

GROUP HEALTH (FLOATER) INSURANCE
CUSTOMER INFORMATION SHEET

DISCLAIMER NOTE: The information mentioned below is illustrative and not exhaustive. The information must be read in conjunction with the policy wordings. In case of any conflict between the Customer Information Sheet and the policy wordings, the terms and conditions mentioned in the policy wordings shall prevail.

S. NO.	TITLE	DESCRIPTION	POLICY CLAUSE NUMBER
1.	Product Name	GROUP HEALTH (FLOATER) INSURANCE	
2.	What am I Covered for?	The policy provides indemnification of medical expenses incurred by the Insured during day care treatment, hospitalization, domiciliary hospitalization, for any illness or injury suffered during the Policy Period.	a. Policy schedule
3.	Optional Add On Covers	<ul style="list-style-type: none"> 1 Cover for Pre-Existing Diseases 1 Maternity Expenses 1 Out Patient Department (OPD) Expenses 1 HIV 1 Cost of Prescribed External Medical Aid 1 Baby Day One Cover 1 Critical Illnesses Cover 1 Travel Expenses For Medical Treatment 1 Dental Expenses 1 Cover for Alternate Methods Of Treatment 1 Donor Expenses 1 Ambulance Charges 1 Pre and Post Hospitalization 1 Health Check-Up 1 Disease-Wise Sub-Limit 1 Domiciliary Hospitalization 1 Treatment Outside India 1 Convalescence Benefit 1 Loss of Wages/Salary Due To Hospitalization (Hospital Daily Cash Allowance) 1 Cover for Allied Hospital Charges 1 Limit on Room Rent, Nursing Charges, Consultation Fees, Diagnostic Charges, OT Charges etc. 1 Wellness & Preventive Care 	d. Benefits covered under the policy
4.	Waiting Period	<ul style="list-style-type: none"> 1 Initial Waiting Period 1 Pre Existing Disease: 1 year 1 Specific Waiting Periods 1 Maternity Expenses: 9 months 	e. Exclusions
5.	What are the major exclusions in the Policy	<ul style="list-style-type: none"> 1 Pre-Existing Diseases 1 Circumcision, plastic surgery 1 Cost of spectacles, contact lenses, hearing aids, etc. 1 Dental treatment or surgery of any kind unless requiring hospitalisation. 1 Convalescence, Sterility, general debility, 	e. Exclusions

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		<ul style="list-style-type: none"> 1 International self-injury and use of intoxicating drugs and/or alcohol 1 Voluntary medical termination of pregnancy during the first 12 weeks from the date of conception 1 Naturopathy treatment 1 (Note: the above is the partial listing of the policy exclusions, Please refer to the policy clauses for the full listings) 	
6.	Payment Basis	<ul style="list-style-type: none"> 1 Cashless or Reimbursement claims of covered medical expenses up to specified Sum Insured as per the scope of cover 	g. Other terms & conditions
7.	Loss Sharing	<ul style="list-style-type: none"> 1 In case of a claim, this policy requires you to share the following costs: 1 Expenses exceeding the sub limits 1 Room/ICU charges 	a. Policy schedule
8.	Renewal Conditions	<ul style="list-style-type: none"> 1 The Policy can be renewed as a separate contract under the then prevailing ICICI Lombard Group Health (Floater) Insurance product or its nearest substitute (in case the product ICICI Lombard Group Health (Floater) Insurance is withdrawn by the Company) approved by IRDA. 1 The policy shall ordinarily be renewable except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the insured. 	f. General Terms and Clauses
9.	Cancellation	<ul style="list-style-type: none"> 1 The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, misdescription or non-disclosure of any material fact. 1 Insured or the Company may cancel this Policy by giving the Company or the insured, as the case may be, 15 days written notice for the cancellation of the Policy, and then the Company shall refund premium on short term rates (if initiated by the insured) or pro rata rates (if initiated by the Company) for the unexpired Policy Period. The Company shall follow the below short period scale unless otherwise mutually agreed. 	f. General Terms and Clauses
10.	Claims	<ul style="list-style-type: none"> 1 For Cashless Service 1 Cashless treatment is only available at our Network Providers. Please refer www.icicilombard.com for updated list of our Network Providers 1 For Reimbursement of claim 1 Claims should be intimated 48 hours prior to Hospitalization or within 24 hours post admission in case of emergency 1 Document to be submitted within 30 days from the date of completion of treatment 	g. Other terms & conditions
11.	Policy Servicing/Grievances/Complaints	<ul style="list-style-type: none"> 1 Call the Company at the toll free number 1800 2666 or email us at customersupport@icicilombard.com 1 In case of Insured is not satisfied, he/she may approach us at the sub section "Grievance Redressal" on www.icicilombard.com. Otherwise the Insured may use IGMS 1 If the issue remains unresolved, Insured may approach Ombudsman 	g. Other terms & conditions
12.	Insured's Obligations	<ul style="list-style-type: none"> 1 Disclosure of Material Information during the Policy Period 	f. General Terms and Clauses

