

## **Citizen's Charter**

### **OBJECTIVE**

To ensure transparency, empower policyholders and prospects with accurate information, and promote a culture of fair and responsible service. It sets forth the service standards that policyholders can expect and outlines the values that guide our relationship with customers.

A schedule of timelines in servicing of policies placed at Schedule A.

### **OUR PURPOSE**

- Empowering people to lead healthier lives

### **SERVICE COMMITMENT**

**We are committed to**

- Make available insurance coverage to every segment of the population.
- Expand product lines and services continually
- Build and maintain enduring relationships with the customers.
- Conduct the business operations with customer as the focal point.
- Provide utmost service standards so that policyholders do not face post sale barriers
- Strive to deal with the customers in an open and transparent manner.
- Our employees and agents are trained to provide accurate information regarding the Company's products and services
- The Company's website/mobile app provides the information related to the availability of the products, including Brochures and Terms & Conditions
- Suitability analysis is conducted to recommend the appropriate product as per the profile and insurance needs of the customer. Further Benefit Illustration (BI) is also made available at the time of sale to prospects. The Policy document along with customer information sheet is communicated to the policyholder upon issuance of policy, containing the relevant policy details.
- The Company keeps policyholders intimated of the premium due, policy status and the various modes/procedures to execute a servicing request. The Company further provides facility to track the status of the requests and queries including claims.

### **CLAIM SETTLEMENT**

- We shall decide on the request for cashless authorization immediately but not more than one hour of receipt of request.
- We shall grant final authorization within three hours of the receipt of discharge authorization request from the hospital.
- We are committed to settlement of Claims (other than cashless ) within 15 days from submission of claims

### **BENCHMARKS FOR SERVICING**

During the life cycle of the insurance policy, the policyholder may approach the Company through any of the touchpoints for servicing requests relating to the policy such as;

- Issue policies on individual Health, Personal Accident, Corporate and Overseas Mediclaim Policies instantly.
- Confirm underwriting decision within 7 days from the receipt of medical reports - wherever pre-medical examination is required.
- Send renewal notice 30 days before the expiry of the policy.
- Free look period of 30 days beginning from the date of receipt of policy document, whether received electronically or otherwise, to review the terms and conditions of such policy
- The grace period available to the policyholder for premium payment
- The claim intimation procedure and mandatory documents;
- The policy document shall include the Company touch points including the grievance redressal mechanism along with the Ombudsman details
- updating change of address and contact details
- notifying a new nomination or change of nomination under the policy
- Renewal premium payment, policy reinstatement, assignment

### **STANDARDS FOR REDRESSAL OF GRIEVANCES**

We shall ensure effective Grievance Redressal Mechanism for the customers who approach us through various modes. For all grievances received we shall;

- Register all grievances and send the acknowledgements immediately.
- Resolve grievances within 14 days of receipt.
- Inform customers about the availability of Insurance Ombudsman as a redressal forum.

SN	SERVICE	DESCRIPTION OF ITEM OF SERVICE	Regulatory Turnaround Time
1	New Business Proposal Processing	Processing of Insurance Proposal and seeking further requirements for consideration of the proposal	7 days
		Decision on proposal from the date of receipt of proposal or from the date of receipt of additional requirement whichever is later	
		Providing copy of the policy along with the proposal form	15 days
		Free look cancellation and refund of deposit from the date of receipt of the request	7 days
2	Post Policy Service Request	Post Policy Service Requests concerning mistakes / corrections in the Policy document	7 days
3	Policy Servicing (from the date of receipt of request for the service specified)	Change of Address (KYC Norms to be complied)	
		Registration /Change of Nomination, Assignment.	
		Alteration in Original Policy Conditions (where applicable)	
		Issuance of duplicate policy	7 days
		Inclusion of new member in case of group policies	
		Any other non-claim related changes	
		Cancellation of policy and refund of premium	

SN	SERVICE	DESCRIPTION OF ITEM OF SERVICE	Regulatory Turnaround Time
4	Claims	Acceptance of cashless claims by TPA /company to Hospital and communicate to them	1 hour
		TPA's offer of settlement to the Insurer / Hospital after submission of document	3 hours
		Settlement of claims (other than cashless)	15 days
5	Auto Action by the Insurer	Premium Due Intimation	One month before due date
6	Complaints	Acknowledge to complaint	Immediately
		Seek and obtain further details, if any, from the complainant (permitted only once)	Within one week
		Action on Complaint & Intimation of Decision to the complainant	14 days
		If complaint is NOT resolved by the Insurer, communicate the details to the Policyholder of options including referring the complainant to Insurance Ombudsman / Consumer Court	14 days from original date of receipt of complaint. *
		Closure of grievance on non-receipt of reply from the complainant	Within eight weeks

\*(The policyholder may approach the Insurance Ombudsman if his/ her complaint is not resolved within 30 days or if the decision of the company is not acceptable to the policyholder.

