

## CUSTOMER INFORMATION SHEET

(Description is illustrative and not exhaustive)

Sr. No	Title	Description	Policy Clause Number
1	Product Name	Acko Specially Abled Health Cover	
2	What am I covered for	<p><b>I. Basic Benefits</b></p> <p>All the benefits listed in this part are available to anyone insured under the policy.</p> <p><b>A. Inpatient Hospitalization:</b></p> <p>The Company shall indemnify medical expenses incurred for Hospitalization of the Insured Person during the Policy Year, up to the Sum insured as specified in the Policy Schedule (other than any sub-limits, co-pay as specified in the policy), for:</p> <ol style="list-style-type: none"> <li>Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home up to maximum of 1% of the Sum Insured per day.</li> <li>Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses up maximum of 2% of Sum Insured per day.</li> <li>Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating Medical Practitioner/ surgeon or to the hospital</li> <li>Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities and such similar other expenses.</li> </ol> <p><b>Other expenses</b></p> <ol style="list-style-type: none"> <li>Expenses incurred on treatment of cataract subject to the sub limits.</li> <li>Dental treatment necessitated due to disease or injury (for inpatient care only).</li> <li>Plastic surgery necessitated due to disease or injury.</li> <li>All day care treatments</li> </ol> <p><b>Note:</b></p> <ol style="list-style-type: none"> <li>Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible. However, the time limit shall not apply in respect of Day Care Treatment.</li> <li>The above-mentioned Medical Expenses shall be payable only after the first commencement of the Policy with the Company.</li> </ol> <p><b>B. AYUSH Treatment</b></p> <p>The Company shall indemnify medical expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during each Policy Year up to 50% of sum insured as specified in the policy schedule in any AYUSH Hospital.</p>	<p>Section 3.2.1</p> <p>Section 3.2.2</p> <p>Section 3.2.3</p>

		<p><b>C. Pre-Hospitalization Medical Expenses:</b></p> <p>The Company shall indemnify Pre-Hospitalization Medical Expenses incurred, related to an admissible Hospitalization requiring Inpatient care, up to a period of 30 days prior to the date of admissible Hospitalization covered under the Policy during the policy period.</p> <p><b>Conditions:</b></p> <ul style="list-style-type: none"> <li>i. The claim is accepted under Section 3.2.1 (Inpatient Care) or Section 3.2.2 (AYUSH Treatment) or Section 3.2.7 (Modern Treatments) in respect of that Insured Person.</li> <li>ii. Pre-hospitalization Medical Expenses can be claimed under this Section on a Reimbursement basis only.</li> </ul>	Section 3.2.4
		<p><b>D. Post-Hospitalization Medical Expenses:</b></p> <p>The Company shall indemnify Post Hospitalization Medical Expenses incurred, related to an admissible Hospitalization requiring Inpatient Care, up to a period of 60 days from the date of discharge from the Hospital, following an admissible hospitalization covered under the Policy during the policy period.</p> <p><b>Conditions:</b></p> <ul style="list-style-type: none"> <li>i. The claim is accepted under Section 3.2.1 (Inpatient Care) or Section 3.2.2 (AYUSH Treatment) or Section 3.2.7 (Modern Treatments) in respect of that Insured Person.</li> <li>ii. Post-hospitalization Medical Expenses can be claimed under this Section on a Reimbursement basis only.</li> </ul>	Section 3.2.5
		<p><b>E. Emergency Ground Ambulance</b></p> <p>The Company will reimburse Reasonable and Customary Charges for expenses incurred towards ambulance charges for transportation of an Insured person, per hospitalization as per the limit mentioned in Policy Schedule.</p> <p><b>Specific Conditions:</b></p> <ul style="list-style-type: none"> <li>i. The Company will reimburse payments under this Benefit provided that.</li> <li>ii. The medical condition of the Insured Person requires immediate ambulance services from the place where the Insured Person is Injured or is suffering from an Illness to a Hospital where appropriate medical treatment can be obtained or from the existing Hospital to another Hospital as advised by the treating Medical Practitioner in writing for management of the current Hospitalization.</li> <li>iii. Expenses incurred on road Ambulance subject to a maximum of Rs.2000/- per hospitalisation.</li> <li>iv. The ambulance service is offered by a healthcare or Registered Ambulance Service Provider.</li> <li>v. The original Ambulance bills and payment receipt is submitted to the Company.</li> <li>vi. The Company has accepted a claim under Section 3.2.1 (Inpatient Care) above in respect of the same period of Hospitalization or Section 3.2.2 (AYUSH Treatment) or Section 3.2.7 (Modern Treatments).</li> <li>vii. Any payment under this Benefit will be excluded if the Insured Person is transferred to any Hospital or diagnostic centre for evaluation purposes only.</li> </ul>	Section 3.2.6
		<p><b>F. Cataract Treatment</b></p> <p>The company shall indemnify medical expenses incurred for treatment of Cataract, subject to a limit of Rs.40,000/-, per each eye in one policy year.</p>	Section 3.2.7

