Eye Pad	Not Payable
26	Eye Shield	Not Payable
27	Email / Internet Charges	Not Payable
28	Food Charges (Other Than Patient's Diet Provided By Hospital)	Not Payable
29	Foot Cover	Not Payable
30	Gown	Not Payable
31	Leggings	Essential in bariatric and varicose vein surgery and should be considered for these conditions where surgery itself is Payable.
32	Laundry Charges	Not Payable
33	Mineral Water	Not Payable
34	Oil Charges	Not Payable
35	Sanitary Pad	Not Payable
36	Slippers	Not Payable
37	Telephone Charges	Not Payable
38	Tissue Paper	Not Payable
39	Tooth Paste	Not Payable
40	Tooth Brush	Not Payable
41	Guest Services	Not Payable
42	Bed Pan	Not Payable
43	Bed Under Pad Charges	Not Payable
44	Camera Cover	Not Payable
45	Cliniplast	Not Payable
46	Crepe Bandage	Not Payable
47	Curapore	Not Payable
48	Diaper Of Any Type	Not Payable
49	DVD, CD Charges	If CD is specifically sought by Insurer, then Payable
50	Eyelet Collar	Not Payable
51	Face Mask	Not Payable
52	Flexi Mask	Not Payable
53	Gauze Soft	Not Payable
54	Gauze	Not Payable
55	Hand Holder	Not Payable
56	Hansaplast / Adhesive Bandages	Not Payable
57	Infant Food	Not Payable
58	Slings	Reasonable costs for one sling in case of upper arm fractures should be considered
59	Weight Control Programs/ Supplies/ Services	Not Payable
60	Cost Of Spectacles / Contact Lenses / Hearing Aids	Not Payable

61	Dental Treatment Expenses That Do Not Require Hospitalisation	Not Payable
62	Hormone Replacement Therapy	Not Payable
63	Home Visit Charges	Not Payable
64	Infertility / Subfertility / Assisted Conception Procedure	Not Payable
65	Obesity (Including Morbid Obesity)	Not Payable
66	Psychiatric & Psychosomatic Disorders	Not Payable
67	Corrective Surgery For Refractive Error	Not Payable
68	Treatment Of Sexually Transmitted Diseases	Not Payable
69	Donor Screening Charges	Not Payable
70	Admission / Registration Charges	Not Payable
71	Hospitalisation For Evaluation / Diagnostic Purpose	Not Payable
72	Expenses For Investigation / Treatment Irrelevant To The Disease For Which Admitted Or Diagnosed	Not Payable
73	Any Expenses When The Patient Is Diagnosed With Retro Virus + Or Suffering From HIV / AIDS Etc Is Detected / Directly Or Indirectly	Not Payable
74	Stem Cell Implantation / Surgery And Storage	Not Payable except Bone Marrow Transplantation where covered by policy
75	Ward And Theatre Booking Charges	Payable under OT Charges, not Payable separately
76	Arthroscopy & Endoscopy Instruments	Rental charged by the hospital Payable. Purchase of instruments not Payable
77	Microscope Cover Payable Under OT	Payable under OT Charges, not Payable separately
78	Surgical Blades, Harmonic Scalpel, Shaver	Payable under OT Charges, not Payable separately
79	Surgical Drill	Payable under OT Charges, not Payable separately
80	Eye Kit	Payable under OT Charges, not Payable separately
81	Eye Drape	Payable under OT Charges, not Payable separately
82	X - Ray Film	Payable under Radiology Charges, not as consumable
83	Sputum Cup	Payable under Investigation Charges, not as consumable
84	Boyles Apparatus Charges	Payable under OT Charges, not Payable separately
85	Blood Grouping And Cross Matching Of Donors Samples	Not Payable, Part of cost of blood
86	Antiseptic Or Disinfectant Lotions	Not Payable, Part of Dressing Charges
87	Band Aids, Bandages, Sterile Injections, Needles, Syringes	Not Payable, Part of Dressing Charges
88	Cotton	Not Payable, Part of Dressing Charges
89	Cotton Bandage	Not Payable, Part of Dressing Charges
90	Micropore / Surgical Tape	Not Payable, Part of Dressing Charges
91	Blade	Not Payable
92	Apron	Not Payable, Part of Hospital Services / Disposable Linen to be part of OT / ICU Charges
93	Torniquet	Not Payable
94	Orthobundle, Gynaec Bundle	Not Payable, Part of Dressing Charges
95	Urine Container	Not Payable
96	Luxury Tax	Actual tax levied by government is Payable. Part of charge for room sub limits
97	HVAC	Not Payable, part of room charge
98	Housekeeping Charges	Not Payable, part of room charge
99	Service Charges Where Nursing Charge Also Charged	Not Payable, part of room charge
100	Television & Air Conditioner Charges	Not Payable, part of room charge
101	Surcharges	Not Payable, part of room charge
102	Attendant Charges	Not Payable, part of room charge
103	IM IV Injection Charges	Not Payable, part of Nursing charges
104	Clean Sheet	Not Payable, part of laundry / housekeeping
105	Extra Diet Of Patient (Other Than That Which Forms Part Of Bed Charge)	Patient Diet provided by hospital is Payable
106	Blanket / Warmer Blanket	Not Payable, part of room charge
107	Admission Kit	Not Payable
108	Birth Certificate	Not Payable
109	Blood Reservation Charges And Ante Natal Booking Charges	Not Payable
110	Certificate Charges	Not Payable
111	Courier Charges	Not Payable
112	Conveyance Charges	Not Payable
113	Diabetic Chart Charges	Not Payable
114	Documentation Charges / Administrative Expenses	Not Payable
115	Discharge Procedure Charges	Not Payable
116	Daily Chart Charges	Not Payable
117	Entrance Pass / Visitors Pass Charges	Not Payable
118	Expenses Related To Prescription On Discharge	Not Payable. To be claimed by patient under post hospitalisation expenses, if admissible
119	File Opening Charges	Not Payable
120	Incidental Expenses / Misc. Charges (Not Explained)	Not Payable
121	Medical Certificate	Not Payable
122	Maintenance Charges	Not Payable
123	Medical Records	Not Payable
124	Preparation Charges	Not Payable
125	Photocopies Charges	Not Payable

126	Patient Identification Band / Name Tag	Not Payable
127	Washing Charges	Not Payable
128	Medicine Box	Not Payable
129	Mortuary Charges	Payable upto 24 Hours. Shifting charges not Payable
130	Medico Legal Case Charges (MLC Charges)	Not Payable
131	External Durable Devices	Not Payable
132	Walking Aids Charges	Not Payable
133	Bipap Machine	Not Payable
134	Commode	Not Payable
135	CPAP / CAPD Equipments	Not Payable
136	Infusion Pump - Cost	Not Payable
137	Oxygen Cylinder (For Usage Outside The Hospital)	Not Payable
138	Pulse Oxymeter Charges	Not Payable
139	Spacer	Not Payable
140	Spirometer	Not Payable
141	SpO2 Probe	Not Payable
142	Nebulizer Kit	Not Payable
143	Steam Inhaler	Not Payable
144	Arm Sling	Not Payable
145	Thermometer	Not Payable
146	Cervical Collar	Not Payable
147	Splint	Not Payable
148	Diabetic Foot Wear	Not Payable
149	Knee Braces (Long / Short / Hinged)	Not Payable
150	Knee Immobilizer / Shoulder Immobilizer	Not Payable
151	Lumbosacral Belt	Essential and may be paid specifically for cases who have undergone surgery of lumbar spine
152	Nimbus Bed Or Water Or Air Bed Charges Payable For Any ICU	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia / quadriplegia for any reason and at reasonable cost of approximately Rs. 200/ day
153	Ambulance Collar	Not Payable
154	Ambulance Equipment	Not Payable
155	Microshield	Not Payable
156	Abdominal Binder	Essential and should be paid in post surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory laparotomy for intestinal obstruction, liver transplant etc.
157	Betadine \ Hydrogen Peroxide \ Spirit \ Disinfectants Etc.	May be Payable when prescribed for patient, not Payable for hospital use in OT or ward or for dressings in hospital
158	Private Nurses Charges- Special Nursing Charges	Post hospitalisation nursing charges not Payable
159	Nutrition Planning Charges - Dietician Charges / Diet Charges	Not Payable
160	Sugar Free Tablets	Payable. Sugar free variants of admissible medicines are not excluded
161	Creams Powders Lotions	Toiletries are not Payable, only prescribed medical pharmaceuticals Payable
162	Digestion Gels	Payable when prescribed
163	ECG Electrodes Upto 5 Electrodes	Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and atleast one set every second day must be Payable
164	Gloves	Sterilized Gloves Payable. Unsterilized Gloves not Payable
165	HIV Kit	Payable for pre operative screening
166	Listerine / Antiseptic Mouthwash	Payable when prescribed
167	Lozenges	Payable when prescribed
168	Mouth Paint	Payable when prescribed
169	Nebulisation Kit	If used during hospitalisation is Payable reasonably
170	Novarapid	Payable when prescribed
171	Volini Gel / Analgesic Gel	Payable when prescribed
172	Zytee Gel	Payable when prescribed
173	Vaccination Charges	Routine Vaccination not Payable. Post Bite Vaccination Payable
174	AHD	Not Payable. Part of hospital's own internal cost
175	Alcohol Swabs	Not Payable. Part of hospital's own internal cost
176	Scrub Solution / Sterillium	Not Payable. Part of hospital's own internal cost
177	Vaccine Charges For Baby	Not Payable
178	Aesthetic Treatment / Surgery	Not Payable
179	TPA Charges	Not Payable
180	Visco Belt Charges	Not Payable
181	Any Kit With No Details Mentioned [Delivery Kit, Orthokit, Recovery Kit, Etc]	Not Payable
182	Examination Gloves	Not Payable
183	Kidney Tray	Not Payable
184	Mask	Not Payable
185	Ounce Glass	Not Payable

