

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

Digit Life Healthy Long Term Group Policy - UIN: GODHLGP24114V012324

PART I: DIGIT GROUP COMPLETE SECURE POLICY

NOTE: This is a quick snapshot/summary of your policy details. Please go through the policy terms & conditions document (detailed Sections are explained there) and policy schedule for full understanding. In case of any conflict, details and terms & conditions mentioned in policy schedule and policy document shall prevail. For your ease of reference, corresponding section/clause numbers of Policy wordings are indicated in brackets.

1. **NAME OF INSURANCE PRODUCT - Digit Group Complete Secure Policy (UIN: GODHLGP24106V012324)**
2. **POLICY NUMBER - <<>>**
3. **TYPE OF INSURANCE PRODUCT << Indemnity/ Benefit / Both Indemnity and Benefit>>**

DETAILS OF YOUR COVERAGE

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|---|---|
| <p>4. SUM INSURED BASIS</p> | <p>Individual Sum Insured / Floater Sum Insured <<Sum insured amount details for proposer and other lives covered with name, age, gender details>></p> |
| <p>5. POLICY COVERAGE (Refer "C. Benefit Covered under the Policy" of Policy Wordings)</p> | <p><<SECTION 1. ACCIDENTAL DEATH(Benefit Cover):>> If an accident results in your death within 12 months, the policy pays 100% of the insured sum. In cases of disappearance or drowning, benefits are paid if you are presumed dead and a legal bond is provided.</p> <p><<SECTION 2. PERMANENT TOTAL DISABLEMENT(Benefit Cover):>> If you sustain an Accidental Bodily Injury during the Policy Period, which is the sole and direct cause of Your "Permanent Total Disablement" within twelve (12) months from the Date of accident, then We will pay 100% of Sum Insured, as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section subject to terms, conditions, limitations and exclusions mentioned in the Policy.</p> <p><<SECTION 3. PERMANENT PARTIAL DISABLEMENT(Benefit Cover):>> If you sustain an Accidental Bodily Injury during the Policy Period, which is the sole and direct cause of Your Permanent Partial Disablement within twelve (12) months from the Date of accident, then We will pay the percentage of Sum Insured, as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section, as per the Scale mentioned in the Policy Wordings.</p> <p><<SECTION 4. TEMPORARY TOTAL DISABLEMENT(Benefit Cover) :>> If you sustain an Accidental Bodily Injury during the Policy Period, which is the sole and direct cause of a Temporary Total Disablement and which completely prevents You from performing each and every duty pertaining to Your employment or occupation on a temporary basis, then We will pay a weekly benefit, amount of which is mentioned in Your Policy Schedule/Certificate of Insurance against this Section, provided that it complies with the conditions.</p> <p><<SECTION 5. CHILDREN EDUCATION BENEFIT(Benefit Cover):>> If you have opted for this cover and a claim is accepted under "Accidental Death" or "Permanent Total Disablement," the policy pays for your dependent child's education, if they are under 25, unmarried, and a full-time student. The maximum payout is the sum insured, and for girls, an additional percentage may be added. Claims for minor children are payable to the legal heirs, and children must be born from a legally valid marriage or adopted according to Indian Law.</p> <p><<SECTION 6. MARRIAGE EXPENSE FOR CHILDREN BENEFIT(Benefit Cover):>> If you opt for this cover and a claim is accepted under "Accidental Death" or "Permanent Total Disablement," the policy pays for your dependent child's marriage expenses if they are under 25 and unmarried. Claims for minor children are payable to the legal heirs, and children must be from a legally valid marriage or adopted according to Indian Law.</p> <p><<SECTION 7. ORPHAN BENEFIT FOR CHILDREN(Benefit Cover):>> If both a parent and their spouse die in an accident during the policy period, the policy pays the insured sum for their dependent child's expenses, provided the child is under 25, unmarried, and without an independent income. Claims for minor children are payable to the legal guardian/heirs, and children must be from a legally valid marriage or adopted according to Indian Law.</p> <p><<SECTION 8. FUNERAL EXPENSES(Benefit Cover):>> If You have opted for this Cover and We have accepted a claim under "Section 1. Accidental Death", then We will pay the Sum Insured as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section, towards funeral, cremation and/or burial of the body of the deceased Insured Person.</p> <p><<SECTION 9. TRANSPORTATION EXPENSES(Benefit Cover):>> If You have opted for this Cover and We have</p> |

accepted a claim under “Section 1. Accidental Death”, then We will pay the Sum Insured as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section, towards the expenses of transporting the mortal remains of the Insured Person from the place of death to a cremation ground or burial ground or to the residence of the Insured Person. This cover will be restricted to within India only, unless specifically waived off and mentioned in Policy Schedule.

<<SECTION 10. TRAUMA COUNSELLING(Indemnity Cover):>> If this cover is chosen, and a claim under "Accidental Death," "Permanent Total Disablement," or "Permanent Partial Disablement" is accepted, the Company will reimburse expenses for professional counselling sessions, dietary changes, psychotherapy, or medications as advised by a medical practitioner. This coverage applies up to the opted Sum Insured, must be availed within six months from the incident, and extends to the Insured's parents, spouse, and children in case of death, or to the Insured themselves in case of disablement.

