

Activ One VIP+ 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 - VIP+	
02.	Policy number	<< Dynamic field to be derived from system >>	
03.	Type of Insurance	Indemnity basis:	
	Product / Policy	Hospitalization Treatment	
		2. Pre-Hospitalization Expenses	
		3. Post-Hospitalization Expenses	
		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.Global Cover (Emergency Only)	
		13.Maternity Cover	
		14. Global Enhanced (Planned Only)	
		15. Health Assessment™	
		16. HealthReturns™	
		17. Reduction in Specific Disease Waiting Period	
		18. Reduction in Pre-Existing Disease Waiting Period	
		19. Cancer Booster	
		20. Durable Medical Equipment Cover	
		21. Compassionate Visit	
		22. Second Medical Opinion for Listed Major Illness	
		23. Annual Screening Package for Cancer Diagnosed Patients	
		Fixed Benefit basis for all claims under:	
		1. Critical Illness Cover	
		2. Personal Accident Cover	
04.	Sum Insured (Basis)	<< Dynamic field to be derived from system>>	
	(Along with Amount)	<individual each="" has="" insured="" insured<="" member="" p="" separate="" sum="" –=""></individual>	
		under the policy>	
		<floater a<="" all="" have="" insured="" member="" p="" policy="" sum="" the="" under="" where="" –=""></floater>	
		single sum insured limit which may be utilized by any or all members>	
		Insured Person Individual Sum Insured Family Floater Sum Insured	
		X INR. XXXXXX	
		Y INR. XXXXXX INR. XXXXXX	
		Z INR. XXXXXX	

05.	Policy Coverage	I. Basic covers	
	(What the policy	Hospitalization Treatment	C.1
	covers?)	1.a. In-Patient Treatment	C.1.1
		1.b. Other expenses covered	C.1.1.1
		1.b.1. Road Ambulance	C.1.1.1.a
		1.b.2. Dental Treatment	C.1.1.1.b
		1.b.3. Plastic Surgery	C.1.1.1.c
		1.b.4. All Day Care Treatments	C.1.1.1.d
		1.b.5. Modern Procedures/Treatments	C.1.1.1.e
		1.b.6. HIV / AIDS and STD Cover	C.1.1.1.f
		1.b.7. Mental Illness Hospitalization	C.1.1.1.g
		1.b.8. Obesity Treatment	C.1.1.1.h
		2. Pre-Hospitalization Expenses	C.2
		3. Post-Hospitalization Expenses	C.3
		Claim Protect (Non-Medical Expense Waiver)	C.4
		5. Domiciliary Hospitalization	C.5
		6. Home Health Care	C.6
		7. AYUSH Treatment	C.7
		8. Organ Donor Expenses	C.8
		9. Annual Health Check-up	C.9
		10.Super Reload	C.10
		11. Super Credit	C.11
		12.Global Cover (Emergency Only)	C.12
		12.1 Emergency Hospitalization	
		12.2 Emergency Medical Evacuation	
		12.3 Global Compassionate visit	
		12.4 Emergency Air Ambulance (Combined Sub-limit	
		between Global and Global Enhanced Cover)	
		12.5 Care and/or transportation of minor children	
		12.6 Return of mortal remains	
		12.7 Medical referral	
		12.8 Medical Repatriation	
		12.9 Loss of Passport	
		12.10 Loss of checked-in baggage	
		12.11 Trip Cancellation & Interruption	
		12.12 Trip Delay	
		12.13 Delay of Checked-in Baggage	
		13. Maternity Cover	C.13
		14. Global Enhanced (Planned Only)	C.14
		14.1 Hospitalization Expenses	
		14.2 AYUSH Treatment	
		14.3 Pre-Hospitalization cover	
		14.4 Post-Hospitalization cover	
		14.5 Organ Donor Expenses	
		14.6 Emergency Air Ambulance (Combined Sub-limit between	
		Global and Global Enhanced Cover)	
		14.7 Claim Protect	
		14.8 Super Credit	

		15.Health Management Program	C. 15
		15.1. Health Assessment™	C.15.1
		15.2. HealthReturns™	C.15.2
		Optional Covers: (Available if opted by paying additional premium)	C.16
		16. Reduction in Specific Disease waiting period	C.16.1
		17. Reduction in Pre-Existing Disease waiting period	C.16.2
		18. Critical Illness cover	C.16.3
		19. Personal Accident Cover (AD+PTD+PPD)	C.16.4
		20. Cancer Booster	C.16.5
		21. Durable Medical Equipment Cover	C.16.6
		22. Compassionate Visit	C.16.7
		23.Second Medical Opinion for listed Major Illness	C.16.8
		24. Annual Screening Package for Cancer Diagnosed Patients	C.16.9
06.	Exclusions	Standard Exclusion:	
	(What the policy		
	does not cover)	1. Investigation & Evaluation (Code- Excl04)	D.1.4
		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.	
		Rest Cure, rehabilitation and respite care (Code- Excl05)	D.1.5
		a) Expenses related to any admission primarily for enforced	5.1.0
		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 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)	D.1.6
		Expenses related to the surgical treatment of obesity that	
		does not fulfil all the below conditions:	
		Surgery to be conducted is upon the advice of the Doctor	
		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);	
		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:	

i. Obesity-related cardiomyopathy	
ii. Coronary heart disease	
iii. Severe Sleep Apnea	
iv. Uncontrolled Type2 Diabetes	
4. Change-of-Gender treatments: (Code- Excl07)	D.1.7
Expenses related to any treatment, including surgical	
management, to change characteristics of the body to those	
of the opposite sex.	
5. Occupation and active Community (October Footbook)	D.1.0
5. Cosmetic or plastic Surgery: (Code- Excl08)	D.1.8
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.	
se serance s, and advantage moderate reactions.	
6. Hazardous or Adventure sports: (Code- Excl09) - Expenses	D.1.9
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.	
7. Breach of law: (Code- Excl10) - Expenses for treatment	D.1.10
directly arising from or consequent upon any Insured Person	
committing or attempting to commit a breach of law with	
criminal intent.	
8. Excluded Providers: (Code- Excl11)	D.1.11
Expenses incurred towards treatment in any hospital or by	
any Medical Practitioner or any other provider specifically	
excluded by the Insurer 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.	
O. Tractment for Alcoholisms draw as substantial	D 1 10
Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof (Code, Excl.)	D.1.12
addictive condition and consequences thereof. (Code- Excl12).	
10. Treatments received in heath hydros, nature cure clinics,	D.1.13
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.	
(Code- Excl13)	

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)	D.1.14
12. Refractive Error: (Code- Excl15) - Expenses related to the treatment for correction of eye sight due to refractive error less than 7 .5 dioptres.	D.1.15
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.	D.1.16
 14. Sterility and Infertility: (Code- Excl17) Expenses related to sterility and infertility. This includes: Any type of contraception, sterilization Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI Gestational Surrogacy Reversal of sterilization 	D.1.17
 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.1.18
Specific Exclusions	
 1. Circumstantial Exclusion 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; 	D.2.1

2. Behavioural Exclusions

- a) Suicide or attempted suicide, intentionally hurting oneself on purpose;
- b) Illegal act of the Insured Persons
- 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);

3. Medical Exclusions

- 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) 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

4. Prosthesis and Devices

- 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

D.2.2

D.2.3

D.2.4

		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. 5. Non-Medical expenses As mentioned under Annexure (I), items in List I II, III & IV will be excluded unless forms a part of In-patient hospitalization.	D.2.5
		6. Specific treatment Exclusion 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.	D.2.6
		 7. Activities and Profession Exclusions 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. b) Medical or treatment fees charged by unlicensed and unauthorized practitioners are not covered 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. 	D.2.7
		 Geographical Exclusion Treatment taken outside India, unless specified to be covered in the Policy Schedule. 	D.2.8
07.	Waiting period • Time period during which specified disease / treatment is not covered	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	Section D.1 D.1.1
	It is counted from the beginning of the policy coverage	 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 	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 &	Medical & Surgical treatment
	Benign Tumour of the female genito urinary system	3
	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) Endometriosis	Medical & Surgical treatment
-		Medical & Surgical treatment
	Menorrhagia P. Link & R. L	Medical & Surgical treatment
	Pelvic Inflammatory Disease	Medical & Surgical treatment
4. Orthopedic /	Gout	Medical & Surgical treatment
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
5. Gastroenterology	Stone in Gall Bladder, Bile duct & other parts of Biliary System	Medical & Surgical treatment
(Alimentary Canal	Cholecystitis	Surgical treatment
and related Organs)	Pancreatitis	Surgical treatment
	Fissure, Fistula in ano, hemorrhoids (piles), Pilonidal Sinus, Ano-rectal	Medical & Surgical treatment
	& Perianal Abscess	
	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
	Gastro Esophageal Reflux Disease (GERD) Cirrhosis	
		Medical & Surgical treatment Surgical treatment
	Cirrhosis Chronic Appendicitis	Medical & Surgical treatment Surgical treatment
_	Cirrhosis	Medical & Surgical treatment
	Cirrhosis Chronic Appendicitis	Medical & Surgical treatment Surgical treatment
	Cirrhosis Chronic Appendicitis	Medical & Surgical treatment Surgical treatment

	6. Urogenital	Stones in Urinary system (Stone in the Kidney, Ureter, Urinary Bladder)	Medical & Surgical treatment
	(Urinary and	Benign Hypertrophy / Enlargement of Prostate (BHP / BEP)	Medical & Surgical treatment
	Reproductive	Hernia, Hydrocele	Medical & Surgical treatment
	system	Varicocoele / Spermatocoele	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,	Medical & Surgical treatment
		Granulomas, Benign Tumour anywhere in the body	
		(unless malignant)	
		Varicose veins, Varicose ulcers	Medical & Surgical treatment
		3. 30-day waiting period (Code- Excl03):	D.1.3
		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	
		4. Initial waiting period (Applicable for Critical Illness Cover)	C.16.3
		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.	
		5. Maternity Cover Waiting period - 24 Months	C.13
08.	Financial limits of coverage		
		N.	
	(i) Sub-limit (It is a pre-defined limit	Nil	
	and We will not pay any amount in		
	excess of this limit)		
	(ii) Co-payment (It	Nil	
	is a specified amount / percentage		
	of the admissible		
	claim amount to be paid by Insured)		
	,		
	(iii) Deductible	Nil	
	(iv) Any other limit	Nil	
			5074
09.	Claims / Claims Procedure	a. For Cashless Service:	E.2.7.1.a
		Kindly contact us 48 hrs prior for planned hospitalisation or	
		within 24 hours of hospitalisation in case of emergency	
		hospitalisation.	
		Link for Hospital Network details:	
		https://www.adityabirlacapital.com/healthinsurance/locate-care/hospital-listing	
	1		

		b. For Reimbursement of Clain	n:	E.2.7
		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.	
		c. For Personal Accident: We so claim along with the following date of Accident.	shall be given an intimation of the details within 7 days from the	E.2.7.2
			be given intimation of the claim s within 30 days of the diagnosis	E.2.7.2
10.	Policy Servicing	In case of any Policy Services the i Website: https://www.adityabirlacar Toll- Free: 1800 270 7000		
		E-mail: care.healthinsurance@adit	yabirlacapital.com	
		(Senior citizens may write to us at:		
		seniorcitizen.healthinsurance@adi		
		In case you are not satisfied with the	ne resolution you may write to	
		Head – Customer Care :	a international across	
		carehead.healthinsurance@adityal	oiriacapitai.com	
		Courier:		
		Write to our HO at below address		
		Unit no 1101 & 1104 11th floor, Uni	t no 1501 & 1502 15th floor, G Corp	
		Tech Park, Kasarwadavali, Ghodbu		
		Insured person may also approach company's branches with the detail		
			the the Declaration for the contract	
		If Insured person is not satisfied withrough one of the above methods.	_	
		grievance officer at: gro.healthinsu		
		If Insured Person is not satisfied wi	ith the Redressal of grievance	
		through above methods, the Insure	_	
		office of Insurance Ombudsman of	the respective area / region for	
		Redressal of grievance as per Insu	rance Ombudsman Rules 2017	
		(at the addresses given in Annexur	e II)	
		Grievance may also be lodged at II Management System-https://bimab		
		The state of the s		

11.	Grievances / Complaints	In case of any grievance the insured person may contact the Website: https://www.adityabirlacapital.com/healthinsurance/fags Toll- Free: 1800 270 7000 E-mail: care.healthinsurance@adityabirlacapital.com (Senior citizens may write to us at: seniorcitizen.healthinsurance@adityabirlacapital.com) In case you are not satisfied with the resolution you may write to Head— Customer Care: care.healthinsurance@adityabirlacapital.com Courier: Write to our HO at below address Unit no 1101 & 1104 111h floor, Unit no 1501 & 1502 15th floor, G Corp Tech Park, Kasanwadavali, Ghodbunder Road, Thane West - 400601 Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. 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 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)
12.	Things to remember	Anagement System-https://bimabharosa.irdai.gov.in/ 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. 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. If the Insured has not made any claim during the Free Look Period, the Insured shall be entitled to: 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.

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.

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.

E.1.12

E.1.3

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

In case the Insured Person wants to migrate their Health Insurance Policy, then contact Us with the details through:

E-mail ID: care.healthinsurance@adityabirlacapital.com

Toll Free: 1800 270 7000

Address: Any of Our Branch office or Corporate office

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.

E.1.13

		e.	In case the Insured Person wants to port their Health Insurance Policy, then contact Us with the details through: E-mail ID: care.healthinsurance@adityabirlacapital.com Toll Free: 1800 270 7000 Address: Any of Our Branch office or Corporate office 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. Moratorium Period: After completion of sixty continuous months	E.2.5.C E.1.10
			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.	
13.	Insured's Obligations	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. 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.	E.1.14

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 d	ocument. 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)	