		<p><b>G. Modern Treatment</b></p> <p>The following procedures will be covered (wherever medically indicated) either as In patient or as part of Day Care Treatment in a Hospital up to 50% of Sum Insured, specified in the Policy Schedule, during the Policy Period.</p> <ol style="list-style-type: none"> <li>Uterine Artery Embolization and HIFU (High intensity focused ultrasound)</li> <li>Balloon Sinuplasty</li> <li>Deep Brain stimulation</li> <li>Oral chemotherapy</li> <li>Immunotherapy- Monoclonal Antibody to be given as injection.</li> <li>Intravitreal injections</li> <li>Robotic surgeries</li> <li>Stereotactic radio Surgeries</li> <li>Bronchial Thermoplasty</li> <li>Vaporisation of the prostate (Green laser treatment or holmium laser treatment)</li> <li>IONM- (Intra-Operative Neuro Monitoring)</li> <li>Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.</li> </ol>	
3	What are the major exclusions in the policy	<p><b>A. Standard Exclusions</b></p> <p><b>A.1. Pre-Existing Diseases - Code- Excl01</b></p> <ol style="list-style-type: none"> <li>Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 24 months for pre-existing disability/ 48 months for all pre-existing conditions other than HIV/AIDS and Disability (as mentioned in Policy Schedule) of continuous coverage after the date of inception of the first policy with insurer.</li> <li>In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.</li> <li>If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.</li> <li>Coverage under the policy after the expiry of a number of months (as mentioned in Policy Schedule) for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.</li> </ol> <p><b>A.2. Specified disease/procedure waiting period- Code- Excl02</b></p> <ol style="list-style-type: none"> <li>Expenses related to the treatment of the listed Conditions; surgeries/treatments shall be excluded until the expiry of 24 months as (mentioned in Policy Schedule) of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.</li> <li>In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.</li> <li>If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.</li> <li>The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.</li> <li>If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.</li> </ol> <p><b>j. List of Specific Diseases/Procedures:</b></p>	<p>Section 4.1</p> <p>Section 4.1.1</p> <p>Section 4.1.2</p>

		<ol style="list-style-type: none"> <li>1. Benign ENT disorders</li> <li>2. Tonsillectomy</li> <li>3. Adenoidectomy</li> <li>4. Mastoidectomy</li> <li>5. Tympanoplasty</li> <li>6. Hysterectomy</li> <li>7. All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps.</li> <li>8. Benign prostate hypertrophy</li> <li>9. Cataract and age-related eye ailments</li> <li>10. Gastric/ Duodenal Ulcer</li> <li>11. Gout and Rheumatism</li> <li>12. Hernia of all types</li> <li>13. Hydrocele</li> <li>14. Non-Infective Arthritis</li> <li>15. Piles, Fissures and Fistula in anus</li> <li>16. Pilonidal sinus, Sinusitis, and related disorders</li> <li>17. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident.</li> <li>18. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy.</li> <li>19. Varicose Veins and Varicose Ulcers</li> </ol>	
		<p><b>A.3. 30-day waiting period- Code- Excl03</b></p> <p>a. 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, provided the same are covered.</p> <p>b. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.</p> <p>c. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.</p>	Section 4.1.3
		<p><b>A.4. Change-of-Gender treatments: Code- Excl07</b></p> <p>Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.</p>	Section 4.1.4
		<p><b>A.5. Cosmetic or plastic Surgery: Code- Excl08</b></p> <p>Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.</p>	Section 4.1.5
		<p><b>A.6. Excluded Providers: Code- Excl09</b></p> <p>Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep – sea diving.</p>	Section 4.1.6
		<p><b>A.7. Breach of law: Code- Excl10</b></p> <p>Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.</p>	Section 4.1.7
		<p><b>A.8. Excluded Providers: Code- Excl11</b></p> <p>Expenses incurred towards treatment in any hospital or by any Medical</p>	Section 4.1.8

		<p>Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life-threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.</p> <p><b>A.9. Code- Excl12</b> Treatment for, Alcoholism, drug, or substance abuse or any addictive condition and consequences thereof.</p> <p><b>A.10. Code- Excl13</b> Treatments received in health hydro's, 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.</p> <p><b>A.11 Code- Excl14</b> 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.</p> <p><b>A.12. Refractive Error: Code- Excl15</b> Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.</p> <p><b>A.13. Sterility and Infertility: Code- Excl17</b> <b>Expenses related to sterility and infertility. This includes:</b> (i) Any type of contraception, sterilization (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI (iii) Gestational Surrogacy (iv) Reversal of sterilization</p> <p><b>A.14. Unproven Treatments: Code- Excl16</b> Expenses related to any unproven treatment, services, and supplies for or in connection with any treatment. Unproven treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.</p> <p><b>A.15. Maternity: Code Excl18</b> i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy. ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.</p> <p><b>A.16. Investigation &amp; Evaluation- Code- Excl04</b> a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded. b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.</p> <p><b>A.17. Rest Cure, rehabilitation, and respite care- Code- Excl05</b> a. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:  i. Custodial care either at home or in a nursing facility for personal care such</p>	<p>Section 4.1.9</p> <p>Section 4.1.10</p> <p>Section 4.1.11</p> <p>Section 4.1.12</p> <p>Section 4.1.13</p> <p>Section 4.1.14</p> <p>Section 4.1.15</p> <p>Section 4.1.16</p> <p>Section 4.1.17</p>
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		<p><b>B.10.</b> Convalescence, general debility, "Run-down" condition, rest cure, Congenital external illness/disease/defect.</p> <p><b>B.11.</b> Outpatient diagnostic, medical and surgical procedures or treatments, non-prescribed drugs and medical supplies, hormone replacement therapy and expenses related to Domiciliary hospitalization shall not be covered.</p> <p><b>B.12.</b> Dental treatment or Surgery of any kind unless requiring Hospitalisation as a result of accidental Bodily Injury.</p> <p><b>B.13.</b> Venereal/ Sexually Transmitted disease</p> <p><b>B.14.</b> Stem cell storage.</p> <p><b>B.15.</b> Any kind of service charge, surcharge levied by the hospital.</p> <p><b>B.16.</b> Personal comfort and convenience items or services such as television, telephone, barber or guest service and similar incidental services and supplies.</p> <p><b>B.17.</b> Non-Payable items: The expenses that are not covered in this Policy are placed under List-I of Annexure-II</p> <p><b>B.18.</b> Any medical procedure or treatment, which is not medically necessary or not performed by a Medical Practitioner.</p> <p><b>B.19.</b> This cover will exclude the cost of any Anti-Retroviral Treatment.</p>	<p>Section 4.2.9</p> <p>Section 4.2.10</p> <p>Section 4.2.11</p> <p>Section 4.2.12</p> <p>Section 4.2.13</p> <p>Section 4.2.14</p> <p>Section 4.2.15</p> <p>Section 4.2.16</p> <p>Section 4.2.17</p> <p>Section 4.2.18</p>
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 24 months</li> <li>● <b>Pre-Existing Diseases:</b> Covered after 24 months for Pre-Existing Disability and 48 Months for other than disability and HIV/AIDS</li> </ul>	<p>Section 4.1.1, Section 4.1.2 and Section 4.1.3</p>
5	<b>Payment basis</b>	Cashless facility or reimbursement of covered expenses up to specified limits.	<p>Section 6.1.3, Section 6.1.4</p>
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> </ul>	<p>Section 3.2.8</p>
7	<b>Renewal Conditions</b>	<p>The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person. The Company is not bound to give notice that it is due for renewal.</p> <ul style="list-style-type: none"> <li>● Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years</li> <li>● Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period.</li> <li>● At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period to maintain continuity of benefits without Break in Policy. Coverage is not available during the grace period.</li> </ul>	<p>Section 5.1.15</p>



		<ul style="list-style-type: none"><li>If not renewed within Grace Period after due renewal date, the Policy shall terminate.</li></ul>											
8	Renewal Benefits	-											
9	Cancellation	<p><b>Cancellation by You:</b> The Insured may cancel this Policy by giving 15 days' written notice, and in such an event, the Company shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.</p> <table><thead><tr><th>Cancellation Period</th><th>% of Premium</th></tr></thead><tbody><tr><td>Within 25% of the Coverage Period</td><td>75%</td></tr><tr><td>25%-50% of the Coverage Period</td><td>50%</td></tr><tr><td>50%-75% of the Coverage Period</td><td>25%</td></tr><tr><td>Exceeding 75% of the Coverage Period</td><td>0%</td></tr></tbody></table> <p>For instalment premium, We will refund the paid premium on pro rata basis, after deducting Our expenses.</p> <p>Notwithstanding anything contained herein or otherwise, 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.</p> <p>2. The Company may cancel the Policy at any time on grounds of mis-representation, 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 mis-representation ,non-disclosure of material facts or fraud.</p> <p><b>Note</b> - If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy shall be forfeited.</p>	Cancellation Period	% of Premium	Within 25% of the Coverage Period	75%	25%-50% of the Coverage Period	50%	50%-75% of the Coverage Period	25%	Exceeding 75% of the Coverage Period	0%	Section 5.1.10,
Cancellation Period	% of Premium												
Within 25% of the Coverage Period	75%												
25%-50% of the Coverage Period	50%												
50%-75% of the Coverage Period	25%												
Exceeding 75% of the Coverage Period	0%												
10	Claims	<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 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.</li></ul>	Section 6.1.3 and Section 6.1.4										
11	Policy Servicing/ Grievances/ Complaints	<ul style="list-style-type: none"><li><b>Company Officials:</b> Acko General Insurance Limited, 2<sup>nd</sup> floor, #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 6.3										



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 5.1.14, Section 5.2.2 Section 5.1.18, Section 5.2.13
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: <ul 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> </ul> </li> </ul>	Section 5.1.1, Section 5.2.2
<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.			

## Annexure II: Benefit Illustration

### Illustration 1 –

Individual	Age of the member insured	Pre-Existing Disability	Coverage for single disability	
			Individual Sum Insured	Premium
Self	26-30	Acid Attack Victim	500,000	5,287
Spouse	21-25	Sickle Cell Anaemia	500,000	199,403
Child	6-10	Chronic Neurological Condition	500,000	352,337

Under this illustration, there are 3 different individuals from a family, with each individual having sum insured of Rs 5,00,000, suffering from different disability. The total premium charged from the family is Rs 557,027

### Illustration 2 –

Individual	Age band of the member insured	Age of the member insured	Disability	Coverage for single disability	
				Sum Insured	Premium
Individual 1	26-30	29	HIV/AIDS CD4 Count 301-500	5,00,000	42,734
Individual 2	26-30	30	HIV/AIDS CD4 Count 201-300	5,00,000	62,820
Individual 3	31-35	31	HIV/AIDS CD4 Count 500 Above	5,00,000	27,111

In this scenario, three different individuals suffering from HIV/AIDS as defined under Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Act, 2017. According to policy, there will be Elisa Test for CD4 count before every renewal.

As per the CD4 count level, age and other factors remaining same, the premium is charged.