<<SECTION 11. COMA BENEFIT COVER(Benefit Cover):>> If You have opted for this Cover and You sustain accidental bodily injury which solely and directly results in Your hospitalization in an Intensive Care Unit of a Hospital in a state of Coma, within 30 days of date of accident, then We will pay You the Sum Insured as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section, provided that it is complied with the conditions mentioned in the policy wordings.

<<SECTION 12. FRACTURE COVER(Benefit Cover):>> If You have opted for this Cover and You sustain accidental bodily injury which solely and directly results in Fracture(s) of Bone(s), then We will pay the percentage shown in the below table of benefits applied to the Sum Insured opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section. This Cover is subject to terms, conditions, limitations and exclusions mentioned in the Policy.

<<SECTION 13. BURNS COVER (Benefit Cover):>> If You have opted for this Cover and You sustain Second Degree Burns or Third Degree Burns solely and directly due to an accident, then We will pay the percentage shown in the below table of benefits applied to the Sum Insured opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section. This Cover is subject to terms, conditions, limitations and exclusions mentioned in the Policy.

<<SECTION 14. LIFESTYLE MODIFICATION BENEFIT(Indemnity Cover):>> You have opted for this Cover and We have accepted a claim under “Section 2. Permanent Total Disablement” and/or “Section 3. Permanent Partial Disablement”, and/or Section 20. Critical Illness Benefit Cover and/or Section 21. Critical Illness Hospitalization Cover (wherever opted), then We will reimburse the Reasonable and Customary Charges/Expenses incurred for improvements to be carried out in the Insured Person’s residence and/or vehicle which are certified in writing by a Medical Practitioner to be necessary and following the accident or diagnosis of critical illness, up to the Sum Insured opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section.

<<SECTION 15. EXPENSE FOR EXTERNAL AIDS & APPLIANCES(Indemnity Cover):>> If You have opted for this Cover and We have accepted a claim under “Section 2. Permanent Total Disablement” and/or “Section 3. Permanent Partial Disablement”, and/or Section 20. Critical Illness Benefit Cover and/or Section 21. Critical Illness Hospitalization Cover (wherever opted), then We will reimburse the Reasonable and Customary Charges incurred towards purchase of support items such as artificial limbs, crutches, stretcher, tricycle, wheelchairs or any other item which is prescribed by a Medical Practitioner following an injury sustained in the accident or critical illness, up to the Sum Insured opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section

<<SECTION 16. COMPASSIONATE VISIT(Indemnity Cover):>> If You have opted for this Cover and We have accepted a claim under “Section 1. Accident Death” and/or “Section 2. Permanent Total Disablement” and/or “Section 26.A. Accidental Hospitalization” due to an accident in a location situated outside the City/Town of Your usual place of residence mentioned in Your Policy Schedule/Certificate of Insurance, then We will reimburse the actual cost incurred for to and fro economy class transportation by the most direct route via a common carrier, up to the Sum Insured opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section, for one of the Insured’s “Immediate Family Member” to travel to the place of accident or the Hospital in which the Insured Person is hospitalized. Specific conditions mentioned in the policy wordings.

<<SECTION 17. MISCARRIAGE DUE TO ACCIDENTAL INJURY(Benefit Cover):>> If You have opted for this Cover and You sustain accidental bodily injury which solely and directly results in Miscarriage of a Pregnant Insured Member within 15 days of such accident, then We will pay a lumpsum amount as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance, provided that:

The miscarriage shall not be attributed to any natural causes and/or sickness relating to pregnancy or child birth. We shall not be liable for voluntary termination of pregnancy.

This benefit is applicable only to the female Insured Member covered under this Policy.

<<SECTION 18. HAZARDOUS OR ADVENTURE SPORTS COVER*(Both Benefit and Indemnity Cover):>>* This Policy has exclusion for any accidental bodily injury sustained while participating in **Hazardous or Adventure Sports**. By Opting this section “HAZARDOUS OR ADVENTURE SPORTS COVER”, You can choose to remove the abovementioned exclusion for the following 3 sections as opted by You and mentioned in Your Policy Schedule/Certificate of Insurance.

Section 1- “**Death**”

Section 2- “**Permanent Total Disablement**”

Section 30 A- “**Accidental Hospitalization**”

Provided You are participating in a non-professional capacity and under the supervision of a trained professional. Claim Assessment will be as per the terms and condition of the respective section. This Cover is subject to terms, conditions, co-payment, limitations and exclusions mentioned in the Policy.

<<SECTION 19. HIV COVER*(Benefit Cover):>>* If You have opted for this Cover, We will pay You the Sum Insured as mentioned in Your Policy Schedule / Certificate of Insurance against this Section, in case You are first diagnosed to be suffering from an HIV Infection during the Policy Period and provided that HIV Infection is caused by any of the reasons other than Transmission through unprotected sex (Heterosexual, Homosexual or Bisexual).

<<SECTION 20. CRITICAL ILLNESS BENEFIT COVER*(Benefit Cover): >>* If You have opted for this Cover, We will pay You the Sum Insured opted by you for as mentioned in Your Policy Schedule / Certificate of Insurance against this Section, in case You are diagnosed as suffering from any of the Critical Illnesses or undergoing covered Surgical Procedures as per the Plan Opted by You and mentioned in Your Policy Schedule/Certificate of Insurance as specified in the policy wordings.,

<<SECTION 21. CRITICAL ILLNESS HOSPITALIZATION COVER*(Indemnity Cover):>>* If You have opted for this Cover and You are diagnosed as suffering from any of the Critical Illnesses or undergoing covered Surgical Procedures as per the Plan Opted by You and mentioned in Your Policy Schedule/Certificate of Insurance, during the Policy Period, We will pay You all Reasonable and Customary Charges that are Medically Necessary and Incurred by You in respect of an admissible hospitalization claim, up to the Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

<<SECTION 22. CANCER BENEFIT COVER*(Benefit Cover):>>* If You have opted for this Cover, We will pay You the Sum Insured as mentioned in Your Policy Schedule / Certificate of Insurance against this Section, in case You are diagnosed as suffering from Cancer for Specified Severity for the first time in Your life and during the Policy Period. Provided that, conditions are met as mentioned in the policy wordings.

<<SECTION 23. CANCER HOSPITALIZATION COVER*(Indemnity Cover):>>* If You have opted for this Cover and You are diagnosed as suffering from Cancer for Specified Severity for the first time in Your life and during the Policy Period , We will pay You all Reasonable and Customary Charges that are Medically Necessary and Incurred by You in respect of an admissible hospitalization claim for Cancer for Specified Severity up to the Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

<<SECTION 24. HEART PROTECT BENEFIT COVER*(Benefit Cover):>>* If You have opted for this Cover, We will pay You the Sum Insured as mentioned in Your Policy Schedule / Certificate of Insurance against this Section, in case You are diagnosed for one of the below heart conditions for the first time in Your life and during the Policy Period: Myocardial Infarction, Open Heart Replacement or Repair of Heart Valves, Surgery to Aorta, Open Chest CABG.

<<SECTION 25. HEART PROTECT HOSPITALIZATION COVER*(Indemnity Cover):>>* If You have opted for this Cover and You are diagnosed as suffering from below Heart conditions for the first time in Your life and during the Policy Period , We will pay You all Reasonable and Customary Charges that are Medically Necessary and Incurred by You in respect of an admissible hospitalization claim for below Heart conditions up to the Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against this Section. Myocardial Infarction, Open Heart Replacement or Repair of Heart Valves, Surgery to Aorta, Open Chest CABG.

<<SECTION 26. ORGAN FAILURE BENEFIT COVER*(Benefit Cover):>>* If You have opted for this Cover, We will pay You the Sum Insured as mentioned in Your Policy Schedule / Certificate of Insurance against this Section, in case You are diagnosed from one of the below organ failure for the first time in Your life and during the Policy Period: End Stage Lung Failure, End Stage Liver Failure, Kidney Failure Requiring Regular Dialysis

<<SECTION 27. ORGAN FAILURE HOSPITALIZATION COVER*(Indemnity Cover):>>* If You have opted for this Cover and You are diagnosed as suffering from below organ failure for the first time in Your life and during the Policy Period , We will pay You all Reasonable and Customary Charges that are Medically Necessary and Incurred by You in respect of an admissible hospitalization claim for organ failure up to the Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against this Section. End Stage Lung Failure, End Stage Liver Failure, Kidney Failure Requiring Regular Dialysis

<<SECTION 28. EMI PROTECTION COVER*(Indemnity Cover):>>* If You have opted for this Cover and You sustain

accidental bodily injury which solely and directly results in Your “**Death**” or “**Permanent Total Disablement**” or “**Permanent Partial Disablement**” within twelve (12) months from the Date of accident or suffer from “**Critical Illness**” or “**Accidental & Illness Hospitalization**” or “**Loss of Employment**” or “**Listed Illness**” as per the contingency opted and mentioned in Your Policy Schedule/Certificate of Insurance against this Section and this completely prevents You from performing each and every duty pertaining to Your employment or occupation mentioned in Your Policy Schedule/Certificate of Insurance for a minimum period of 1 month, We will pay an amount equivalent to Your contribution in EMI of Your Loan from a Financial Institution, up to the Sum Insured and Number of Months opted by You and mentioned in Your Policy Schedule/Certificate of Insurance against this Section, provided that condition is met as mentioned in the policy wordings.

<<SECTION 29. LOSS OF EMPLOYMENT(Indemnity Cover):>> If You have opted for this Cover and You are terminated or dismissed or retrenched from Your Employment, by the Employer during the Policy Period as per the Employer’s rules/regulations or executed/ implemented by the Employer in compliance of any laws for the time being in force or any directives by any Public Authority, We will pay on any one of the following Basis Opted by You at Policy Inception and mentioned in Your Policy Schedule/Certificate of Insurance:

<<SECTION 30: HOSPITALIZATION COVER(Indemnity Cover)>>

ACCIDENTAL HOSPITALIZATION COVER:

- A1. **Day Care Procedures:** If you need inpatient medical treatment or surgery under anesthesia for less than 24 hours due to an accidental injury, the policy covers the medical expenses for such day care procedures. Routine outpatient treatments are not covered.
- A2. **Pre-Hospitalization Expenses:** <<0, 30,60,90,120,180 days>> before hospitalization, as per the plan opted
- A3. **Post-Hospitalization Expenses:** <<0, 30,60,90,120,180 days>> post hospitalization, as per the plan opted
- A4. **Dental Treatment:** Dental treatment costs are covered if they are necessary due to an accident that leads to an accepted inpatient hospitalization claim.
- A5. **Road Ambulance:** If an emergency accident hospitalization claim is accepted, the policy covers ambulance expenses to the hospital and between hospitals, up to the specified amount, if medically necessary.
- A6. **Second Medical Opinion:** The policy covers the cost of one second opinion per major accidental injury requiring hospitalization from a panel medical practitioner during the policy period.

