

Customer Information Sheet

| Title | Description | Refer to Policy Clause Number |
|--|--|-------------------------------|
| Product Name | Tata AIG MediCare Plus Top-Up | |
| What am I covered for: | <ol style="list-style-type: none"> 1. In-patient Benefits- Covers hospitalization expenses for period more than 24 hrs. 2. Pre-Hospitalization- Medical Expenses incurred in 60 days before the date of admission to the hospital 3. Post-Hospitalization- Medical Expenses incurred in 90 days after the date of discharge from the hospital 4. Day-Care procedures- Medical expenses for listed Day Care Treatment due to disease/illness/Injury during the policy period taken at a hospital or a Day Care Centre. 5. Organ Donor- Medical Expenses on harvesting the organ from the donor for organ transplantation. 6. Domiciliary Treatment- Medical Expenses incurred for availing medical treatment at home which would otherwise have required hospitalization. We will also cover pre and post hospitalization expenses in case of domiciliary hospitalization. 7. In-patient Dental Treatment- Covers expenses incurred towards hospitalization for dental treatment under anesthesia necessitated due to an accident/injury/illness. 8. AYUSH benefit - Medical Expenses incurred for In-patient treatment taken in AYUSH hospital. 9. Ambulance cover- For utilizing ambulance service for transporting insured person to hospital in case of an emergency. 10. Health Check-up- Expenses for a Preventive Health Check-up upto 1% of previous year policy sum insured subject to a maximum of Rs. 10,000/- per policy once in block of every two continuous claim free policy years with us. 11. Second Opinion- We will provide You a second opinion from Network Provider or Medical Practitioner, if an Insured Person is diagnosed with the mentioned Illnesses during the Policy Period. 12. Consumables Benefit- We will pay for expenses incurred, for specified consumables which are listed in 'Annexure - 1 List 1 as Optional Items' 'Items for which optional cover may be offered by insurers' under 'Guidelines on Standardization in Health Insurance, 2016' and its amendments, which are consumed during the period of hospitalization directly related to the insured's medical or surgical treatment of illness/disease/injury. Details of Annexure I-List I-Optional items are available on our website (www.tataaig.com). 13. Cumulative Bonus- 50% cumulative bonus will be applied on the Sum Insured for next policy year under the Policy after every claim free Policy Year, provided that the Policy is renewed with Us and without a break. The maximum cumulative bonus shall not exceed 100% of the Sum Insured in any Policy Year 14. Global Cover (Optional Cover) - Medical Expenses of the Insured Person incurred outside India, upto the sum insured provided that the diagnosis was made in India and the insured travels abroad for treatment. <p>Please refer to policy wordings for complete details.</p> | Section (1)-B1 to B14 |
| What are the major exclusions in the policy: | <p>Following is a partial list of the policy exclusions. Please refer to the policy wording for the complete list of exclusions.</p> <p>We will neither be liable nor make any payment for any claim in respect of any Insured Person which is caused by, arising from or in any way attributable to any of the following exclusions, unless expressly stated to the contrary in this Policy.</p> <p>Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof .(Code-Excl12), Alcoholic pancreatitis, Congenital External Diseases, defects or anomalies, Growth hormone therapy; Sleep-apnoea, Venereal disease, sexually transmitted disease or illness; Maternity (Code - Excl 18); Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy; Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period, Any existing disease specifically mentioned as Permanent exclusion in the Policy Schedule , War or any act of war, nuclear, chemical and biological weapons, ionizing radiation, Breach of law (Code – Excl10), Intentional self-injury or attempted suicide while sane or insane.</p> | Section (3) |

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| Waiting Period | <ul style="list-style-type: none"> Initial waiting period of 30 days for all illnesses (not applicable for accidents or on renewals) 24 months waiting period for specified diseases /procedures Pre-existing disease covered after 36 months | Section (3) |
| Payment Basis | <ul style="list-style-type: none"> Reimbursement of covered expenses up to specified limit. | |
| Loss Sharing | <ul style="list-style-type: none"> We will pay Medical Expenses exceeding the Aggregate Deductible Aggregate Deductible applicable as mentioned in the Policy Schedule. | |
| Renewal Conditions | <ul style="list-style-type: none"> The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period. Grace period of 30 days for renewing the policy is provided. There is no maximum cover ceasing age under this Policy. In case of family floater option where the dependent child(ren) attains age of 26 years at the time of renewal, proposal for a separate policy for this member needs to be submitted. Suitable credit of continuity/waiting periods for all the previous policy years would be extended in the new policy, provided the policy has been maintained without a break. | Section (4) |
| Renewal Benefits | <ul style="list-style-type: none"> 50% increase in cumulative bonus for every claim free year In the case a claim is made during the policy year, the cumulative bonus would reduce by 50% in the following year Free health check up upto 1% of previous sum insured (maximum upto Rs.10,000 per policy) once after block of every two continuous claim free policy years with us. | Section (B9) and Section (B14) |
| Free Look Period | <p>The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.</p> <p>The insured person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.</p> <p>If the insured has not made any claim during the Free Look Period, the insured shall be entitled to</p> <ul style="list-style-type: none"> 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 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 Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period | Section (4) |
| Cancellation | <ul style="list-style-type: none"> The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud. No refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy | Section (4) - 13 |
| How to Claim | <ul style="list-style-type: none"> Claim procedure: <ul style="list-style-type: none"> For Cashless Service: <ul style="list-style-type: none"> Please call our designated TPA (Third Party Administrator)/ Us on toll free no. 1800 266 7780 or 1800 229 966 (For Senior Citizens) in the event of hospitalization giving rise to a claim or e-mail at healthclaimsupport@tataaig.com For list of network hospitals, please refer to our website www.tataaig.com For Reimbursement of Claim: <ul style="list-style-type: none"> Please intimate our TPA/Us within 7 days of completion of treatment, consultation or procedure. Please submit claim documents to our TPA/Us within 15 days of occurrence of incident. Kindly sent the claim documents to: <p>TAGIC Health Claims, Tata AIG General Insurance Company Limited, 5th and 6th Floor, Imperial Towers, H.No 7-1-6-617/A, GHMC No - 615,616, Ameerpet, Hyderabad – 500016, Telangana, Phone-040-66864900</p> | Section(5) |

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| Product Name | Tata AIG MediCare Plus Top-Up | |
| Policy Servicing/ Grievances/Complaints | <ul style="list-style-type: none"> • Redressal of Grievance <ul style="list-style-type: none"> o In case of any grievance the insured person may contact the company through <ul style="list-style-type: none"> • Website: www.tataaig.com • Toll Free: 1800 266 7780 or 1800 22 9966 (only for Senior Citizen policyholders) • Email: customersupport@tataaig.com • Fax: 022 66938170 • Courier: Customer Support, Tata AIG General Insurance Company Limited A-501 Building No. 4 IT Infinity Park, Dindoshi, Malad (E), Mumbai – 400097 o Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. o If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at manager.customersupport@tataaig.com. o For updated details of grievance officer, kindly refer the link (https://www.tataaig.com/grievance-redressal-policy) • If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. Please refer our website www.tataaig.com or for updated list and details of Insurance Ombudsman Offices, please visit website http://ecoi.co.in/ombudsman.html • Grievance may also be lodged at IRDAI Integrated Grievance Management System (https://igms.irda.gov.in/) | Section (6) |
| Insured's Rights | <ul style="list-style-type: none"> • Free-look period (as mentioned above) • Lifelong renewability (except on certain specific grounds) • Right to migrate from one product to another product of the company. Please call our 24X7 Toll free number 1800-266-7780 or 1800 22 9966 (for Senior Citizens) or you may email to the customer service desk at customersupport@tataaig.com to get the details. • Right to port the from one company to another company Please call our 24X7 Toll free number 1800-266-7780 or 1800 22 9966 (for Senior Citizens) or you may email to the customer service desk at customersupport@tataaig.com to get the details. • Change in SI during the policy term or at the time of renewal Please call our 24X7 Toll free number 1800-266-7780 or 1800 22 9966 (for Senior Citizens) or you may email to the customer service desk at customersupport@tataaig.com to get the details. <ul style="list-style-type: none"> o Notice with full particulars shall be sent to the Company/TPA (if applicable) as under: <ol style="list-style-type: none"> i. Within 24 hours from the date of emergency hospitalization required ii. At least 48 hours prior to admission in Hospital in case of a planned hospitalization. • Claim Settlement (provision for Penal Interest) <ol style="list-style-type: none"> i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document. ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate. iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document. o In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim. | Section (3) and Section (4) |

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| Monthly Installment Premium Option | <p>If the insured person has opted for Payment of Premium on an installment basis i.e. Monthly, as mentioned in the policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)</p> <ul style="list-style-type: none"> • Grace Period of _15 days would be given to pay the installment premium due for the policy. • During such grace period, coverage will not be available from the due date of installment premium till the date of receipt of premium by Company. • The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period. • No interest will be charged If the installment premium is not paid on due date • In case of installment premium due not received within the grace period, the policy will get cancelled. • In the event of a claim, all subsequent premium instalments shall immediately become due and payable. • The company has the right to recover and deduct all the pending installments from the claim amount due under the policy. | Endorsement for: Instalment premium |
| Insured's Obligations | <ul style="list-style-type: none"> • Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid and termination of Your policy. | |

Legal Disclaimer Note: The information must be read in conjunction with the policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.

Tata AIG General Insurance Company Limited

Registered Office: Peninsula Business Park, Tower A, 15th Floor, G. K. Marg, Lower Parel, Mumbai - 400 013.
24X7 Toll Free No: 1800 266 7780 or 1800 22 9966 (For Senior Citizens) Fax: 022-6693 8170 Email: customersupport@tataaig.com
Website: www.tataaig.com IRDA of India Registration No.: 108 CIN: U85110MH2000PLC128425

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