

## CUSTOMER INFORMATION SHEET

(Description is illustrative and not exhaustive)

Sr. No	Title	Description	Policy Clause Number
1	<b>Product Name</b>	Acko Health Insurance	
2	<b>What am I covered for</b>	<p><b>a. In-patient Hospitalization</b></p> <p>We will cover the hospitalization expenses during an Insured Person's In-patient Hospitalization, namely, Room Rent, ICU/CCU/HDU charges, Operation theatre cost, all required Medical Practitioners' fees, Medication, Diagnostic tests and Surgical / Medical Appliances required.</p> <p><b>b. Day Care Treatment</b></p> <p>We will cover the Medical Expenses towards a Day Care Treatment undertaken by an Insured Person in a Hospital / nursing home / Day Care Centre.</p> <p><b>c. Pre &amp; Post Hospitalization Medical Expenses</b></p> <p>We will cover the relevant Medical Expenses in relation to Pre/Post-hospitalization Medical Expenses of an Insured Person incurred immediately prior to the Date of Admission or post the date of discharge from the Hospital.</p> <p><b>d. Road Ambulance</b></p> <p>We will cover the reasonable costs incurred towards transportation of an Insured Person to a Hospital or Day Care Centre by an Ambulance or public transport, in case of the Insured Person requiring Emergency Care.</p> <p><b>e. Domestic Emergency Evacuation</b></p> <p>We will cover the reasonable costs towards Emergency Evacuation of the Insured Person to the nearest medical facility capable of providing adequate care, In case of a Medical Emergency during the Coverage Period.</p> <p><b>f. Domiciliary Treatment Cover</b></p> <p>We will cover the Medical Expenses incurred on the Domiciliary Treatment of an Insured Person following an Illness or Injury that occurs during the Coverage Period.</p> <p><b>g. Organ Donor Expenses</b></p> <p>We will cover the In-patient Hospitalization expenses incurred by an Insured Person's organ donor towards harvesting of the organ.</p> <p><b>h. Second Opinion</b></p> <p>We will cover the expenses incurred towards seeking a second opinion for an alternate evaluation of the diagnosis or Treatment from a Specialist Medical Practitioner, on an out-patient consultation basis.</p> <p><b>i. New Born Baby</b></p> <p>We will indemnify the Medical Expenses under incurred towards the Hospitalization of an Insured Person's New Born Baby who is born during the Coverage Period.</p> <p><b>j. Annual Preventive Health Check-up</b></p> <p>We will facilitate and provide preventive health check-ups to all Insured Persons above 18 years of age, once in each Policy Year.</p>	<p style="text-align: right;">Section 3.1</p> <p style="text-align: right;">Section 3.2</p> <p style="text-align: right;">Section 3.3</p> <p style="text-align: right;">Section 3.4</p> <p style="text-align: right;">Section 3.5</p> <p style="text-align: right;">Section 3.6</p> <p style="text-align: right;">Section 3.7</p> <p style="text-align: right;">Section 3.8</p> <p style="text-align: right;">Section 3.9</p> <p style="text-align: right;">Section 3.10</p>