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a. Policy Schedule

> Insured Details

Policy Number	: 4016 X 219902860 01 000
Issued At	: MUMBAI
Name of the Insured	: UNICOM INFOTEL PVT LTD
Mailing Address of the Insured	: Solaris 1 C 315 ,Saki Vihar Roaed,Andheri East ,Mumbai, Mumbai, Maharashtra Pin 400072
Intermediary Details	
Agency/Broker Code	: DB45909
Agency/Broker Name	: HII INSURANCE BROKING SERVICES PRIVATE LIMITED
Agent's/Broker's Mobile No.	: 9953006242
Agent's/Broker's Email ID	: data plancover.com

> Policy Details

Period of Insurance	: From : 00:00 Hours of April 01, 2022
	To : Midnight of March 31, 2023
Product	: GHI Floater

Coverages

1	Floater/Non-Floater	: Floater
2	Pre existing Disease	: Covered
3	Domiciliary Hospitalization	: Excluded
4	30 Days Waiting Period,First year : waived off exclusion	

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5	Third party Administrator	: I-HealthCare
6	Pre-Post Hospitalization	: Pre Hospitalisation and Post Hospitalisation for 30 days & 60 days respectively are covered.
7	Sum Insured	: SI is restricted to 'Rs.' 2.65L, 3.15L, 10L Per Family during the policy period as per annexure attached herewith.
8	Room Rent	: 2% of SI for normal and 4% of SI for ICU.(Inclusive of nursing charges). Proportionate clause applicable
9	Age Band	: 1 day to 65 years only
10	revised Family Definition	: Employee,Spouse and 2 Dependent Children upto age 25 yrs covered under policy
11	Maternity Benefit	: 20000 for Normal and C-section, for first 2 children only.
12	Baby Day 1	: Baby covered from 1 day Upto the family SI
13	Pre/Post Natal Expenses	: Pre-Post Natal Expenses to the limit of Rs 5000 is covered within Maternity limit
14	Co-Payment	: 10% Copay on all claims
15	Add-Del of Lives	: Premium to be charged on Pro rata Basis for addition/deletion endorsement.
16	Ambulance Service	: Ambulance Charges limited to 'Rs.' 2000 Per Person
17	Disease wise sublimits	: No sublimit
18	Special conditions	: 1. Policy Construct-Employer-Employee. Service Category-Both Cashless & Reimbursement OPD/IPD-IPD. IPD Claim Intimation Period -30 days
19	Mid-Term Inclusion	: Mid term inclusion of dependents will be possible only in case of: a) spouse (on account of marriage during the policy term) b) children (childbirth during the policy term but after the child has completed 91 days of age) subject to not more than 2 children being covered under the Policy
20	Special Condition	: No Refund for deletion-if lives less than minimum required & if insured has claimed during policy
21	Special Condition	: Claim must be filed within 30 days from the date of completion of treatment. However, the Company may at its discretion consider waiver based on merits of the claim, where there is delay in intimation or in submission of documents due to unavoidable circumstances and it is proved that the delay was for reasons beyond the control of the insured and under the circumstances in which the insured was placed it was not possible for him or any other person to give such notice or file claim within the prescribed time-limit.
22	Exclusion	: Lasik Surgery, Septoplasty, Infertility & Related Ailments incl. Male sterility; Treatment on trial/experimental basis; Admin/Registration/Service/Misc. Charges; Expenses on fitting of Prosthesis; Any device/instrument/machine contributing/replacing the function of an organ; Holter Monitoring are outside the scope of the policy
23	Special Condition	: Liability for Nasal Sinus Surgeries upto 'Rs.' 35,000; Hospitalisation arising out of Psychiatric ailments upto 'Rs.' 30,000; 50% Co-Pay for cyberknife treatment/Stem Cell Transplantation. Cochlear Implant treatment shall be restricted to 50% of the SI.
24	Special Condition	: The Policy covers Reasonable and Customary Charges incurred towards the medical treatment taken by the Insured Person during the Policy Period following an Illness or Injury that occurs during the Policy Period, subject to availability of the Sum Insured and any specific limits specified in the Schedule of Benefits and the terms, conditions and exclusions specified in the Policy document
25	9 months waiting period	: Applicable
26	1st year Exclusion	: Not Applicable
27	30 Days Waiting Period	: Not Applicable
28	9 months waiting period	: Not Applicable
29	Domiciliary Hospitalization	: Excluded

Conditions

- Third Party Administrator (TPA)/ In house : ILHC
For TPA Address and Contact details please visit our website www.icicilombard.com (Download Section)

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Policy shall stand cancelled ab initio in the event of non realisation of the premium.

Disclaimer: This document to be read in conjunction with the Schedule II & Schedule III of the policy.

GSTIN Reg. No	:	07AAACI7904G1ZP
IL GIC GSTIN Address	:	Fourth Parsavnath Capital Tower Bhai Veer Singh Marg, New Delhi New Delhi 110001
HSN SAC code	:	997133 GENERAL INSURANCE SERVICES

Signed for and on behalf of the ICICI Lombard General Insurance Company Limited at Mumbai on April 25, 2022.



Authorised Signatory
ICICI Lombard General Insurance Company Ltd.

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