

Activ One MAX+ 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.	Product Name	Activ One - MAX+	
02.	Policy number	<< Dynamic field to be derived from system>>	
03.	Type of Insurance Product / Policy	<p>Indemnity basis:</p> <p>Indemnity basis:</p> <p>1. Hospitalization Treatment</p> <p>2. Pre-Hospitalization Expenses</p> <p>3. Post-Hospitalization Expenses</p> <p>4. Claim Protect (Non-Medical Expense Waiver)</p> <p>5. Domiciliary Hospitalization</p> <p>6. Home Health Care</p> <p>7. AYUSH Treatment</p> <p>8. Organ Donor Expenses</p> <p>9. Annual Health Check-up</p> <p>10. Super Reload</p> <p>11. Super Credit</p> <p>12. Durable Medical Equipment Cover</p> <p>13. Advanced Health Check-up</p> <p>14. Health Assessment™</p> <p>15. Health Returns™</p> <p>16. Reduction in Specific Disease Waiting Period</p> <p>17. Reduction in Pre-Existing Disease Waiting Period</p> <p>18. Room Rent Type Options</p> <p>19. Per Claim Deductible</p> <p>20. Preferred Provider Network (PPN) Discount</p> <p>21. Chronic Care (Day 1 In-patient Hospitalization)</p> <p>22. Chronic Management Program (OPD)</p> <p>23. Cancer Booster</p> <p>24. Compassionate Visit</p> <p>25. Second Medical Opinion for listed Major Illness</p> <p>26. Annual Screening Package for Cancer Diagnosed Patients</p> <p>Fixed Benefit basis for all claims under:</p> <p>1. Critical Illness cover</p> <p>2. Personal Accident Cover</p>	
04.	Sum Insured (Basis) (Along with Amount)	<p><< Dynamic field to be derived from system>></p> <p><Individual Sum insured – Each member has separate sum Insured under the policy></p> <p><Floater Sum Insured – where all member under the policy have a single sum insured limit which may be utilized by any or all members></p>	

		<table border="1"> <tr> <td>Insured Person</td><td>Individual Sum Insured</td><td>Family Floater Sum Insured</td></tr> <tr> <td>X</td><td>INR. XXXXXX</td><td rowspan="3">INR. XXXXXX</td></tr> <tr> <td>Y</td><td>INR. XXXXXX</td></tr> <tr> <td>Z</td><td>INR. XXXXXX</td></tr> </table>	Insured Person	Individual Sum Insured	Family Floater Sum Insured	X	INR. XXXXXX	INR. XXXXXX	Y	INR. XXXXXX	Z	INR. XXXXXX	
Insured Person	Individual Sum Insured	Family Floater Sum Insured											
X	INR. XXXXXX	INR. XXXXXX											
Y	INR. XXXXXX												
Z	INR. XXXXXX												
05.	Policy Coverage (What the policy covers?)	<p>I. Basic covers</p> <p>1. Hospitalization Treatment 1.a. In-Patient Treatment 1.b. Other expenses covered 1.b.1. Road Ambulance (domestic only) 1.b.2. Dental Treatment 1.b.3. Plastic Surgery 1.b.4. All Day Care Treatments 1.b.5. Modern Procedures /Treatments 1.b.6. HIV / AIDS and STD Cover 1.b.7. Mental Illness Hospitalization 1.b.8. Obesity Treatment</p> <p>2. Pre-Hospitalization Expenses 3. Post-Hospitalization Expenses 4. Claim Protect (Non-Medical Expense Waiver) 5. Domiciliary Hospitalization 6. Home Health Care 7. AYUSH Treatment 8. Organ Donor Expenses 9. Annual Health Check-up 10. Super Reload 11. Super Credit 12 Durable Medical Equipment Cover 13. Advanced Health Check-up 14. Health Management Program 14.1. Health Assessment™ 14.2. HealthReturns™</p>	C.1 C.1.1 C.1.1.1 C.1.1.1.a C.1.1.1.b C.1.1.1.c C.1.1.1.d C.1.1.1.e C.1.1.1.f C.1.1.1.g C.1.1.1.h C.2 C.3 C.4 C.5 C.6 C.7 C.8 C.9 C.10 C.11 C.12 C.13 C.14 C.14.1 C.14.2										
		<p>II. Optional Covers: (Available if opted by paying additional premium)</p> <p>15. Reduction in Specific Disease waiting period 16. Reduction in Pre-Existing Disease waiting period 17. Room Rent Type Options 18. Per Claim Deductible 19. Preferred Provider Network (PPN) Discount 20. Critical Illness cover 21. Personal Accident Cover (AD+PTD+PPD) 22. Chronic Care (Day 1 In-patient Hospitalization) 23. Chronic Management Program (OPD) 24. Cancer Booster 25. Compassionate Visit 26. Second Medical Opinion for listed Major Illness 27. Annual Screening Package for Cancer Diagnosed Patients</p>	C.15 C.15.1 C.15.2 C.15.3 C.15.4 C.15.5 C.15.6 C.15.7 C.15.8 C.15.9 C.15.10 C.15.11 C.15.12 C.15.13										

06.	Exclusions (What the policy does not cover)	<p>Standard Exclusion:</p> <ol style="list-style-type: none"> 1. Investigation & Evaluation (Code- Excl04) <ol style="list-style-type: none"> 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. 2. Rest Cure, rehabilitation and respite care (Code- Excl05) <ol style="list-style-type: none"> a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes: <ol style="list-style-type: none"> 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. ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs. 3. Obesity/ Weight Control (Code- Excl06) <p>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 4. Change-of-Gender treatments: (Code- Excl07) <p>Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.</p> 5. Cosmetic or plastic Surgery: (Code- Excl08) <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> 	<p>D.1.4</p> <p>D.1.5</p> <p>D.1.6</p> <p>D.1.7</p> <p>D.1.8</p>
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	<p>14. Sterility and Infertility: (Code- Excl17)</p> <p>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 <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.1.17 D.1.18
	<p>Specific Exclusions</p> <p>1. Circumstantial Exclusion</p> <ul style="list-style-type: none"> a) Treatment resulting from war, invasion, civil war, revolt, or military involvement: Medical treatment that arises from or is related to acts of war, military operations, or involvement in armed forces activities b) Exclusion of certain acts and substances: Treatment or consequences related to unlawful acts, nuclear weapons / materials, chemical and biological weapons, radiation exposure, or contamination by radioactive materials or substances. c) The Insured Person's direct participation in terrorist acts; <p>2. Behavioural Exclusions</p> <ul style="list-style-type: none"> a) Suicide or attempted suicide, intentionally hurting oneself on purpose; b) Illegal act of the Insured Persons c) Any treatment for Injury resulting from the consumption of alcohol or any intoxicating substance, its intake or abuse thereof d) the use of drugs (other than drugs taken under treatment prescribed and directed by a Medical Practitioner but not for the treatment of drug addiction); <p>3. Medical Exclusions</p> <ul style="list-style-type: none"> a) All routine examinations and Health Check-ups except as per terms and conditions mentioned under Section C.9 – Annual Health Check-up b) Circumcisions (unless required for medical reasons or as part of a treatment plan for an illness or injury); c) Conditions for which treatment could have been done on an outpatient basis without any Hospitalization 	D.2.1 D.2.2 D.2.3

	<ul style="list-style-type: none"> d) Preventive care, vaccinations and immunizations (except in case of post-bite treatment); any physical, psychiatric or psychological examinations or testing e) Admission for nutritional and electrolyte supplements unless certified by the attending medical practitioner that they are necessary as a direct result of a covered claim f) Any conditions or abnormalities that are present at birth and are visible on the outside of the body, as well as any related diseases or defects, g) Stem cell therapy except Hematopoietic stem cells for bone marrow transplant for haematological conditions) or Surgery, or growth hormone therapy or Hormone Replacement Therapy. h) Dental/oral treatment: Treatment, procedures and preventive, diagnostic, restorative, cosmetic services related to disease, disorder and conditions related to natural teeth and gingiva except if required by an Insured Person while Hospitalized due to an Accident i) AYUSH Treatment Any form of AYUSH Treatments, except as mentioned under Section C.7 	
	<p>4. Prosthesis and Devices</p> <ul style="list-style-type: none"> a) Hearing aids, spectacles or contact lenses including optometric therapy, multifocal lens b) Wigs, or toupees, and related expenses. c) Expenses for prosthesis (artificial body parts), corrective devices, external durable medical equipment, wheelchairs, crutches, or instruments used in the diagnosis/ treatment of sleep apnea syndrome and other sleep disorders 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. 	D.2.4
	<p>5. Non-Medical expenses</p> <p>As mentioned under Annexure (I), items in List I II, III & IV will be excluded unless forms a part of In-patient hospitalization.</p>	D.2.5
	<p>6. Specific treatment Exclusion</p> <p>Treatment involving Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy, KTP Laser Surgeries, cyber knife treatment, Femto laser surgeries, bioabsorbable stents, bioabsorbable valves, bioabsorbable implants, Use of Radio Frequency (RF) probe for ablation.</p>	D.2.6

