

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	Wage Compensation Policy-Group	
2	Policy Number	XXXXXXXXXX	
3	Type of Insurance Product/Policy	Benefit Product	
4	Sum Insured	Individual Sum Insured	
5	Policy Coverage	List of Benefits	
	Base Cover	Sickness Hospitalization Cash: If an Insured Person is admitted in a hospital due to an illness and such hospitalization is medically necessary & recommended by the Medical Practitioner, then a) We will pay the Daily Benefit amount for the number of days Insured Person is Hospitalized, b) Our maximum liability will be limited to the Daily Benefit amount, number of hospitalization days and applicable deductible Day/s specified in the Policy Schedule / Certificate of insurance.	Clause 4.1
		Accidental Hospital Cash: If an Insured Person is admitted in a hospital due to an accidental injury and such hospitalization is medically necessary & recommended by the Medical Practitioner, then a) We will pay the Daily Benefit amount for the number of days Insured Person is Hospitalized, b) Our maximum liability will be limited to the Daily Benefit amount, number of hospitalization days and applicable Deductible Day/s specified in the Policy Schedule / Certificate of insurance. c) Such Hospitalization must be within 30 days of suffering injuries from the date of accident.	Clause 4.2

Raheja QBE General Insurance Company Limited

5th Floor, A Wing, Fulcrum, IA Project Road, Sahar, Andheri East, Mumbai – 400059, India.

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CIN: U66030MH2007PLC173129, IRDAI Reg. No. 141

	Optional cover	Accidental Death: If an Insured Person dies solely and directly due to an Injury sustained in an Accident which occurs during the Policy Period, provided that the Insured Person's death occurs within 12 months from the date of that Accident. a) Once a Claim has been accepted and paid under this Benefit then this Policy will automatically terminate in respect of that Insured Person only. b) We will pay the Ten Times of Daily Benefit amount subject to maximum amount mentioned in policy schedule / Certificate of insurance. c) Our maximum liability will be limited to the Benefit amount specified in the Policy Schedule / Certificate of insurance. d) Deductible is not applicable for this cover. The payment under this benefit is over and above the Base Cover, subject to limits specified, if any.	Clause 5.1
		DAY CARE PROCEDURE CASH: If an Insured Person undertakes a day care procedure as an inpatient for less than 24 hours in a hospital or in a standalone day care center, and such treatment is medically necessary & recommended by the Medical Practitioner, then a) We will pay the Three Times of Daily Benefit amount for the Day Insured Person is Hospitalized, b) We will pay the Daily Benefit Amount if the Insured person undertakes any of the procedure as listed in Annexure 1. c) We shall be liable to make payment under this cover in respect of an Insured Person only twice during the Policy Year. d) Our maximum liability will be limited to the Benefit Amount specified in the Policy Schedule / Certificate of insurance e) Deductible is not applicable for this cover. The payment under this benefit is over and above the Base Cover, subject to limits specified, if any.	Clause 5.2

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		CONVALESCENCE BENEFIT: We will pay the Sum Insured specified 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 provided that: (a) We have accepted a Claim for the Base Cover under the Policy in respect of the same Hospitalization; (b) We shall be liable to make payment under this cover in respect of an Insured Person only once during the Policy Year. (c) This benefit is applicable only once in a policy period, irrespective of type of policy (Individual/ Floater). (d) The payment under this benefit is over and above the Base Cover, subject to limits specified, if any. f) Deductible is not applicable for this cover.	Clause 5.3
		Loss of income: if the Insured Person is admitted in a Hospital and we have accepted the claims under section 4.1 or 4.2, in addition to that We will pay the Daily Benefit specified in the Policy Schedule/Certificate of Insurance provided that the Insured Person is absent from engaging in his/her primary occupation and loses his/her source of income temporarily or permanent. (a) We have accepted a Claim for the Base Cover under the Policy in respect of the same Hospitalization; (b) We shall be liable to make payment under this cover in respect of an Insured Person only once during the Policy Year. (c) This benefit is applicable only once in a policy period, irrespective of type of policy (Individual/ Floater). (d) Our maximum liability will be limited to the Daily Benefit amount, number of hospitalization days and applicable Day/s Deductible specified in the Policy Schedule / Certificate of insurance. g) The payment under this benefit is over and above the Base Cover, subject to limits specified, if any.	Clause 5.4