		<p><b>k. Inflation Protect Sum Insured</b></p> <p>We will provide You an additional Sum Insured, called Inflation Protect Sum Insured, in the subsequent Policy Year, if the Policy is active or is renewed with Us.</p> <p><b>l. Restore Sum Insured</b></p> <p>We will restore Your Sum Insured up to 100% of Base Sum Insured once in a Policy Year, in case the Base Sum Insured inclusive of Inflation Protect Sum Insured and any No Claim Bonus Sum Insured earned under the Policy is insufficient to pay for medical expenses as a result of previous claims admitted during the Policy Year.</p> <p><b>m. Worldwide In-patient Hospitalization</b></p> <p>We will cover the Covered In-patient Medical Expenses incurred during Hospitalization of an Insured Person anywhere outside India for the Illness or Injury.</p> <p><b>n. Unlimited Restore</b></p> <p>We will restore the Sum Insured for unlimited times, in case the Base Sum Insured inclusive of Inflation Protect Sum Insured and any No Claim Bonus Sum Insured earned under the Policy is insufficient to pay for medical expenses as a result of previous claims admitted during the Policy Year.</p> <p><b>o. No Claim Bonus Sum Insured</b></p> <p>We will provide You an additional Sum Insured, called No Claim Bonus (NCB) Sum Insured, in the subsequent Policy Year, if the Policy is active or is renewed with Us.</p> <p><b>p. First Notification of Claim</b></p> <p>We will offer a discount on premium, if You agree to notify Us about any claim under “In-patient Hospitalization” or “Day Care Treatment” within 48 hours of Hospitalization or before discharge, whichever is earlier.</p> <p><b>q. Preferred Providers Network</b></p> <p>We will offer a discount on premium, if You agree to use the services of Hospitals in our Preferred Provider Network under “In-patient Hospitalization” or “Day Care Treatment”.</p> <p><b>r. Co-Pay</b></p> <p>We will offer a discount on premium, if You agree to bear a compulsory Co-payment percentage of the final claim amount assessed by Us, for all claims under Basic Benefits and Basic Benefit Options.</p> <p><b>s. Super Top-up</b></p> <p>We will cover the Insured Persons for claims only when the total admissible claim amount for all Insured Persons during the Policy Year exceeds the Annual Aggregate Deductible amount.</p> <p><b>t. Waiver of Non-payable Medical Expenses Exclusion</b></p> <p>We will cover the reasonable and customary expenses towards Non-payable Medical Expenses under “In-patient Hospitalization”, “Day Care Treatment” or Domiciliary Treatment Cover”.</p> <p><b>u. All Medically Necessary Hospitalization</b></p> <p>We will cover the reasonable and customary expenses towards Permanent Exclusions as specified in Section 6.5, provided that the claim is admitted under Basic Benefits “In-patient Hospitalization”, “Day Care Treatment” or “Domiciliary Treatment Cover”.</p>	<p>Section 3.11</p> <p>Section 3.12</p> <p>Section 4.1</p> <p>Section 4.2</p> <p>Section 4.3</p> <p>Section 4.4</p> <p>Section 4.5</p> <p>Section 4.6</p> <p>Section 4.7</p> <p>Section 4.8</p> <p>Section 4.9</p>
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		<p><b>v. Reduction in Specific Disease/Procedure Waiting Period</b></p> <p>We shall reduce the applicable specific waiting period for claims related to Specific Diseases/Procedures specified in Exclusion Section under “Specific Disease/Procedure Waiting Period” to the period as specified in the Schedule.</p> <p>This Basic Benefit Option will be available only at the time of inception of the first policy with Us and only for the Sum Insured opted at such inception.</p> <p><b>w. Doctor-on-Call</b></p> <p>We will provide the Insured Person with access to a general Medical Practitioner, either directly or facilitated through Our Empanelled Service Provider, for round-the-clock medical consultation through an online portal as a chat service, a call back service or a voice call service.</p> <p><b>x. Family Physician</b></p> <p>We will assign a Family Physician to You in Your locality whom any of the Insured Person(s) may visit for General Physician Consultations.</p> <p><b>y. Out-Patient Department (OPD) Medical Services</b></p> <p>We will cover the Medical Expenses incurred by an Insured Person in respect of any Medically Necessary Treatment availed, in a Hospital or Day Care Centre or by any service provider in an Out-Patient facility.</p> <p><b>z. Access to Our Out-Patient Medical Services Network</b></p> <p>You are entitled to avail of Physical Consultation, Prescribed Diagnostics or Pharmacy, at a discount on their Retail Rates.</p> <p><b>aa. Monthly No Claim Bonus OPD Sum Insured</b></p> <p>We will provide You No Claim Bonus (NCB) OPD Sum Insured at the end of each claim free Policy Month to avail OPD medical services.</p> <p><b>bb. Daily Hospital Cash</b></p> <p>We will pay the daily allowance amount for each continuous and completed period of 24 hours of Hospitalization.</p> <p><b>cc. Critical Illness Benefit</b></p> <p>We will pay the Sum Insured specified in the schedule, in case You are first diagnosed as suffering from any of the Critical Illnesses or required to undergo covered surgical procedures specified in the Schedule.</p> <p><b>dd. Accidental Death or Disability Cover</b></p> <p>We will pay the amount specified in the Schedule, in case You suffer an Injury due to an Accident that occurs during the Coverage Period and that Injury solely and directly results in your Death or Disability, within 365 days from the date of the Accident.</p> <p><b>ee. Permanent Total Disability Cover</b></p> <p>We will pay you the amount specified in the Schedule, in case you suffer an Injury due to an Accident that occurs during the Coverage Period and that Injury solely and directly results in the Permanent Total Disability, within 365 days from the date of the Accident.</p> <p><b>ff. Value Added Services</b></p> <p>We will provide you the preventive and wellness services to incentivize you to take care of your health and maintain a healthy lifestyle.</p>	<p>Section 4.10</p> <p>Section 5.1</p> <p>Section 5.2</p> <p>Section 5.3</p> <p>Section 5.4</p> <p>Section 5.5</p> <p>Section 5.6</p> <p>Section 5.7</p> <p>Section 5.8</p> <p>Section 5.9</p> <p>Section 5.10</p>
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3	<b>What are the major exclusions in the policy</b>	<ul style="list-style-type: none"> <li>• Self-inflicted Injury or Suicide</li> <li>• Breach of law</li> <li>• Maternity, Birth control, Sterility and Infertility</li> <li>• Treatment for Cosmetic Purposes</li> <li>• War and Exposure to Hazardous Substances</li> <li>• HIV and AIDS, Other Sexually Transmitted Diseases</li> <li>• Substance Abuse and Addictions</li> <li>• Hazardous or Adventure sports</li> <li>• Unproven and Experimental Treatment</li> <li>• External Congenital disease or defects</li> <li>• Treatment other than Allopathic or AYUSH</li> <li>• Sleep Disorders</li> </ul> <p>(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing)</p>	Section 6.4, Section 6.5 and Section 6.6
4	<b>Waiting period</b>	<ul style="list-style-type: none"> <li>• <b>Initial waiting Period:</b> 30 days for all illness (not applicable on renewal or for accidents)</li> <li>• <b>Specified Diseases/Procedure:</b> Covered after _ months</li> <li>• <b>Pre-Existing Diseases:</b> Covered after _ months</li> </ul>	Section 6.1, Section 6.2 and Section 6.3
5	<b>Payment basis</b>	Cashless facility or reimbursement of covered expenses up to specified limits.	Section 7.12
6	<b>Loss Sharing</b>	<p>In case of a claim, this policy requires you to share the following costs:</p> <ul style="list-style-type: none"> <li>• Expenses exceeding the specified Room Rent / Room Category / ICU Charges beyond _____</li> <li>• XX% of Co- payment, if you fail to notify under First Notification of Claim</li> <li>• XX% of Co- payment in a Non-Preferred Provider Network</li> <li>• XX% of Co- payment on each claim</li> <li>• <b>Deductible</b> of Rs. _____ on aggregate claim basis</li> </ul>	Section 3.1, Section 4.4, Section 4.5, Section 4.6 and Section 4.7
7	<b>Renewal Conditions</b>	<ul style="list-style-type: none"> <li>• The Benefits under the Policy can be availed continuously after completion of the Policy Period if the Renewal request is made along with the applicable premium on a timely basis.</li> <li>• The Renewal premium is payable on or before the due date and in any circumstances before the expiry of Grace Period, at such rate as may be reviewed and notified by Us before completion of the Policy Period.</li> <li>• Renewal premium rates for this Policy may be further altered by Us including in the following circumstances: <ul style="list-style-type: none"> <li>A. You proposed to add an Insured Person to the Policy</li> <li>B. You change any coverage provision</li> <li>C. You change Your residence to different Pin code</li> </ul> </li> <li>• Renewal premium will alter based on individual age. The reference of age for calculating the premium for Family Floater Policies shall be the age of the eldest Insured Person, and for Individual policies, it shall be the individual age of each Insured Person of the Family.</li> <li>• Renewal premium will not alter based on individual claims experience. Renewal premium rates may be changed by Us provided that such changes are approved by IRDAI and in accordance with the IRDAI's rules and regulations as applicable from time to time.</li> </ul>	Section 8.20

<b>8</b>	<b>Renewal Benefits</b>	<ul style="list-style-type: none"> <li>● <b>Annual Health Check-up:</b> You will get a preventive health check-up on every renewal.</li> <li>● <b>Inflation Protect Sum Insured:</b> You will get an additional Sum Insured of ___ on every renewal.</li> <li>● <b>No Claim Bonus:</b> You will get an additional Sum Insured of ___ on every renewal. If a claim is made during a policy year, the NCB Sum Insured in the subsequent Policy Year will be zero.</li> </ul>	<p>Section 3.10, Section 3.11 and Section 4.3</p>										
<b>9</b>	<b>Cancellation</b>	<p><b>a. Cancellation by You:</b> You may terminate this Policy by giving 30 days prior written notice to Us. We shall cancel the Policy for the balance of the Policy Period and refund the premium for the unexpired term as mentioned herein below, provided that no claim has been made under the Policy by or on behalf of any Insured Person:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Cancellation Period</th> <th style="text-align: center;">% of Premium</th> </tr> </thead> <tbody> <tr> <td>Within 25% of the Coverage Period</td> <td style="text-align: center;">60%</td> </tr> <tr> <td>25%-50% of the Coverage Period</td> <td style="text-align: center;">40%</td> </tr> <tr> <td>50%-75% of the Coverage Period</td> <td style="text-align: center;">20%</td> </tr> <tr> <td>Exceeding 75% of the Coverage Period</td> <td style="text-align: center;">0%</td> </tr> </tbody> </table> <p><b>b. Automatic Cancellation:</b></p> <ol style="list-style-type: none"> <li>i. Individual Policy: The Policy shall automatically terminate in the event of death of the Insured Person.</li> <li>ii. For Family Floater Policies: The Policy shall automatically terminate in the event of the death of all the Insured Persons.</li> <li>iii. Refund: A refund in accordance with the above table shall be payable if there is an automatic cancellation of the Policy provided that no claim has been made under the Policy by or on behalf of any Insured Person. We will pay the refund of premium to the Nominee named in the Schedule or Your legal heirs or legal representatives holding a valid succession certificate.</li> </ol> <p><b>c. Cancellation by Us:</b> We may terminate this Policy during the Policy Period by sending 30 days prior written notice to Your address shown in the Schedule without refund of premium (for cases other than non-cooperation) if:</p> <ol style="list-style-type: none"> <li>i. You or any Insured Person or any person acting on behalf of either has acted in a dishonest or fraudulent manner under or in relation to this Policy; and/or</li> <li>ii. You or any Insured Person has not disclosed the material facts or misrepresented in relation to the Policy; and/or</li> <li>iii. You or any Insured Person has not co-operated with Us. In such cases, premium will be refunded on pro-rata basis provided that no claim has been filed under the Policy by or on behalf of any Insured Person.</li> </ol> <p>For avoidance of doubt, it is clarified that no claims shall be admitted and/or paid by Us and the health check-up cannot be availed during the notice period.</p> <p><b>Note</b> - If a claim is in any way found to be fraudulent, or if any false statement, or declaration is made or used in support of such a claim, or if any fraudulent means or devices are used by the Insured Person or anyone acting on behalf of the Insured Person or any false or incorrect Disclosure to Information Norms to obtain any benefit under this Policy, then We may reserve the right to re-underwrite or cancel the Policy and all claims being processed shall be forfeited for all Insured Persons and all sums paid under this Policy shall be repaid to Us by You who shall be jointly liable for such repayment.</p>	Cancellation Period	% of Premium	Within 25% of the Coverage Period	60%	25%-50% of the Coverage Period	40%	50%-75% of the Coverage Period	20%	Exceeding 75% of the Coverage Period	0%	<p>Section 8.21, Section 8.22.1, Section 8.22.2 and Section 8.23</p>
Cancellation Period	% of Premium												
Within 25% of the Coverage Period	60%												
25%-50% of the Coverage Period	40%												
50%-75% of the Coverage Period	20%												
Exceeding 75% of the Coverage Period	0%												
<b>10</b>	<b>Claims</b>	<ul style="list-style-type: none"> <li>● <b>For Cashless Service:</b> Cashless Facility for Hospitalization expenses shall be limited exclusively to Medical Expenses incurred for Treatment undertaken in a Network Provider.</li> <li>● <b>For Reimbursement of Claim:</b> For reimbursement claims, You have to submit</li> </ul>	<p>Section 7.4 and Section 7.5</p>										

		the applicable claim documents to Our branch or head office at your own expense not later than 15 days from the date of discharge from the Hospital.	
11	<b>Policy Servicing/ Grievances/ Complaints</b>	<ul style="list-style-type: none"> <li>● <b>Company Officials:</b> Acko General Insurance Limited, #36/5, Hustlehub One East, 27th Main Rd, Sector 2, HSR Layout, Bengaluru, Karnataka - 560102</li> <li>● <b>Our website:</b> <a href="http://www.acko.com">www.acko.com</a></li> <li>● <b>Email:</b> <a href="mailto:grievance@acko.com">grievance@acko.com</a></li> <li>● <b>Toll Free:</b> 1860 266 2256</li> </ul>	Section 10
12	<b>Insured's Rights</b>	<ul style="list-style-type: none"> <li>● <b>Free Look:</b> A period of 15 days (30 days if the Policy is sold through distance marketing) from the date of receipt of the Policy document.</li> <li>● <b>Implied renewability</b> (except on certain specific grounds)</li> <li>● <b>Migration and Portability:</b> Any Insured Person has the option to migrate to similar indemnity health insurance policy available with Us or any other non-life insurer, at the time of renewal subject to underwriting with all the accrued continuity benefits such as waiver of waiting period provided the policy has maintained without a break as per portability guidelines. Email- <a href="mailto:hello@acko.com">hello@acko.com</a>, Toll free 1800 266 2256</li> <li>● <b>Increase in sum insured during the policy term:</b> The sum insured can be enhanced only at the time of renewal subject to the underwriting norms and acceptability criteria of the policy. If you increase the sum insured, the case may be subject to medicals. In case of increase in the sum insured, the waiting periods will apply afresh in relation to the amount by which the sum insured has been enhanced. The quantum of increase shall be at our discretion and subject to our underwriting guidelines.</li> </ul>	Section 8.9, Section 8,24 and Section 7.4
13	<b>Insured's Obligations</b>	<ul style="list-style-type: none"> <li>● This Policy has been issued on the basis of the Discloser to information Norm, including the information provided by you in respect of the insured Persons in the proposal form and any other details submitted in relation to the proposal form. If at the time of issuance of policy or during continuation of the policy, any material fact in the information provided to Us in the Proposal form or otherwise, by you or the insured person, or anyone acting on behalf of you or an insured person is found to be incorrect, incomplete, suppressed or not disclosed, willfully or otherwise, the policy shall be:             <ol style="list-style-type: none"> <li>i. Cancelled ab initio from the inception date or the renewal date (as the case may be), or the policy may be modified by us as per board approved underwriting guidelines, at our sole discretion, upon 30 days' notice by sending an endorsement to your address shown in the schedule without refund of the premium; and</li> <li>ii. Any claim made under such Policy, shall be rejected/ repudiated forthwith.</li> </ol> </li> </ul>	Section 7.2 and Section 8.1
<p><b>Legal Disclaimer Note:</b> The information must be read in conjunction with the product brochure and 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.</p>			

**Annexure: Benefit Illustration**

**Illustration 1:**

Age of the Members Insured	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)				Coverage opted on floater basis with overall Sum Insured (Only one sum insured is available for the entire family)			
	Premium (₹)	Sum Insured (₹)	Premium (₹)	Discount (if any)	Premium after discount (₹)	Sum Insured (₹)	Premium or consolidated premium for all members of the family (₹)	Floater discount (if any)	Premium after discount (₹)	Sum Insured (₹)
16 – 20	3,901	3,00,000	3,901	0	3,901	3,00,000	65,567	14,125	51,443	3,00,000
21 - 25	3,901	3,00,000	3,901	0	3,901	3,00,000				
31 - 35	4,568	3,00,000	4,568	0	4,568	3,00,000				
36 – 40	4,568	3,00,000	4,568	0	4,568	3,00,000				
51 – 55	8,853	3,00,000	8,853	0	8,853	3,00,000				
56 – 60	11,288	3,00,000	11,288	0	11,288	3,00,000				
61 – 65	13,730	3,00,000	13,730	0	13,730	3,00,000				
66 – 70	14,759	3,00,000	14,759	0	14,759	3,00,000				
Total Premium for all members of the family is ₹ 65,567 when each member is covered separately.			Total Premium for all members of the family is ₹ 65,567 when they are covered under a single policy.				Total Premium when policy is opted on a floater basis is ₹ 51,443.			
Sum Insured available for each member separately is ₹ 3,00,000			Sum Insured available for each family member is ₹ 3,00,000				Sum Insured ₹ 3,00,000 is available for the entire family			

**Coverage assumptions:**

1. The family of the proposer comprises spouse, one daughter and one son.
2. Parents and parent-in-laws are covered additionally
3. Age band of family members:

Relationship	Age Band
Self	36 – 40
Spouse	31 – 35
Father	56 – 60
Father-in-Law	66 – 70
Mother	51 - 55
Mother-in-Law	61 – 65
Son	16 – 20
Daughter	21 – 25

4. Coverage is standard for Zone 2.

**Illustration 2:**

Age of the Members Insured	Coverage opted on individual basis covering each member of the family separately (at a single point in time)		Coverage opted on individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)				Coverage opted on floater basis with overall Sum Insured (Only one sum insured is available for the entire family)			
	Premium (₹)	Sum Insured (₹)	Premium (₹)	Discount (if any)	Premium after discount (₹)	Sum Insured (₹)	Premium or consolidated premium for all members of the family (₹)	Floater discount (if any)	Premium after discount (₹)	Sum Insured (₹)
16 – 20	3,901	3,00,000	3,901	0	3,901	3,00,000	61,536	11,231	50,306	3,00,000
21 – 25	3,901	3,00,000	3,901	0	3,901	3,00,000				
41 - 45	5,175	3,00,000	5,175	0	5,175	3,00,000				
46 – 50	7,842	3,00,000	7,842	0	7,842	3,00,000				
71- 75	20,359	3,00,000	20,359	0	20,359	3,00,000				
76 +	20,359	3,00,000	20,359	0	20,359	3,00,000				
Total Premium for all members of the family is ₹ 61,536 when each member is covered separately.  Sum Insured available for each member separately is ₹ 3,00,000			Total Premium for all members of the family is ₹ 61,536 when they are covered under a single policy.  Sum Insured available for each family member is ₹ 3,00,000				Total Premium when policy is opted on a floater basis is ₹ 50,306.  Sum Insured ₹ 3,00,000 is available for the entire family			

**Coverage assumptions:**

1. The family of the proposer comprises spouse, one daughter and one son.
2. Parents are covered additionally
3. Age band of family members:

Relationship	Age Band
Self	46 – 50
Spouse	41 – 45
Son	16 – 20
Daughter	21 – 25
Mother	71 – 75
Father	76 +

4. Coverage is standard for Zone 2.