186	Outstation Consultant's / Surgeon's Fees	Not Payable, except for telemedicine consultations where covered by policy
187	Oxygen Mask	Not Payable
188	Paper Gloves	Not Payable
189	Pelvic Traction Belt	Not Payable
190	Referral Doctor's Fees	Not Payable
191	Accu Check (Glucometry/ Strips)	Not Payable pre hospitalisation or post hospitalisation / Reports and Charts required
192	Pan Can	Not Payable
193	Sofnet	Not Payable
194	Trolley Cover	Not Payable
195	Urometer, Urine Jug	Not Payable
196	Ambulance	Payable-Ambulance from home to hospital or inter hospital shifts is Payable / RTA as specific requirement is Payable
197	Tegaderm / Vasofix Safety	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
198	Urine Bag	Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs
199	Softovac	Not Payable
200	Stockings	Essential for case like CABG etc. where it should be paid.

Grievance Redressal Procedures

Dear Customer,

At **Future Generali** we are committed to provide "**Exceptional Customer-Experience**" that you remember and return to fondly. We encourage you to read your policy & schedule carefully. We want to make sure the plan is working for you and welcome your feedback.

What Constitutes a Grievance?

A "Grievance/Complaint" is defined as any communication that expresses dissatisfaction about an action or lack of action, about the standard service/deficiency service from Future Generali or its intermediary or asks for remedial action.

If you have a complaint or grievance you may reach us through the following avenues:


	Help - Lines	1800-220-233 / 1860-500-3333 / 022-67837800		Email	Fgcare@futuregenerali.in
				Website	www.futuregenerali.in
	GRO at each Branch	Walk-in to any of our branches and request to meet the Grievance Redressal Officer (GRO) .			

What can I expect after logging a Grievance?

- We will acknowledge receipt of your concern within 3 - business days.
- Within 2 - weeks of receiving your grievance, we shall revert to you the final resolution.
- We shall regard the complaint as closed if we do not receive a reply within 8 weeks from the date of receipt of response.

What do I do, if I am unhappy with the Resolution?

- You can write directly to our **Customer Service Cell at our Head office:**

	Customer Service Cell	<p>Customer Service Cell, Future Generali India Insurance Company Ltd. Corporate & Registered Office:- 6th Floor, Tower 3, Indiabulls Finance Center, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400013</p> <p>Please send your complaint in writing. You can use the complaint form, annexed with your policy. Kindly quote your policy number in all communication with us. This will help us to deal with the matter faster.</p>
---	------------------------------	---

How do I Escalate?

While we constantly endeavor to promptly register, acknowledge & resolve your grievance, if you feel that you are experiencing difficulty in registering your complaint, you may register your complaint through the **IRDA (Insurance Regulatory and Development Authority)**.

- **CALL CENTER: TOLL FREE NUMBER (155255). REGISTER YOUR COMPLAINT ONLINE AT: [HTTP://WWW.IGMS.IRDA.GOV.IN/](http://www.igms.irda.gov.in/)**

Insurance Ombudsman:

If you are still not satisfied with the resolution to the complaint as provided by our **GRO**, you may approach the Insurance Ombudsman for a review. The Insurance Ombudsman is an organization that addresses grievances that are not settled to your satisfaction. You may reach the nearest insurance ombudsman office. The list of Insurance Ombudsman offices is as mentioned below.

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD	Insurance Ombudsman Office of the Insurance Ombudsman 2nd Floor, Ambica House, Nr. C.U.Shah College, 5, Navyug Colony, Ashram Road, AHMEDABAD - 380 014 Tel: 079- 27546840 Fax: 079-27546142 E-mail: ins.omb@rediffmail.com	Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu
BHOPAL	Insurance Ombudsman Office of the Insurance Ombudsman Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL - 462 023 Tel: 0755-2569201 Fax: 0755-2769203 E-mail: bimalokpalbhopal@airtelmail.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Insurance Ombudsman Office of the Insurance Ombudsman 62, Forest Park, BHUBANESHWAR - 751 009 Tel: 0674-2596455 Fax: 0674-2596429 E-mail: ioobbsr@dataone.in	Orissa
CHANDIGARH	Insurance Ombudsman Office of the Insurance Ombudsman S.C.O. No.101, 102 & 103, 2nd Floor, Batra Building, Sector 17-D, CHANDIGARH - 160 017 Tel: 0172-2706468 Fax: 0172-2708274 E-mail: ombchd@yahoo.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, UT of Chandigarh
CHENNAI	Insurance Ombudsman Office of the Insurance Ombudsman Fatima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI - 600 018 Tel:044-24333668 /5284 Fax: 044-24333664 E-mail: chennaiinsuranceombudsman@gmail.com	Tamilnadu, UT- Pondicherry Town and Karaikal (which are part of UT of Pondicherry)
NEW DELHI	Insurance Ombudsman Office of the Insurance Ombudsman 2/2 A, Universal Insurance Bldg. Asaf Ali Road, NEW DELHI - 110 002 Tel: 011-23239633 Fax: 011-23230858 E-mail: jobdelraj@rediffmail.com	Delhi & Rajasthan
GUWAHATI	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Nivesh, 5th floor Nr. Panbazar Overbridge, S.S. Road, GUWAHATI - 781 001 Tel:0361-2132204/5 Fax: 0361-2732937 E-mail: ombudsmanghy@rediffmail.com	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura
HYDERABAD	Insurance Ombudsman Office of the Insurance Ombudsman 6-2-46 , 1st Floor, Moin Court Lane, Opp. Saleem Function Palace, A.C.Guards, Lakdi-Ka-Pool, HYDERABAD - 500 004 Tel: 040-65504123 Fax: 040-23376599 E-mail: insombudhyd@gmail.com	Andhra Pradesh, Karnataka and UT of Yanam - a part of UT of Pondicherry
ERNAKULAM	Insurance Ombudsman Office of the Insurance Ombudsman 2nd Floor, CC 27/2603, Pulinat Building, Opp. Cochin Shipyard, M.G. Road, ERNAKULAM - 682 015 Tel: 0484-2358759 Fax: 0484-2359336 E-mail: lokochi@asianetindia.com	Kerala, UT of (a) Lakshadweep, (b) Mahe - a part of UT of Pondicherry
KOLKATA	Insurance Ombudsman Office of the Insurance Ombudsman 4 th Floor, Hindusthan Bldg., Annexe, 4, C.R.Avenue, KOLKATA - 700 072 Tel: 033-22124346 / (40) Fax: 033-22124341 E-mail : iombsbpa@bsnl.in	West Bengal, Bihar, Jharkhand and UT of Andaman & Nicobar Islands, Sikkim
LUCKNOW	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Bhawan, Phase 2, 6th Floor, Nawal Kishore Road, Hazratganj, LUCKNOW - 226 001 Tel: 0522 -2231331 Fax: 0522-2231310 E-mail: insombudsman@rediffmail.com	Uttar Pradesh and Uttaranchal
MUMBAI	Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Seva Annexe, 3rd Floor, S.V.Road, Santacruz (W), MUMBAI - 400 054 Tel: 022-26106928 Fax: 022-26106052 E-mail: ombudsmanmumbai@gmail.com	Maharashtra, Goa

The updated details of Insurance Ombudsman are available on IRDA website: www.irda.gov.in, on the website of General Insurance Council: www.generalinsurancecouncil.org.in, our website www.futuregenerali.in or from any of our offices.



FUTURE GENERALI INDIA

Insurance Company Limited

Form for Request / Complaint / Feedback / Appreciation

I want to submit a REQUEST COMPLAINT SUGGESTION / FEEDBACK APPRECIATION

POLICY TYPE MOTOR HEALTH PERSONAL ACCIDENT OTHER _____

POLICY DETAILS POLICY NO CLAIM NO COVER NOTE HEALTH CARD EXISTING SERVICE REQUEST

CUSTOMER NAME _____ FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____

ADDRESS _____

CITY _____ PIN CODE _____

TEL NO. _____ MOBILE NO. _____

Detailed description _____

Customer's Signature _____

Date

You may submit the form to the Nearest Branch Office or mail it to our Customer Service Cell at:

Customer Service Cell

Future Generali India Insurance Company Ltd.

Corporate & Registered Office: - 6th Floor, Tower 3, Indiabulls Finance Centre, Senapati Bapat Marg, Elphinstone Road, Mumbai – 400013

Care Lines: 1800-220-233 / 1860-500-3333 / 022-6783 7800 **Email:** fgcare@futuregenerali.in **Website:** www.futuregenerali.in

Office Use Only:

Service / Case #

Comments:
