

### CUSTOMER INFORMATION SHEET

This document provides key information about your policy. You are also advised to go through your policy document.			
Sr. No	Title	Description	Refer to Policy clause number
1	<b>Product Name</b>	Hospital Daily Cash - Group	
2	<b>Policy Number</b>	Xxxxxxxxxx	
3	<b>Type of Insurance Product/Policy</b>	Benefit Product	
4	<b>Sum Insured</b>	Individual Sum Insured	
5	<b>Policy Coverage</b>	<b>List of Benefits</b>	
	<b>Base Cover</b>	Sickness Hospitalization Cash: 1. Daily benefit limit, Per Day. 2. In case ICU Hospitalization Twice the Daily Benefit limit, Per Day, Max for 7 Days and maximum for 15 days per policy period.	Clause 4.1
		Accidental Hospital Cash: Twice the Daily Benefit limit Per Day, Maximum for 7 Days and maximum for 15 days per policy period.	Clause 4.2
	<b>Optional cover</b>	Accidental Death: Ten Times of Daily Benefit limit, maximum upto Rs. 10,000. This Benefit is over and above the Base benefit.	Clause 5,1
		Day Care Procedure Cash: Three Times of Daily Benefit limit, maximum upto Rs. 5000. Twice in a Policy Year.	Clause 5
		CONVALESCENCE BENEFIT: Three Times of daily limit for the No of Days exceeding 10 consecutive days of hospitalization, maximum upto Rs. 10000. Only Once in a Policy Period. This Benefit is over and above the Base benefit.	Clause 5.3



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		<p>Loss of income: We will pay per day benefit as per option selected below for Maximum upto 5 Days and only once in a policy period, incase of hospitalization and Insured Person is absent from engaging in his/her primary occupation and loses his/her source of income temporarily or permanent subject to claim is payable in a base cover.</p> <p>A. Rs. 250                  B. Rs. 500                  C. Rs. 750                  D. Rs. 1000                  Above Benefit is over and above the Base benefit.</p>	Clause 5.4
		INTERNATIONAL EMERGENCY BENEFIT: 10 Times of Daily Benefit Sum Insured, maximum upto Rs. 25,000.	Clause 5.5
		Time Deductible: Option to select Zero Day, 1 Day or 2 Days' Time deductibles. Opted deductible shall apply on each and every admissible claim.	Clause 5.6
6	<b>Exclusions</b>		
	<b>EXCLUSIONS (Which Can be Waived off by Additional Premium)</b>	•Pre-Existing Diseases (Code- Excl01)	6.2
		•Specific Waiting Period: (Code- Excl02)	6.3
		•First Thirty Days Waiting Period (Code- Excl03)	6.4



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<b>EXCLUSIONS (Which Cannot be Waived off)</b>		Clause 7.1 to 7.32
	•Investigation & Evaluation (Code- Excl04)	
	•Exclusion Name: Rest Cure, rehabilitation and respite care (Code- Excl05)	
	•Obesity/ Weight Control(Code- Excl06)	
	•Change-of-Gender treatments: (Code- Excl07)	
	•Cosmetic or plastic Surgery: (Code- Excl08)	
	•Hazardous or Adventure sports: (Code- Excl09)	
	•Breach of law (Code-Excl10)	
	•Excluded Providers:(Code-Excl11)	
	• Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12)	
	Treatments received in heath hydros, nature cure clinics, 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)	
	• 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)	
	• Refractive Error: (Code- Excl15)	
	• Unproven Treatments:(Code- Excl16)	
	• Birth control, Sterility, and Infertility: (Code- Excl17)	
	• Maternity Expenses (Code-Excl 18)	
• Any expenses incurred on Outpatient treatment (OPD treatment).		
• Circumcision unless necessary for treatment of a illness or injury not excluded hereunder or due to an accident.		



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		Stem cell implantation/surgery except for a bone marrow transplant for hematological conditions.	
		Treatment taken outside the geographical limits of India. (Not applicable for Coverage Clause 5.5)	
		Dental treatment or Surgery of any kind unless requiring Hospitalization as a result of accidental Bodily Injury.	
		Injury or Disease caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy. Treatment of any external Congenital Anomaly, or Illness or defects or anomalies or treatment relating to external birth defects.	
		Charges incurred in connection with cost of spectacles and contact lenses, hearing aids, routine eye and ear examinations, dentures, artificial teeth.	
		Prostheses, corrective devices, medical appliances, external medical equipment used at home as post hospitalization care including cost of instrument used in the treatment of Sleep Apnea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.	
		• Any medical expenses incurred on new-born /children below age of 91 days will not be covered under the Policy.	
		Day care Treatments” as defined under the policy are excluded from the scope of the Policy. (Not Applicable for Coverage Clause No. 5.2)	
		. Hospitalization for donation of any body organs by an Insured including complications arising from the donation of organs.	
		• Act of self-destruction or self-inflicted Injury, attempted suicide or suicide.	
		• Venereal and Sexual Transmitted Disease other than HIV/AIDS.	



