

Super Health Plus Top-up CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY

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

SR. No.	TITLE	DESCRIPTION	POLICY CLAUSE NUMBER										
01.	Name of Insurance Product/Policy	Super Health Plus Top Up											
02.	Policy number	<< Dynamic field to be derived from system>>											
03.	Type of Insurance Product /Policy	Indemnity											
04.	Sum Insured (Basis) (Along with amount)	<< Dynamic field to be derived from system>> <Individual Sum insured – Each member has separate sum Insured under the policy> <Floater Sum Insured – where all member under the policy have a single sum insured limit which may be utilized by any or all members> <table><tr><td>Insured Person</td><td>Individual Sum Insured</td><td>Family Floater Sum Insured</td></tr><tr><td>X</td><td>RS. XXXXXX</td><td rowspan="3">RS. XXXXXX</td></tr><tr><td>Y</td><td>RS. XXXXXX</td></tr><tr><td>Z</td><td>RS. XXXXXX</td></tr></table>	Insured Person	Individual Sum Insured	Family Floater Sum Insured	X	RS. XXXXXX	RS. XXXXXX	Y	RS. XXXXXX	Z	RS. XXXXXX	
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X	RS. XXXXXX	RS. XXXXXX											
Y	RS. XXXXXX												
Z	RS. XXXXXX												
05.	Policy Coverage (What the policy covers?)	I. Basic Covers: a. In-patient hospitalization : Covers Medical Expenses arising out of Hospitalization for period more than 24 hours, up to the limits specified in the Policy Schedule / Product Benefit Table. b. Pre-hospitalization medical expenses : Covers Medical Expenses incurred up to the number of days specified in the Policy Schedule / Product Benefit Table immediately before admission to a Hospital or Day Care Center. c. Post-hospitalization medical expenses : Covers Medical Expenses incurred up to the number of days specified in the Policy Schedule / Product Benefit Table immediately post discharge from Hospital or Day Care Center. d. Day care treatment : Covers Medical Expenses for listed Day Care Treatments, up to the limits specified in the Policy Schedule / Product Benefit Table, where such procedures are undertaken by an Insured Person as an In-patient in a Hospital / Day Care Center for a continuous period of less than 24 hours. Any procedure undertaken on an OPD Treatment basis in a Hospital / Day Care Center will not be covered. e. Domiciliary Hospitalization : Covers Medical Expenses, up to the limits specified in the Policy Schedule/Product Benefit Table, for Medically Necessary Treatment taken at home if the treatment continues for an uninterrupted period of 3 days and the condition for which treatment is taken would otherwise have necessitated hospitalization. f. Road ambulance Cover - If claim is payable under In-patient hospitalization, and it is medically necessary to transport the Insured Person following an Emergency to the nearest Hospital, covers the ambulance expenses, up to the limit specified in Policy Schedule / Product Benefit Table.	Section C.I.(a) C.I.(b) C.I.(c) C.I.(d) C.I.(e) C.I.(f)										

		<p>g. Organ donor expenses : Covers Medical Expenses, up to the limits specified in the Policy Schedule/Product Benefit Table towards the organ donor, incurred towards harvesting the organ from such donor for organ transplantation wherein the Insured Person is the recipient of the organ.</p> <p>h. Ayush (In-patient hospitalization) : Covers the Medical Expenses for In-patient hospitalization towards Ayush treatment(s) of the Insured Person, up to the limits specified in the Policy Schedule / Product Benefit Table.</p> <p>i. Home Treatment : Covers the Medical Expenses for the Insured Person's treatment at home for Illnesses / Injuries availed through our Network Provider / Empanelled Service Providers, only on a cashless basis, up to the limits as specified in the Policy Schedule / Product Benefit Table.</p> <p>Other Benefits</p> <p>j. Domestic Emergency Assistance Services (including Air Ambulance) : Covers medical assistance in case of an Emergency occurring in India such as an emergency medical evacuation to a nearest Hospital and transportation of the Insured Person to his/her residential address in the event he / she is medically cleared for travel via a commercial carrier.</p> <p>k. International Emergency Assistance Services (including Air Ambulance) : Covers medical assistance in case of an Emergency occurring outside India such as an emergency medical evacuation to a nearest Hospital and transportation of the Insured Person to his / her residential address in the event he/she is medically cleared for travel via a commercial carrier.</p> <p>l. HealthReturns™ : An Insured Person can earn HealthReturns™ (if applicable in plan chosen), during the Policy Period by looking after his/her health and being physically active on a regular basis. It is earned by way of a percentage of the Premium paid (maximum up to 30%) through Healthy Heart Score™ and Active Dayz™.</p> <p>m. Health and Wellness discount : The Insured Person(s) may be eligible to avail discounts primarily on the OPD consultations, diagnostics services and pharmacies offered through our Network Providers and / or Empanelled Service Providers listed on Our website.</p>	<p>C.I.(g)</p> <p>C.I.(h)</p> <p>C.I.(i)</p> <p>C.II.(j)</p> <p>C.II.(k)</p> <p>C.II.(l)</p> <p>C.II.(m)</p>
06.	Exclusions (What the policy does not cover)	<p>1. Investigation & Evaluation (Code- Excl04)</p> <p>a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.</p> <p>b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.</p> <p>2. Rest Cure, rehabilitation and respite care (Code- Excl05)</p> <p>a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:</p> <p>i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.</p> <p>ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.</p>	<p>Section D.I.4</p> <p>D.I.5</p>

		<p>3. Obesity / Weight Control (Code- Excl06) Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:</p> <ol style="list-style-type: none"> 1) Surgery to be conducted is upon the advice of the Doctor 2) The surgery / Procedure conducted should be supported by clinical protocols 3) The member has to be 18 years of age or older and 4) Body Mass Index (BMI); <ol style="list-style-type: none"> a) greater than or equal to 40 or b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss: <ol style="list-style-type: none"> i. Obesity-related cardiomyopathy ii. Coronary heart disease iii. Severe Sleep Apnea iv. Uncontrolled Type2 Diabetes 	D.I.6
		<p>4. Change-of-Gender treatments: (Code- Excl07) Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.</p>	D.I.7
		<p>5. Cosmetic or plastic Surgery: (Code- Excl08) 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>	D.I.8
		<p>6. Hazardous or Adventure sports: (Code- Excl09) : 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>	D.I.9
		<p>7. Breach of law: (Code- Excl10) : 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>	D.I.10
		<p>8. Excluded Providers: (Code- Excl11) Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer as per Annexure D of this policy and as disclosed in website (www.adityabirlahealth.com/healthinsurance) / 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>	D.I.11
		<p>9. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12).</p>	D.I.12
		<p>10. 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</p>	D.I.13

		<p>arranged wholly or partly for domestic reasons. (Code- Excl13)</p>	
		<p>11. 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 (Code- Excl14)</p>	D.I.14
		<p>12. Refractive Error:(Code- Excl15) : Expenses related to the treatment for correction of eye sight due to refractive error less than 7 .5 dioptries.</p>	D.I.15
		<p>13. Unproven Treatments:(Code- Excl16) Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.</p>	D.I.16
		<p>14. Sterility and Infertility: (Code- Excl17) Expenses related to sterility and infertility. This includes:</p> <ul style="list-style-type: none"> 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 	D.I.17
		<p>15. Maternity Expenses (Code - Excl18):</p> <ul style="list-style-type: none"> 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. 	D.I.18
		<p>II. Specific Exclusions</p>	Section D.II.
		<ul style="list-style-type: none"> 1. Treatment directly or indirectly arising from or consequent upon 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, uprising, revolution, insurrection, military or usurped acts, nuclear weapons / materials, chemical and biological weapons, ionizing radiation, contamination by radioactive material or radiation of any kind, nuclear fuel, nuclear waste. 2. Willful or deliberate exposure to danger, intentional self-Injury, participation or involvement in naval, military or air force operation. 3. Any Illness / injury / accident due to abuse of intoxicants, smoking cessation programs and the treatment of nicotine addiction, unless prescribed by a Medical Practitioner. 4. All routine examinations and preventive health check-ups, except where expressly stated to be covered under the Policy. 5. Circumcisions (unless necessitated by Illness or Injury and forming part of treatment). 	

		<ol style="list-style-type: none"> 6. Non allopathic treatment, except where expressly stated to be covered under the Policy. 7. Conditions for which treatment could have been done on an outpatient basis without any Hospitalization. 8. Investigational treatments, Experimental treatment, or drugs yet under trial, devices and pharmacological regimens 9. Convalescence, cure, sanatorium treatment, private duty nursing, treatment taken in a clinic, rest home, convalescent home for the addicted, detoxification centre, home for the aged, mentally disturbed remodeling clinic or any treatment taken in an establishment which is not a Hospital. 10. Preventive care, vaccination including inoculation and immunizations (except in case of post-bite treatment); any physical, psychiatric or psychological examinations or testing. 11. Admission for nutritional and electrolyte supplements unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim. 12. Hearing aids, spectacles or contact lenses including optometric therapy, multifocal lens. 13. Treatment for alopecia, baldness, wigs, or toupees, and all treatment related to the same. 14. Medical supplies including elastic stockings, diabetic test strips, and similar products. 15. Any expenses incurred on prosthesis, corrective devices external durable medical equipment of any kind, like wheelchairs crutches, instruments used in treatment of sleep apnea syndrome or continuous ambulatory peritoneal dialysis (C.A.P.D.), devices used for ambulatory monitoring of blood pressure, blood sugar, glucometers, nebulizers and oxygen concentrator for bronchial asthma/ COPD conditions, cost of cochlear implant(s) unless necessitated by an Accident. Cost of artificial limbs, crutches or any other external appliance and / or device used for diagnosis or treatment. Sleep-apnea and other sleep disorders. 16. Parkinson disease. 17. External Congenital Anomalies or diseases or defects. 18. Stem cell therapy (except Hematopoietic stem cells for bone marrow transplant for haematological conditions) or Surgery, or growth hormone therapy or Hormone Replacement Therapy. 19. Expenses for organ donor screening, and to the extent provided for the treatment of the donor (including Surgery to remove organs from a donor in the case of transplant Surgery). 20. Venereal disease, all sexually transmitted disease other than HIV/AIDS or Illness including but not limited to HPV, Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis. 21. Admission for Organ Transplant but not compliant under the Transplantation of Human Organs Act, 1994 (amended) 22. Treatment and supplies for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure; muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities. 23. Dentures, implants and artificial teeth, Dental Treatment and Surgery of any kind, unless requiring Hospitalization due to an Accident. 24. Cost incurred for any health check-up or for the purpose of issuance of medical certificates and examinations required for employment or travel or any other such purpose 	
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7.	Waiting period	<p>1. 30-day waiting period (Code- Excl03) 30 days for all Illnesses (except Accident) in the first year and is not applicable in subsequent Renewals and policies accepted under Portability</p> <p>2. Specified disease / procedure waiting period (Code- Excl02): 24 months for specific Illness/conditions and their complications in the first two years and is not applicable in subsequent Renewals</p>	<p>Section D.I.3</p> <p>D.I.2</p>

Body System	Illness	Treatment / Surgery
1. Eye	Cataract	Cataract Surgery
	Glaucoma	Glaucoma Surgery
	Refractive Error Correction	Correction Surgery
2. Ear Nose Throat	Sinusitis	Medical & Surgical Treatment
	Rhinitis	Medical & Surgical Treatment
	Tonsillitis & Adenitis	Medical & Surgical Treatment
	Tympanitis & Non Traumatic Perforation	Medical & Surgical Treatment
	Deviated Nasal Septum	Medical & Surgical Treatment
	Otitis Media	Medical & Surgical Treatment
	Adenoiditis	Medical & Surgical Treatment
	Mastoiditis	Medical & Surgical Treatment
	Cholesteatoma	Medical & Surgical Treatment
3. Gynecology	All Cysts, Mass, Swelling, Lump, Granulomas, Polyps, Fibroids & Benign Tumour of the female genito urinary system	Medical & Surgical treatment
	Polycystic Ovarian Disease	Medical & Surgical treatment
	Uterine Prolapse	Medical & Surgical treatment
	Fibroids (Fibromyoma)	Medical & Surgical treatment
	Breast lumps (excluding Malignant)	Medical & Surgical treatment
	Dysfunctional Uterine Bleeding (DUB)	Medical & Surgical treatment
	Endometriosis	Medical & Surgical treatment
	Menorrhagia	Medical & Surgical treatment
	Pelvic Inflammatory Disease	Medical & Surgical treatment
	Gout	Medical & Surgical treatment
4. Orthopedic / Rheumatological	Rheumatism, Rheumatoid Arthritis	Medical & Surgical treatment
	Non infective arthritis	Medical & Surgical treatment
	Osteoarthritis	Medical & Surgical treatment
	Osteoporosis	Medical & Surgical treatment
	Prolapse of the intervertebral disc	Medical & Surgical treatment
	Spondilosis, Spondioarthritis, Spondylopathies	Medical & Surgical treatment
	Ankylosing Spondilitis / Spondylopathies	Medical & Surgical treatment
	Psoriatic Arthritis / Arthropathy	Medical & Surgical treatment
	Internal Derangement of Knee / Ligament or Tendon or Meniscus Tear	Medical & Surgical treatment
	Joint Replacement Surgery	Medical & Surgical treatment
	Non Specific Arthritis	Medical & Surgical treatment
6. Gastroenterology (Alimentary Canal and related Organs)	Stone in Gall Bladder, Bile duct & other parts of Biliary System	Medical & Surgical treatment
	Cholecystitis	Surgical treatment
	Pancreatitis	Surgical treatment
	Fissure, Fistula in ano, hemorrhoids (piles), Pilonidal Sinus, Ano-rectal & Perianal Abscess	Medical & Surgical treatment
	Rectal Prolapse	Medical & Surgical treatment
	Gastric or Duodenal Erosions or Ulcers + Gastritis & Duodenitis & Colitis	Medical & Surgical treatment
	Gastro Esophageal Reflux Disease (GERD)	Medical & Surgical treatment
	Cirrhosis	Medical & Surgical treatment
	Chronic Appendicitis	Surgical treatment
	Appendicular lump, Appendicular abscess	Medical & Surgical treatment
7. Urogenital (Urinary and Reproductive system)	Stones in Urinary system (Stone in the Kidney, Ureter, Urinary Bladder)	Medical & Surgical treatment
	Benign Hypertrophy / Enlargement of Prostate (BHP / BEP)	Medical & Surgical treatment
	Hernia, Hydrocele	Medical & Surgical treatment
	Varicocoele / Spermatocoele	Medical & Surgical treatment
8. Skin	Skin tumour (unless malignant)	Medical & Surgical treatment
	All skin diseases	
9. General Surgery	Any swelling, tumour, cyst, nodule, ulcer, polyp Mass , Swelling, Lump, Granulomas, Benign Tumour anywhere in the body (unless malignant)	Medical & Surgical treatment
	Varicose veins, Varicose ulcers	Medical & Surgical treatment

		<p>3. Pre-Existing Diseases (Code- Excl01): Pre-Existing Diseases shall be covered after the waiting period 36 months as per the plan opted by the Insured Person.</p>	D.I.1
08.	<p>Financial limits of coverage</p> <p>(i) Sub-limit (It is a pre-defined limit and We will not pay any amount in excess of this limit)</p> <p>(ii) Co-payment (It is a specified amount / percentage of the admissible claim amount to be paid by Insured)</p> <p>(iii) Deductible</p> <p>(iv) Any other limit</p>	<p>NIL</p> <p>NIL</p> <p>Deductible: The Deductible specified in the Policy Schedule (as applicable under the plan chosen) shall be applicable in each Policy Year on the aggregate of all admissible claims in that Policy Year. After continuous Renewal of 5 consecutive years, and if the Insured Person's entry age during first issuance with us was less than / equal to 50 years, then the Insured Person has an option to waive the Deductible and to opt for any indemnity health insurance product (without any Deductible) offered by Us for the same Sum Insured without re-evaluation of health status or any pre-policy check.</p> <p>NIL</p>	E.II.30 & 31
09.	<p>Claims / Claims Procedure</p>	<p>a. Cashless Facilities can be availed only at Our Network Providers. The Authorization letter shall be issued to the Network Provider immediately but not more than one hour of receipt of request receiving the complete information.</p> <p>(i) In case of Planned Hospitalization please intimate Us at least 3 days prior to the planned date of admission.</p> <p>(ii) In case of Emergency Hospitalization, please intimate us within 24 hours of such admission but not later than discharge.</p> <p>The complete list of Network Providers is available on Our website and at Our branches and can also be obtained by contacting Us over the telephone.</p> <p>b. For Reimbursement claims a written notice of the claim shall be submitted within 48 hours of admission to the Hospital or before discharge from the Hospital.</p> <p>(i) If the claim is not notified to Us within such time interval, then We shall be provided the reasons for the delay in writing. All required claims documents shall be submitted within 30 days of the Insured Person's discharge from Hospital.</p> <p>We shall settle or repudiate a claim within 30 days of the receipt of the last necessary information</p> <p>Please refer links mentioned below for</p> <ul style="list-style-type: none"> • Network Hospital details - https://www.adityabirlacapital.com/healthinsurance/locate-care/hospital-listing • Hospital which are blacklisted or from where no claims will be accepted - https://www.adityabirlacapital.com/healthinsurance/downloads • Claim form - https://www.adityabirlacapital.com/healthinsurance/downloads <p>Helpline Number 1800 270 7000</p>	<p>Section</p> <p>F.1.(I)(a)</p> <p>F.1.(I)(b)</p> <p>F.1.(I)(c)</p> <p>F.1.(I)(d)</p>

10.	Policy Servicing	<p>In case of any queries, the Insured/ Policyholder can contact Us with the details through: Our website: https://www.adityabirlacapital.com/healthinsurance Email: care.healthinsurance@adityabirlacapital.com Toll Free : 1800 270 7000 Address: Aditya Birla Health Insurance Co. Limited Unit no, 1101 & 1104 11th floor, Unit no 1501 & 1502 15th floor, G Corp Tech Park, Kasarwadavali, Ghodbunder Road, Thane West - 400601</p>	Section E.I.14
11.	Grievances / Complaints	<p>In case of any grievance the insured person may contact the Website: https://www.adityabirlacapital.com/healthinsurance/faqs Toll- Free: 1800 270 7000 E-mail: care.healthinsurance@adityabirlacapital.com (Senior citizens may write to us at: seniorcitizen.healthinsurance@adityabirlacapital.com)</p> <p>Write to our HO at below address Unit no 1101 & 1104 11th floor, Unit no 1501 & 1502 15th floor, G Corp Tech Park, Kasarwadavali, Ghodbunder Road, Thane West - 400601</p> <p>In case you are not satisfied with the resolution you may write to Head Customer Care : carehead.healthinsurance@adityabirlacapital.com</p> <p>Insured Person may also approach the grievance cell at any of the company's branches with the details of grievance</p> <p>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 gro.healthinsurance@adityabirlacapital.com.</p> <p>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. The contact details of the Ombudsman offices are provided on Our website and in this Policy at Annexure A</p> <p>Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://bimabharosa.irdai.gov.in/</p>	Section E.I.14
12.	Things to remember	<p>a. Free Look period : The Free Look Period shall be applicable on new individual health insurance policies, except for those policies with tenure of less than a year. Free-Look is not applicable on renewals or at the time of porting / migrating the policy.</p> <p>The Insured Person shall be allowed Free Look Period of thirty days from date of receipt of the policy document, whether received electronically or otherwise, 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) A refund of the premium paid, less any expenses incurred by the Company on medical examination of the Insured Person and stamp duty charges, where the risk has not commenced or b) 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, expenses, if any incurred by the Company on medical examination of the Insured Person and stamp duty charges or c) Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period, expenses, if any incurred by the Company on medical examination of the Insured Person and stamp duty charges. 	Section E.I.13

		<p>Underwriter's approval. In case of Sum Insured enhancement, all waiting periods as mentioned in the Policy shall apply afresh for this enhanced limit from the effective date of such enhancement.</p> <p>e. Moratorium Period</p> <p>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 accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium period.</p>	E.I.11
13.	Insured's Obligations	<p>The Insured Person must disclose all Pre-Existing Disease/s before buying a Policy. Non-disclosure may result in claim not being paid. During the Policy Term any material information changes on occupation and / or medical conditions shall be communicated to Us in a Change Request form. This form can be downloaded from Our website or collected from Our branch office or can also be obtained by contacting Us over the telephone.</p>	E.I.1

Benefits and exclusion are applicable as per the plan chosen. Please refer Policy Schedule for the applicable benefits

Declaration by the Policy Holder:

I have read the above and confirm having noted the details.

Place:

Date:

(Signature of the Policy Holder)

LEGAL DISCLAIMER NOTE: 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.

Please refer below link for Product related documents

[Aditya Birla Health Insurance Download Center \(adityabirlacapital.com\)](https://adityabirlahealthinsurance.com)

Aditya Birla Health Insurance Co. Limited

Product Name: Super Health Plus Top up, Product UIN: ADIHLIP21061V022021.
 1800 270 7000 | care.healthinsurance@adityabirlacapital.com | www.adityabirlahealthinsurance.com
 Trademark/Logo Aditya Birla Capital is owned by Aditya Birla Management Corporation Private Limited and
 Trademark/logo HealthReturns, Healthy Heart Score and Active Day are owned by Momentum Metropolitan Life Limited
 (Formerly known as MMI Group Limited). These trademark/Logos are being used by Aditya Birla Health Insurance Co. Limited
 under licensed user agreement(s).

Registered Office:

9th Floor, Tower1, One World Centre, Jupiter Mills Compound,
 841, Senapati Bapat Marg, Elphinstone Road, Mumbai 400013.
 CIN:U66000MH2015PLC263677
 IRDA Registration No. 153