		<p>7. Activities and Profession Exclusions</p> <p>a) Treatment received from a person who is not recognized as a registered Medical Practitioner by any state medical council or the medical council of India.</p> <p>b) Medical or treatment fees charged by unlicensed and unauthorized practitioners are not covered</p> <p>c) Treatments provided by a Medical Practitioner who is a family member of the Insured Person or resides in the same household, unless pre-approval is obtained from Us.</p> <p>8. Geographical Exclusion</p> <p>Treatment taken outside India, unless specified to be covered in the Policy Schedule.</p>	D.2.7 D.2.8
07.	<p>Waiting period</p> <ul style="list-style-type: none"> Time period during which specified disease / treatment is not covered It is counted from the beginning of the policy coverage 	<p>1. Pre-Existing Diseases (Code- Excl01): Pre-existing Diseases shall be covered after a waiting period of 36 months as specified in Product Benefit Table / Policy Schedule</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>	D.1.1 D.1.2
	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
	4. Orthopedic / Rheumatological	Gout	Medical & Surgical treatment
		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
5. 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	Medical & Surgical treatment
		Appendicular lump, Appendicular abscess	Medical & Surgical treatment
6. 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 / Spermatocele	Medical & Surgical treatment
7. Skin		Skin tumour (unless malignant)	Medical & Surgical treatment
		All skin diseases	
8. 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. 30-day waiting period (Code- Excl03): If any of the Illness / conditions listed above are Pre-Existing Diseases, then they shall be covered only after the completion of the Pre-Existing Disease Waiting Period described in Section D.1.1. 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>4. Initial waiting period (Applicable for Critical Illness Cover) For Personal Accident Cover (AD,PTD), no initial waiting period applicable. For Critical Illness Cover, We shall not be liable to make any payment in respect of any Critical Illness whose signs or symptoms first occur within 60 days from the Inception Date of cover.</p>	D.1.3 C.15.6

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>Nil</p> <p>Nil</p>							
09.	<p>Claims / Claims Procedure</p>	<p>a. For Cashless Service:</p> <p>Kindly contact us 48 hrs prior for planned hospitalisation or within 24 hours of hospitalisation in case of emergency hospitalisation.</p> <p>Link for Hospital Network details:</p> <p>https://www.adityabirlacapital.com/healthinsurance/locate-care/hospital-listing</p> <p>b. For Reimbursement of Claim:</p> <table border="1" data-bbox="462 1019 1113 1304"> <thead> <tr> <th>Type of claim</th><th>Prescribed Time Limit</th></tr> </thead> <tbody> <tr> <td>Reimbursement of Hospitalization, Day Care Treatment or Pre Hospitalization Expenses</td><td>Within 30 days of date of discharge from Hospital.</td></tr> <tr> <td>Reimbursement of Post Hospitalization Expenses</td><td>Within 15 days from completion of post Hospitalization treatment.</td></tr> </tbody> </table> <p>c. For Personal Accident: We shall be given an intimation of the claim along with the following details within 7 days from the date of Accident.</p> <p>d. For Critical Illness: We shall be given intimation of the claim along with the following details within 30 days of the diagnosis of the Critical Illness.</p>	Type of claim	Prescribed Time Limit	Reimbursement of Hospitalization, Day Care Treatment or Pre Hospitalization Expenses	Within 30 days of date of discharge from Hospital.	Reimbursement of Post Hospitalization Expenses	Within 15 days from completion of post Hospitalization treatment.	<p>E.2.7.1.a</p> <p>E.2.7</p> <p>E.2.7.2</p> <p>E.2.7.2</p>
Type of claim	Prescribed Time Limit								
Reimbursement of Hospitalization, Day Care Treatment or Pre Hospitalization Expenses	Within 30 days of date of discharge from Hospital.								
Reimbursement of Post Hospitalization Expenses	Within 15 days from completion of post Hospitalization treatment.								
10.	<p>Policy Servicing</p>	<p>In case of any Policy services the insured person may contact the Website: https://www.adityabirlacapital.com/healthinsurance/faqs</p> <p>Toll- Free: 1800 270 7000</p> <p>E-mail: care.healthinsurance@adityabirlacapital.com</p> <p>(Senior citizens may write to us at: seniorcitizen.healthinsurance@adityabirlacapital.com)</p> <p>In case you are not satisfied with the resolution you may write to Head – Customer Care :</p> <p>carehead.healthinsurance@adityabirlacapital.com</p>							