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7	<b>Waiting Period</b>	<ul style="list-style-type: none"> <li>•Pre-Existing Diseases (Code- Excl01)</li> <li>•Specific Waiting Period: (Code- Excl02)</li> <li>•Eirst Thirty Days Waiting Period (Code- Excl03)</li> </ul>	6.2,6.3 and 6.4
8	<b>Financial Limits</b>	As per mentioned in policy wording, certificate of insurance	
9	<b>Claims /Claims Procedure</b>	<p><b>For Claims visit :</b> <a href="https://www.rahejaqbe.com/claims/health-claims">https://www.rahejaqbe.com/claims/health-claims</a>                  Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <p><b>Turn Around Time (TAT) for claims settlement:</b>                  TAT for preauthorization of cashless facility: 2 Hours                  TAT for cashless final bill authorization: 2 Hours</p> <p><b>Network Hospital details:</b>  <a href="https://www.rahejaqbe.com/hospital-locator">https://www.rahejaqbe.com/hospital-locator</a>                  Helpline number: 18001027723</p> <p><b>Blacklisted Hospitals list (No claims will be accepted):</b>  <a href="https://www.rahejaqbe.com/frontend/images/network-hospital/Raheja_QBE_General_Insurance_List_of_Excluded_Providers.pdf">https://www.rahejaqbe.com/frontend/images/network-hospital/Raheja_QBE_General_Insurance_List_of_Excluded_Providers.pdf</a></p> <p><b>Download claim form</b>  <a href="https://www.rahejaqbe.com/frontend/images/health-qbe-super-saver-plan/pdf/download/Retail_Health_Claim_Form.pdf">https://www.rahejaqbe.com/frontend/images/health-qbe-super-saver-plan/pdf/download/Retail_Health_Claim_Form.pdf</a></p>	Section 7
10	<b>Policy Servicing</b>	<a href="mailto:customercare@rahejaqbe.com">customercare@rahejaqbe.com</a> <a href="tel:18001027723">Toll Free No -1800 102 7723 (9 am to 8 pm, Mon to Sat)</a>	



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<p>11</p>	<p><b>Grievances /Complaints</b></p>	<p>The Grievance Cell,                  Raheja QBE General Insurance Company Limited                  Fulcrum, 501 &amp; 502, A wing, 5th Floor, International                  Airport project road, Sahar, Andheri East, Mumbai -                  400059, India.                  Toll free: 1800-102-7723 (Toll Free - 9 Am to 8 PM,                  Monday to Saturday)</p> <p>E-mail: <a href="mailto:customercare@rahejaqbe.com">customercare@rahejaqbe.com</a>                  Escalation level 1- <a href="mailto:complaintsofficer@rahejaqbe.com">complaintsofficer@rahejaqbe.com</a>                  Escalation level 2- <a href="mailto:grievancehead@rahejaqbe.com">grievancehead@rahejaqbe.com</a></p> <p>For Senior Citizen:                  Telephone : +91 22 4171 4949                  Email: <a href="mailto:seniorcitizencare@rahejaqbe.com">seniorcitizencare@rahejaqbe.com</a></p> <p>IRDAI Integrated Grievance Management System –  <a href="https://www.cioins.co.in/">https://www.cioins.co.in/</a>                  Insurance Ombudsman – The contact details of the                  Insurance Ombudsman offices have been provided as                  Annexure-B of Policy document.</p>	<p>Clause 10</p>
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<p>12</p>	<p><b>Things to remember</b></p>	<p><b>Free Look cancellation:</b> You may cancel the insurance policy if you do not want it, within 15 days from the beginning of the policy. Process as per policy wordings. Insurer to specify the process for free look cancellation.</p>	
		<p><b>Policy renewal:</b> Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.</p>	
		<p><b>Migration and Portability:</b> When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.                  For Detailed Guidelines on portability and migration, kindly refer the link  <a href="http://www.rahejaqbe.com/frontend/images/health-basic-guideline/pdf/download/Portability_Migration_Guideline.pdf">http://www.rahejaqbe.com/frontend/images/health-basic-guideline/pdf/download/Portability_Migration_Guideline.pdf</a></p>	
		<p><b>Change in Sum Insured:</b> Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.</p>	
		<p><b>Moratorium Period:</b> After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and on subsequently completion of eight continuous years would be applicable from date of enhancement or sums insured only on the enhanced limits.                  After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.</p>	



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13	<b>Your Obligations</b>	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. Disclosure of other material information during the policy period.)	
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Declaration by the Policy Holder

I have read the above and confirm having noted the details.

Place  
Date

(Signature of the Policy)

<b>Note</b>	1. You may find product related documents on <a href="https://www.rahejaqbe.com/health-insurance/hospital-daily-cash">https://www.rahejaqbe.com/health-insurance/hospital-daily-cash</a>
	2. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail