Liberty General Insurance Ltd.
15th Floor, Unit-1501&1502, Tower 2, One International Center,
Senapati Bapat Marg, Prabhadevi, Mumbai- 400013
Email: care@libertyinsurance.in
IRDA registration number: 150 • CIN: U66000MH2010PLC209656

<table>
<tr><th>Sl. No.</th><th>Title</th><th>CUSTOMER INFORMATION SHEET
DESCRIPTION IS ILLUSTRATIVE AND NOT EXHAUSTIVE
*This document provides key information about your policy. You are also advised to go through your policy document. In case of any conflict, the terms and conditions mentioned in the Policy document shall prevail.</th><th>Policy Clause Number</th></tr>
<tr><td>1</td><td>Name of the Insurance Product/Policy</td><td>Heath Connect Supra policy</td><td>NA</td></tr>
<tr><td>2</td><td>Policy Number</td><td></td><td>NA</td></tr>
<tr><td>3</td><td>Type of Insurance Product/Policy</td><td>Indemnity</td><td>NA</td></tr>
<tr><td>4</td><td>Sum Insured</td><td>Individual/Family Floater policy –
Insured 1 – 200000
Insured 2 – 200000
Insured 3 – 200000
Insured 4 – 200000</td><td>NA</td></tr>
<tr><td>5</td><td>Policy Coverage (What the policy covers?)</td><td>This policy works alongside your current health insurance policy and enhances it to provide you a larger coverage at a much lower premium.
This plan takes care of medical treatment costs over the specified deductible amount applied on per claim basis, incurred during hospitalization due to an accident and/ or illness.

Details provided in Coverage sheet to be displayed herein a table format.
<table>
<tr><td><u>COVERAGE(S) DESCREPTION</u></td><td colspan="3">TOP UP</td></tr>
<tr><td><u>OPTIONS</u></td><td>I</td><td>II</td><td>III</td></tr>
<tr><td><u>SUM INSURED</u></td><td>INR 50,000, 1, 1.5, 2 Lakhs</td><td>3, 5, 7 Lakhs</td><td>10, 15, 20 Lakhs</td></tr>
</table></td><td>Part D of the policy</td></tr>
</table>

*Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Limited under license

Liberty General Insurance Ltd.
15th Floor, Unit-1501&1502, Tower 2, One International Center,
Senapati Bapat Marg, Prabhadevi, Mumbai- 400013
Email: care@libertyinsurance.in
IRDA registration number: 150 • CIN: U66000MH2010PLC209656

		DEDUCTIBLE		**INR 50,000**	**2, 3, 4, 5 Lakhs**	**5, 7.5, 10 Lakhs**	
		In-patient Treatment	Minimum 24 Hrs hospitalisation as an Inpatient	√	√	√	
		Pre-Hospitalisation	Medical expenses incurred prior to the covered Hospitalization	30 Days	30 Days	60 days	
		Post-Hospitalisation	Medical expenses incurred after the covered Hospitalization	60 Days	60 Days	90 Days	
		Day care Procedures	405 day care procedures undertaken in a hospital/day care centre in less than 24 hours due to Technological advancement	√	√	√	
		Loyalty Perk or Discount in renewal premium	Auto increase in Sum Insured by 10% on Sum insured for	NA	NA	NA	

*Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Limited under license

			every claim free year up to max. of 100%.				
		AYUSH Treatment# (# Added pursuant to "Guidelines on providing AYUSH Coverage in Health insurance policies" dated 31 January, 2024 issued by the IRDAI effective 1st April 2024)	"AYUSH treatment" refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.	√	√	√	
		Preventive Care	The Company will provide benefits which would help in preventing adverse Health condition/s.	√	√	√	
		OPTIONAL COVER(S)					
		Reload of Sum Insured	Reload Sum Insured available when the Sum Insured gets exhausted	NA	√	√	

*Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Limited under license

		World-wide coverage	Emergency Medical expenses incurred outside India	NA	NA	NA	
		Wellness & Assistance Program	Available on optional basis and serviced by Us/Through Our Service Provider	√	√	√	
6	Exclusions (What the policy does not cover)	Major policy exclusions are listed below. Please refer to the policy wording for the complete list of exclusions. · Admission primarily for investigation & evaluation · Admission primarily for rest Cure, rehabilitation and respite care Obesity/ Weight Control · Circumcision, sex change surgery, cosmetic surgery & plastic surgery. · Substance abuse, self-inflicted injuries,Treatment for, Alcoholism, drug or substance abuse or any addictive condition · Hazardous sports, or Adventure sports , war, terrorism, civil war or breach of law. · Experimental, investigational or unproven treatments Excluded Providers Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. 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 Refractive error Unproven Treatments Sterility and Infertility Maternity ii. **Specific Exclusions** (Exclusions other than those mentioned under E(i) above) 1. Any condition directly or indirectly caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice & Trichomoniasis, Human T Cell Lymphotropic Virus Type III (HTLV-III or IITLB-III) or Lymphadinopathy Associated Virus (LAV) or the mutants derivative or Variations Deficiency Syndrome or any Syndrome					Part E i & ii

*Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Limited under license

		or condition of a similar kind. 2. Any dental treatment or surgery unless requiring hospitalization arising out of an accident. 3. Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind of self-medication. 4. Charges incurred in connection with cost of spectacles and contact lenses, hearing aids, routine eye and ear examinations, dentures, artificial teeth and all other similar external appliances and /or devices whether for diagnosis or treatment. 5. Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walkers, belts, collars, caps, splints, braces, stockings of any kind, diabetic footwear, glucometer/thermometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous ambulatory peritoneal dialysis (C.P.A.D) and oxygen concentrator or asthmatic condition, cost of cochlear implants. 6. External Congenital Anomaly. 7. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident 8. Any OPD treatment except pre and post – hospitalization as covered under Scope of the Policy. 9. Treatment received outside India except under Optional 'World-wide cover' if opted. 10. War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defense, rebellion, revolution, insurrection, mutiny, military or usurped acts, seizure, capture, arrest, restraints and detainment of all kinds. 11. Act of self-destruction or self-inflicted, attempted suicide or suicide while sane or insane or Illness or Injury attributable to consumption, use, misuse or abuse of tobacco, intoxicating drugs and alcohol or hallucinogens. 12. Any charges incurred to procure any medical certificate, treatment or Illness related documents pertaining to any period of Hospitalization or Illness. 13. Personal comfort and convenience items or services, TV(wherever specifically charged separately), charges for access to telephone and telephone calls (wherever specifically charged separately), foodstuffs, (except patient's diet), cosmetics, hygiene articles, body or baby care products and bath additive, barber or beauty service, guest service. 14. Expenses related to any kind of RMO charges, service charge, surcharge, admission fees, registration fees, night charges levied by the hospital under whatever head. 15. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently	

*Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Limited under license

		or in any other sequence to the loss, claim or expense. For the purpose of this exclusion: a. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death. b. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death. c. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and /or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death. In addition to the foregoing, any loss, claim or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, suppressing, minimizing or in any way relating to the above shall also be excluded. 16. Alopecia, wigs and/or toupee and all hair or hair fall treatment and products 17. Drugs or treatment and medical supplies not supported by a prescription from a Medical Practitioner. 18. Costs of donor screening and organ. 19. Exclusions specific to AYUSH Treatment# The Company shall not make payment in respect of claims arising directly or indirectly out of or attributable or traceable to any of the following: • OPD / Day care treatment • Wellness and non-therapeutic treatment • Any Pre-Hospitalization and Post-Hospitalization Expenses • All Preventive and Rejuvenation Treatments (non-curative in nature) including, without limitation, treatments that are not Medically Necessary. • Non- Prescribed medicines by treating physician, non-disclosed formulations & non-standardized preparations or Health Supplementary products will be excluded. • Any Pre or Post hospitalization AYUSH treatment taken before/pursuant to inpatient Allopathy treatment. The above exclusions are in additions to the General exclusions listed under the Policy. #Added pursuant to “Guidelines on providing AYUSH Coverage in Health insurance policies” dated 31 January, 2024 issued by the IRDAI effective 1st April 2024	

*Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Limited under license

7	Waiting period	* Pre-existing Diseases will be covered after a waiting period of 36 months. * Specified surgeries/treatments/diseases are covered after specific waiting period of 24 months. * Specified surgeries/treatments/diseases are covered after specific waiting period of 36 months. * 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.	Part E.i
8	**I. Sub-limit** (It is pre-defined limit, and the insurance company will not pay any amount in excess of this limit)	Sub-limit is not applicable for this product	
	II. Co-Payment (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured).	Co-Payment is not applicable for this product.	

*Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Limited under license

Liberty General Insurance Ltd.
15th Floor, Unit-1501&1502, Tower 2, One International Center,
Senapati Bapat Marg, Prabhadevi, Mumbai- 400013
Email: care@libertyinsurance.in
IRDA registration number: 150 • CIN: U66000MH2010PLC209656

	III. Deductible (It is a specified amount – up to which an insurance company will not pay any claim, and which will be deducted from total claim amount (if claim amount is more than the specified amount)		
	IV. Any other limit (as applicable)	NA	

COVERAGE(S) DESCRIPTION	TOP UP		
OPTIONS	I	II	III
SUM INSURED	INR 50,000, 1 , 1.5 , 2 Lakhs	3, 5, 7 Lakhs	10, 15,20 Lakhs
DEDUCTIBLE	INR 50000	2, 3, 4, 5 Lakhs	5, 7.5, 10 Lakhs

*Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Limited under license

9	Claims/Claims procedure	**a. For Cashless Service:** You may call to our Customer care number for obtaining Cashless facility. You may also visit to our Company website www.libertyinsurance.in to know the list of empaneled Hospitals. **b. For Reimbursement of Claim:** You need to intimate Us immediately on hospitalization/ injury/ death, further submit all claim documents with supporting details/documents at your own expense to the TPA within 15 days of discharge from the hospital. TPA within 15 days of discharge from the hospital. **Turn Around Time (TAT)** for claim settlement: * TAT for preauthorization of cashless facility within 2 Hours. * TAT for cashless final bill authorization within 2 Hours. i. Network Hospital details – https://www.libertyinsurance.in/products/CPMigration/hospitalLocator iI. Helpline number – 1800 266 5844 iiI. Claim form – https://www.libertyinsurance.in/customer-support/download-forms.html iv. Hospitals which are blacklisted or from where no claims will be accepted by insurer – https://www.libertyinsurance.in/Docx/ExcludedHospitalLists.pdf **Claim Procedure** **1) Cashless Facility:** (applicable where the Insured Person/s has opted for cashless facility in a Network Hospital) - The Insured Person must call the helpline and furnish membership number and Policy Number and take an eligibility number to confirm communication. The same has to be quoted in the claim form. The call must be made 48 hours before admission to Hospital and details of hospitalization like diagnosis, name of Hospital, duration of stay in Hospital should be given. In case of emergency hospitalization the call should be made within 24 hours of admission. i. The company may provide Cashless facility for Hospitalisation expenses either directly or through the TPA if treatment is undergone at a Network Hospital by issuing Pre-Authorisation letter to the health care service provider.	Part G.7

*Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Limited under license

		ii. For the purpose of considering Pre-Authorisation and Cashless facility, the Insured Person/s shall submit to the TPA complete information of the disease, requiring treatment along with necessary certification from the Hospital/Medical Practitioner iii. If the claim for treatment appears admissible, the Company either directly or through the TPA shall issue Pre-Authorisation to the Hospital concerned for cashless facility whereby hospitalization expenses shall be paid directly by the Company/ through the TPA as confirmed in the Pre-Authorisation. iv. Cashless facility will not be available in Non-network Hospital and may be declined even for treatment at a network hospital where the information available does not conclusively establish that a claim in respect of the treatment would be admissible. In such cases, the Insured Person/s shall bear such expenses and claim reimbursement immediately after discharge from the Hospital. v. The list of Network hospitals where we are having cash less arrangement would be made available to the Policy holder and subsequent amendments to the same would also be duly communicated by us/ the TPA service provider. vi. In case where initial covered Medical expenses were not expected to exceed the deductible but subsequently found to be exceeding the opted deductible, notification must be done immediately along with the copy of intimation made to other Insurer(if covered under any other Health Insurance Policy). **2) Reimbursement:** Notice of claim with particulars relating to Policy numbers, name of the Insured Person in respect of whom claim is made, nature of illness/ injury and name and address of the attending Medical Practitioner/ Hospital/ Nursing Home should be given to Us immediately on hospitalization/ injury/ death, failing which admission of claim would be based on the merits of the case at our discretion. The Insured Person/s shall after intimation as aforesaid, further submit at his/her own expense to the TPA within 15 days of discharge from the hospital the following: i. Claim form duly completed in all respects ii. Original Bills, Receipt and Discharge certificate / card from the Hospital. iii. Original Cash Memos from Hospital(s)/Chemist(s), supported by proper prescriptions. iv. Original Receipt and Pathological test reports from a Pathologist supported by the note from the attending Medical Practitioner / Surgeon demanding such Pathological tests. v. Surgeon's certificate stating nature of operation performed and Surgeons' original bill and receipt. vi. Attending Doctor's / Consultant's / Specialist's / - Anesthetist's original bill and receipt, and certificate regarding diagnosis. vii. Medical Case History / Summary. viii. Original bills & receipts for claiming Ambulance Charges	

*Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Limited under license

The Insured Person/s shall at any time as may be required authorize and permit the TPA and/or Company to obtain any further information or records from the Hospital, Medical Practitioner, Lab or other agency, in connection with the treatment relating to the claim. The Company may call for additional documents/ information and/or carry out verification on a case to case basis to ascertain the facts/collect additional information/documents of the case to determine the extent of loss. Verification carried out will be done by professional Investigators or a member of the Service Provider and costs for such investigations shall be borne by the Company.

The Company may accept claims where documents have been provided after a delayed interval in case such delay is proved to be for reasons beyond the control of the Insured/ Insured Person/s. The Insured shall tender to the Company all reasonable information, assistance and proofs in connection with any claim hereunder.

c) Payment of Claim:

i. We shall be under no obligation to make any payment under this Policy unless We have received all the premium payments in full and all payments have been realized and We have been provided with the documentation and information. We have requested to establish the circumstances of the claim, its quantum or Our liability for it

ii. We will only make payment to You under this Policy. In the event of Your death, We will make payment to the Nominee (as named in the Policy Schedule)/ legal heir as the case may be. No assignment of this Policy or the benefits there under shall be permitted.

iii. Payments under this Policy shall only be made in Indian Rupees.

iv. Our liability to make payment under this policy will only begin when the Deductible as mentioned in Schedule is exceeded.

v. All admissible claims shall be assessed basis following order:

i. Top Up

a) Basis of claim payment shall be Medical expenses incurred for each event/hospitalization incepting during each policy year payable under this Policy and which exceed the Deductible applicable per event/hospitalization basis mentioned in the Policy Schedule.

b) Each event (hospitalization), if more than one, during the Policy period shall be separately assessed subject to the specified Deductible mentioned in the Policy Schedule except in case of relapse within 45 (Forty Five) days, as defined under Any One Illness, this will be applicable for Individual Policy as well as for Family Floater Policy

*Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Limited under license

		c) We are not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured Person had taken reasonable care, or that is brought about or contributed to by the Insured Person failing to follow the directions, advice or guidance provided by a Medical Practitioner. **ii. Super Top Up** a) Basis of claim payment shall be aggregate of Medical expenses incurred for all hospitalization (s) incepting during each policy year payable under this Policy and which exceeds the Deductible applicable per policy year basis as mentioned in the Policy Schedule b) Any claim under this Policy shall be payable by Us only if the sum of the amount of covered Medical Expenses in respect to Hospitalisation(s) of Insured Person (on Individual basis in case of Individual Policy and on Family Floater basis in case of Family Floater Policy) exceeds the Deductible applicable on per year basis and all limits of reimbursement under other Health Insurance policy (if available) to the insured person/s have been exhausted. c) We are not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured Person had taken reasonable care, or that is brought about or contributed to by the Insured Person failing to follow the directions, advice or guidance provided by a Medical Practitioner. **CHECK LIST OF ENCLOSURES FOR SUBMISSION OF CLAIM** **In-patient Treatment/ Day Care Procedures** q Duly filled and signed Claim Form q Photocopy of ID card / Photocopy of current year policy q Original Detailed Discharge Summary / Day care summary from the hospital. Original consolidated hospital bill with bill no. and break up of each Item, duly signed by the Insured q Original payment Receipt of the hospital bill with receipt number q First Consultation letter and subsequent Prescriptions. Original bills, original payment receipts and Reports for investigation supported by the note from attending Medical Practitioner / Surgeon demanding such test q Surgeons certificate stating nature of Operation performed and Surgeons Bills and Receipts q Attending Doctors/ Consultants/ Specialist's/ Anesthetist Bill and receipt and certificate regarding same q Original medicine bills and receipts with corresponding Prescriptions. q Original invoice/bills for Implants (viz. Stent /PHS Mesh/ IOL etc.) with original payment receipts. q Hospital Registration Number and PAN details from the Hospital q Doctors registration Number and Qualification from the doctor	

*Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Limited under license

		Road Traffic Accident In addition to the In-patient Treatment documents: q Copy of the First Information Report from Police Department / Copy of the Medico-Legal Certificate. <u>In Non Medico legal cases</u> q Treating Doctor's Certificate giving details of injuries (How, when and where injury sustained) <u>In Accidental Death cases</u> q Copy of Post Mortem Report (if conducted) & Death Certificate **For Death Cases** In addition to the In-patient Treatment documents: q Original Death Summary from the hospital. q Copy of the Death certificate from treating doctor or the hospital authority. q Copy of the Legal heir certificate (where nomination is not available) **Pre and Post-hospitalisation expenses** q Duly filled and signed Claim Form. q Photocopy of ID card / Photocopy of current year policy. q Original Medicine bills, original payment receipt with prescriptions. q Original Investigations bills, original payment receipt with prescriptions and report. q Original Consultation bills, original payment receipt with prescription. q Copy of the Discharge Summary of the main claim. **Tele-medicine** q A proper invoice or numbered bill of consultation with date q A proof of payment either a Online, G-PAY or Pay-TM q The consultation note or Prescription with Physicians registration number and details q All investigation report advised with bills and prescription We may call for additional documents/ information as relevant to the claim. **Applicable to all claims under the Policy:** • In the event of the original documents being provided to any other Insurance Company or to a reimbursement provider, We shall accept verified photocopies of such documents attested by such other Insurance Company/ reimbursement provider. • If required, the Insured Person must give consent to obtain Medical opinion from any Medical Practitioner at Our expense. • If required, the Insured person must agree to be examined by a medical	

*Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Limited under license

		practitioner of our choice at Our expenses. • The Policy excludes the Standard List of excluded items as attached in this Policy document. • All claims will be settled in accordance with the applicable regulatory guidelines, including IRDAI (Protection of Policyholders Regulation), 2017. • No person other than the Insured /Insured Person(s) and/ or nominees named in the proposal can claim or sue us under this Policy.	

*Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Limited under license

10	Policy Servicing	**Step - 1** Call center number - 1800-266-5844 (8:00 AM to 8:00 PM, 7 days of the week) or Email us at: **care@libertyinsurance.in** Senior Citizens can email us at – **seniorcitizen@libertyinsurance.in** or Write to us at: Customer Service Liberty General Insurance Ltd. 15th Floor, Unit-1501&1502, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai- 400013 **Step - 2** If our response or resolution does not meet your expectations, you can escalate at - **Manager@libertyinsurance.in** **Step - 3** If you are still not satisfied with the resolution provided, you can further escalate at - **ServiceHead@libertyinsurance.in**	Part F.i. 15

*Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Limited under license

11	Grievances/Complaints	• For Grievance Redressal, please refer: https://www.libertyinsurance.in/customer-support/grievance-redressal.html • Bima Bharosa (Grievance Redressal Portal), IRDAI :https://bimabharosa.irdai.gov.in/ • Insurance Ombudsman - For the latest details of Ombudsman offices, please visit the Insurance Ombudsman website at the following link: https://www.cioins.co.in/Ombudsman Insurance Ombudsman – The contact details of the Insurance Ombudsman offices have been provided as Annexure-B of Policy document.	Part F.i. 15
12	Things to remember	**Free Look Cancellation:**The insured person shall be allowed free look period of 30 days from date of receipt of the policy document to review the terms and conditions of the policy. If he/she is not satisfied with any of the terms and conditions, he/she has the option to cancel his/her policy. The Free Look Period shall be applicable only for new individual health insurance policies, except for those policies with tenure of less than a year and not on renewals. If the insured has not made any claim during the Free Look Period, the insured shall be entitled to - i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period; **Policy Renewal:** The policy shall ordinarily be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured person. i. The Company shall endeavor to give notice for renewal. However, the Company is not under an obligation to give any notice for renewal. ii. Renewal of a health insurance policy shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years, except for benefit based policies where the policy terminates following payment of the benefit covered under the policy. iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period. iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.	Part F.i. 14 Part F.i. 10 Part F.i. 8& 9

*Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Limited under license

		Migration The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company by applying for migration of the policy atleast 30 days before the policy renewal date as per the IRDA Guidelines on Migration. If such person is presently covered and has been continuously covered without any lapse under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDA Guidelines on Migration. **Portability** The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. lf such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an lndian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability. **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 sixty continuous months of coverage (including portability and migration) 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. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract. Note :The accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium period.	
13	Your Obligations	* Please disclose all pre-existing disease/s or condition/s before buying a policy. * Disclosure of Material Information during the policy period that relates to questions in the Proposal Form and which is important to the Company in	Part F.i. 1

*Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Limited under license

		order to accept the risk of insurance. Such information need to be provided to us in the form named as 'Alteration in Risk form' available on our Company website www.libertyinsurance.in before the Renewal, extension, variation, endorsement or reinstatement of the contract.	

Sl. No.	Title	Description	Policy Clause Number
1	Name of the Insurance Product/Policy	**Heath Connect Supra policy**	NA
2	Policy Number		NA
3	Type of Insurance Product/Policy	Indemnity	NA
4	Sum Insured	Individual/Family Floater policy – Insured 1 – 200000 Insured 2 – 200000 Insured 3 – 200000 Insured 4 – 200000	NA
5	Policy Coverage (What the policy covers?)	This policy works alongside your current health insurance policy and enhances it to provide you a larger coverage at a much lower premium. This plan takes care of medical treatment costs over the specified deductible amount applied on per claim basis, incurred during hospitalization due to an accident and/ or illness. **Details provided in Coverage sheet to be displayed herein a table format.**	Part D of the policy

COVERAGE(S) DESCREPTION	**SUPER TOP UP**	
OPTIONS	**I**	**II**
SUM INSURED	**3, 5, 7, 10, 15, 20 Lakhs**	**10, 15, 20, 30, 50, 100 Lakhs**

*Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Limited under license

Liberty General Insurance Ltd.
15th Floor, Unit-1501&1502, Tower 2, One International Center,
Senapati Bapat Marg, Prabhadevi, Mumbai- 400013
Email: care@libertyinsurance.in
IRDA registration number: 150 • CIN: U66000MH2010PLC209656

		DEDUCTIBLE		**2, 3, 4, 5, 7.5, 10 Lakhs**	**10, 15, 20, 30, 40 Lakhs**	
		In-patient Treatment	Minimum 24 Hrs hospitalisation as an Inpatient	√	√	
		Pre-Hospitalisation	Medical expenses incurred prior to the covered Hospitalization	30 Days	60 days	
		Post-Hospitalisation	Medical expenses incurred after the covered Hospitalization	60 Days	90 Days	
		Day care Procedures	405 day care procedures undertaken in a hospital/day care centre in less than 24 hours due to Technological advancement	√	√	
		Loyalty Perk or Avail Discount in renewal premium for every claim free year	Auto increase in Sum Insured by 10% on Sum insured up to max. of 100%. Or Avail 2.25% Discount in renewal premium in the lieu of increase in si	√	√	

*Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Limited under license

		AYUSH Treatment# (# Added pursuant to "Guidelines on providing AYUSH Coverage in Health insurance policies" dated 31 January, 2024 issued by the IRDAI effective 1st April 2024)	"AYUSH treatment" refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.	√	√	
		Preventive Care	The Company will provide benefits which would help in preventing adverse Health condition/s.	√	√	
		OPTIONAL COVER(S)				
		Reload of Sum Insured	Reload Sum Insured available when the Sum Insured gets exhausted	√	√	
		World-wide coverage	Emergency Medical expenses incurred outside India	√	√	
		Wellness & Assistance Program	Available on optional basis and serviced by Us/Through	√	√	

*Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Limited under license

			Our Service Provider			
6	Exclusions (What the policy does not cover)	Major policy exclusions are listed below. Please refer to the policy wording for the complete list of exclusions. · Admission primarily for investigation & evaluation · Admission primarily for rest Cure, rehabilitation and respite care Obesity/ Weight Control · Circumcision, sex change surgery, cosmetic surgery & plastic surgery. · Substance abuse, self-inflicted injuries,Treatment for, Alcoholism, drug or substance abuse or any addictive condition · Hazardous sports, or Adventure sports , war, terrorism, civil war or breach of law. · Experimental, investigational or unproven treatments Excluded Providers Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. 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 Refractive error Unproven Treatments Sterility and Infertility Maternity ii. **Specific Exclusions** (Exclusions other than those mentioned under E(i) above) 1. Any condition directly or indirectly caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice & Trichomoniasis, Human T Cell Lymphotropic Virus Type III (HTLV-III or IITLB-III) or Lymphadinopathy Associated Virus (LAV) or the mutants derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind. 2. Any dental treatment or surgery unless requiring			Part E i & ii

*Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Limited under license

		hospitalization arising out of an accident. 3. Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind of self-medication. 4. Charges incurred in connection with cost of spectacles and contact lenses, hearing aids, routine eye and ear examinations, dentures, artificial teeth and all other similar external appliances and /or devices whether for diagnosis or treatment. 5. Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walkers, belts, collars, caps, splints, braces, stockings of any kind, diabetic footwear, glucometer/thermometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous ambulatory peritoneal dialysis (C.P.A.D) and oxygen concentrator or asthmatic condition, cost of cochlear implants. 6. External Congenital Anomaly. 7. Circumcision unless necessary for treatment of an Illness or as may be necessitated due to an Accident 8. Any OPD treatment except pre and post – hospitalization as covered under Scope of the Policy. 9. Treatment received outside India except under Optional 'World-wide cover' if opted. 10. War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defense, rebellion, revolution, insurrection, mutiny, military or usurped acts, seizure, capture, arrest, restraints and detainment of all kinds. 11. Act of self-destruction or self-inflicted, attempted suicide or suicide while sane or insane or Illness or Injury attributable to consumption, use, misuse or abuse of tobacco, intoxicating drugs and alcohol or hallucinogens. 12. Any charges incurred to procure any medical certificate, treatment or Illness related documents pertaining to any period of Hospitalization or Illness. 13. Personal comfort and convenience items or services, TV(wherever specifically charged separately), charges for access to telephone and telephone calls (wherever specifically charged separately), foodstuffs, (except patient's diet), cosmetics, hygiene articles, body or baby care products and bath additive, barber or beauty service, guest service.	

*Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Limited under license

		14. Expenses related to any kind of RMO charges, service charge, surcharge, admission fees, registration fees, night charges levied by the hospital under whatever head. 15. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion: a. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death. b. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death. c. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and /or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death. In addition to the foregoing, any loss, claim or expense of whatsoever nature directly or indirectly arising out of, contributed to, caused by, resulting from, or in connection with any action taken in controlling, preventing, suppressing, minimizing or in any way relating to the above shall also be excluded. 16. Alopecia, wigs and/or toupee and all hair or hair fall treatment and products 17. Drugs or treatment and medical supplies not supported by a prescription from a Medical Practitioner. 18. Costs of donor screening and organ. 19. Exclusions specific to AYUSH Treatment# The Company shall not make payment in respect of claims arising directly or indirectly out of or attributable or traceable to any of the following: • OPD / Day care treatment • Wellness and non-therapeutic treatment • Any Pre-Hospitalization and Post-Hospitalization Expenses • All Preventive and Rejuvenation Treatments (non-curative in nature) including, without limitation, treatments that are not Medically Necessary. • Non- Prescribed medicines by treating physician, non-disclosed	

*Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Limited under license

		formulations & non-standardized preparations or Health Supplementary products will be excluded. • Any Pre or Post hospitalization AYUSH treatment taken before/pursuant to inpatient Allopathy treatment. The above exclusions are in additions to the General exclusions listed under the Policy. #Added pursuant to "Guidelines on providing AYUSH Coverage in Health insurance policies" dated 31 January, 2024 issued by the IRDAI effective 1st April 2024	

*Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Limited under license

7	Waiting period	* Pre-existing Diseases will be covered after a waiting period of 36 months. * Specified surgeries/treatments/diseases are covered after specific waiting period of 24 months. * Specified surgeries/treatments/diseases are covered after specific waiting period of 36 months. * 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.	Part E.i
8	**I. Sub-limit** (It is pre-defined limit, and the insurance company will not pay any amount in excess of this limit)	Sub-limit is not applicable for this product	
	II. Co-Payment (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured).	Co-Payment is not applicable for this product.	

*Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Limited under license

Liberty General Insurance Ltd.
15th Floor, Unit-1501&1502, Tower 2, One International Center,
Senapati Bapat Marg, Prabhadevi, Mumbai- 400013
Email: care@libertyinsurance.in
IRDA registration number: 150 • CIN: U66000MH2010PLC209656

	III. Deductible (It is a specified amount – up to which an insurance company will not pay any claim, and which will be deducted from total claim amount (if claim amount is more than the specified amount)	<table><tr><th>COVERAGE(S) DESCRIPTION</th><th colspan="2">SUPER TOP UP</th></tr><tr><td>OPTIONS</td><td>I</td><td>II</td></tr><tr><td>SUM INSURED (IN LAKHS)</td><td>3, 5, 7, 10, 15, 20</td><td>10, 15, 20, 30, 50, 100</td></tr><tr><td>DEDUCTIBLE (IN LAKHS)</td><td>2 , 3, 4, 5, 7.5,10</td><td>10, 15, 20, 30,40</td></tr></table>	
	IV. Any other limit (as applicable)	NA	

*Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Limited under license

9	Claims/Claims procedure	**a. For Cashless Service:** You may call to our Customer care number for obtaining Cashless facility. You may also visit to our Company website www.libertyinsurance.in to know the list of empaneled Hospitals. **b. For Reimbursement of Claim:** You need to intimate Us immediately on hospitalization/ injury/ death, further submit all claim documents with supporting details/documents at your own expense to the TPA within 15 days of discharge from the hospital. TPA within 15 days of discharge from the hospital. **Turn Around Time (TAT)** for claim settlement: * TAT for preauthorization of cashless facility within 2 Hours. * TAT for cashless final bill authorization within 2 Hours. i. Network Hospital details – https://www.libertyinsurance.in/products/CPMigration/hospitalLocator iI. Helpline number – 1800 266 5844 iiI. Claim form – https://www.libertyinsurance.in/customer-support/download-forms.html iv. Hospitals which are blacklisted or from where no claims will be accepted by insurer – https://www.libertyinsurance.in/Docx/ExcludedHospitalLists.pdf **Claim Procedure** **1) Cashless Facility:** (applicable where the Insured Person/s has opted for cashless facility in a Network Hospital) - The Insured Person must call the helpline and furnish membership number and Policy Number and take an eligibility number to confirm communication. The same has to be quoted in the claim form. The call must be made 48 hours before admission to Hospital and details of hospitalization like diagnosis, name of Hospital,	Part G.7

*Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Limited under license

		duration of stay in Hospital should be given. In case of emergency hospitalization the call should be made within 24 hours of admission. i. The company may provide Cashless facility for Hospitalisation expenses either directly or through the TPA if treatment is undergone at a Network Hospital by issuing Pre-Authorisation letter to the health care service provider. ii. For the purpose of considering Pre-Authorisation and Cashless facility, the Insured Person/s shall submit to the TPA complete information of the disease, requiring treatment along with necessary certification from the Hospital/Medical Practitioner iii. If the claim for treatment appears admissible, the Company either directly or through the TPA shall issue Pre-Authorisation to the Hospital concerned for cashless facility whereby hospitalization expenses shall be paid directly by the Company/ through the TPA as confirmed in the Pre-Authorisation. iv. Cashless facility will not be available in Non-network Hospital and may be declined even for treatment at a network hospital where the information available does not conclusively establish that a claim in respect of the treatment would be admissible. In such cases, the Insured Person/s shall bear such expenses and claim reimbursement immediately after discharge from the Hospital. v. The list of Network hospitals where we are having cash less arrangement would be made available to the Policy holder and subsequent amendments to the same would also be duly communicated by us/ the TPA service provider. vi. In case where initial covered Medical expenses were not expected to exceed the deductible but subsequently found to be exceeding the opted deductible, notification must be done immediately along with the copy of intimation made to other Insurer(if covered under any other Health Insurance Policy). **2) Reimbursement:** Notice of claim with particulars relating to Policy numbers, name of the Insured Person in respect of whom claim is made, nature of illness/ injury and name and address of the attending Medical Practitioner/ Hospital/ Nursing Home should be given to Us immediately on hospitalization/ injury/ death, failing which admission of claim would be based on the merits of the case at our discretion. The Insured Person/s shall after intimation as aforesaid, further submit at his/her own expense to the TPA within 15 days of discharge from the hospital the following:	

*Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Limited under license

		i. Claim form duly completed in all respects ii. Original Bills, Receipt and Discharge certificate / card from the Hospital. iii. Original Cash Memos from Hospital(s)/Chemist(s), supported by proper prescriptions. iv. Original Receipt and Pathological test reports from a Pathologist supported by the note from the attending Medical Practitioner / Surgeon demanding such Pathological tests. v. Surgeon's certificate stating nature of operation performed and Surgeons' original bill and receipt. vi. Attending Doctor's / Consultant's / Specialist's / - Anesthetist's original bill and receipt, and certificate regarding diagnosis. vii. Medical Case History / Summary. viii. Original bills & receipts for claiming Ambulance Charges The Insured Person/s shall at any time as may be required authorize and permit the TPA and/or Company to obtain any further information or records from the Hospital, Medical Practitioner, Lab or other agency, in connection with the treatment relating to the claim. The Company may call for additional documents/ information and/or carry out verification on a case to case basis to ascertain the facts/collect additional information/documents of the case to determine the extent of loss. Verification carried out will be done by professional Investigators or a member of the Service Provider and costs for such investigations shall be borne by the Company. The Company may accept claims where documents have been provided after a delayed interval in case such delay is proved to be for reasons beyond the control of the Insured/ Insured Person/s. The Insured shall tender to the Company all reasonable information, assistance and proofs in connection with any claim hereunder. **c) Payment of Claim:** i. We shall be under no obligation to make any payment under this Policy unless We have received all the premium payments in full and all payments have been realized and We have been provided with the documentation and information. We have requested to establish the circumstances of the claim, its quantum or Our liability for it ii. We will only make payment to You under this Policy. In the	

*Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Limited under license

		event of Your death, We will make payment to the Nominee (as named in the Policy Schedule)/ legal heir as the case may be. No assignment of this Policy or the benefits there under shall be permitted. iii. Payments under this Policy shall only be made in Indian Rupees. iv. Our liability to make payment under this policy will only begin when the Deductible as mentioned in Schedule is exceeded. v. All admissible claims shall be assessed basis following order: **i. Top Up** a) Basis of claim payment shall be Medical expenses incurred for each event/hospitalization incepting during each policy year payable under this Policy and which exceed the Deductible applicable per event/hospitalization basis mentioned in the Policy Schedule. b) Each event (hospitalization), if more than one, during the Policy period shall be separately assessed subject to the specified Deductible mentioned in the Policy Schedule except in case of relapse within 45 (Forty Five) days, as defined under Any One Illness, this will be applicable for Individual Policy as well as for Family Floater Policy c) We are not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured Person had taken reasonable care, or that is brought about or contributed to by the Insured Person failing to follow the directions, advice or guidance provided by a Medical Practitioner. **ii. Super Top Up** a) Basis of claim payment shall be aggregate of Medical expenses incurred for all hospitalization (s) incepting during each policy year payable under this Policy and which exceeds the Deductible applicable per policy year basis as mentioned in the Policy Schedule b) Any claim under this Policy shall be payable by Us only if the sum of the amount of covered Medical Expenses in respect to Hospitalisation(s) of Insured Person (on Individual basis in case of Individual Policy and on Family Floater basis in case of Family Floater Policy) exceeds the Deductible applicable on per year basis and all limits of reimbursement under other Health Insurance policy (if available) to the insured person/s have been	

*Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Limited under license

		exhausted. c) We are not obliged to make payment for any claim or that part of any claim that could have been avoided or reduced if the Insured Person had taken reasonable care, or that is brought about or contributed to by the Insured Person failing to follow the directions, advice or guidance provided by a Medical Practitioner. **CHECK LIST OF ENCLOSURES FOR SUBMISSION OF CLAIM** **In-patient Treatment/ Day Care Procedures** q Duly filled and signed Claim Form q Photocopy of ID card / Photocopy of current year policy q Original Detailed Discharge Summary / Day care summary from the hospital. Original consolidated hospital bill with bill no. and break up of each Item, duly signed by the Insured q Original payment Receipt of the hospital bill with receipt number q First Consultation letter and subsequent Prescriptions. Original bills, original payment receipts and Reports for investigation supported by the note from attending Medical Practitioner / Surgeon demanding such test q Surgeons certificate stating nature of Operation performed and Surgeons Bills and Receipts q Attending Doctors/ Consultants/ Specialist's/ Anesthetist Bill and receipt and certificate regarding same q Original medicine bills and receipts with corresponding Prescriptions. q Original invoice/bills for Implants (viz. Stent /PHS Mesh/ IOL etc.) with original payment receipts. q Hospital Registration Number and PAN details from the Hospital q Doctors registration Number and Qualification from the doctor **Road Traffic Accident** In addition to the In-patient Treatment documents: q Copy of the First Information Report from Police Department / Copy of the Medico-Legal Certificate. <u>In Non Medico legal cases</u> q Treating Doctor’s Certificate giving details of injuries (How, when and where injury sustained) <u>In Accidental Death cases</u> q Copy of Post Mortem Report (if conducted) & Death Certificate	

*Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Limited under license

		For Death Cases In addition to the In-patient Treatment documents: q Original Death Summary from the hospital. q Copy of the Death certificate from treating doctor or the hospital authority. q Copy of the Legal heir certificate (where nomination is not available) **Pre and Post-hospitalisation expenses** q Duly filled and signed Claim Form. q Photocopy of ID card / Photocopy of current year policy. q Original Medicine bills, original payment receipt with prescriptions. q Original Investigations bills, original payment receipt with prescriptions and report. q Original Consultation bills, original payment receipt with prescription. q Copy of the Discharge Summary of the main claim. **Tele-medicine** q A proper invoice or numbered bill of consultation with date q A proof of payment either a Online, G-PAY or Pay-TM q The consultation note or Prescription with Physicians registration number and details q All investigation report advised with bills and prescription We may call for additional documents/ information as relevant to the claim. **Applicable to all claims under the Policy:** • In the event of the original documents being provided to any other Insurance Company or to a reimbursement provider, We shall accept verified photocopies of such documents attested by such other Insurance Company/ reimbursement provider. • If required, the Insured Person must give consent to obtain Medical opinion from any Medical Practitioner at Our expense. • If required, the Insured person must agree to be examined by a medical practitioner of our choice at Our expenses. • The Policy excludes the Standard List of excluded items as attached in this Policy document. • All claims will be settled in accordance with the applicable regulatory guidelines, including IRDAI (Protection of Policyholders Regulation), 2017.	

*Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Limited under license

		• No person other than the Insured /Insured Person(s) and/ or nominees named in the proposal can claim or sue us under this Policy.	

*Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Limited under license

10	Policy Servicing	**Step - 1** Call center number - 1800-266-5844 (8:00 AM to 8:00 PM, 7 days of the week) or Email us at: **care@libertyinsurance.in** Senior Citizens can email us at – **seniorcitizen@libertyinsurance.in** or Write to us at: Customer Service Liberty General Insurance Ltd. 15th Floor, Unit-1501&1502, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai- 400013 **Step - 2** If our response or resolution does not meet your expectations, you can escalate at - **Manager@libertyinsurance.in** **Step - 3** If you are still not satisfied with the resolution provided, you can further escalate at - **ServiceHead@libertyinsurance.in**	Part F.i.15

*Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Limited under license

11	Grievances/Complaints	• For Grievance Redressal, please refer: https://www.libertyinsurance.in/customer-support/grievance-redressal.html • Bima Bharosa (Grievance Redressal Portal), IRDAI :https://bimabharosa.irdai.gov.in/ • Insurance Ombudsman - For the latest details of Ombudsman offices, please visit the Insurance Ombudsman website at the following link: https://www.cioins.co.in/Ombudsman Insurance Ombudsman – The contact details of the Insurance Ombudsman offices have been provided as Annexure-B of Policy document.	Part F.i.15
12	Things to remember	**Free Look Cancellation:** The insured person shall be allowed free look period of 30 days from date of receipt of the policy document to review the terms and conditions of the policy. If he/she is not satisfied with any of the terms and conditions, he/she has the option to cancel his/her policy. The Free Look Period shall be applicable only for new individual health insurance policies, except for those policies with tenure of less than a year and not on renewals. If the insured has not made any claim during the Free Look Period, the insured shall be entitled to - i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period; **Policy Renewal:** The policy shall ordinarily be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured person. i. The Company shall endeavor to give notice for renewal. However, the Company is not under an obligation to give any notice for renewal. ii. Renewal of a health insurance policy shall not be denied on the ground that the insured person had made a claim or claims	Part F.i.14 Part F.i.10 Part F.i.8&9

*Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Limited under license

		in the preceding policy years, except for benefit based policies where the policy terminates following payment of the benefit covered under the policy. iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period. iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period. **Migration:** The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company by applying for migration of the policy atleast 30 days before the policy renewal date as per the IRDA Guidelines on Migration. If such person is presently covered and has been continuously covered without any lapse under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDA Guidelines on Migration. **Portability:** The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability. **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 sixty continuous months of coverage (including portability and migration) 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. This period of sixty	

*Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Limited under license

Liberty General Insurance Ltd.
15th Floor, Unit-1501&1502, Tower 2, One International Center,
Senapati Bapat Marg, Prabhadevi, Mumbai- 400013
Email: care@libertyinsurance.in
IRDA registration number: 150 • CIN: U66000MH2010PLC209656

		continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract. Note :The accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium period.	
13	Your Obligations	* Please disclose all pre-existing disease/s or condition/s before buying a policy. * Disclosure of Material Information during the policy period that relates to questions in the Proposal Form and which is important to the Company in order to accept the risk of insurance. Such information need to be provided to us in the form named as 'Alteration in Risk form' available on our Company website www.libertyinsurance.in before the Renewal, extension, variation, endorsement or reinstatement of the contract..	Part F.i.1

For Policy related documents visit our website-

https://www.libertyinsurance.in/customer-support/download-forms.html\

Declaration by the Policy Holder:

I have read the above Customer Information Sheet along with Policy documents and confirm having noted the details:

Place: Date: Signature of the Policyholder:

Health Connect Supra– CIS
UIN: LIBHLIP25035V042425
*Trade Logo displayed above belongs to Liberty Mutual and used by the Liberty General Insurance Limited under license