



## Tata AIG MediCare - Prospectus

### 1. Suitability:

- a. This policy covers persons in the age group 5 years onwards (Dependent children between 91 days and 5 years can be insured only when both parents are getting insured). The maximum entry age is 65 years.
- b. There is no maximum cover ceasing age under this policy.
- c. The policy will be issued for a period 1/2/3 years.
- d. This policy can be issued to an individual and/or family.
- e. The family includes spouse and economically dependent children and dependent parents.
- f. The policy offers coverage on family floater basis.
- g. Maximum 7 members of a family are covered in one Individual Plan Policy (Self, spouse, 3 dependent children and 2 dependent parents).
- h. Maximum 7 members are covered in one Family Floater Plan policy (Self, spouse, 3 dependent children (Up to the age of 25 Years) and 2 dependent parents. In case of family floater, where age of the dependent child is crossing 25 years, the child can be covered under a separate policy with eligible continuity benefit.

### 2. Key Benefits:

- a. **Range of benefits:** Indemnity based health insurance cover with range of benefits without any sub-limit unless otherwise mentioned.
- b. **Network of hospitals:** We are equipped to offer you quality health care with our strong network of 4000+ hospitals across India.
- c. **Lifelong renewal:** We offer you a lifelong renewal for your policy provided premium is paid without any break. Your premiums will be basis the age, sum insured and plan. Your renewal premium will be basis your age on renewal and there will be no extra loadings based on your individual claim.
- d. **Global Cover:** We will cover Medical Expenses of the Insured Person incurred outside India, upto the sum insured provided that the diagnosis was made in India and the insured travels abroad for treatment.
- e. **Bariatric Surgery Cover-** Covers reasonable and customary expenses for Bariatric surgery if the insured fulfills listed conditions as mentioned in the policy.
- f. **Sum Insured Restore Benefit:** If Your Sum Insured including cumulative bonus is completely utilized during the policy period, an additional amount equivalent to the base Sum Insured will be restored once during the policy period and can also be used



for admissions due to related illness/diseases after 45 days from the date of discharge of the earlier claim . This benefit cannot be carried forward to subsequent renewals.

1. **Consumables Benefit-** We will pay for expenses incurred, for consumables which are listed in 'Items for which optional cover may be offered by insurers' under 'Guidelines on Standardization in Health Insurance, 2016', which are consumed during the period of hospitalization directly related to the insured's medical or surgical treatment of illness/disease/injury.
- g. **Cumulative bonus:** 50% increase in cumulative bonus for every claim free year  
In the case a claim is made during the policy year, the cumulative bonus would reduce by 50% in the following year.
- h. **Tax Benefit:** The premium amount paid under this policy qualifies for deduction under Section 80D of the Income Tax Act. This benefit is not applicable for premium amount paid towards accidental death benefit.

### 3. Discounts on premium:

- a. 10% long term discount on premium in case insured opts policy term of 3 years
- b. 5% long term discount on premium in case insured opts policy term of 2 years
- c. Family floater discount on premium:
  - 2 members -20%
  - 3 members -28%
  - > 3 members-32%
- d. 10% discount on premium in case insured opts for shared room category

### 4. Salient Features:

2. **In-patient Treatment:** We will cover expenses for hospitalization due to disease/illness/Injury during the policy period that requires an Insured Person's admission in a hospital as an inpatient. Medical expenses directly related to the hospitalization would be payable
3. **Pre-Hospitalisation:** The Medical Expenses incurred in 60 days immediately before the Insured Person was hospitalized.
4. **Post-Hospitalisation:** The Medical Expenses incurred in the 90 days immediately after the Insured Person was discharged post Hospitalisation.
5. **Day Care Procedures:** We will cover expenses for listed Day Care Treatment due to disease/illness/Injury during the policy period taken at a hospital or a Day Care Centre. The list of such day care procedures covered is available on our website (tataaig.com)
6. **Organ Donor:** The Medical and surgical Expenses of the organ donor for harvesting the organ where an insured person is the recipient.



7. **Domiciliary Treatment:** The Medical Expenses incurred by an Insured Person for availing medical treatment at his home which would otherwise have required Hospitalisation. We will also cover pre and post hospitalization expenses in case of domiciliary hospitalization.
8. **Global Cover:** We will cover Medical Expenses of the Insured Person incurred outside India, upto the sum insured provided that the diagnosis was made in India and the insured travels abroad for treatment. The Medical Expenses payable shall be limited to Inpatient and daycare Hospitalization only on reimbursement basis.
9. **Bariatric Surgery Cover-** Covers reasonable and customary expenses for Bariatric surgery if the insured fulfills:
  - i. Surgery to be conducted upon the advice of the Doctor
  - ii. The member has to be 18 years of age or older and
  - iii. BMI greater than or equal to 40
  - iv. BMI greater than or equal to 35 in conjunction with any of the following severe comorbidities following failure of less invasive methods of weight loss:
    - a) Obesity-related cardiomyopathy,
    - b) Severe sleep apnea,
    - c) Uncontrolled Type2 Diabetes, or
    - d) Coronary heart disease
10. **In-patient Dental Treatment-** Covers expenses incurred towards hospitalization for dental treatment under anesthesia necessitated due to an accident/injury/illness
11. **Restore benefit-** Automatically restore the Basic Sum Insured upon exhaustion of the Sum Insured and accrued Cumulative Bonus, during the policy period.
12. **AYUSH benefit** - Medical Expenses incurred for In-patient treatment taken under Ayurveda, Unani, Sidha or Homeopathy.
13. **Ambulance cover**—For utilizing ambulance service for transporting insured person to hospital in case of an emergency.
14. **Health Check-up-** Expenses for a Preventive Health Check-up upto 1% of previous year policy sum insured subject to a maximum of Rs. 10,000/- per policy in the event of every two continuous claim free policy years with us.
15. **Second Opinion-** We will provide You a second opinion from Network Provider or Medical Practitioner, if an Insured Person is diagnosed with the mentioned Illnesses during the Policy Period.
16. **Vaccination cover-** We will cover for expenses related to the cost of the following vaccines:
  - a. **Without any waiting period:**
    - i. Anti-rabies vaccine following an animal bite
    - ii. Typhoid vaccination
  - b. **After 2 years of continuous coverage with us:**
    - i. Human Papilloma Virus (HPV) vaccine
    - ii. Hepatitis B Vaccine



17. **Hearing Aid-** We will cover reasonable charges for hearing aid, every third year. The maximum payable is 50% of actual cost or Rs. 10,000/- per policy, whichever is lower.
18. **Daily cash for choosing shared accommodation-** We will pay a fixed amount per day as mentioned in the policy schedule if the Insured Person is Hospitalized in Shared Accommodation in a Network Hospital for each continuous and completed period of 24 hours. The benefit payable per day would be 0.25% of base sum insured and max. Rs. 2000 per day. This benefit is applicable only for those cases where shared accommodation category is not opted by the policy holder in the policy.
19. **Daily cash for accompanying an insured child-** We will pay a fixed amount per day, as mentioned in the schedule, if the Insured Person Hospitalized is a child Aged 12 years or less, for one accompanying adult for each complete period of 24 hours. The benefit payable per day would be 0.25% of base sum insured and max. Rs. 2000 per day.
20. **Compassionate travel-** In the event the Insured Person is Hospitalized for more than Five consecutive days in a place where no adult member of his immediate family is present, we will cover expenses related to a round trip economy class air ticket, or first-class railway ticket, to allow the Immediate Family Member be at his bedside for the duration of his stay in the hospital. The expenses must be incurred within India and shall not exceed Rs. 20,000 during a policy year.
21. **Consumables Benefit-** We will pay for expenses incurred, for consumables which are listed in 'Items for which optional cover may be offered by insurers' under 'Guidelines on Standardization in Health Insurance, 2016', which are consumed during the period of hospitalization directly related to the insured's medical or surgical treatment of illness/disease/injury.