B. ACCIDENTAL & ILLNESS HOSPITALIZATION COVER

- B1. **Day Care Procedures:** If you need inpatient medical treatment or surgery under anesthesia for less than 24 hours due to an accidental injury or illness, the policy covers the medical expenses for such day care procedures. However, routine outpatient treatments are not covered.
- B2. **Pre-Hospitalization Expenses:** <<0, 30,60,90,120,180 days>> before hospitalization, as per the plan opted
- B3. **Post-Hospitalization Expenses:**<< 0, 30,60,90,120,180 days>> post hospitalization, as per the plan opted
- B4. **Dental Treatment:** Dental treatment costs are covered if they result from an accident that leads to an accepted inpatient hospitalization claim.
- B5. **Road Ambulance:** If an emergency hospitalization claim is accepted, the policy covers ambulance expenses to the hospital and between hospitals, up to the specified amount.
- B6. **Bariatric Surgery Cover:** Medically necessary bariatric surgery is covered if certain conditions are met, including age, BMI, medical history, and specific procedures, with prior approval and waiting periods applicable. Cosmetic, drug-induced, and untreated hormonal or psychiatric obesity are not covered.
- B7. **Psychiatric illness Cover:** Psychiatric illness expenses are covered up to the policy limit if diagnosed and hospitalized during the policy period, with a waiting period and prior approval required, except for emergencies.
- B8. **Second Medical Opinion:** For cancer or major illness requiring hospitalization, the policy covers the cost for one second opinion per condition within the policy period, from a panel medical practitioner of your choice.

<<SECTION 31. INFERTILITY TREATMENT COVER(Indemnity Cover):>> If You have opted for this Cover and if You are hospitalized on the advice of the Medical Practitioner for Infertility/ Subfertility Treatments then We will pay the Medical Expenses including but not limited to, IVF, IUI, ZIFT, ICSI, subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

<<SECTION 32. ORGAN DONOR(Indemnity Cover):>> If You have opted for this Cover, We will pay You for the Medical Expenses incurred towards harvesting of the donated organ subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy. Provided that, We have accepted a claim under **Section 30.A. Accidental Hospitalization Cover** and/or **Section 30.B. Accidental & Illness Hospitalization Cover.**

<<SECTION 33. ALTERNATE TREATMENT (AYUSH) COVER (Mandatory In-Built cover in Section-30 Hospitalization Cover) (Indemnity Cover):>> We will pay the Medical Expenses for Your In-patient Treatment, taken under Ayurveda, Unani, Siddha or Homeopathy. This section will not have a separate sum insured, it will be up to the Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against **Section 30.A.**

Accidental Hospitalization Cover and/or Section 30.B. Accidental & Illness Hospitalization Cover.

<<SECTION 34. EMERGENCY AIR AMBULANCE(Indemnity Cover):>> If You have opted for this Cover, We will pay You the expenses incurred for Your transportation in an airplane or helicopter for emergency life threatening health conditions which requires immediate and rapid ambulance transportation to the nearest hospital.

<<SECTION 35. LONG HOSPITALIZATION CASH BENEFIT(Benefit Cover):>> If You have opted for this Cover and You are Hospitalized for a minimum number of consecutive days as Opted by You and mentioned in the Policy Schedule / Certificate of Insurance against this Section, We will give you a lump sum amount as mentioned in the Policy Schedule / Certificate of Insurance. Provided that:

We have accepted a claim under **Section 30.A. Accidental Hospitalization Cover** and/or **Section 30.B. Accidental & Illness Hospitalization Cover**, and

The benefit is payable only once to an Insured Person during the Policy Year.

<<SECTION 36. MATERNITY & NEWBORN BABY COVER(Indemnity Cover):>>

- A. **Maternity Cover:** Covers expenses for delivery and complications up to the insured sum, with certain conditions like waiting periods and coverage for up to two living children.
- B. **Newborn Baby Cover:** Covers medical expenses for the newborn up to 90 days, including hospitalization, medical complications, and vaccinations. Coverage for vaccinations extends up to 5 years if the policy is continuously renewed.

<<SECTION 37. HOME (DOMICILIARY) HOSPITALIZATION(Indemnity Cover):>> If You have opted for this Cover, We will pay the Medial Expenses incurred by You for any illness or Injury requiring medical treatment taken at home, which would otherwise have required Hospitalization, provided that this Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

<<SECTION 38. SUM INSURED REFILL BENEFIT (Benefit Cover):>>

If you have opted for this Cover, We will refill 100% of the Sum Insured specified and utilized under **Section 30.A. Accidental Hospitalization Cover** and/or **Section 30.B. Accidental & Illness Hospitalization Cover** for that particular Policy Period, provided that the conditions are met as mentioned in the policy wordings.

<<SECTION 39. OUT-PATIENT (OPD) BENEFIT(Indemnity Cover):>>

If You have opted for this Cover, We will pay the Reasonable and Customary Charges for mentioned expenses incurred by You as an Allopathic Out-patient. The maximum claim payable under each sub -section under this cover shall be subject to the limits specified against the respective sub-sections and Sum Insured mentioned in **Policy Schedule/Certificate of Insurance** against this section. Benefit under this section should be provided through **Network Facilitator** as mentioned in Policy Schedule/Certificate of Insurance.

<<SECTION 40. ILLNESS COVER(Both Benefit and Indemnity Cover) :>> If You have opted for this cover and if You were Hospitalized due to Illness, as an inpatient, during the Policy Period, solely because You were Infected and Tested Positive due to one or more of the below mentioned Disease/s and/or Conditions as opted by You and stated in Your Policy Schedule / Certificate of Insurance, We will pay You all Reasonable and Customary Charges that are Medically Necessary and Incurred by You, in respect of an admissible claim. It is important to note that any claim will be paid only in respect of the Disease/s and/or Conditions opted by You and stated in the Your Policy Schedule / Certificate of Insurance.

<<SECTION 41. DAILY CASH BENEFIT(Benefit Cover):>> If You have opted for this cover and You are hospitalized as an inpatient during the Policy Period due to one or more of the below mentioned contingencies as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance, we will pay a per day benefit as opted and mentioned in Your Policy Schedule/Certificate of Insurance against this Section.

<<SECTION 42. FIXED CASH BENEFIT(Benefit Cover):>> If You have opted for this cover and You are hospitalized as an inpatient during the Policy Period due to one or more below mentioned contingencies as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance, we will pay a Fixed Lump Sum Benefit as opted and mentioned in Your Policy Schedule / Certificate of Insurance against this Section. This Benefit will be paid for each and every continuous and completed period of the number of days of Hospitalisation for a maximum number of days as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

<<SECTION 43. COMPANION BENEFIT CASH ALLOWANCE COVER(Benefit Cover):>> If You have opted for this cover, We will pay towards the expenses incurred on one of Your attendants, accompanying You at the Hospital/Nursing Home, in case of Your Hospitalization as an inpatient due to an Accidental bodily Injury and/or Illness during the Policy Period. We will pay You as per the **option opted by You** and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover.

<<SECTION 44. PARENT ACCOMMODATION CASH ALLOWANCE COVER(Benefit Cover):>> If You have opted for this Cover, we will pay towards expenses incurred on accommodation of parents at the Hospital/Nursing Home, in case of Your Hospitalization as an inpatient due to an Accidental bodily Injury and/or Illness during the Policy

Period. We will pay You as per the **option Opted by You** and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover.

<<SECTION 45. LOAN SHIELD(Indemnity Cover):>> If You have opted for this cover and You suffer from any Accidental Injury that occurs during the policy period and that injury solely and directly results in Your "Death" or "Permanent Total Disablement" or "Permanent Partial Disablement" within twelve (12) months from the Date of accident or from "Critical Illness" as per the contingency opted and mentioned in Your Policy Schedule/Certificate of Insurance against this Section.

<<SECTION 46. LOSS OF PAY(Indemnity Cover):>> If You have opted for this cover and due to death of Your immediate family Member during the Policy Period, You have to take leave without pay from Your employment as You do not have enough accrued leave to cover the absence from the employment, then we will pay the Percentage of Your net per day salary as mentioned in Your Policy Schedule/Certificate of Insurance for the period You have taken leave without pay, provided that conditions are met as mentioned in the policy wordings.

<<SECTION 47. HEALTH CHECK UP(Indemnity Cover):>> If You have opted for this Cover, we will indemnify You for health check-up expenses incurred as per the options opted by You and mentioned in Policy Schedule/Certificate of Insurance.

47.1 Health Check-up from Day 1 of Policy: We will pay the expenses incurred towards cost of health check-up from Day 1 of the Policy and during the policy period up to the Sum Insured limit as mentioned in Policy Schedule/Certificate of Insurance subject to terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance.

47.2 Health Check-up at the end of each block of continuous years: If You have continued Your Policy with Us without any break, then at the end of each block of continuous years as mentioned in Policy Schedule/Certificate of Insurance, We will pay the expenses incurred towards cost of health check-up up to the Sum Insured limit as mentioned in Policy Schedule/Certificate of Insurance subject to terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance.

<<SECTION 48. WELLNESS BENEFIT PROGRAM(Indemnity Cover):>>If You have opted for this Cover, Wellness Benefit Program provides the benefits listed in the policy wordings and shall be available to the Insured Person as mentioned in the Policy Schedule/Certificate of Insurance. Through this Program, 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.

NO CLAIM BONUS <<Cumulative Bonus/ No Claim Discount>> [No Claims made under the section 30A and / or 30B]

Details of No Claim Bonus <<to fetched form Policy Schedule>>

6. EXCLUSIONS (Refer "D. Exclusions" of Policy Wordings)

I. Standard Exclusion

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| 1. Pre-Existing Waiting Period – Code- Excl 01 | 2. Specified disease/procedure waiting period- Code- Excl02 |
| 3. 30-day waiting period/ Initial Waiting Period- Code- Excl03 | 4. Investigation & Evaluation- Code- Excl04 |
| 5. Rest Cure, rehabilitation and respite care- Code- Excl05 | 6. Obesity/ Weight Control: Code- Excl06 |
| 7. Change-of-Gender treatments: Code- Excl07 | 8. Cosmetic or plastic Surgery: Code- Excl08 |
| 9. Breach of law: Code- Excl10 | 10. Excluded Providers: Code- Excl11 |
| 11. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12 | 12. Treatments received in health 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 |
| 13. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic | 14. Refractive Error: Code- Excl15 |

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| substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. Code- Excl14 | |
| 15. Unproven Treatments: Code- Excl16 | 16. Sterility and Infertility: Code- Excl17 |
| 17. Maternity: Code Excl18 | |

II. Specific Exclusions

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| 18. Artificial Life Maintenance | 19. Suicide and Self-Injury |
| 20. Cosmetic, Aesthetic and Re-Shaping Treatment & Surgeries | 21. Pre-Existing Disability |
| 22. Circumcision, Aesthetic reasons | 23. Hazardous or Adventures Sport |
| 24. Defence Operation/Aviation Activities | 25. External Congenital Anomaly |
| 26. Geographical Limits | 27. Non-Medical Expenses |
| 28. Insufficient Document | 29. Professional Sports |
| 30. Preventive Treatment | 31. Sexual disorder and Erectile Dysfunction |
| 32. Sexually Transmitted Infections & Disease | 33. Sleep Disorders and Sleep Problems |
| 34. Spectacles, Hearing aids & other Expenses | 35. Stem Cell Transplant |
| 36. Unjustified or Unwarranted Hospitalization | 37. Substance abuse and Addictions |
| 38. War and hazardous substances | 39. Legal Liability |
| 40. Ear, Eyesight & Optical Services | 41. Prosthetics and other devices |
| 42. Specific Treatments | 43. Dental Treatment |
| 44. Mental Disorders | 45. Organ Donor |
| 46. Our Maximum Liability in respect of the following procedures will be covered (wherever medically indicated) either as in patient or as part of day care treatment in a hospital up to 50% of Sum Insured opted. | |

Any other exclusion as mentioned in the policy schedule

7. WAITING PERIOD

- **Initial Waiting Period** <<30 days, 15 days, 7 days, 48 hours & nil >>
- **Initial Waiting Period for HIV Cover:** <<0, 30, 60, 90 days>>
- **Initial Waiting Period for Loss of Employment Cover:** <<0, 15, 30, 45, 60, 75, 90, 105, 120 days>>
- **Initial Waiting Period for Critical Illness Cover:** <<0, 30, 60, 90 days>>
- **Waiting Period for Infertility Treatment Cover:** <<0 days, 30 days, 3 months, 6 months, 9 months, 1 year, 2 years, 3 years, 4 years>>
- **Maternity & New-Born Baby Cover:** <<0 years, 6 months, 9 months, 1 year, 2 years, 3 years waiting and 4 years>>
- **Maternity Waiting Period:** <<Nil, 9 months, 1 year, 2 years>>
- **Specified Disease/ Procedure Waiting Periods (Not applicable for claims arising due to an accident):** Specified disease/procedure waiting period is <<>> years
- **Pre-Existing Diseases:** Covered after <<>> months.

8. FINANCIAL LIMITS OF COVERAGE

Sub – Limit, Co-payment and Deductible as applicable to the policy is as mentioned below:

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9. CLAIMS PROCEDURE (Refer “E. II. 40. Claims Notification and Procedure” of Policy Wordings)

Claims Notification and Procedure

A. Cashless Claim Process:

Cashless Facility can be availed only at our network hospitals, facilitated by our Service Provider/TPA, with direct payment to the hospital:

1. Notify us at least **72 hours before planned hospitalization or within 24 hours in emergencies**
2. Request for cashless authorization shall be decided immediately but not more than one hour of receipt of request
3. For Cashless Facility You shall follow the below Procedure:

- a. Share the Health Card/Copy of E-Cards along with ID Proof with the Hospital Authority & Obtain the Pre-Authorization Form from the Hospital.
- b. Submit Duly filled & Signed Pre-Authorization Form to the Hospital Counter.
- c. Ensure the hospital sends the form to the Service Provider/TPA for processing.
- d. The Service Provider/TPA will inform the decision and may issue an authorization letter to the hospital.
- e. **Treatment must occur within 15 days of approval** or before the policy expiry date, with matching details.
- f. Check the updated list of Network Providers before availing Cashless Facility.
- g. Contact the Service Provider/TPA for any queries using the details on the Health Card/E-Cards.

B. Reimbursement Claim Process:

Reimbursement Facility is available at any hospital in India. You must pay the hospital directly and submit documents to the Service Provider/TPA for claim reimbursement

1. We or Our Service Provider / Third Party Administrator (TPA) should be intimated within 48 hours of date of admission.
2. For Reimbursement Claim You shall follow the below Procedure:
 - a. The Company shall settle or reject a claim, as the case may be, within 15 days from submission of claim.
 - b. In case the claim is not settled within the specified timelines, then the claimant is entitled for interest at bank rate plus 2 percent from the date of receipt of intimation to till the date of payment.
"Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.
 - c. In case of Your Death, We shall reimburse the claim amount to Your Nominee as named in Your Policy Schedule or Your Legal representative holding a valid succession certificate.

C. List of Claim Documents:

In addition to the Duly Completed Claim Form signed by the Insured/Insured's Nominee/Legal Heir & NEFT Details or Cancelled Cheque of the Insured/Insured's Nominee/Legal Heir, ID proof (KYC document) of insured and Nominee, address proof wherever applicable, We need to have the documents, as mentioned in policy wordings wherever applicable.

Note: There are times when You or any other person who could claim on Your behalf, may be in such a state of hardship, that You or Such other person is unable to give us a notice or file a claim within the prescribed time limit. In such cases, condonation of delay can be done by waiver of conditions A.1, B.1 and B.2.a may be considered where the reason for delay is proved to our satisfaction.

