

CUSTOMER INFORMATION SHEET

Description is illustrative and not exhaustive

| Sl. No. | Title | Description | Policy Clause Number |
|---------|---|---|--|
| 1 | Product Name | Oriental Super Health Top-Up! | |
| 2 | What am I covered for | <p>SPECIFY AS PER POLICY TERMS & CONDITIONS</p> <ul style="list-style-type: none"> • Sum Insured ranging from Rs.3lakhs to 30 lakhs • Deductibles ranging from Rs.3lakhs to Rs.20lakhs • Hospital admission of minimum 24 hrs • Related Medical Expenses incurred 30 days prior to hospitalization • Related Medical Expenses incurred within 60 days from date of Discharge • Specified / Listed procedures requiring less than 24 hours hospitalization (day care) • Dental arising from disease or injury and which requires hospitalisation for treatment. • Maternity coverage upto 10% of the Sum Insured • New Born Baby Cover upto 5% of the Sum Insured • Organ donor expenses when Insured is recipient upto Sum Insured limit • Organ donor Benefit when Insured is the Donor Lumpsum payment of 10% of the Sum Insured | <p>5(6)</p> <p>5(6)</p> <p>1.1, 3.15</p> <p>3.34 3.35</p> <p>1.2 I B</p> <p>4.7</p> <p>2A (3)</p> <p>2A (4)</p> <p>2A(1)</p> <p>2 A(2)</p> |
| 3 | What are the major exclusions in the policy: | <ul style="list-style-type: none"> • Any hospital admission primarily for investigation diagnostic purpose Pregnancy, infertility • treatment outside India other than in SAARC countries • Circumcision, sex change surgery cosmetic surgery & plastic surgery | <p>4.10, 4.12</p> <p>1, 5 (25), 2A(5)</p> <p>4.5, 4.25</p> |

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| | | <ul style="list-style-type: none"> • Refractive error correction, hearing impairment correction, corrective & cosmetic dental surgeries • Substance abuse, self-inflicted injuries STDs and HIV/AIDS • Hazardous sports, war, terrorism, civil war or breach of law • Any kind of service charge, surcharge admission fees, registration fees levied by the hospital • The above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing | 4.6, 4.7 4.8, 4.9 4.4, 4.22, 4.31 4.27 |
| 4 | Waiting period | <ul style="list-style-type: none"> • Initial waiting Period: 30 days for all illness (not applicable on renewal or for accidents) • Specific Waiting periods: <ul style="list-style-type: none"> ○ 12 months for 02 diseases (clauses 4.3 i&ii) ○ 24 months for 20 diseases (clauses 4.3 iii to xxii) ○ 48 months for 02 diseases (clauses xxiii - xxiv) ○ Pre-existing diseases: Covered after 48 months / Not covered) ○ Maternity- covered after 12 months ○ Organ Donor benefit when Insured is the Donor - covered after 24 months | 4.2 4.3 4.3 4.3 4.1 2A(3) 2A(2) |
| 5 | Payment basis | <ul style="list-style-type: none"> • Reimbursement of covered expenses up to specified limits AND/OR • Fixed amount on the occurrence of a covered event | 1 1A |
| 6 | Loss Sharing | <ul style="list-style-type: none"> • Deductible as opted by the Insured | 5 (6) |
| 7 | Renewal Conditions | <ul style="list-style-type: none"> • Your policy is ordinarily renewable lifelong • Grace Period of 30 days • Revision of Sum Insured / Deductible • Renewal on mutual consent with a provision of grace period for treating the renewal continuous <p>No loading, on account of claims, can be levied on premium at the time of renewal.</p> <ul style="list-style-type: none"> • | 5 (13) 3.13, 5(15) 5 (14) 3.41, 5(13) |

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| 8 | Renewal Benefits | <ul style="list-style-type: none"> None | | | | | | | | | | | |
| 9 | Cancellation | <ul style="list-style-type: none"> This policy would be cancelled, and no claim or refund would be due to you if: you have not correctly disclosed details about current and past health status OR Have otherwise encouraged or participated in any fraudulent claim under the policy. <p>The Insured may at any time cancel this policy and the Company shall charge premium at Company's short period rate as per the table below and make refund, provided no claim has been reported during the policy period up to date of cancellation.</p> <table border="1"> <tr> <td> <ul style="list-style-type: none"> Period on Risk </td> <td> <ul style="list-style-type: none"> Premium to be charged </td> </tr> <tr> <td> <ul style="list-style-type: none"> Upto 1 Month </td> <td>1/4 of annual Premium</td> </tr> <tr> <td> <ul style="list-style-type: none"> Upto 3 Months </td> <td> <ul style="list-style-type: none"> 1/2 of annual Premium </td> </tr> <tr> <td> <ul style="list-style-type: none"> Upto 6 Months </td> <td> <ul style="list-style-type: none"> ¾ of annual Premium </td> </tr> <tr> <td> <ul style="list-style-type: none"> Exceeding 6 Months </td> <td> <ul style="list-style-type: none"> Full annual Premium </td> </tr> </table> <ul style="list-style-type: none"> | <ul style="list-style-type: none"> Period on Risk | <ul style="list-style-type: none"> Premium to be charged | <ul style="list-style-type: none"> Upto 1 Month | 1/4 of annual Premium | <ul style="list-style-type: none"> Upto 3 Months | <ul style="list-style-type: none"> 1/2 of annual Premium | <ul style="list-style-type: none"> Upto 6 Months | <ul style="list-style-type: none"> ¾ of annual Premium | <ul style="list-style-type: none"> Exceeding 6 Months | <ul style="list-style-type: none"> Full annual Premium | 5 (32) |
| <ul style="list-style-type: none"> Period on Risk | <ul style="list-style-type: none"> Premium to be charged | | | | | | | | | | | | |
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| <ul style="list-style-type: none"> Exceeding 6 Months | <ul style="list-style-type: none"> Full annual Premium | | | | | | | | | | | | |
| 10 | Claims | <ul style="list-style-type: none"> For Cashless Service: (Hospital Network details can be obtained www.orientalinsurance.org.in) For Reimbursement of Claim (Note: intimation in both cases to be given within 48 hours of admission but before discharge and submission of claim documents within 15days of discharge) | 5 (18) 5 (16) 5 (19) | | | | | | | | | | |
| 11 | Policy Servicing/ Grievances/ Complaints | <ul style="list-style-type: none"> Company Officials: E-mail id is csd@orientalinsurance.co.in Exclusive e-mail id for grievance redressal of senior citizens is oielhealthservice@orientalinsurance.co.in IRDAI/(IGMS/Call Centre):www.igms.irda.gov.in, 1800 4254 732 Ombudsman | 5 (26) 5(26) 5(26) | | | | | | | | | | |

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| 12 | Insured's Rights | <ul style="list-style-type: none"> • Free Look: • Implied renewability (except on certain specific grounds) • Migration and Portability: • Increase in SI during the Policy term • Turn Around Time (TAT) for issue of Pre- Auth and settlement of Reimbursement | <p>5 (10)</p> <p>5 (13)</p> <p>5 (30) & (31)</p> <p>5(12), 5(14)</p> <p>5 (18), 5 (24)</p> |
| 13 | Insured's Obligations | <ul style="list-style-type: none"> • Insured to disclose all pre-existing disease/s or condition/s before buying a policy <p>Non-disclosure may result in claim not being paid</p> <p>notice of admission to hospital should be given within 48 hours of admission but before discharge from Hospital / Nursing Home, in case of both planned and emergency hospitalisation</p> | <p>5 (2) (22)</p> <p>5(18)</p> |
| <p>Legal Disclaimer Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.</p> | | | |