	<p>Write to our HO at below address</p> <p>Aditya Birla Health Insurance Co. Limited</p> <p>Unit no 1101 & 1104 11th floor, Unit no 1501& 1502 ,15th floor, G Corp Tech Park, Kasarwadavali, Ghodbunder Road, Thane West-400601.</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 (at the addresses given in Annexure II)</p> <p>Grievance may also be lodged at IRDAI Integrated Grievance Management System-https://bimabharosa.irdai.gov.in/</p>	
11.	<p>Grievances / Complaints</p> <p>In case of any grievance the insured person may contact the Website: https://www.adityabirlacapital.com/healthinsurance/faqs</p> <p>Toll- Free: 1800 270 7000</p> <p>E-mail: care.healthinsurance@adityabirlacapital.com</p> <p>(Senior citizens may write to us at: seniorcitizen.healthinsurance@adityabirlacapital.com)</p> <p>In case you are not satisfied with the resolution you may write to Head – Customer Care :</p> <p>carehead.healthinsurance@adityabirlacapital.com</p> <p>Courier:</p> <p>Write to our HO at below address</p> <p>Aditya Birla Health Insurance Co. Limited</p> <p>Unit no 1101 & 1104 11th floor, Unit no 1501& 1502 ,15th floor, G Corp Tech Park, Kasarwadavali, Ghodbunder Road, Thane West-400601.</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</p>	E.1.8

		(at the addresses given in Annexure II) Grievance may also be lodged at IRDAI Integrated Grievance Management System- https://bimabharosa.irdai.gov.in/	
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 shall not be 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"> i. 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 ii. 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 iii. 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. <p>A request received by insurer for cancellation of the policy during free look period shall be processed and premium shall be refunded within 7 days of receipt of such request.</p> <p>b. Policy Renewal: The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years.</p> <p>c. Migration: The Insured Person will have the option to migrate the Policy to other health insurance products / plans, offered by the Company, by applying for migration of the policy at least 30 days before the policy renewal date. If such person is presently covered and has been continuously covered without any lapses under any health insurance product / plan offered by the Company, the Insured Person will get the accrued continuity benefits to the extent of the Sum Insured, No Claim Bonus if any, Specific Waiting periods, waiting period for pre-existing diseases, Moratorium period, provided the policy was renewed continuously without break.</p> <p>In case the Insured Person wants to migrate their Health Insurance Policy, then contact Us with the details through:</p>	<p>E.1.1</p> <p>E.1.3</p> <p>E.1.12</p>

	<p>E-mail ID: care.healthinsurance@adityabirlacapital.com Toll Free: 1800 270 7000 Address: Any of Our Branch office or Corporate office</p> <p>d. Portability: The Insured Person will have the option to port the Policy to other insurers by applying to such Insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed Insured Person will get the accrued continuity benefits to the extent of the Sum Insured, Cumulative Bonus, if any, specific waiting periods, waiting period for pre-existing disease, Moratorium period, provided the policy was renewed continuously without break.</p> <p>In case the Insured Person wants to port their Health Insurance Policy, then contact Us with the details through:</p> <p>E-mail ID: care.healthinsurance@adityabirlacapital.com Toll Free: 1800 270 7000 Address: Any of Our Branch office or Corporate office</p> <p>e. Changes to Sum Insured on Renewal: You may opt for enhancement of Sum Insured at the time of Renewal, subject to underwriting. All Waiting Periods as defined in the Policy shall apply afresh for this enhanced limit from the effective date of such enhancement.</p> <p>f. Moratorium Period: 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.1.13 E.2.5.C E.1.10	
13.	Insured's Obligations	<p>a. The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact by the policyholder.</p> <p>b. 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.1.14

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 \(adityabirlacapital.com\)](http://adityabirlacapital.com)

Aditya Birla Health Insurance Co. Limited

Product Name: Activ One, Product UIN: ADIHLIP24097V012324
1800 270 7000 | care.healthinsurance@adityabirlacapital.com | www.adityabirlahealthinsurance.com
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Registered Office:

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841, Senapati Bapat Marg, Elphinstone Road, Mumbai 400013.
CIN:U66000MH2015PLC263677
IRDA Registration No. 153