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		INTERNATIONAL EMERGENCY BENEFIT: If an Insured Person is admitted in a hospital or Intensive Care Unit (ICU) outside India due to an illness / injury that occurs during the Policy Period and such hospitalization is medically necessary & recommended by the Medical Practitioner, then a) We will pay Ten Times the Daily Benefit amount for the number of days Insured Person is Hospitalized. b) Our maximum liability will be limited to the Daily Benefit Amount, number of hospitalization days & applicable Day/s Deductible specified in the Policy Schedule / Certificate of insurance. c) Deductible is applicable for this cover.	Clause 5.5
		Time Deductible: If an Insured Person has Opted for Time Deductible as specified in the policy schedule of Coverage in the Policy Schedule/Certificate of Insurance will be applied on each and every admissible Claim under the Policy.	Clause 5.6
		Double benefit option: If an Insured Person is admitted in the hospital due to an accidental injury or in an Intensive Care Unit (ICU) due to an illness / injury that occurs during the Policy Period and such hospitalization is medically necessary & recommended by the Medical Practitioner, then a) We will pay two Times the Daily Benefit amount in case of ICU/Accident Hospitalization; maximum days per hospitalization as mentioned in policy schedule / Certificate of insurance. b) Our maximum liability will be limited to double daily Benefit Amount, number of hospitalization days & applicable Day/s Deductible specified in the Policy Schedule / Certificate of insurance.	Clause 5.7

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		Waiting period waiver: Option to waive off one, two or all the below three waiting periods: 1. Pre-Existing Diseases 2. Specific Waiting Period 3. First Thirty Days Waiting Period	Clause 5.8
		Maternity hospitalization Cash: If Insured has opted for this Cover, a) We will pay the Daily Benefit amount for the number of days Insured Person is Hospitalized. b) Our maximum liability will be limited to the Daily Benefit amount, number of hospitalization days and applicable deductible Day/s specified in the Policy Schedule / Certificate of insurance. Applicable only for the delivery of first two living children of the Insured person and/or any surgical procedures required to be carried out on the Insured Person as a direct result of the delivery. Hospitalization for lawful medical termination of pregnancy also included. The payment under this benefit is within the Base Cover, subject to limits specified, if any.	Clause 5.9

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6	Exclusions		
		Waiting Period: The Company shall not be liable to make any payment unless opt for the Waiver of the exclusion/s, under the policy in connection with or in respect of following expenses till the expiry of waiting period mentioned below:	Clause 6.1
	EXCLUSIONS (Which Can be Waived off by Additional Premium)	Pre-Existing Diseases (Code- Excl01)	6.2
		Specific Waiting Period: (Code- Excl02)	6.3
		•First Thirty Days Waiting Period (Code- Excl03)	6.4
		Maternity Expenses (Code-Excl 18):	6.5
	EXCLUSIONS (Which Cannot be Waived off)		Clause 7.1 to 7.28
		•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)	

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		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.	
		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.	

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		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.	
7	Waiting Period	•Pre-Existing Diseases (Code- Excl01) •Specific Waiting Period: (Code- Excl02) •First Thirty Days Waiting Period (Code- Excl03)	6.2,6.3 and 6.4
8	Financial Limits	As per mentioned in policy wording, certificate of insurance	

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9	Claims /Claims Procedure	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. Turn Around Time (TAT) for claims settlement: TAT for preauthorization of cashless facility: 1 Hours TAT for cashless final bill authorization: 3 Hours Network Hospital details: https://www.rahejaqbe.com/hospital-locator Helpline number: 18001027723 Blacklisted Hospitals list (No claims will be accepted): https://www.rahejaqbe.com/frontend/images/network-hospital/Raheja_QBE_General_Insurance_List_of_Excluded_Providers.pdf Download claim form https://www.rahejaqbe.com/frontend/images/xxxxxxxxxxxxx/pdf/download/Retail_Health_Claim_Form.pdf	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	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 : 1800-102-7723 (Toll Free - 9 Am to 8 PM, Monday to Saturday) Email: seniorcitizencare@rahejaqbe.com IRDAI Integrated Grievance Management System – https://www.cioins.co.in/ Insurance Ombudsman – The contact details of the Insurance Ombudsman offices have been provided as Annexure-B of Policy document.	Clause 10
12	Things to remember	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. Insurer to specify the process for free look cancellation. 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. 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 http://www.rahejaqbe.com/frontend/images/health-basic-guideline/pdf/download/Portability_Migration_Guideline.pdf	

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		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.	
		Moratorium Period: 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 sums insured of the first policy and and subsequently completion of five 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.	
13	Your Obligations	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.)	

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/wage-compensation-policy
	2. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail