Group Health Insurance

Customer Information Sheet

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

Sr No	Title	Description (Please refer to the Policy Clause Number in next column)		Policy Clause Number
1	**Name of Insurance Product/ Policy**	Group Health Insurance		
2	**Policy Number**	**XXXX** *<<Dynamic field to be derived from system>>*		
3	**Type of Insurance Product/Policy**	Indemnity/ Benefit		
4	**Sum Insured (Basis)**	Sum Insured per family- XXX		
5	**Policy Coverage**	**Family Definition**		
		Expenses in respect of:		
		In-patient Care		D
		Day Care treatment		D
		Other coverages	**Limits**	Limits as defined in the Policy Schedule.
6	**Exclusions**	• Treatment for, or arising from, an Injury that is intentionally self-inflicted, including attempted suicide • Any treatment received outside India • Breach of Law (Code Excl10) • Obesity/ Weight Control: (Code- Excl06) • Cosmetic or Plastic Surgery (Code Excl08) • Change of Gender treatment (Code Excl07) Please refer to Policy Schedule for specific exclusions and Policy wordings for generic exclusions.		E
7	**Waiting period**	**Waiting Periods**	**Limits**	E
		Pre-existing Disease		

<table>
<tr><td></td><td></td><td><table><tr><td>Specific disease waiting period</td><td></td></tr><tr><td>Initial waiting period</td><td></td></tr></table></td><td></td></tr>
<tr><td>8</td><td>Financial limits of coverage
i.Sub-limit (it is pre-defined limit, and the insurance company will not pay any amount in excess of this limit)
ii.Co-payment (it is a specified amount/ percentage of the admissible claim amount to be paid by policyholder/ insured)
iii.Deductible (it is a specified amount
up to which an insurance company will not pay any claim and
which will be deducted from the total claim amount (if claim amount is more than the specified amount)
iv.Any other limit (as applicable)</td><td>The policy will pay only up to the limits specified hereunder for the following diseases/ procedures:<table><tr><td>Copayment</td><td></td></tr></table><table><tr><th>Diseases Wise Sublimits</th><th>Metro</th><th>Non-Metro</th></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table></td><td>Limits as specified in Policy Schedule</td></tr>
<tr><td>9</td><td>Claims/ Claims Procedures</td><td><table><tr><td>Third Party Administrator</td><td></td></tr></table>For cashless service:
Cashless facility is available only at Our Network Providers, as per the list available on TPA website.
For Notice of claim:</td><td>Claim Procedure</td></tr>
</table>

		• Please contact us at least 72 hours before admission in case of planned hospitalization. For emergency hospitalization, kindly contact Us within 24 hours of admission to Hospital. **For Reimbursement of Claim:** • Submission of claim: You shall submit all the required claim documents as mentioned in the Policy document not later than 30 days from the date of discharge. Reimbursement claims under this Policy shall be settled or rejected, as the case may be, within 15 days. **TPA Contact details as specified on the E-cards**	
10	**Policy Servicing**	Address: Any of Our branch offices or corporate office during business hours. List of branch offices is available at www.magmainsurance.com OR Call us at: 1800 266 3202	
11	**Grievances/ Complaints**	In case of any grievance including senior citizen, the insured person may contact the Company through Website: www.magmainsurance.com Toll free: 1800 266 3202 Email address: customercare@magmainsurance.com For senior citizens Email address - namaskar@magmainsurance.com Dedicated helpline exclusively for senior citizens - 022-62605766 Customer can also reach out to Branch GRO Email address: Gro@magmainsurance.com **IRDAI (IGMS/Call Centre):** Toll Free Number: 155255 (or) 1800 4254 732 Timings: 8 AM to 8 PM -- (Monday to Saturday) **Ombudsman:** In case You are not satisfied with Our decision/ resolution, You may approach the Insurance Ombudsman at the	Redressal of Grievance Annexure

		addresses given in Annexure I of the Policy document.	
12	**Things to remember**	**Free Look Cancellation:** You may cancel the insurance policy if you do not want it, within 30 days from the beginning of the policy. For process related to Free Look Call us at: 1800 266 3202 **Policy Renewal:** Except on the grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied. **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. **Moratorium Period:** After completion of sixty continuous months of coverage in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud.	Free Look Provision Renewal of Policy Migration and Portability Moratorium Period
13	**Your Obligations**	Please disclose claim history of the group for previous insurance years if any. Incorrect disclosure may lead to policy cancellation or affect claim settlement.	Material change

Note: In case of any conflict, the terms and conditions mentioned in the Policy Document shall prevail.

Declaration by the Policy Holder:
I have read the above and confirm having noted the details.
Place:
Date: (Signature of the Policyholder)