## 5. Optional covers/Riders:

You can choose optional covers listed below by paying an additional premium.

- **Accidental Death Benefit:** If an Insured Person suffers an accident during the policy period and this is the sole and direct cause of his death within 365 days from the date of accident, then we will pay a fixed amount of 100% of the base Sum Insured.

## 6. Sum Insured options:

- 3 Lacs
- 4 Lacs
- 5 Lacs
- 7.5 Lacs



- 10 Lacs
- 15 Lacs
- 20 Lacs

## 7. Renewal Incentives:

- Cumulative Bonus:** We will offer Cumulative Bonus of 50% of the Sum Insured for every claim free year accumulating up to 100% of sum insured. In the event of a claim, the cumulative bonus shall be reduced by 50% at the time of renewal.
- Health Check-up-** Expenses for a Preventive Health Check-up upto 1% of previous year policy sum insured subject to a maximum of Rs. 10,000/- per policy in the event of every two continuous claim free policy years with us.

## 8. Portability:

If you are insured continuously and without interruption under any retail health insurance policy of an Indian non-life insurance company for the reimbursement of medical costs for inpatient treatment in a hospital and you want to shift to us on renewal, this Policy offers you to transfer the accrued benefits and make due allowances for waiting periods. If the Insured person transfers from any other insurer and increases the Sum Insured, then the portability benefits will be offered only in respect to the previous sum insured.

## 9. Free Look Period:

You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of canceling the Policy stating the reasons for cancellation and You shall be refunded the premium paid by You after adjusting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium. You can cancel your Policy only if You have not made any claims under the Policy. All Your rights under this Policy shall immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of renewal of the Policy.

## 10. Waiting Period:

We are not liable for medical expenses incurred during waiting periods except if any Insured Person suffers an Accident.



**i. 30 days Waiting Period:**

We are not liable for any claim arising due to a condition for which appearance of signs/symptoms, consultation, investigation, treatment or admission started within 30 days from policy commencement date except claims arising due to an accident. In case of renewals, this waiting period shall not be applicable to the extent of sum insured under the previous policy in force. If any illness/procedure is specifically covered after a period of two years (under ii) the 30 day waiting period is superseded by the two year waiting period.

**ii. Specific Waiting Periods of 24 months:**

A waiting period of 24 months from the first policy commencement date will be applicable to the medical and surgical treatment of illnesses, diseases, or surgical procedures mentioned below, unless necessitated due to cancer:

The following Illnesses/diseases would be covered after a waiting period of two years irrespective of the treatment undergone, medical or surgical

- a. Tumors, Cysts, polyps including breast lumps (benign)
- b. Polycystic ovarian disease
- c. Fibromyoma
- d. Adenomyosis
- e. Endometriosis
- f. Prolapsed Uterus
- g. Non-infective arthritis
- h. Gout and Rheumatism
- i. Osteoporosis
- j. Ligament, Tendon or Meniscal tear (due to injury or otherwise)
- k. Prolapsed Inter Vertebral Disc (due to injury or otherwise)
- l. Cholelithiasis
- m. Pancreatitis
- n. Fissure/fistula in anus, haemorrhoids, pilonidal sinus
- o. Ulcer & erosion of stomach & duodenum
- p. Gastro Esophageal Reflux Disorder (GERD)
- q. Liver Cirrhosis
- r. Perineal Abscesses
- s. Perianal / Anal Abscesses
- t. Calculus diseases of Urogenital system Example: Kidney stone, Urinary bladder stone.
- u. Benign Hyperplasia of prostate
- v. Varicocele
- w. Cataract



- x. Retinal detachment
- y. Glaucoma
- z. Congenital Internal Diseases

The following treatments are covered after a waiting period of two years irrespective of the illness for which it is done:

- a. Adenoidectomy
- b. Mastoidectomy
- c. Tonsillectomy
- d. Tympanoplasty
- e. Surgery for nasal septum deviation
- f. Nasal concha resection
- g. Surgery for Turbinate hypertrophy
- h. Hysterectomy
- i. Joint replacement surgeries EX: Knee replacement, Hip replacement
- j. Cholecystectomy
- k. Hernioplasty or Herniorraphy
- l. Surgery/procedure for Benign prostate enlargement
- m. Surgery for Hydrocele/ Rectocele
- n. Surgery of varicose veins and varicose ulcers

**iii. Pre-existing Condition:**

Pre-existing conditions shall be covered after a waiting period of 36 months.. The said conditions must be declared, if known, by the insured at the time of application and must not have been explicitly excluded in the policy.

The Insured Person will be given the Portability credit of the waiting period based on the number of years of continuous and uninterrupted insurance cover which shall be as per portability guidelines issued by IRDA of India.

**11. General Exclusions:**

We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this Policy:



**Medical Exclusions:**

- I. "AIDS" (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human immunodeficiency virus) including but not limited to conditions related to or arising out of HIV/AIDS such as ARC (AIDS related complex), Lymphomas in brain, Kaposi's sarcoma, tuberculosis.
- II. The abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as intoxicating drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies.
- III. Idiopathic/alcoholic pancreatitis and its related disorders or complications arising out of it.
- IV. Treatment of Obesity and any weight control program subject to cover under benefit bariatric surgery.
- V. Psychiatric, mental disorders (including mental health treatments);
- VI. Parkinsons and Alzheimer's disease;
- VII. General debility or exhaustion ("run-down condition");
- VIII. Congenital external diseases, defects or anomalies;;
- IX. Stem cell implantation or surgery; or growth hormone therapy;
- X. Sleep-apnoea
- XI. Charges related to peritoneal dialysis (CAPD), including supplies
- XII. Admission primarily for administration of monoclonal antibodies or Intra-articular or intra-lesional injections or IV immunoglobulin infusion or supplementary medications like Zolendronic Acid
- XIII. Admission primarily for diagnostic and evaluation purposes only.
- XIV. Venereal disease, sexually transmitted disease or illness;
- XV. Sterility, treatment whether to effect or to treat infertility; any fertility, sub-fertility or assisted conception procedure; surrogate or vicarious pregnancy; birth control, contraceptive supplies or services including complications arising due to supplying services.
- XVI. Laser treatment for correction of eye due to refractive error;
- XVII. Aesthetic or change-of-life treatments of any description such as sex transformation operations, treatments to do or undo changes in appearance or carried out in childhood or at any other physical times driven by cultural habits, fashion or the like or any procedures which improve physical appearance.
- XVIII. Plastic surgery or cosmetic surgery unless necessary as a part of medically necessary treatment certified by the attending Medical Practitioner for reconstruction following an Accident, Cancer or Burns.
- XIX. , Rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care.



- XX. All preventive care, vaccination including inoculation and immunisations (except in case of post- bite treatment and other vaccines explicitly covered);
- XXI. Hospitalization purely for enteral feedings (infusion formulae via a tube into the upper gastrointestinal tract) and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
- XXII. Experimental and Unproven treatments, Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Chelation therapy, Hyperbaric Oxygen Therapy.
- XXIII. Dental treatment or surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring hospitalization & any dental treatment other than specified in 'Inpatient Treatment – Dental'.
- XXIV. Pregnancy, , voluntary termination of pregnancy, maternity or birth (including caesarean section) except in the case of ectopic pregnancy in relation to - Inpatient Hospitalization only and miscarriage due to accident

**Non-Medical Exclusions:**

- I. 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 defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, ionising radiation.
- II. Any Insured Person's participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing.
- III. Any Insured Person committing or attempting to commit a breach of law with criminal intent
- IV. Intentional self-injury or attempted suicide while sane or insane.
- V. Charges incurred at a Hospital primarily for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness or Injury, for which confinement is required at a Hospital.
- VI. Items of personal comfort and convenience like television (wherever specifically charged for), charges for access to telephone and telephone calls, internet, foodstuffs (except patient's diet), cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies.
- VII. Treatment rendered by a Medical Practitioner which is outside his discipline.
- VIII. Doctor's fees charged by the Medical Practitioner sharing the same residence as an Insured Person or who is an immediate relative of an Insured Person's family.
- IX. Provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy unless explicitly stated and covered in the policy.



- X. Any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, and similar products.
- XI. Any treatment or part of a treatment that is not of a reasonable charge, not medically necessary; drugs or treatments which are not supported by a prescription.
- XII. Crutches or any other external appliance and/or device used for diagnosis or treatment (except when used intra-operatively and explicitly stated and covered in the policy).
- XIII. Any claim incurred after date of proposal and before issuance of policy where there is change in health status of the member and the same is not communicated to us.
- XIV. All expenses incurred by the Policyholder/ Insured Person at the Hospital or any institution about which the Company has expressly notified that the Claim incurred at such Hospital/institution shall not be payable (except reimbursement claims related to accidents and life threatening conditions).The updated list of such Hospitals can be obtained through the Company's website or Call Center.

## 12.Claim Procedure:

The final decision on all claims is taken by Tata AIG General Insurance Company Limited. We have a Specified Third Party Administrator (TPA) duly licensed by IRDAI to administer all claims under this policy.

### a. Intimation & Assistance:

Please contact our designated TPA/Us atleast 48 hours prior to an event which might give rise to a claim. For any emergency situations, kindly contact our TPA within 24 hours of the event.

### b. Claim Related Information:

For any claim related query, intimation of claim and submission of claim related documents, You can contact Your TPA through:

- Name of TPA : Family Health Plan Insurance TPA Ltd (FHPL)
- Website : [www.fhpl.net](http://www.fhpl.net)
- Email : [info@fhpl.net](mailto:info@fhpl.net)  
: [seniorcitizensdesk@fhpl.net](mailto:seniorcitizensdesk@fhpl.net) (for Senior Citizens)
- Toll Free : 1800-425-4033  
: 040- 23552899 (for Senior Citizens)
- Fax : +91-40-23541400
- Submit claim : Claims Department,  
Family Health Plan (TPA) Ltd,  
Srinilaya – Cyber Spazio



Suite # 101,102,109 & 110, Ground Floor,  
Road No. 2, Banjara Hills,  
Hyderabad, 500 034

Any change in TPA by Us shall be communicated to You 30 days before such effect of change.

**c. Procedure for reimbursement claims:**

- Our TPA/We must be informed within 7 days of completion of such treatment, consultation or procedure using the Claim Intimation Form.
- Please send the duly signed claim form and all the information/documents mentioned therein to our TPA/Us within 15 days of the occurrence of the Incident.
- Please refer to claim form for complete documentation.
- If there is any deficiency in the documents/information submitted by you, our TPA/We will send the deficiency letter within 7 working days of receipt of the claim documents.
- On receipt of the complete set of claim documents, We will send the payment for the admissible amount, along with a settlement statement within 30 days.
- The payment will be sent in the name of the proposer/ Nominee in case of death of Proposer

**d. Procedure for availing cashless facility:**

- For any emergency Hospitalisation, our TPA/We must be informed within 24 hours after hospitalization.
- For any planned hospitalization, kindly seek cashless authorization from our TPA/Us atleast 48 hours prior to the hospitalization.
- TPA/We will check your coverage as per the eligibility and send an authorization letter to the provider. In case there is any deficiency in the documents sent, the same shall be communicated to the hospital within 6 hours of receipt of documents.
- In case the ailment /treatment is not covered under the policy a rejection letter would be sent to the provider within 6 hours.

**Note:**

- Insured person is entitled for cashless coverage only in our empanelled hospitals.
- While we have provided the empanelled hospital list along with Policy kit , please refer to our website or call us on our toll free number at 1800-266-7780 for updated list.
- Rejection of cashless facility in no way indicates rejection of the claim.

**e. Claim settlement Procedure:**

We shall settle or reject a claim, as may be the case, within 30 days of the receipt of the last 'necessary' document.

We shall make the payment of claim that has been admitted as payable by Us under the Policy terms and conditions within 30 days from the date of receipt of last necessary document. In the case of delay



in the payment of a claim, We shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate. For the purpose of this clause, 'bank rate' shall mean bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due. All claims will be settled in accordance with the applicable regulatory guidelines, including IRDAI (Protection of Policyholders Interests Regulation), 2017

**f. Co-payment :**

If the insured person is admitted in a hospital room where the room category opted is higher than the eligible category as specified in the policy schedule, then the policy holder/insured person shall bear 10% of the admissible claim amount.

### 13. Renewal Terms:

- Please ensure you renew well before the renewal due date to enjoy the continuity benefits available under the policy.
- In case you miss the due date, there is a Grace Period of 30 days for renewing the Policy. However, coverage would not be available for the period for which no premium has been received.
- We will renew your policy unless We believe that You or any Insured Person or anyone acting on Your behalf or on behalf of an Insured Person has acted in a fraudulent manner or any misrepresentation under or in relation to this Policy or the renewal of the Policy poses a moral hazard.
- **Renewal Premium:**
  - Your renewal premium for this policy will not change unless we have revised the premium and obtained due approval from IRDAI. Premium will also change if you move into a higher age group, opt for a higher sum insured, change the term or change the plan.
- Any revision / modification in the product will be done with the approval of the Insurance Regulatory and Development Authority and will be intimated to You at least 3 months in advance.
- **Sum insured enhancement:**
  - Sum Insured can be enhanced at the time of renewal basis Our underwriting guidelines. If you increase the sum insured one grid up, no fresh medicals shall be required. Any such subsequent sum insured increase by one grid up would be subject to our underwriting guidelines.
  - In cases where the sum insured increase is more than one grid up, it will be subject to medicals. In case of increase in the Sum Insured, waiting period will apply afresh in relation to the amount by which the Sum Insured has been enhanced. However the acceptance of request/quantum of increase shall be as per underwriting guidelines of the company



#### 14.Option to Migrate:

There is an option to migrate to similar health insurance Policy with Us provided that:

- Insured Person has been insured with Us for first time under this Policy as a dependant.
- This option for migration to similar health insurance policy shall be exercised by the Insured Person only when he / she is at the end of specified exit age, and certainly at the time of renewal only.
- Insured Person will be offered continuity of coverage & suitable credits, if any, for all the previous policy years, provided the policy has been maintained without a break.

#### 15.Withdrawal of the policy:

In the likelihood of this product being withdrawn in future, we will intimate you about the same 90 days prior to expiry of the policy. You will have the option to migrate to similar health insurance product available with us at the time of renewal with all the accrued continuity benefits such as cumulative bonus, reduction/waiver of waiting period etc. provided the policy has been maintained without a break as per portability guidelines issued by IRDAI.

#### 16.Requirement:

- Completed proposal form,
- Supporting Medical papers (wherever applicable),
- Previous policy copies, IRDAI portability form (as applicable)

#### 17.Pre-policy medical check-up:

Pre-Policy Check-up at our network may be required based upon the age and/or Sum Insured. 100% of the expenses incurred per insured person will be payable by Tata AIG only on the acceptance of the proposal. The medical reports are valid for a period of 90 days from the date of Pre-Policy Checkup.



**Pre-policy medical examination gird:**

Age(Yrs)/Sum Insured	All Sum Insured Options
Upto age 45	No medicals/No Tele- Medical Examination Report
46-65	Tele- Medical Examination Report (TeleMER)

**18.Premium Rates:**

- The premium will be charged on the completed age of the Insured Person.
- Premium rates are subject to change with prior approval from IRDAI.
- The premium for the policy will remain the same for the policy period as mentioned in the policy schedule.
- For family floater, premium is calculated by adding the premium of respective individual members and applying family floater discount.
- Monthly instalment option would be allowed and following loadings shall be applicable:

Term of Policy	Loading%
1 year Policy	5%
2 year Policy	10%
3 year Policy	16%

In case You have opted for instalment option then:

- The premium shall be paid by the instalments due date as mentioned in the policy schedule. A relaxation of 15 days shall be applicable for payment of instalment.
- The first instalment must be received prior to commencement of risk in compliance with 64VB.
- If instalment premium is not paid within the relaxation period then policy shall cease to exist at midnight of such due date and will be treated as lapsed.
- If You make a claim during relaxation period under the policy You will be liable to pay the instalment due premium before the claim is paid or You authorise us to deduct this instalment due premium from claim amount.

**(Annual)Per Person Rates(Rs.) (Exclusive of taxes)**

Age\Sum Insured	3 Lakh	4 Lakh	5 Lakh	7.5 Lakh	10 Lakh	15 Lakh	20 Lakh
0-18yrs	3,953	4,577	5,253	5,778	6,180	7,146	7,579
19-35yrs	4,785	5,608	6,724	7,490	8,322	9,719	10,410



36-45yrs	5,754	6,832	7,931	8,871	9,891	11,324	11,887
46-50yrs	8,260	10,296	11,963	13,596	15,347	17,219	19,009
51-55yrs	10,403	13,324	16,251	18,202	19,570	22,629	24,240
56-60yrs	14,582	17,913	19,986	22,171	23,453	26,851	28,187
60-65yrs	18,911	20,188	24,720	30,467	35,720	40,895	43,368
66-70yrs	25,750	28,768	36,771	43,075	49,440	57,168	61,844
71+yrs	30,282	35,720	46,226	54,096	62,418	70,745	76,547

**(Annual) Per Person Rates for Accidental Death Benefit Rider (Rs.)(Exclusive of taxes)**

Age\Sum Insured	3 Lakh	4 Lakh	5 Lakh	7.5 Lakh	10 Lakh	15 Lakh	20 Lakh
All Ages	167	223	279	418	558	836	1,115

**19.Premium Loadings:**

We may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance). The maximum risk loading applicable for an individual shall not exceed above 100% per diagnosis / medical condition and an overall risk loading of over 150% per person. These loadings are applied from Commencement Date of the policy including subsequent renewal(s) with us or on the receipt of the request of increase in sum insured (for the increased Sum Insured).

We will inform you about the applicable risk loading through a counter offer letter. You need to revert to us with consent and additional premium (if any), within 15 days of the issuance of such counter offer letter. In case, you neither accept the counter offer nor revert to Us within 15 days, We shall cancel Your application and refund the premium paid within next 10 days subject to deduction of the Pre-Policy Check up charges, as applicable. Please note that we will issue policy only after getting your consent.

**20.Termination:**

You may terminate this Policy at any time by giving Us written notice, and the Policy shall terminate when such written notice is received. The cancellation shall be from the date of receipt of such notice.If and only if no claim has been made under the Policy, then We will refund premium in accordance with the table below:

	Year
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**Tata AIG General Insurance Company Ltd.**

Peninsula Business Park, Tower A, 15<sup>th</sup> Floor, G. K. Marg,  
 Lower Parel, Mumbai - 400 013  
 Tel. No. +91 22 6669 9697 Fax: 022 6693 8170  
 IRDA of India Registration No.: 108  
 CIN: U85110MH2000PLC128425

Length of time Policy in force	1	2	3
Upto 1 Month	75.00%	87.50%	91.5%
>1 month & Upto 3 Months	50.00%	75.00%	88.5%
>3 months & Upto 6 Months	25.00%	62.50%	75%
>6 months & Upto 12 Months	Nil	50.00%	66.5%
>12 months & Upto 15 Months	NA	25%	50%
>15 months & Upto 18 Months	NA	12.5%	41.5%
>18 months & Upto 24 months	NA	Nil	33%
>24 months & Upto 30 months	NA	NA	8%
Exceeding 30 months		NA	Nil

We may at any time terminate this Policy on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by You or any Insured Person or anyone acting on Your behalf or on behalf of an Insured Person, by sending an endorsement to Your address shown in the Schedule to this Policy. In the event of termination of this Policy on grounds of misrepresentation, fraud, non-disclosure of material facts, the policy shall stand cancelled ab-initio and there will be no refund of premium. In the event the policy is terminated on grounds of non-cooperation of the insured, the premium shall be computed in accordance with Our short rate table for the period the Policy has been in force, upon 15 days notice by sending an endorsement to Your address shown in the Schedule provided no claim has occurred up to the date of termination. In the event a claim has occurred in which case there shall be no return of premium.

The coverage for the Insured Person shall automatically terminate if:

- In the case of your demise. However the cover shall continue for the remaining Insured Persons till the end of Policy period.
- In relation to an Insured Person, if that Insured Person dies.
- If the Insured Person is no longer eligible on grounds of age or dependency, however the insured member will be eligible to apply for a new policy and enjoy continuity benefits upto Sum Insured.



Tata AIG General Insurance Company Ltd.

Peninsula Business Park, Tower A, 15<sup>th</sup> Floor, G. K. Marg,  
Lower Parel, Mumbai - 400 013  
Tel. No. +91 22 6669 9697 Fax: 022 6693 8170  
IRDA of India Registration No.: 108  
CIN: U85110MH2000PLC128425

## 21. Grievance Redressal Procedure:

We are committed to extend the best possible services to You. However, if you are not satisfied with our services and wish to lodge a complaint, please call our 24X7 Toll free number **1800-266-7780** or 022-66939500 (toll) or 1800 22 9966 (For Senior Citizens) or you may email to the customer service desk at [customersupport@tata-aig.com](mailto:customersupport@tata-aig.com).

After examining the issue and subsequent closure, we will send our response within 10 days from the date of receipt of the complaint by Us. In case the resolution is likely to take longer time, we will inform you of the same through an interim reply.

### Escalation Level 1

In case you do not receive a resolution within 10 days or if the resolution still does not meet your expectations, you can write to [manager.customersupport@tata-aig.com](mailto:manager.customersupport@tata-aig.com). After analyzing the matter internally and subsequent closure, we will send our response within a period of 8 days from the date of receipt at this email id.

**Escalation Level 2** In case you do not receive a resolution within 8 days or if the resolution still does not meet your expectations, you can write to Head - Customer Services at [head.customerservices@tata-aig.com](mailto:head.customerservices@tata-aig.com). After examining the matter, we will send you our final response within 7 days from the date of receipt of your complaint on this email id.

## 22. Section 41 of Insurance Act 1938 (Prohibition of Rebates):

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the prospectus or tables of the insurer.
2. Any person making default in complying with the provision of this section shall be liable for penalty which may extend to ten lakh rupees.

**IRDAI REGULATION:** This policy is subject to IRDAI (Protection of Policyholder's Interests) Regulations, 2017.

**Note:** Policy Term and Conditions & Premium rates are subject to change with prior approval from IRDAI.



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**Disclaimer:**

This is only a summary of the product features. The actual benefits available are as described in the policy, and will be subject to the policy terms, conditions and exclusions. Please seek the advice of your insurance advisor if you require any further information or clarification.

“Insurance is the subject matter of the solicitation”. For more details on benefits, exclusions, limitations, terms & conditions, please refer sales brochure/ policy wordings carefully, before concluding a sale.”

Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.

**Tata AIG General Insurance Company Limited**

Registered Office: Peninsula Business Park, Tower A, 15<sup>th</sup> Floor, G. K. Marg, Off Senapati Bapat Road,  
Lower Parel, Mumbai- 400013.

24X7 Toll Free No: 1800 266 7780 or 1800 22 9966 (For Senior Citizens) Fax: 022 6693 8170

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