

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	Product Name	Hospital Daily Cash - Group	
2	Policy Number	Xxxxxxxx	
3	Type of Insurance Product/Policy	Benefit Product	
4	Sum Insured	Individual/Floater Sum Insured	
5	Policy Coverage	List of Benefits	
	Base Cover	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 2.1.1
		Accidental Hospital Cash: Twice the Daily Benefit limit Per Day, Maximum for 7 Days and maximum for 15 days per policy period.	Clause 2.1.2
	Optional cover	Accidental Death: Ten Times of Daily Benefit limit, maximum upto Rs. 10,000. This Benefit is over and above the Base benefit.	Clause 2.2.1
		Day Care Procedure Cash: Three Times of Daily Benefit limit, maximum upto Rs. 5000. Twice in a Policy Year.	Clause 2.2.2
		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 2.2.3

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5	Optional Cover	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. A. Rs. 250 B. Rs. 500 C. Rs. 750 D. Rs. 1000 Above Benefit is over and above the Base benefit.	Clause 2.2.4
		INTERNATIONAL EMERGENCY BENEFIT: 10 Times of Daily Benefit Sum Insured, maximum upto Rs. 25,000.	Clause 2.2.5
		Maternity cover: If an Insured Person has Opted for Maternity cover then for a continuous and completed period of 24 hours of Hospitalisation arising from or traceable to pregnancy, childbirth including normal/ caesarean section, total benefit payable for maximum number of days as per the Schedule	Clause 2.2.6
		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 3
6	Exclusions		Clause 4
	EXCLUSIONS (Which Can be Waived off by Additional Premium)	• Pre-Existing Diseases (Code- Excl01)	Clause 4.1.1
		• Specific Waiting Period: (Code- Excl02)	Clause 4.1.2
		• First Thirty Days Waiting Period (Code- Excl03)	Clause 4.1.3

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6	EXCLUSIONS (Which Cannot be Waived off)	• Investigation & Evaluation (Code- Excl04)	Clause 5.1 to 5.27
		• 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 health spas, 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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6	EXCLUSIONS (Which Cannot be Waived off)	Stem cell implantation/surgery except for a bone marrow transplant for hematological conditions.	Clause 5.1 to 5.27
		Treatment taken outside the geographical limits of India. (Not applicable for Coverage Clause 2.2.5)	
		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. 2.2.2)	
		• 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	Waiting Period	<ul style="list-style-type: none"> • Pre-Existing Diseases (Code- Excl01) • Specific Waiting Period: (Code- Excl02) • First Thirty Days Waiting Period (Code- Excl03) 	Clause 6.2,6.3 and 6.4
8	Financial Limits	As per mentioned in policy wording, certificate of insurance	
9	Claims /Claims Procedure	<p>For Claims visit : https://www.rahejaqbe.com/claims/health-claims Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <p>Turn Around Time (TAT) for claims settlement: TAT for preauthorization of cashless facility: 1 Hours TAT for cashless final bill authorization: 3 Hours</p> <p>Network Hospital details: https://www.rahejaqbe.com/hospital-locator Helpline number: 18001027723</p> <p>Blacklisted Hospitals list (No claims will be accepted): https://www.rahejaqbe.com/hospital-locator</p> <p>(HOSPITALS EXCLUDED from the CASHLESS & REIMBURSEMENT Services)</p> <p>Download claim form https://www.rahejaqbe.com/uploads/images/hospital-daily/pdf/download/Claim-form.pdf</p>	Section 7
10	Policy Servicing	customercare@rahejaqbe.com Toll Free No -1800 102 7723 (9 am to 8 pm, Mon to Sat)	

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11	Grievances /Complaints	<p>The Grievance Cell, Raheja QBE General Insurance Company Limited Fulcrum, 501 & 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: customercare@rahejaqbe.com Escalation level 1- complaintsofficer@rahejaqbe.com Escalation level 2- grievancehead@rahejaqbe.com For Senior Citizen: Telephone : 022-69155050 Email: seniorcitizencare@rahejaqbe.com</p> <p>IRDAI Integrated Grievance Management System – https://bimabharosa.irdai.gov.in/</p> <p>Insurance Ombudsman – The contact details of the Insurance Ombudsman offices have been provided in policy wordings or on below website: https://www.cioins.co.in/</p>	Clause 8
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12	Things to remember	<p>Free Look cancellation: 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.</p>	
		<p>Policy renewal: 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>Migration and Portability: 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: https://www.rahejaqbe.com/uploads/images/health-basic-guideline/pdf/download/Portability%20and%20Migration%20Guidelines.pdf</p>	
		<p>Change in Sum Insured: 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>Moratorium Period: After completion of five continuous years under the policy no look back to be applied. This period of five 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.</p>	

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13	Your Obligations	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)

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