

CUSTOMER INFORMATION SHEET

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 Top-Up Policy (UIN: GODHLIP24056V012324)

Plan Name: <>>

2. POLICY NUMBER - <>>

3. TYPE OF INSURANCE PRODUCT <> Indemnity/ Benefit / Both Indemnity and Benefit>>

DETAILS OF YOUR COVERAGE

4. SUM INSURED BASIS

Individual Sum Insured / Floater Sum Insured

<<Sum insured amount details for proposer and other lives covered with name, age, gender details>>

5. POLICY COVERAGE (Refer "C.I. Coverage" of Policy Wordings)

Section 1. Hospitalization Cover (Indemnity Cover)

(Please note - Admission in Hospital need to be beyond 24 hrs in case of Hospitalization Cover)

1.1. In-Patient Hospitalization: Covers all reasonable and necessary charges incurred in case of hospitalization if you suffer an accidental injury or illness.

1.2. Day Care Procedures: Covers treatments that don't require an overnight stay, like dialysis or shoulder dislocation.

1.3. Pre-Hospitalization: Covers expenses incurred <<30/60/>> days before hospitalization, as per the plan opted. The expenses include doctor fees, X-ray and other tests charges but should be related to the hospitalization illness/disease/ injury only.

1.4. Post-Hospitalization: Covers expenses incurred <<60/90>> days post hospitalization, as per the plan opted. The expenses include doctor fees, X-ray and other tests charges but should be related to the hospitalization illness/disease/ injury only.

1.5. Road Ambulance: Covers emergency ambulance transportation to the hospital <<upto>>

1.6. Bariatric Surgery: Covers medically necessary bariatric surgery for obesity with underlying health conditions, subject to conditions and waiting periods.

1.7. Psychiatric Illness: Covers hospitalization expenses for psychiatric disorders.

1.8. Health Check Up: Covers health check-up expenses up to the limit in your plan.

1.9. Home (Domiciliary) Hospitalization: Covers medical expenses for treatment at home if hospitalization is not possible.

<<Section 2. Long hospitalization cash benefit (Indemnity Cover): >> If you are hospitalized for more than 10 consecutive days and the claim is accepted under Section 1. Hospitalization Cover, we will give you a lump sum of ₹10,000 once per insured person during the policy period.

<<Section 3. Organ donor expenses (Indemnity Cover): >> policy covers organ donor expenses, including pre and post-hospitalization costs, up to 5% of the approved claim amount for harvesting expenses. The donor must comply with the transplantation of human organs act 1994. A waiting period applies, as stated in your policy schedule

<<Section 4. Home (domiciliary) hospitalization (Indemnity Cover):>> covers medical expenses for home treatment, as long as it continues for at least 3 days and isn't due to specific conditions like asthma or diabetes. This cover is subject to the terms and conditions in your Policy.

<<Section 5. Emergency air ambulance (Indemnity Cover):>> Covers emergency air ambulance transportation within India for life-threatening conditions, provided it's medically necessary and prescribed by a doctor. Provided that the claim is accepted under Section 1. Hospitalization Cover.

<<Section 6. Personal accident (Fixed Benefit):>> if an accident results in proposer/oldest member of the policy (as applicable) within 12 months, your nominee will receive 100% of the sum insured

<<Section 7. Critical illness benefit (Fixed Benefit):>> if you're diagnosed with a serious illness like cancer for the first time, we'll provide a lump sum amount to help cover treatment expenses, but you must survive at least 30 days from diagnosis. This coverage is only for the proposer or the eldest family member if the proposer isn't insured. Subject to is subject to the terms and conditions in your Policy.

<<Section 8. Network hospital discount (Indemnity Cover):>> if you choose treatment at our network hospitals, you get a 10% discount on your premium. However, if you receive treatment at a non-network hospital, you must pay a 20% co-payment for each admissible claim under section 1. This cover is subject to terms, conditions & co-payment mentioned in the Policy.

Section 9. Ayush hospitalization (mandatory in-built cover in section-1 hospitalization cover) (Indemnity Cover): Covers in-patient treatment expenses at registered Ayush hospitals for ayurveda, unani, siddha, or homeopathy, up to the sum insured. Outpatient expenses and non-medically necessary preventive treatments are not covered, and the hospital must have specific certification.

<<Optional Covers>> (Refer "C. II. Optional Covers" of Policy Wordings)

The covers listed below are optional covers and will be applicable only if you have selected them at the time of purchase and is mentioned in your Policy Schedule.

1. Consumables Cover
2. Bariatric surgery limit booster
3. Psychiatric illness sub-limit

Cumulative Bonus (Refer "C. III. Cumulative Bonus" of Policy Wordings)

Details of Cumulative Bonus<<>>

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

I.Standard Exclusions

1. Pre-Existing Diseases - Code- Excl01	10. Breach of law: Code- Excl10
2. Specified disease/procedure waiting period- Code- Excl02	11. Excluded Providers: Code- Excl11
3. 30-day waiting period/ Initial Waiting Period- Code- Excl03	12. Substance Abuse – Code- Excl12
4. Investigation & Evaluation- Code- Excl04	13. Domestic Treatment- Code- Excl13
5. Rest Cure, rehabilitation and respite care- Code- Excl05	14. Non-prescribed Medicine – Code- Excl14
6. Obesity/ Weight Control: Code- Excl06	15. Refractive Error: Code- Excl15
7. Change-of-Gender treatments: Code- Excl07	16. Unproven Treatments: Code- Excl16
8. Cosmetic or plastic Surgery: Code- Excl08	17. Sterility and Infertility: Code- Excl17
9. Hazardous or Adventure sports: Code- Excl09	18. Maternity: Code Excl18

II.Specific Exclusions

19. Artificial Life Maintenance	26. Preventive Treatment
20. Suicide and Self-Injury	27. Spectacles, Hearing aids & other Expenses
21. Circumcision, Aesthetic reasons	28. Unjustified or Unwarranted Hospitalization
22. External Congenital Anomaly	29. War and hazardous substances
23. Geographical Limits	30. Legal Liability
24. Defence Operation	31. Substance abuse and Addictions by the Insured
25. Non-Medical Expenses	

Specific Ones (Can't Be Waived)

32. Ear, Eyesight & Optical Services	37. Organ Donor
33. Prosthetics and other devices	38. Weight loss Surgery
34. Specific Treatments	39. Any loss arising out of the Insured Person's actual or attempted
35. New Age Treatment	

	36. Dental Treatment	commission of or wilful participation in an illegal act or any violation or attempted violation of the law.
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7. WAITING PERIOD

- **Initial Waiting Period** <>30 days>> for all illnesses (not applicable in case of continuous renewal or accidents)
- **Specific 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: <>>

9. CLAIMS PROCEDURE (Refer "E. II. 23. 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. 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. Notify us or the service provider/TPA within 48 hours of date of admission in Hospital.
2. The Company shall settle or reject a claim, as the case may be, within 15 days from submission of claim.
3. 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.

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.cioins.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

- **Free Look Period-** You may cancel the insurance policy if you do not want it, within 30 days from the beginning of the policy. Please refer policy wordings for process of 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 & 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.