

**Raheja QBE General Insurance Company Limited**

 5th Floor, A Wing, Fulcrum, IA Project Road, Sahar, Andheri East, Mumbai – 400059, India.  
 Tel: 022 69155050 | Email: customercare@rahejaqbe.com | Website: www.rahejaqbe.com  
 CIN: U66030MH2007PLC173129, IRDAI Reg. No. 141

**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>	Group Health Insurance Policy	
2	<b>Policy Number</b>	Xxxxxxxx	
3	<b>Type of Insurance Product/Policy</b>	Indemnity Product	
4	<b>Sum Insured</b>	Individual/Floater sum insured	
5	<b>Policy Coverage</b>	<b>List of Benefits</b>	
		In-Patient Hospitalization Accident & illness cover: Medical Expenses of Hospitalization for Illness or injury for a minimum period of 24 consecutive hours only shall be admissible upto the Sum Insured specified in the Policy Schedule/Certificate of Insurance.	4.1.A
		Day Care treatment: Medical Expenses for Illness or injury which are treated on the same day, which would have otherwise required hospitalization of more than 24 hrs.	4.1.A.1
		Domiciliary Hospitalization: Medical Expenses incurred by Insured for any illness or Injury requiring medical treatment taken at home, which would otherwise have required Hospitalization subject to conditions specified in Policy wording.	4.1.A.2
		Pre-Hospitalization: For mentioned days in the policy schedule/certificate of insurance prior to the date of hospitalization/home care treatment	4.1.A.3
		Post-Hospitalization: For mentioned days in the policy schedule/certificate of insurance from the date of discharge from the hospital/completion of home care treatment	4.1.A.4
		In-patient Hospitalization Accident: Medical Expenses of Hospitalization for injury for a minimum period of 24 consecutive hours only shall be admissible upto the Sum Insured specified in the policy schedule/Certificate of	4.1.B

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5	Base Cover	<b>Day Care treatment:</b> Medical Expenses for accidental injury which are treated on the same day, which would have otherwise required hospitalization of more than 24 hrs.	4.1.B.1
		<b>Domiciliary Hospitalization:</b> Medical Expenses incurred by Insured for any accidental Injury requiring medical treatment taken at home, which would otherwise have required Hospitalization subject to conditions specified in Policy wording	4.1.B.2
		<b>Pre-Hospitalization:</b> For mentioned days in the policy schedule/certificate of insurance prior to the date of hospitalization/home care treatment	4.1.B.3
		<b>Post-Hospitalization:</b> For mentioned days in the policy schedule/certificate of insurance from the date of discharge from the hospital/completion of home care treatment	4.1.B.4
		<b>Advance Treatment:</b> Listed advance treatment are covered upto the limit mentioned in the policy schedule/certificate of insurance.	4.2
		<b>AYUSH Benefit:</b> Medical Expenses incurred for Inpatient Care treatment for illness or injury under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines shall be covered during the Policy period as per the limit specified in the policy schedule/certificate of insurance.	4.3
5	Add on cover	<b>Home care Treatment:</b> The Company shall indemnify costs of treatment incurred by the Insured person on availing treatment at home for illness or injury maximum up to 14 days per incident , which in the normal course would require care and treatment at a hospital but is actually taken while confined at home subject to policy terms and conditions	5.1
		<b>Organ Donor Cover:</b> Medical Expenses incurred towards in-patient Hospitalization of an organ donor for Insured Person's organ transplant Surgery during the Policy period as specified in the Policy schedule/certificate of insurance.	5.2

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5	<b>Add on cover</b>	Health Check Up: The Insured Person/s covered under the policy may avail the set of health check-ups as specified in the Policy Schedule/Certificate of Insurance with Our Network Provider.	5.3
		Maternity: Maternity Expenses of first two living children incurred towards the delivery of a baby and/or treatment related to any complication of pregnancy or medically necessary termination during the Policy period upto the limit specified in the policy schedule/Certificate of Insurance.	5.4
		Baby Day One Cover: We shall cover newborn baby from birth upto the sum insured.	5.5
		Pre and Post Natal Expenses: We will pay for pre and post-natal medical expenses as an outpatient/inpatient treatment, including but not limited to expenses for antenatal check-ups, doctor's consultations, arising therefrom up to maternity sum insured specified in the Policy schedule/ Certificate of Insurance	5.6
		Reinstatement of Sum Insured: The insured can reinstate basic sum insured upto 100%, incase the original sum insured is all used up in treatment. This reinstated sum insured cannot be used for same illness/injury that the Insured person was treated for during the Policy Period.	5.7
		Recharge of Sum Insured: The insured can recharge basic sum insured upto 100%, in case the original sum is all used up in treatment. This recharged sum insured can be used for same illness/injury that the Insured person was treated for during the Policy Period.	5.8
		Co-payment: If Insured has opted for this benefit, then insured will be liable to bear the percentage of the claimed amount opted for, if the claim is payable as per terms and condition.	5.90
		Emergency Ambulance: We will pay for the expenses incurred towards transportation of Insured to the nearby Hospital or health care center incase of an medical emergency on the medical practitioners recommendation upto the sum insured specified in the Policy schedule/ Certificate of Insurance.	5.10

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5	<b>Add on cover</b>	Air Ambulance: We will pay for the expenses incurred towards Insured's transportation in an airplane or helicopter certified to be used as an ambulance to the nearest Hospital with adequate facilities in an Emergency following an Illness or Injury which occurs during the Policy Period upto the limit specified in the Policy schedule/ Certificate of Insurance.	5.11
		Corporate Buffer: An additional sum insured as mentioned in the Policy schedule will be available to the Insured which is in addition to the basic Sum Insured mention in the Policy Schedule/ Certificate of Insurance.	5.12
		Outpatient Cover: We will cover the reasonable and customary charges incurred towards medical illness or injury of the insured person in an outpatient setup as specified in the Policy schedule/ Certificate of Insurance.	5.13
		Well Child Cover: We will provide cover for expenses incurred towards regular preventive care, diagnostic tests and vaccines upto the first 2 years of child birth and upto the limit specified in the Policy schedule/ Certificate of Insurance.	5.14
		Well Women Cover: We will provide cover for expenses incurred towards preventive care like screening, lab tests and counselling for women upto the limit specified in the Policy schedule/ Certificate of Insurance.	5.15
		Wellness Benefit: We intend to incentivize the Insured Person(s) for taking care of his/her health/fitness and maintaining healthy lifestyle through such preventative and wellness services as mentioned in the Policy schedule/ Certificate of Insurance.	5.16
		Disease wise sublimit: The disease sub limit shall be applicable for the mentioned limit in the Policy schedule/ Certificate of Insurance.	5.17

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5	Add on cover	Accidental Death: Policy provides for payment of compensation on the Insured Person's death caused by injury arising out of accidental, violent, external and visible means during the policy period and resulting in death within 365 days from the date of accident.	5.18
		Permanent Total Disability: Policy provides cover if insured suffers an Injury due to an Accident during the Policy Period, which is the sole and direct cause of "Permanent Total Disablement" within 365 days from the Date of accident, then We will pay the sum insured as specified in the table of losses.	5.19
		Permanent Partial Disability: Policy provides cover if insured suffers an Injury due to an Accident during the Policy Period, which is the sole and direct cause of "Permanent Partial Disablement" within 365 days from the Date of accident, then We will pay the sum insured as specified in the table of losses.	5.20
		Convalescence Benefit: We will pay Insured the amount as mentioned in the Policy Schedule/ Certificate of Insurance for this benefit if the Insured Person is admitted in a Hospital for a minimum period as specified in the Policy schedule/ Certificate of Insurance.	5.21
		Critical illness Indemnity Cover: Medical Expenses of Hospitalization for Critical illness specified in the Policy schedule only after the base sum insured is exhausted the additional sum insured will be used for the treatment of the listed critical illness.	5.22
		Critical illness benefit cover: We will pay Insured the additional Sum Insured as mentioned in the Policy Schedule/ Certificate of Insurance, in case Insured is diagnosed as suffering from any of the Critical Illnesses or undergoing covered Surgical Procedures of the listed critical illness.	5.23
		Vaccination: We will pay vaccination including inoculation and immunisation up to the limits specified in the Policy schedule/ Certificate of Insurance.	5.24

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5	<b>Add on cover</b>	<p>Family transportation: We will reimburse the amount up to the limit specified against this family transportation in the Policy Schedule/Certificate of Insurance, incurred in respect of a maximum of two of Insured Person's Immediate Family Members for two way airfare or two way first class railway ticket in a licensed common carrier to the place where Insured Person is Hospitalized.</p>	5.25
		<p>Daily Hospital Cash Benefit: We will pay daily cash as specified in the policy schedule/certificate, if the Insured person is admitted in hospital due to sickness/injury and such hospitalization is medically necessary &amp; recommended by the Medical Practitioner.</p>	5.26
		<p>Lasik Cover: We will pay in case of compound myopic astigmatism, to the level of refractive errors specified.</p>	5.27
		<p>Infertility treatment: We will pay for Invitro fertilization (IVF), Gamete intrafallopian transfer (GIFT) procedures, and zygote intrafallopian transfer (ZIFT) procedures, and any related prescription medication treatment. This extension would also cover embryo transport, donor ovum and semen and related costs, including collection and preparation, required towards treatment related to infertility and sterilization, up to the amount mentioned in the Policy Schedule. The Insured Person should be between 18 and 50 years old.</p>	5.28
		<p>Super TopUp Cover: We will pay Insured if he/she suffers an Illness or Accident during the Policy Year requiring Hospitalization on an inpatient basis or treatment defined as a Day Care Procedure, and cumulative Hospitalization Expenses during the Policy Year exceeds the Deductible specified in the Policy Schedule/ Certificate of Insurance, We will reimburse the portion of the Medical Expenses for such Hospitalization or any subsequent Hospitalization which exceeds the Deductible.</p>	5.29

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5	<b>Add on cover</b>	<p>Tele Consultation: We will provide services to insured upto the limit specified in the Policy schedule/ Certificate of Insurance to take consultation from a Doctor through virtual medium, such as audio, video, online portal, chat or mobile application for a routine health query or for first and second opinions. This will also include consulting a professional expert through a hotline number for any social, mental, emotional, and environmental or other issue faced by the Insured Person which affects his / her wellbeing. This facility is meant to give him / her access to consultations and is not a substitute for meeting a doctor.</p>	5.3
		<p>Assistant Services: We will provide services to insured if he/she is more than 150 Kilometers away from home (the address last known), is within Indian territory, and has not been away from that address for more than 90 days.</p>	5.31
		<p>Second Opinion: If the Insured Person is diagnosed with any specified critical Illness or has to undergo any Surgery or Surgical Procedure during the Policy Year then at the Insured Person's request, We will arrange the second opinion from a Medical Practitioner selected by the Insured Person from Our Service Provider's panel.</p>	5.32
		<p>Excess/Deductible: If Insured has opted for this cover, all admissible claims under this Policy is subject to the excess/deductible amount as specified in the Policy schedule/ Certificate of Insurance for all Insured Persons covered under the Policy.</p>	5.33

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6	<b>Exclusions</b>	Exclusions which can be waived off by additional Premium	Clause 5
		<ul style="list-style-type: none"> <li>• Obesity/ Weight Control (Code- Excl06)</li> <li>• Hazardous or Adventure sports: (Code- Excl09)</li> <li>• Refractive Error: (Code- Excl15)</li> <li>• Sterility and Infertility: (Code- Excl17)</li> <li>• Maternity Expenses (Code: Excl 18)</li> </ul>	
		Exclusions Which cannot be waived off	Clause 5
		<ul style="list-style-type: none"> <li>• Investigation &amp; Evaluation (Code- Excl04)</li> <li>• Exclusion Name: Rest Cure, rehabilitation and respite care (Code- Excl05)</li> <li>• Change-of-Gender treatments: (Code- Excl07)</li> <li>• Cosmetic or plastic Surgery: (Code- Excl08)</li> <li>• Breach of law: (Code-Excl10)</li> </ul>	
7	<b>Waiting Period</b>	<ul style="list-style-type: none"> <li>• Pre-Existing Diseases: (Code- Excl01)</li> <li>• Specific Illness Waiting Period: (Code- Excl02)</li> <li>• 30-day waiting period: (Code- Excl03)</li> </ul>	5.1-A-B- C
8	<b>Financial Limits</b>	As per policy wording and certificate of insurance	

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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: 1 Hours                  TAT for cashless final bill authorization: 3 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/hospital-locator">https://www.rahejaqbe.com/hospital-locator</a></p> <p>(HOSPITALS EXCLUDED from the CASHLESS &amp; REIMBURSEMENT Services)</p> <p><b>Download claim form</b>  <a href="https://www.rahejaqbe.com/uploads/images/group-health/pdf/download/claim-form.pdf">https://www.rahejaqbe.com/uploads/images/group-health/pdf/download/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)                  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 : 022-69155050                  Email: <a href="mailto:seniorcitizencare@rahejaqbe.com">seniorcitizencare@rahejaqbe.com</a></p> <p>IRDAI Integrated Grievance Management System –  <a href="https://bimabharosa.irdai.gov.in/">https://bimabharosa.irdai.gov.in/</a></p> <p>Insurance Ombudsman – The contact details of the                  Insurance Ombudsman offices have been provided in                  policy wordings or on below website:  <a href="https://www.cioins.co.in/">https://www.cioins.co.in/</a></p>	<p>Clause 8</p>
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12	<b>Things to remember</b>	<b>Free Look cancellation:</b> You may cancel the insurance policy if you do not want it, within 30 days from the beginning of the policy. Process as per policy wordings.	
		<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.	
		<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="https://www.rahejaqbe.com/uploads/images/health-basic-guideline/pdf/download/Portability%20and%20Migration%20Guidelines.pdf">https://www.rahejaqbe.com/uploads/images/health-basic-guideline/pdf/download/Portability%20and%20Migration%20Guidelines.pdf</a>	
		<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.	
		<b>Moratorium Period:</b> After completion of five continuous years under the policy no look back to be applied. This period of five years is called as moratorium period. The moratorium would be applicable for the sum insured of the first policy and subsequently completion of five continuous years would be applicable from date of enhancement or sum 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.	

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13	<b>Your Obligations</b>	Please disclose all pre-existing disease/s or condition/s, personal habits, major illness or hospitalization history before buying a policy.  Non-disclosure may affect the claim settlement.	
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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 holder)

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