*KYC documents shall be required at the claim settlement stage where claims pay-out to the Insured Member exceeds a threshold limit of Rs. 1 Lakhs per claim

Note: For EMI policies the company shall recover and deduct all the pending instalments from the claim amount due under the policy.

Turn Around Time (TAT) for claims settlement:

- i. **TAT for preauthorization of cashless facility:** Within 1 hour of receipt of request
- ii. **TAT for cashless final bill authorization:** Within 3 hours of the receipt of discharge authorization request from the hospital.

Details /web link for following:

- i. **Network Hospital details:** <https://www.godigit.com/health-insurance/digit-cashless-network-hospitals-list>
- ii. **Helpline number:** Toll Free: 1800-258- 4242, Email: healthclaims@godigit.com
- iii. **Hospitals which are blacklisted or from where no claims will be accepted by insurer:** <https://www.godigit.com/health-insurance/non-preferred-hospitals>
- iv. Downloading/getting claim form: https://cdn.godigit.com/GO_DIGIT_GENERAL_INSURANCE_CASHLESS_FORM.pdf

10. POLICY SERVICING

Call Centre Details

Toll Free: 1800-258- 4242, Email: healthclaims@godigit.com , Senior citizens can now contact us on 1-800-258-4242 or write to us at seniors@godigit.com, Website: <https://www.godigit.com>

Details of Company Officials: 1800-258- 4242; healthclaims@godigit.com

11. GRIEVANCES / COMPLAINTS

Customer Grievance Redressal Policy

Website: <https://www.godigit.com> , Toll Free: 1-800-258- 4242, Email: hello@godigit.com, Senior citizens can now contact us on 1-800-258-4242 or write to us at seniors@godigit.com , If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at grievance@godigit.com, For updated details of grievance officer, kindly refer the link: Click Here <https://www.godigit.com/claim/grievance-redressal-procedure> , The contact details of the Insurance Ombudsman Centers - <https://www.ciains.co.in/Ombudsman>.

The policyholder or the claimant also has the option to register the complaint on-line at IRDAI's Bima Bharosa by visiting <https://bimabharosa.irdai.gov.in/> .

12. THINGS TO REMEMBER

- **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 & Portability-** When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer. Please refer details of Migration and Portability policy as mentioned in the Policy Wordings.
- **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 Sixty continuous months (five years) under the policy no look back to be applied. This period of sixty months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of five continuous years would be applicable from date of enhancement of 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.
- Please Disclose any change in Material Information during the policy period.
- Material Information for this policy refers to all relevant details requested by the Company in the proposal form and related documents to make an informed underwriting decision.

PART II: DIGIT LIFE GROUP LONG TERM PLAN

DIGIT LIFE GROUP LONG TERM PLAN

(A Non-Linked Non-Participating Group Pure Risk Premium Life Insurance Plan)

CUSTOMER INFORMATION SHEET / KNOW YOUR POLICY



This document provides key information about your policy. You are also advised to go through your policy document, aka, if you are short on time, this quick read is a must! 😊

| S.No. | Title | Description in simple words (Please refer to applicable Policy Clause Number in next column) | Policy Clause Number (When you have time, go through in detail!) |
|-------|--|---|---|
| 1 | Name of the Insurance Product and Unique Identification Number (UIN) | Digit Life Group Long Term Plan (UIN:165N002V01) | |
| 2 | Policy Number | <Master policy no. _____ & Member policy no. _____> | |
| 3 | Type of Insurance Policy | Pure Risk | |
| 4 | Basic Policy Details | Instalment Premium | ₹ <Amount> |
| | | Mode of premium payment | <Single> / <Annual> / <Half-Yearly> / <Quarterly> / <Monthly> |
| | | Sum Assured on Death | ₹ <Amount> |
| | | Sum Assured on Maturity | <Not Applicable> / <₹ Amount> |
| | | Premium Payment Term | < _____ > Years |
| | | Policy Term | < _____ > Years |
| 5 | Policy Benefits/Coverage Payable | Benefits payable on Death | Part C, Clause 6.1 |
| | | Benefits payable on Maturity | Part C, Clause 6.5 |
| | | Survival Benefits excluding those payable on Maturity | Part C, Clause 6.5 |

| | | | |
|-----|--|---|----------------------------|
| | | Surrender Benefits | Part D, Clause 3 |
| | | Options to policyholders for availing benefits, if any, covered under the policy. | Part C, Clause 5, 6.1 |
| | | Other Benefits/options payable, specific to the policy, if any | Part C, Clause 6.2, 6.4, 4 |
| 6 | Riders opted, if any | Not Applicable | |
| 7 | Exclusions (events where insurance coverage is not payable), if any. | Suicide Exclusion | Part F, Clause 12 |
| | | Exclusions to Critical Illness Benefit/ Multi-Stage Cancer Benefit | Annexure IV |
| | | Exclusions to Additional Hospitalization Benefit | Annexure V |
| | | Exclusions to Additional Accidental Death Benefit | Annexure VI |
| | | Exclusions to Accidental Total and Permanent Disability Benefit | Annexure VII |
| | | Exclusions to Additional Personal Accident Benefit | Annexure VIII |
| 8 | Waiting /lien Period, if any | <p>Waiting Period is the duration from the risk start date or policy revival date, during which specific policy benefits are not payable.</p> <p>Waiting Period: Critical Illness Benefit & Multi-Stage Cancer Benefit – 90 days Additional Hospitalization Benefit – 45 days Survival Period is the duration for which the insured person has to survive from the date of the first diagnosis of covered Critical Illness Condition to be eligible for receiving Critical Illness Benefit Survival Period Critical Illness Benefit – 30 days</p> | |
| 9. | Grace Period | <p>Grace Period is the additional time provided to the policyholder for paying premiums, after the premium due date, to keep the policy benefits intact.</p> <p>Grace Period applicable –</p> <ul style="list-style-type: none"> • 15 days for monthly mode of premium payment • 30 days for annual, half-yearly, quarterly modes of premium payment | Part C, Clause 8 |
| 10. | Free Look Period | <p>Free Look Period is the time given to a policyholder, at the start of the policy term, to re-assess the policy and to get a refund of premium subject to applicable deductions, if they decide to not continue with the policy.</p> <p>Free Look Period applicable - 30 days</p> | Part D, Clause 1 |
| 11 | In Force, Lapse, Reduced Paid-Up, Revival and Surrender of the Policy | <p>In Force means status of the Policy is active, all due Premiums have been paid and the Policy is not terminated or in Lapsed Status or in Reduced Paid-Up status i.e. the covers are in force and applicable Benefits would become payable.</p> | Part B, Definition No. 27 |
| | | <p>Lapsation means state of a non-active life insurance policy due to non-payment of Premium within the Grace Period i.e. If due premiums are not paid till the end of the grace period, the policy is said to enter lapsed status i.e. the covers/benefits of the policy cease.</p> | Part D, Clause 2 |

| | | | |
|----|-----------------------------------|---|---|
| | | <p>Reduced Paid-Up – A paid-up insurance policy is one where the policyholder stops paying further due premiums but continues the life insurance policy and the coverage. The sum assured on death and other applicable benefits, if any, in such cases reduce to a value based on the number of premiums paid till date. This is applicable only after paying a certain number of premiums, as defined in the terms and conditions of the Policy.</p> <p>Revival – A policyholder can revive a lapsed or Reduced Paid-up Policy. A Policy can be revived by paying all the due premiums and late fee, if any. Revival can be done during the policy term and within five years from the due date of first unpaid premium only.</p> <p>Surrender - Policyholder can completely withdraw / terminate the policy before the maturity date. This can be done when the policy acquires Surrender Value i.e. on paying certain number of premiums, as mentioned in the terms & conditions of the Policy. Once the Surrender Value is paid, the policy terminates.</p> | <p>Part D, Clause 2</p> <p>Part D, Clause 4</p> <p>Part D, Clause 3</p> |
| 12 | Policy Loan, if applicable | Not Applicable to this policy | Part D, Clause 5 |
| 13 | Claims/Claims Procedure | <p>Turn Around Time (TAT) for claims settlement - 7 working days from the date the last document is received</p> <p>Claims Procedure – Step -1: Register a claim using any of the below methods – a. (Preferred) Email Us at lifecclaims@godigit.com OR b. Call Our helpline number: 9960126126 OR c. Intimate Us in writing at Our nearest branch or Corporate Office (address given below). We recommend the above two methods, as Our address may have changed over the years. Claims department Go Digit Life Insurance Limited Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru, Karnataka 560095 Step – 2: Email Us all the claim documents on lifecclaims@godigit.com You can also send us all the claim documents at the above mentioned 'Claims department' address.</p> <p>Helpline/Call Centre/Whatsapp number - 9960126126</p> <p>Contact details of the insurer - Address - Go Digit Life Insurance Limited Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru, Karnataka 560095 Contact No. – 9960126126 Email ID - lifecclaims@godigit.com</p> <p>Link for downloading claim form and list of documents required including bank account details. <Link></p> | <p>Part F, Clause 14, 15</p> |

| | | | |
|----|------------------------|---|--------|
| 14 | Policy Servicing | Turn Around Time (TAT) -7 working days from the date the last document is received | |
| | | Helpline/Call Centre number - 9960126126 | |
| | | Contact details of the insurer – Address - Go Digit Life Insurance Limited Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru, Karnataka 560095 Contact No. – 9960126126 Email ID – life@godigit.com | |
| | | Link for downloading applicable forms and list of documents required including bank account details. <Link> | |
| 15 | Grievances /Complaints | Contact details of Grievance Redressal Officer of the insurer Address: The Chief Grievance Redressal Officer Go Digit Life Insurance Limited. Atlantis,95,4 th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru, Karnataka 560095 Contact No. – 9960126126 Email ID - lifegro@godigit.com | Part G |
| | | Link for registering the grievance with the insurer’s portal - https://www.godigit.com/life/grievance-redressal-procedure#disclaimerModal | |
| | | Contact details of Ombudsman For latest updated list of Ombudsman Office addresses and contact details, kindly visit the following website. https://www.cioins.co.in/Ombudsman | Part G |

Declaration by the Policyholder/Member

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

<Name of Policyholder/Member>

(Signature of Policyholder/Member)

The document is being electronically shared for the understanding of the member and the receipt of the same is considered as an acknowledgement. In case of any query or concern, you may feel free to connect with us at the provided contact details within freelook period.

Place:

Date:

Note: In case of any conflict, the terms and conditions mentioned in the policy document shall prevail. Basically, we want you to go through the details as well for full clarity!