FUTURE GENERALI INDIA
Insurance Company Limited

FUTURE HEALTH SURAKSHA (Individual & Family Floater)
PROSPECTUS

UIN:IRDA/NL-HLT/FGII/P-H/V.I/71/13-14

I. SALIENT FEATURES OF THE POLICY

We shall pay the following medical expenses for medically necessary, reasonable and customary charges incurred for hospitalisation:

1. **Room rent, Board & Nursing Expenses** as provided by the hospital/nursing home
2. **Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.**
3. **Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Diagnostic Materials and X-ray, Cost of Pacemaker, prosthesis/internal implants and any medical expenses** incurred which is integral part of the operation
4. **Pre-hospitalisation medical expenses** – **We** shall pay for medical expenses incurred 60 days prior to date of admission into the hospital.
5. **Post–hospitalisation medical expenses** - **We** shall pay for medical expenses incurred 90 days after the date of discharge from the hospital.
6. **Day Care expenses** – **We** shall pay for expenses incurred under Day Care Treatment requiring less than 24 hours of hospitalisation as mentioned in the Policy Wordings.
7. **Ambulance charges** - up to a maximum of Rs. 1500 per hospitalisation will be reimbursed to **You** on producing the bills in original.
8. **Free medical check-up** - At the end of every continuous period of 4 years during which *You* have held Our *Health Suraksha policy* without making a claim *You* may apply to Us for a free medical checkup (Physician Consultation, ECG, Complete Blood Count, Urine Routine, Fasting blood Sugar, Post Prandial Blood Sugar, Lipid Profile, Sr. Creatinine, SGOT, SGPT, GGTP) at our Diagnostic Center the location of which We will specify at the time of Your application. For the avoidance of doubt, We shall not be liable for any other ancillary or peripheral costs or expenses (including but not limited to those for transportation, accommodation or sustenance). This would be available for any two members insured under the floater policy.
9. **Patient Care –** Available for persons above 60 years **We** shall provide payment for the nursing charges by a qualified nurse if necessary and recommended by the treating physician after discharge from the hospital @ Rs 350/- per day or actuals whichever is lower up to a maximum 10 days per hospitalisation subject to maximum of 30 days during the **Policy period.** This cover is over and above the hospitalisation sum insured.
10. **Accidental Hospitalisation -**In case of hospitalisation following an accident, the limits under the **Policy** shall increase by 25% of the balance sum insured available subject to maximum of Rs.1 Lac irrespective of number of claims in a policy period.
11. **Hospital Cash** – **We** shall make payments of Rs 500/- for each completed day of hospitalisation subject to maximum of 60 days during this **Policy period**. This benefit is applicable for **Platinum plan** with sum insured 6 lacs and above. This benefit is over and above the hospitalisation sum insured.
12. **Accompanying Person** - **We** shall make payments of Rs 500/- for each completed day of hospitalisation in case of a dependent child up to age of 10 years subject to maximum of 30 days during the **Policy period**. Accompanying person means and includes mother, father, grandfather, grandmother and any immediate family member. This benefit is over and above the hospitalisation sum insured.

This insurance scheme also provides for:

Individual plan:

a) Family Discount 10%

b) Cumulative bonus

c) Cost of Health Check-up every claims free four years. (N.B Renewal of insurance without break is essential)

d) Premium payable by any mode other than cash is eligible for Tax relief as provided under section 80 D of the Income Tax Act.

Family Floater plan:

a) Cumulative bonus

b) Cost of Health Check-up every claims free four years. (Note: Renewal of insurance without break is essential)

c) Premium payable by any mode other than cash is eligible for Tax relief as provided under section 80 D of the Income Tax Act.

II. DEFINITIONS

1. **Hospital/Nursing Home** means any institution established for in-patient care and day care treatment of illness and/ or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act,2010 or under enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

   -has qualified nursing staff under its employment round the clock;

   -has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places;

   -has qualified medical practitioner(s) in charge round the clock;

   -has a fully equipped operation theatre of its own where surgical procedures are carried out

   -maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

2. **Surgery or Surgical Procedure** means manual and/or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.

3. **Day Care Treatment** refers to medical treatment, and/or surgical procedure which is:

   a) undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and

   b) which would have otherwise required a hospitalisation of more than 24 hours.

   Treatment normally taken on an out-patient basis is not included in the scope of this definition.

4. **Medical Practitioner** is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his licence. The registered practitioner should not be the insured or close family members.

5. **Qualified Nurse** is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

6. **Hospitalisation** means admission in a Hospital for a minimum period of 24 In patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

7. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.

8. **Family** means and includes **You, Your** Spouse & **Your** 2 dependent children and dependent parents**.**

9. **You, Your, Yourself** means the Insured Person shown in the **Schedule**.

10. **We, Our, Us, Insurer** means Future Generali India Insurance Company Limited.

11. **Schedule** means that portion of the **Policy** which sets out **Your** personal details, the type of insurance cover in force, the **period** and the sum insured. Any Annexure or Endorsement to the **Schedule** shall also be a part of the **Schedule**.

12. **Proposal means** that portion of the **Policy** which sets out **Your** personal details, the type of insurance cover in force, the **period** and the sum insured.

13. **Policy** means the complete documents consisting of the Proposal, **Policy** wording, Schedule and Endorsements and attachments if any.

14. **Policy Period** means the **period** commencing with the start date mentioned in the **Schedule** till the end date mentioned in the **Schedule.**

15. **Sum Insured** means the amount stated in the **Schedule,** which is the maximum amount **We** will pay for claims made by **You** in one **policy period** irrespective of the number of claims **You** make or the number of years that **You** have had Future Generali Health Suraksha **Policy** with **Us**.

16. **Network Provider** means hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility.

17. **Non- Network** means Any *hospital,* day care centre or other provider that is not part of the *network.*

18. **Diagnostic Centre** means the diagnostic centers which have been empanelled by **Us** as per the latest version of the schedule of diagnostic centers maintained by **Us**, which is available to **You** on request.

19. **Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved .

20. **Any one illness** will be deemed to mean continuous **period** of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.

21. **Pre-hospitalisation Medical Expenses** means Medical Expenses incurred immediately before the Insured Person is Hospitalised, provided that:

    i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and

    ii. The In-patient Hospitalisation claim for such Hospitalisation is admissible by the Insurance Company.

22. **Post-hospitalisation Medical Expenses** means Medical Expenses incurred immediately after the Insured Person is discharged from the hospital provided that:

    i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and

    ii. The In-patient Hospitalisation claim for such Hospitalisation is admissible by the Insurance Company.

23. **Pre-Existing Disease** Any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and / or received medical advice/ treatment within 48 months to prior to the first policy issued by the insurer.

24. **OPD treatment is** one in which the Insured visits a clinic/ hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

25. **Acute condition** is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.

26. **Chronic condition** is defined as a disease, illness, or injury that has one or more of the following characteristics:

    a. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests

    b. it needs ongoing or long-term control or relief of symptoms

    c. it requires your rehabilitation or for you to be specially trained to cope with it

    d. it continues indefinitely

    e. it comes back or is likely to come back.

27. **Day care centre** means any institution established for day care treatment of illness and / or injuries or a medical set -up within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:-

    -has qualified nursing staff under its employment

    -has qualified medical practitioner/s in charge

    -has a fully equipped operation theatre of its own where surgical procedures are carried out

    -maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel

28. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

29. **Medical Advice** means Any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription

30. **Medical expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

31. **Inpatient Care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

32. **Intensive Care Unit** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

33. **New Born Baby** means baby born during the Policy Period and is aged between 1 day and 90 days, both days inclusive.

34. **Cumulative Bonus** shall mean any increase in the Sum Insured granted by the insurer without an associated increase in premium.

35. **Dental Treatment** is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants.

36. **Accident** is a sudden, unforeseen and involuntary event caused by external, visible and violent means.

37. **Co-Payment** is a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the Sum insured.

38. **Room rent** means the amount charged by a hospital for the occupancy of a bed on per day (24 hours)basis and shall include associated medical expenses.

39. **Alternative treatments** are forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.

40. **Portability** means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/ she chooses to switch from one insurer to another.

41. **Dependent Child** refers to a child (natural or legally adopted), who is financially dependent on the primary insured or proposer and does not have his / her independent sources of income.

42. **Emergency Care** means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.

43. **Unproven/Experimental treatment** is Treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven .

44. **Domiciliary Hospitalisation** means medical treatment for an illness/ disease/ injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:

a. the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or

b. the patient takes treatment at home on account of non availability of room in a hospital.

45. **Condition Precedent shall mea**n a policy term or condition upon which the Insurer's liability under the policy is conditional upon

46. **Notification of Claim** is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.

47. **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of preexisting diseases. Coverage is not available for the period for which no premium is received.

48. **Renewal defines** the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.

49. **Contribution** is essentially the right of an insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a rateable proportion of Sum Insured. This clause shall not apply to any Benefit offered on fixed benefit basis.

50. **Subrogation** shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from another source.

51. **Cashless facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved.

52. **Disclosure to information norm** The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

53. **Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position

a) **Internal Congenital Anomaly-** Congenital anomaly which is not in the visible and accessible parts of the body.

b) **External Congenital Anomaly**- Congenital anomaly which is in the visible and accessible parts of the body.

54. **Deductible** is a cost-sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/ hours in case of hospital cash policies which will apply before any benefits are payable by the insurer . A deductible does not reduce the sum insured.

55. **Medically necessary treatment** is defined as any treatment, tests, medication, or stay in *hospital* or part of a stay in *hospital* which

— is required for the medical management of the illness or injury suffered by the insured;

— must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;

— must have been prescribed by a *medical practitioner,*

— must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

56. **Maternity expense:** shall include –

a. medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalisation)

b. expenses towards lawful medical termination of pregnancy during the policy period.

57. **Family floater** means the **Sum Insured** mentioned in the **Schedule** shall be floating against the individuals mentioned in the **Schedule**. Each individual and the entire individual collectively shall have maximum the **Sum Insured** mentioned in the **Schedule**. Our maximum liability in any **Policy Period** for each individual as well as all individuals mentioned in the **Policy** together shall not exceed the **Sum Insured** mentioned in the **Schedule**.

III. Exclusions

1. Benefits will not be available for Any condition, ailment or injury or related condition(s) for which **You** have been diagnosed, received medical treatment, had signs and/ or symptoms, prior to inception of **Your** first **Policy**, until 48 consecutive months have elapsed, after the date of inception of the first **Policy** with **Us**.

   This Exclusion shall cease to apply if **You** have maintained the Health Insurance **Policy** with **Us** for a continuous **period** of a full 4 years, without break from the date of **Your** first Health Insurance **Policy** with **Us**.

   The period of this exclusion would stand reduced if this policy is a continuous renewal of an earlier similar policy of another insurer and has been ported as per the portability regulations. The period of exclusion would stand reduced by the period of continuous existence of the earlier policy with another insurer of which this policy is a renewal.

   This Exclusion shall apply only to the extent of the amount by which the limit of indemnity has been increased if the **Policy** is a renewal of a Health Insurance **Policy** without break in cover.

2. Without derogation from the above point no. (1), any Medical Expenses incurred during the first two consecutive annual **Period**s during which **You** have the benefit of a Health Insurance **Policy** with **Us** in connection with cataracts, benign prostatic hypertrophy, hernia of all types, hydrocele, all types of sinuses, fistulae, hemorrhoids, fissure in ano, dysfunctional uterine bleeding, fibromyoma endometriosis, hysterectomy, all internal or external tumors/ cysts/ nodules/ polyps of any kind including breast lumps, surgery for prolapsed inter vertebral disc unless arising from accident, surgery of varicose veins and varicose ulcers.

   The period of this exclusion would stand reduced if this policy is a continuous renewal of an earlier similar policy of another insurer and has been ported as per the portability regulations. The period of exclusion would stand reduced by the period of continuous existence of the earlier policy with another insurer of which this policy is a renewal.

   This exclusion **Period** shall apply for a continuous **Period** of a full 4 years from the date of **Your** first Health **Policy** with **Us** if the above referred illness were present at the time of commencement of the **Policy** and if **You** had declared such illness at the time of proposing the **Policy** for the first time.

   This Exclusion shall apply only to the extent of the amount by which the limit of indemnity has been increased if the **Policy** is a renewal of a Health Insurance **Policy** without break in cover.

3. Without derogation from the above point No. (1), any Medical Expenses incurred during the first annual **period** during which You have the benefit of a Health Insurance **Policy** with Us in connection with any types of gastric or duodenal ulcers, stones in the urinary and biliary systems, surgery on ears/ tonsils/ adenoids.

   The period of this exclusion would stand reduced if this policy is a continuous renewal of an earlier similar policy of a different insurer and has been ported as per the portability regulations. The period of exclusion would stand reduced by the period of continuous existence

of the earlier policy with another insurer of which this policy is a renewal.

This exclusion **period** shall apply for a continuous **period** of a full 4 years from the date of **Your** first Health **Policy** with Us if the above referred illness were present at the time of commencement of the **Policy** and if **You** had declared such illness at the time of proposing the **Policy** for the first time.

This Exclusion shall apply only to the extent of the amount by which the limit of indemnity has been increased if the **Policy** is a renewal of a Health Insurance **Policy** without break in cover.

4. Medical Expenses incurred during the first three consecutive annual **period**s during which **You** have the benefit of a Health **Policy** with Us in connection with joint replacement surgery due to Degenerative condition, Age related osteoarthritis and Osteoporosis unless such joint replacement surgery is necessitated by accidental Bodily Injury.

   The period of this exclusion would stand reduced if this policy is a continuous renewal of an earlier similar policy of a different insurer and has been ported as per the portability regulations. The period of exclusion would stand reduced by the period of continuous existence of the earlier policy with another insurer of which this policy is a renewal.

   This exclusion **period** shall apply for a continuous **period** of a full 4 years from the date of **Your** first Health **Policy** with Us if the above referred illness were present at the time of commencement of the **Policy** and if **You** had declared such illness at the time of proposing the **Policy** for the first time.

   This Exclusion shall apply only to the extent of the amount by which the limit of indemnity has been increased if the **Policy** is a renewal of a Health Insurance **Policy** without break in cover.

5. Medical Expenses incurred for any illness diagnosed or diagnosable within 30 days, of the commencement of the Policy Period except those incurred as a result of accidental Bodily Injury.

   The exclusion would not apply if this policy is a continuous renewal of an earlier similar policy of a different insurer and has been ported as per the portability regulations.

   This Exclusion shall apply only to the extent of the amount by which the limit of indemnity has been increased if the **Policy** is a renewal of a Health Insurance **Policy** without break in cover.

6. Injury or Disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War like operations (whether war be declared or not).

7. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident.

8. Vaccination/ inoculation(except as post bite treatment), cosmetic treatments (for change of life or cosmetic or aesthetic treatment of any description), plastic surgery other than as may be necessitated due to an accident or as a part of any illness, refractive error corrective procedures, Unproven/ Experimental treatment, investigational or unproven procedures or treatments, devices and pharmacological regimens of any description.

9. Charges incurred in connection with cost of spectacles and contact lenses, hearing aids , durable medical equipment (including but not limited to 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 Asthmatic condition, wheel chair ,crutches, artificial limbs, belts, braces, stocking, Glucometer and the like), namely that equipment used externally for the human body which can withstand repeated use ; is not designed to be disposable; is used to serve a medical purpose ,such cost of all appliances/devices whether for diagnosis or treatment after discharge from the hospital.

10. Dental treatment or surgery of any kind unless requiring hospitalisation as a result of accidental Bodily injury.

11. The treatment of obesity (including morbid obesity) and other weight control programs, services and supplies.

12. Expenses incurred towards treatment of illness/ disease/ condition arising out of alcohol use/ misuse or abuse of alcohol, substance or drugs (whether prescribed or not).

13. Convalescence, general debility, ''Run-down'' condition or rest cure, venereal disease, intentional self-injury.

14. Invitrofertilization (IVF), Gamete intrafallopian transfer (GIFT) procedures, and zygote intrafallopian transfer (ZIFT) procedures, and any related prescription medication treatment; embryo transport; donor ovum and semen and related costs, including collection and preparation; voluntary medical termination of pregnancy; any treatment related to infertility and sterilization.

15. Maternity expenses for treatment arising from or traceable to pregnancy childbirth, miscarriage, abortion or complications of any of this, including caesarian section. However, this exclusion will not apply to abdominal operation for extra uterine pregnancy (Ectopic Pregnancy), which is proved by submission of Ultra Sonographic Report and Certification by Gynecologist that it is a life threatening.

16. All expenses arising out of any condition directly or indirectly caused to or associated with Human T - Cell Lymph tropic Virus type III (HTLB-III) or Lymphadenopathy Associated Virus (LAV) or Human Immunodeficiency Virus or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.

17. Congenital Internal and/ or external illness/ disease/ defect anomaly.

18. Charges incurred at Hospital or Nursing Home primarily for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at a Hospital/ Nursing Home.

19. Vitamins, tonics, nutritional supplements unless forming part of the treatment for injury or disease as certified by the attending Physician.

20. Injury or Disease directly or indirectly caused by or contributed to by nuclear weapons/ materials.

21. Costs incurred on all methods of treatment including Alternative treatments except Allopathic.

22. Genetic disorders and stem cell implantation/ surgery/ storage.

23. Any treatment required arising from Insured's participation in any hazardous activity including but not limited to scuba diving, motor racing, parachuting, hang gliding, rock or mountain climbing etc unless specifically agreed by the Insurance Company.

24. Any treatment received in convalescent home, convalescent hospital, health hydro, nature care clinic or similar establishments.

25. Outpatient Diagnostic, Medical and Surgical procedures or OPD treatments, non-prescribed drugs and medical supplies, Hormone replacement therapy, Sex change or treatment which results from or is in any way related to sex change.

26. Doctor's home visit charges during pre and post hospitalisation period, Attendant Nursing charges unless more than 60 years as specified in the patient care benefit clause no I (9).

27. Expenses related to donor screening, treatment, including surgery to remove organs from the donor in case of a transplant surgery. We will also not pay donor's pre and post hospitalisation expenses or any other medical treatment for the donor consequent to surgery.

28. Surgery to correct deviated septum and hypertrophied turbinate.

29. Treatment for any mental illness or psychiatric illness.

30. Personal comfort and convenience items or services such as television, telephone, barber or guest service and similar incidental services and supplies.

31. Standard list of excluded items as notified by IRDA as mentioned in the Policy Wordings.

IV. Eligibility :

Age limit

- Age at entry is restricted to 70 years
- Children above age of 90 days eligible if the parent(s) are concurrently insured with Future Generali.
- Children will be covered as dependants upto 25 yrs of age.

Max Policy Term	1 year
Min Age at entry	90 days
Max Age at entry	70 years
Renewal	Lifelong

Pre-acceptance medical tests are not required for all proposers upto the age of 45 yrs irrespective of the sums insured, if the proposal form is clean (without health declaration).

For age 46 years and above medical tests are required.

In case the policy is issued for that particular client, the client is eligible for 50% of reimbursement of pre-acceptance medical tests charges.

All pre-acceptance medical tests will have to be done in Future Generali empanelled diagnostic centers only. The reports would be valid for a period of 30 days from the date of test conducted.

We shall maintain a list of, and the fees chargeable by, institutions where such pre-insurance medical examination may be conducted, the reports from which will be accepted by **Us**. Such list shall be furnished to the prospective policyholder at the time of pre-insurance medical examination.

Sum assured eligibility: Maximum Upto Rs 10 lacs

For the insured at age of entry above 55 years the maximum sum insured available would be Rs 5 lakhs. For insured persons above 55 years porting from other insurance policies the maximum sum insured available would also be Rs 5 lakhs.

V. Cumulative Bonus & Portability

a) **We** will provide cumulative bonus for every claim free year. **We** shall increase in the sum insured by 10 % towards Cumulative Bonus for every claim free year on the basic sum insured up to the maximum of 50% of the sum insured.

b) In case of a claim in the **Policy** the Cumulative Bonus will get reduced by 10% for each claim year. Increase / Reduction in cumulative bonus will depend on the claims in the previous year, but the base Sum Insured (excluding cumulative bonus amount if any) of the Policy issued by Us shall be preserved.

c) In case of porting of **Policy** from another insurance company, the accumulated cumulative bonus will be transferred only incase if the Insured is 45 years or lower in age. The maximum cumulative bonus will be 50% for those policies where there is no cumulative bonus at the time of inception of this policy with Us. For Policies which have cumulative bonus at the time of inception of the first policy with Us the cumulative bonus shall be restricted to max 70%.

d) In case of insured above 45 years of age, we will accept the **Policy** and no cumulative bonus accumulated in the last company will be carried forward.

e) Portability shall be applicable to the sum insured under the previous policy along with enhanced sum insured (base sum insured + cumulative bonus), if requested by the insured, to the extent of cumulative bonus acquired from the previous insurer (s) under the previous policies. The premium applicable would be for the enhanced sum insured (base sum insured + Cumulative bonus) and if the same is not available, to the next higher SI band if requested by the insured.

f) This clause does not alter the annual character of this insurance or **Our** right to decline to renew or to cancel the **Policy**.

g) Portability will be granted to policy holders of a similar Health Indemnity policy of another insurer to Future Health Suraksha policy as per portability guidelines.

h) Portability will be granted subject to the policyholder desirous of porting his policy to Future Health Suraksha Policy applying to Future Generali India Insurance Company Ltd at least 45 days before the premium renewal date of his/her existing policy.

i) We will not be liable to offer portability if policyholder fails to approach us at least 45 days before the premium renewal date.

j) Where the outcome of acceptance of portability is still awaited from us on the date of renewal the existing policyholder should extend his existing policy with the existing insurer on a short period basis as per the portability guidelines.

k) Portability will be allowed for all individual Health Insurance policies issued by non-life insurance companies including family floater policies.

l) Individual members, including the family members covered under Group Health policy of Future Generali India Insurance Company shall have the right to migrate from such a group policy to an individual Health Suraksha Policy with the same insurer.

VI. Increase in Sum Insured

a. For age up to 45 years increase in sum insured up to Rs10 Lacs can be allowed without medical examination, subject to terms and conditions.

b. For age group 46 to 55 years maximum increase up to Rs10 Lac can be allowed with medical examination subject to terms and conditions.

VII. Specific Sum Insured limit

For the insured at age of entry above 55 years the maximum sum insured available would be Rs 5 lakhs. For insured persons above 55 years porting from other insurance policies the maximum sum insured available would also be Rs 5 lakhs.

VIII. Free Medical check-up

At the end of every continuous period of 4 claim free years insured may apply to the Company for a free medical checkup (Physician Consultation, ECG, Complete Blood Count, Urine Routine, Fasting blood Sugar, Post Prandial Blood Sugar, Lipid Profile, Sr. Creatinine, SGOT, SGPT, GGTP) at our Diagnostic Center the location of which the Company will specify. This would be available for any two members insured under the floater policy.

IX. Claims Procedures

a) If **You** meet with any accidental Bodily Injury or suffer an Illness that may result in a claim, then as a condition precedent to **Our** liability, you must comply with the following:

i. Cashless treatment is only available at a **Network Provider.** In order to avail of cashless treatment, the following procedure must be followed by **You**:

ii. Prior to taking treatment and/or incurring Medical Expenses at a Network Hospital, **You** must call us at our call centre and request pre-authorisation by way of the written form.

iii. After considering **Your** request and obtaining any further information or documentation that we have sought, we may, if satisfied, send the Network Provider an authorisation letter. The authorisation letter, the ID card issued to **You** along with this **Policy** and any other information or documentation that we have specified must be produced to the Network Provider identified in the pre-authorisation letter at the time of **Your** admission to the same.

iv. If the procedure above is followed, **You** will not be required to directly pay for the Medical Expenses in the Network Hospital that **We** are liable to indemnify under this **Policy** and the original bills and evidence of treatment in respect of the same shall be left with the Network Provider. Pre-authorisation does not guarantee that all costs and expenses will be covered. **We** reserve the right to review each claim for Medical Expenses and accordingly coverage will be determined according to the terms and conditions of this **Policy**. **You** shall, in any event, be required to settle all other expenses directly.

b) If pre-authorisation as above is denied by us or if treatment is taken in a Hospital which is Non-Network or if **You** do not wish to avail cashless facility, then:

i. **You** or someone claiming on **Your** behalf must give Notification Of Claim in writing immediately, and in any event within 48 hours of the aforesaid Illness or Bodily Injury. **You** must immediately consult a Medical Practitioner and follow the medical advice and treatment that he recommends.

ii. **You** must take reasonable steps or measure to minimise the quantum of any claim that may be made under this **Policy**.

iii. **You** must have **Yourself** examined by **Our** medical advisors if **We** ask, the cost for which will be borne by us.

iv. **You** or someone claiming on **Your** behalf must promptly and in any event within 15days of discharge from a Hospital give **Us** the necessary documents (written details of the quantum of any claim along with all original supporting documentation, including but not limited to first consultation letter, original vouchers, bills and receipts, birth/death certificate (as applicable)) and other information **We** ask for to investigate the claim or **Our** obligation to make payment for it.

v. In the event of the death of the insured person, someone claiming on his behalf must inform **Us** in writing immediately and send **Us** a copy of the post mortem report (if any) within 14 days.

vi. The periods for intimation or submission of any documents as stipulated under (i), (iv), and (v) will be waived in case of any hardships being faced by the insured or his representative which is supported by some documentation.

c) Settlement of Claims

i. Our doctors will scrutinize the claims and flag the claim as settled/ Rejected/ Pending within the period of 30 days of the receipt of the last 'necessary' documents.

ii. Pending claims will be asked for submission of incomplete documents.

iii. Rejected claims will be informed to the Insured Person in writing with reason for rejection.

iv. Upon acceptance of an offer of settlement as stated in sub-regulation (5) of the Protection of Policyholders' Interest Regulations, 2000, by You, We will make payment of the amount due within 7 days from the date of acceptance of the offer by the insured. In the cases of delay in the payment, We shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year.

X. Basis of claims payment

a) If You suffer a relapse within 45 days of the date when You last obtained medical treatment or consulted a Doctor it would fall under any one illness and if a claim has been made for the same, then such relapse shall be deemed to be part of the same claim.

b) The day care treatments (procedures) listed are subject to the exclusions, terms and conditions of the **Policy** and will not be treated as independent coverage under the **Policy**.

c) If the claim event falls within two policy periods, the claims shall be paid taking into consideration the available sum insured in the two policy periods, including the deductibles for each policy period. Such eligible claim amount to be payable to the insured shall be reduced to the extent of premium to be received for the renewal/due date of premium of health insurance policy, if not received earlier.

d) We shall make payment in Indian Rupees only.

e) Our obligation to make payment in respect of surgery for cataracts (after the expiry of the 2 year period referred to in Exclusion 2) above, shall be restricted to 10% of the Sum Insured for each eye, subject to a minimum of Rs 15000 (or the actual incurred amount whichever is lower) and maximum of Rs 50,000/- per eye. This will be our maximum liability irrespective of the number of Health Suraksha policies **You** hold.

f) The payment of claim under the medical Section will be as follows

Benefit Plan	Zone A	Zone B	Zone C
Platinum Plan	No sublimit applicable	No sublimit applicable	No sublimit applicable
Gold Plan	100%*	100%*	100%*
Silver Plan	80%*	100%*	100%*
Basic Plan	70%*	80%*	100%*

The geographical zones for specific plans as mentioned above are bases on the location of the hospital where treatment is taken and not the residence of the insured.

- Platinum plan is for Insured who have paid premium for sum insured 6 lacs and above.
- Gold Plan is for insured who paid the premium for Zone A region which comprises of Mumbai including Thane and Panvel, Delhi including NCR (National Capital Region).The eligibility of the claim amount will be 100% for all the Zones subject to the **Policy** terms and conditions.
- Silver Plan is for insured who paid the premium for Zone B region which comprises of Chennai, Kolkatta, Bangalore, Ahmedabad and Hyderabad. The eligibility of the claim amount will be 100% for Zone B and Zone C, 80% for Zone A subject to the **Policy** terms and conditions.
- Basic Plan is for insured who have paid the premium for Zone C region which comprises of rest of India excluding Zone A and Zone B. The eligibility of the claim amount will be 100% for Zone C, 80% for Zone B and 70% for Zone A subject to the **Policy** terms and conditions.

*****The percentage of amount shown in the above table is with respect to the eligible claim amount.

******The co-payment stands waived for all plans in case of claims due to any of the medical emergencies stated below

1) Acute Myocardial infarction
2) Major Accidents requiring immediate hospitalisation and treatment
3) Acute Cerebrovascular Accident
4) Third degree burns

XI. Renewal & Cancellation

a) Your Health Suraksha policy shall be renewable lifelong except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the insured.

b) In case of our renewal a grace period of 30 days is permissible and the Policy will be considered as continuous for the purpose of all waiting periods and Health Check-up benefit.

c) Any medical expenses incurred as a result of disease condition/ Accident contracted during the break period will not be admissible under the policy.

d) For renewal proposal received after completion of grace period of 30 days, all waiting periods would apply afresh.

e) This Policy may be renewed by mutual consent and in such event, the renewal premium shall be paid to Us on or before the date of expiry of the Policy or of the subsequent renewal thereof.

f) Renewals will not be refused or cancellation will not be invoked by Us except on ground of fraud, moral hazard or misrepresentation.

g) We may cancel this insurance by giving You at least 15 days written notice, and if no claim has been made then We shall refund a pro-rata premium for the unexpired Policy Period.

h) You may cancel this insurance by giving Us at least 15 days written notice, and if no claim has been made then We shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

Period on risk Rate of premium refunded

Upto one month	75% of annual rate
Upto three months	50% of annual rate
Upto six months	25% of annual rate
Exceeding six months	Nil

i) There will be no loading on premium for adverse claims experience.

XII. Contribution (In case of Multiple Policies)

If You or any of your family members covered under the Health Suraksha policy hold two or more policies from one or more insurers to indemnify treatment costs, we will not apply the contribution clause, and you will have the right to require a settlement of your claim in terms of any of the policies you or your family members hold with any insurer.

a) In all such cases if you or your family members covered choose to claim under our Health Suraksha policy then we shall settle the claim without insisting on the contribution clause as long as the claim is within the limits of and according to the terms of the Health Suraksha policy.

b) If the amount claimed under our Health Suraksha Policy exceeds the sum insured after considering the deductibles or co-payment, then you shall have the right to choose other concurrent insurers by whom the claim can be settled. In such cases, we will settle the claim with contribution clause.

c) Except in benefit policies, in cases where you have policies from more than one insurer to cover the same risk on indemnity basis, you shall only be indemnified the hospitalisation costs in accordance with the terms and conditions of our Health Suraksha policy.

d) This section is not applicable to the Hospital Cash benefit payable in case of Platinum Plan.

XIII. Subrogation

You and any claimant under this **Policy** shall do whatever is necessary to enable **Us** to enforce any rights and remedies or obtain relief from other

parties to which **We** would become entitled or subrogated upon **We** paying for or making good any loss under this **Policy** whether such acts and things shall be or become necessary or required before or after **Your** indemnification by **Us**. This section is not applicable to the Hospital Cash benefit payable in case of Platinum Plan.

XIV. Free Look Period

a) The insured will be allowed a period of at least 15 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable

b) If the insured has not made any claim during the free look period, the insured shall be entitled to-

i. A refund of the premium paid less any expenses incurred by the insurer on medical examination of the insured persons and the stamp duty charges or;

ii. where the risk has already commenced and the option of return of the policy is exercised by the policyholder, a deduction towards the proportionate risk premium for period on cover or;

iii. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

XV. Mandatory Disclosures

a) Your Health Suraksha policy shall be renewable lifelong if renewed continuously without any break in insurance.

b) The brochure / prospectus mentions the premium rates as per the age slabs/sum insured. For individual plan Insured would be charged as per the completed age at every renewal.

For Family floater plan premium would applicable as per the completed age of the eldest member in the family at every renewal.

c) The premiums as shown in the prospectus / brochure are subject to revision as and when approved by the regulator. However such revised premiums would be applicable only from subsequent renewals and with due notice whenever implemented.

d) or the insured at age of entry above 55 years the maximum sum insured available would be Rs. 5 lakhs. For insured persons above 55 years porting from other insurance policies the maximum sum insured available would also be Rs 5 lakhs.

e) Renewals will not be refused or cancellation will not be invoked by Us except on ground of fraud, moral hazard or misrepresentation. If you prefer to cancel the policy the cancellation will be on short period basis.

f) There will be a 10% loading on premium for Smoking/Asthma. There will be no loading on premium for adverse claims experience.

g) Family discount of 10% is available in case more than one person is covered in the same policy. The family discount of 10% will not be applicable in case of only single person being covered at renewal. Also family discount is not applicable to Family Floater policy.

h) Terms for enhancing the Sum Insured ---

i. No increase in Sum Insured during the currency of the policy.

ii. For age up to 45 years increase in sum insured up to Rs. 10 lakhs can be allowed without medical examination subject to terms and conditions as mentioned in the Underwriting guidelines.

iii. For age group 46 to 55 years maximum increase up to Rs. 10 lakhs can be allowed with medical examination subject to terms and conditions as mentioned in the Underwriting guidelines.

iv. For the enhanced sum insured, waiting periods will apply afresh.

i) Detailed exclusions are given under Section III of the Prospectus.

XVI. Payment of Premium

As per table annexed.

This prospectus shall form part of your proposal form, hence please sign as you have noted the contents of this prospectus

Name:

Signature:

Date:

Place:

INDIVIDUAL:

Premiums exclusive of Service Tax

BASIC											
Sum Insured (Rs)/ Age (Yrs)	90 days -25	26-35	36-45	46-55	56-65	66-70	71-75	76-80	81-85	86-90	Above 90
50000	713	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
100000	1258	1491	1747	2547	4143	6627	7537	8143	9364	8429	1331
150000	1547	1755	2193	3419	5640	9022	10064	10872	12503	11253	1567
200000	2067	2312	2877	4121	7074	9713	11307	12215	14047	12643	1959
250000	2356	2590	3069	4608	8116	10194	12060	13029	14984	13485	2195
300000	2847	3194	3795	5592	9564	11864	12915	13966	16060	14454	2852
350000	3046	3380	4068	6122	10200	13757	15538	16787	19305	17374	3018
400000	3336	3813	4599	7035	11136	14755	16959	18323	21071	18964	3316
450000	3609	3928	4864	7493	12073	15326	17164	19001	21851	19666	3507
500000	4758	5186	6428	9035	12398	16144	19347	20901	24036	21633	4630
SILVER											
Sum Insured (Rs) /Age (Yrs)	90 days -25	26-35	36-45	46-55	56-65	66-70	71-75	76-80	81-85	86-90	Above 90
50000	785	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
100000	1384	1640	1922	2801	4557	7290	8291	8958	10301	9272	1464
150000	1701	1930	2412	3761	6204	9925	11070	11959	13753	12378	1723
200000	2273	2543	3164	4533	7781	10684	12437	13436	15452	13907	2155
250000	2591	2849	3376	5068	8928	11214	13266	14332	16482	14834	2414
300000	3132	3513	4175	6151	10521	13050	14206	15362	17666	15900	3137
350000	3351	3718	4475	6734	11220	15133	17092	18466	21235	19112	3320
400000	3670	4195	5059	7739	12250	16231	18655	20155	23178	20860	3648
450000	3970	4320	5350	8242	13280	16859	18880	20901	24036	21633	3857
500000	5234	5705	7071	9939	13638	17758	21281	22991	26440	23796	5093
GOLD											
Sum Insured (Rs) /Age (Yrs)	90 days -25	26-35	36-45	46-55	56-65	66-70	71-75	76-80	81-85	86-90	Above 90
50000	855	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
100000	1509	1787	2095	3053	4968	7946	9037	9764	11228	10106	1596
150000	1854	2104	2630	4099	6762	10818	12066	13036	14991	13492	1878
200000	2478	2772	3449	4941	8481	11646	13557	14646	16843	15159	2349
250000	2825	3105	3680	5524	9731	12223	14460	15622	17965	16169	2631
300000	3414	3830	4550	6705	11468	14225	15485	16745	19256	17331	3419
350000	3652	4053	4877	7340	12229	16495	18630	20128	23146	20832	3619
400000	4000	4572	5514	8435	13352	17691	20334	21969	25264	22738	3976
450000	4327	4709	5831	8984	14475	18376	20579	22782	26200	23580	4205
500000	5705	6218	7707	10833	14865	19356	23197	25061	28819	25938	5552
PLATINUM											
Sum Insured (Rs) /Age (Yrs)	90 days -25	26-35	36-45	46-55	56-65	66-70	71-75	76-80	81-85	86-90	Above 90
6,00,000	7454	8371	9151	14949	19611	24733	27228	32675	37576	33818	7680
7,50,000	7668	9184	9924	15216	20842	26842	29551	35461	40781	36703	8426
8,00,000	7882	10352	13264	16370	22073	28109	30946	37134	42704	38434	9497
9,00,000	8800	11545	14432	18308	23725	29578	32564	39076	44937	40444	10592
10,00,000	9795	12680	14937	20481	24974	29827	32837	39404	45315	40783	11633

*Rs 50000/- Sum insured available for dependent children only if insured along with parents

FAMILY FLOATER:

Premiums will be applicable as per age of the eldest member in the family. Premium is excluding Service tax.

TWO ADULTS											
BASIC PLAN											
Sum Insured (Rs) /Age (Yrs)	**90days -25**	**26-35**	**36-45**	**46-55**	**56-65**	**66-70**	**71-75**	**76-80**	**81-85**	**86-90**	**Above 90**
200000	3100	3467	4315	6181	10611	14569	16960	18322	21071	18964	2939
300000	4271	4791	5693	8388	14347	17796	19372	20948	24090	21681	4278
400000	5004	5720	6899	10553	16704	22133	25439	27484	31606	28446	4974
500000	7137	7779	9642	13553	18597	24216	29020	31352	36054	32449	6945
SILVER											
Sum Insured (Rs) /Age (Yrs)	**90days -25**	**26-35**	**36-45**	**46-55**	**56-65**	**66-70**	**71-75**	**76-80**	**81-85**	**86-90**	**Above 90**
200000	3410	3814	4747	6800	11672	16026	18656	20155	23178	20861	3232
300000	4698	5270	6262	9227	15781	19576	21309	23043	26499	23849	4706
400000	5505	6292	7589	11608	18375	24346	27983	30233	34767	31290	5471
500000	7850	8557	10606	14908	20456	26637	31922	34487	39660	35694	7640
GOLD											
Sum Insured (Rs) /Age (Yrs)	**90days -25**	**26-35**	**36-45**	**46-55**	**56-65**	**66-70**	**71-75**	**76-80**	**81-85**	**86-90**	**Above 90**
200000	3717	4157	5174	7412	12722	17469	20335	21968	25264	22738	3523
300000	5121	5745	6825	10057	17202	21337	23227	25117	28884	25996	5129
400000	6000	6858	8272	12653	20029	26537	30502	32953	37896	34106	5964
500000	8557	9327	11561	16250	22297	29035	34795	37591	43229	38907	8328
PLATINUM											
Sum Insured (Rs) /Age (Yrs)	**90days -25**	**26-35**	**36-45**	**46-55**	**56-65**	**66-70**	**71-75**	**76-80**	**81-85**	**86-90**	**Above 90**
600000	11181	12557	13727	22423	29416	37099	40843	49012	56364	50727	11520
750000	11503	13776	14887	22824	31263	40264	44327	53192	61171	55054	12639
800000	11823	15527	19896	24555	33110	42163	46418	55701	64057	57651	14245
900000	13200	17317	21647	27462	35588	44368	48846	58614	67406	60666	15887
1000000	14693	19020	22405	30721	37462	44740	49255	59107	67972	61175	17450
TWO ADULTS + 1 CHILD											
BASIC PLAN											
Sum Insured (Rs) /Age (Yrs)	**90days -25**	**26-35**	**36-45**	**46-55**	**56-65**	**66-70**	**71-75**	**76-80**	**81-85**	**86-90**	**Above 90**
200000	3616	4045	5034	7212	12379	16998	19787	21376	24583	22125	3428
300000	4983	5590	6641	9786	16738	20762	22601	24440	28105	25295	4991
400000	5838	6674	8049	12312	19488	25821	29679	32065	36874	33187	5803
500000	8326	9075	11249	15812	21696	28252	33857	36577	42063	37857	8103
SILVER											
Sum Insured (Rs) /Age (Yrs)	**90days -25**	**26-35**	**36-45**	**46-55**	**56-65**	**66-70**	**71-75**	**76-80**	**81-85**	**86-90**	**Above 90**
200000	3978	4450	5538	7933	13617	18697	21765	23514	27041	24337	3771
300000	5481	6149	7306	10765	18411	22838	24861	26884	30915	27824	5490
400000	6422	7341	8853	13543	21437	28403	32647	35271	40561	36505	6383
500000	9159	9983	12374	17393	23866	31077	37242	40235	46270	41643	8913

GOLD											
Sum Insured (Rs) /Age (Yrs)	**90days -25**	**26-35**	**36-45**	**46-55**	**56-65**	**66-70**	**71-75**	**76-80**	**81-85**	**86-90**	**Above 90**
200000	4336	4850	6036	8647	14843	20380	23724	25630	29474	26528	4111
300000	5974	6702	7963	11734	20068	24894	27098	29303	33698	30329	5984
400000	7000	8002	9650	14762	23367	30960	35585	38446	44212	39791	6958
500000	9983	10881	13487	18958	26014	33874	40594	43856	50434	45391	9715
PLATINUM											
Sum Insured (Rs) /Age (Yrs)	**90days -25**	**26-35**	**36-45**	**46-55**	**56-65**	**66-70**	**71-75**	**76-80**	**81-85**	**86-90**	**Above 90**
600000	13044	14650	16015	26161	34319	43282	47650	57180	65757	59181	13440
750000	13420	16072	17368	26628	36474	46974	51715	62058	71366	64230	14745
800000	13793	18115	23212	28648	38628	49190	54155	64985	74733	67260	16619
900000	15400	20203	25255	32039	41519	51762	56987	68383	78641	70777	18535
1000000	17142	22190	26139	35841	43705	52197	57464	68958	79301	71371	20358
TWO ADULTS + 2 CHILDREN											
BASIC PLAN											
Sum Insured (Rs) /Age (Yrs)	**90days -25**	**26-35**	**36-45**	**46-55**	**56-65**	**66-70**	**71-75**	**76-80**	**81-85**	**86-90**	**Above 90**
200000	4133	4623	5754	8242	14148	19426	22613	24430	28094	25286	3918
300000	5694	6388	7590	11184	19129	23728	25830	27931	32120	28908	5704
400000	6672	7627	9198	14070	22272	29510	33919	36646	42141	37927	6632
500000	9516	10372	12856	18071	24796	32288	38693	41802	48073	43266	9261
SILVER											
Sum Insured (Rs) /Age (Yrs)	**90days -25**	**26-35**	**36-45**	**46-55**	**56-65**	**66-70**	**71-75**	**76-80**	**81-85**	**86-90**	**Above 90**
200000	4546	5086	6329	9066	15562	21369	24875	26873	30904	27814	4310
300000	6264	7027	8349	12303	21042	26101	28413	30724	35332	31799	6274
400000	7340	8390	10118	15477	24500	32461	37311	40310	46356	41720	7295
500000	10467	11409	14141	19878	27275	35516	42563	45983	52880	47592	10187
GOLD											
Sum Insured (Rs) /Age (Yrs)	**90days -25**	**26-35**	**36-45**	**46-55**	**56-65**	**66-70**	**71-75**	**76-80**	**81-85**	**86-90**	**Above 90**
200000	4956	5543	6899	9882	16963	23292	27113	29291	33685	30317	4698
300000	6828	7659	9101	13410	22935	28450	30970	33489	38511	34661	6839
400000	8000	9145	11029	16870	26705	35383	40669	43938	50528	45475	7952
500000	11409	12436	15414	21667	29730	38713	46393	50121	57639	51876	11103
PLATINUM											
Sum Insured (Rs) /Age (Yrs)	**90days -25**	**26-35**	**36-45**	**46-55**	**56-65**	**66-70**	**71-75**	**76-80**	**81-85**	**86-90**	**Above 90**
600000	14908	16743	18303	29898	39221	49465	54457	65349	75151	67636	15360
750000	15337	18368	19849	30432	41684	53685	59102	70923	81561	73405	16852
800000	15764	20703	26528	32740	44147	56217	61891	74268	85409	76869	18994
900000	17600	23090	28863	36616	47450	59157	65128	78152	89875	80888	21183
1000000	19591	25360	29873	40962	49949	59654	65674	78809	90629	81567	23266
ONE ADULT + 1 CHILD											
BASIC PLAN											
Sum Insured (Rs) /Age (Yrs)	**90days -25**	**26-35**	**36-45**	**46-55**	**56-65**	**66-70**	**71-75**	**76-80**	**81-85**	**86-90**	**Above 90**
200000	2583	2890	3596	5151	8842	12141	14133	15269	17559	15803	2449
300000	3559	3993	4744	6990	11955	14830	16143	17457	20075	18068	3565
400000	4170	4767	5749	8794	13920	18444	21199	22903	26338	23705	4145
500000	5947	6482	8035	11294	15497	20180	24183	26126	30045	27041	5788
SILVER											
Sum Insured (Rs) /Age (Yrs)	**90days -25**	**26-35**	**36-45**	**46-55**	**56-65**	**66-70**	**71-75**	**76-80**	**81-85**	**86-90**	**Above 90**
200000	2842	3179	3956	5666	9726	13355	15547	16795	19315	17384	2694
300000	3915	4392	5218	7689	13151	16313	17758	19203	22082	19875	3921
400000	4587	5243	6324	9673	15312	20288	23319	25194	28972	26075	4560
500000	6542	7131	8838	12424	17047	22198	26602	28739	33050	29745	6367
GOLD											
Sum Insured (Rs) /Age (Yrs)	**90days -25**	**26-35**	**36-45**	**46-55**	**56-65**	**66-70**	**71-75**	**76-80**	**81-85**	**86-90**	**Above 90**
200000	3097	3465	4312	6176	10602	14557	16946	18307	21053	18948	2936
300000	4267	4787	5688	8381	14335	17781	19356	20931	24070	21663	4274
400000	5000	5715	6893	10544	16690	22114	25418	27461	31580	28422	4970
500000	7131	7772	9634	13542	18581	24196	28996	31326	36024	32422	6940
PLATINUM											
Sum Insured (Rs) /Age (Yrs)	**90days -25**	**26-35**	**36-45**	**46-55**	**56-65**	**66-70**	**71-75**	**76-80**	**81-85**	**86-90**	**Above 90**
600000	9317	10464	11439	18686	24513	30916	34036	40843	46970	42272	9600
750000	9586	11480	12405	19020	26053	33553	36939	44327	50976	45878	10532
800000	9852	12939	16580	20463	27592	35136	38682	46418	53381	48043	11871
900000	11000	14431	18039	22885	29656	36973	40705	48845	56172	50555	13239
1000000	12244	15850	18671	25601	31218	37283	41046	49255	56643	50979	14541
ONE ADULT + 2 CHILDREN											
BASIC PLAN											
Sum Insured (Rs) /Age (Yrs)	**90days -25**	**26-35**	**36-45**	**46-55**	**56-65**	**66-70**	**71-75**	**76-80**	**81-85**	**86-90**	**Above 90**
200000	3100	3467	4315	6181	10611	14569	16960	18322	21071	18964	2939
300000	4271	4791	5693	8388	14347	17796	19372	20948	24090	21681	4278
400000	5004	5720	6899	10553	16704	22133	25439	27484	31606	28446	4974
500000	7137	7779	9642	13553	18597	24216	29020	31352	36054	32449	6945
SILVER											
Sum Insured (Rs) /Age (Yrs)	**90days -25**	**26-35**	**36-45**	**46-55**	**56-65**	**66-70**	**71-75**	**76-80**	**81-85**	**86-90**	**Above 90**
200000	3410	3814	4747	6800	11672	16026	18656	20155	23178	20861	3232
300000	4698	5270	6262	9227	15781	19576	21309	23043	26499	23849	4706
400000	5505	6292	7589	11608	18375	24346	27983	30233	34767	31290	5471
500000	7850	8557	10606	14908	20456	26637	31922	34487	39660	35694	7640
GOLD											
Sum Insured (Rs) /Age (Yrs)	**90days -25**	**26-35**	**36-45**	**46-55**	**56-65**	**66-70**	**71-75**	**76-80**	**81-85**	**86-90**	**Above 90**
200000	3717	4157	5174	7412	12722	17469	20335	21968	25264	22738	3523
300000	5121	5745	6825	10057	17202	21337	23227	25117	28884	25996	5129
400000	6000	6858	8272	12653	20029	26537	30502	32953	37896	34106	5964
500000	8557	9327	11561	16250	22297	29035	34795	37591	43229	38907	8328
PLATINUM											
Sum Insured (Rs) /Age (Yrs)	**90days -25**	**26-35**	**36-45**	**46-55**	**56-65**	**66-70**	**71-75**	**76-80**	**81-85**	**86-90**	**Above 90**
600000	11181	12557	13727	22423	29416	37099	40843	49012	56364	50727	11520
750000	11503	13776	14887	22824	31263	40264	44327	53192	61171	55054	12639
800000	11823	15527	19896	24555	33110	42163	46418	55701	64057	57651	14245
900000	13200	17317	21647	27462	35588	44368	48846	58614	67406	60666	15887
1000000	14693	19020	22405	30721	37462	44740	49255	59107	67972	61175	17450

FUTURE HEALTH SURAKSHA
PROPOSAL FORM
FOR INDIVIDUAL AND FAMILY FLOATER

FUTURE GENERALI
TOTAL INSURANCE SOLUTIONS

UIN:IRDA/NL-HLT/FGII/P-H/V.I/71/13-14

IMPORTANT GUIDELINES: 1. Insurance is the contract of utmost good faith requiring of the Proposer and the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. 2. It is important to fill all questions, Information for fields marked with asterisk [*] is mandatory. 3. Cover shall commence not earlier than the date and the time of acceptance and subsequent to payment of the premium.

Received Date: _____ **Branch Code:**_____ **Branch Name**:_____

Period of Insurance desired: From: dd/mm/ yyyy **To** dd/mm/ yyyy

1. PROPOSER DETAILS*: Name: ☐Mr. ☐Ms. ☐M/s

2. ADDRESS FOR THE DISPATCH OF THE POLICY*:

State		**Pin code**	
Telephone no.		**Fax no.**	
Email id			
Pan No.			

3. GENDER*: ☐ Male ☐ Female

4. DATE OF BIRTH*: ___/____/_____

5. AGE*: _____

6. NATIONALITY*: _____

7. MARITAL STATUS*: ☐Married ☐Single ☐Widow ☐Divorced

8. OCCUPATION*: ☐Service ☐Self Employed ☐Others:_____

9. FAMILY DOCTOR DETAILS: Dr.

ADDRESS*:

State		**Pin code**	
Telephone no.		**Fax no.**	
Email id			

10. ARE YOU AN EXISITING FUTURE GENERALI CUSTOMER*? ☐ YES ☐NO. If Yes, please provide:
Existing Policy No: _____ Customer Id no: _____

11. PLAN DETAILS*: (Please refer to the brochure for details of the plan before choosing the plan)

Options	Plans
Individual ☐	**Basic ☐**
Family Floater ☐	**Silver ☐**
Please state Floater Sum Insured Rs:_____	**Gold ☐**
	Platinum ☐

(Enter the details in Point no.13)

12. DEFINITION:-
For Individual Plan: - Family means – Self, Spouse, Your dependent Children (unmarried and upto the age of 25 yrs) and dependent Parents.
For Family Floater Plan: - Family means – Self, Spouse, Your 2 dependent Children (unmarried and upto the age of 25 yrs).
Note: - *For Individual plan kindly indicate all the details of all the members to be covered as per the table below
***For Family Floater please do not fill anything in Sum Insured & Premium Computation Column**

13. DETAILS OF PERSONS TO BE INSURED* *(In case the nominee is a minor, please provide the name of the appointee)***

Sr. No	Name	Gender	Date of Birth	Relationship with proposer	Ht	Wt	Occupation	Nominee Name**	Sum Insured Opted (No details to be filled if Family Floater cover is opted)	Premium Computation
1	Primary Insured			Self						
2										
3										
4										
5										
6										

14. HEALTH QUESTIONS*: Please answer "Y" for Yes or "N" for No

Sr. no	Description	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
a	Are / were you a regular smoker? (Yes/No)						
b	Does any person to be insured suffer or has suffered from any of the following? Disorder of the heart, or circulatory system, chest pain high blood pressure, stroke, asthma, any respiratory condition, cancer or tumor lump of any kind, diabetes, hepatitis, disorder of urinary tract or kidneys, blood disorder, any mental or psychiatric conditions, any disease of brain or nervous system, fits (epilepsy) slipped disc, backache, any congenital / birth defects / disease, AIDS or tested positive for HIV, or any other disease, if yes please mention details						
c	Name of disease/ illness/ injury suffering from, in the past or at present						
d	Disease/ illness/ injury suffering since when/ when first treated(applicable to question 14 b and c ,both)						
e	Treatment/ medication received/receiving						
f	Are you fully cured? (Yes/No)						

15. Please confirm if any of the persons to be insured is pregnant (For females only) _____

16. DETAILS OF OTHER CONCURRENT HEALTH INSURANCE POLICIES:

Description	Insured 1	Insured 2	Insured 3	Insured 4	Insured 5	Insured 6
Policy No						
Name & Address of Insurance Company						
Sum Insured						
Period of Insurance						
From: dd/mm/yy To: dd/mm/yy						
Claims received/ receivable (in Rs)						

In case of Portability, kindly fill Portability Request Form along with this form.

17. DECLARATION*:

1) "I/We hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I/We am/are authorized to propose on behalf of these other persons.
2) I/We understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurance company and that the policy will come into force only after full receipt of the premium chargeable.
3) I/We further declare that I/we will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
4) I/We declare and consent to the company seeking medical information from any doctor or from a hospital who at anytime has attended on the life to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the life to be assured/proposer and seeking information from any insurance company to which an application for insurance on the life to be assured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
5) I/We authorize the company to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement and with any Governmental and/or Regulatory authority."
6) I/We also authorize the insurer to pay claim in case of insured person's death or if he / she is incapacitated, to the nominee mentioned in the proposal form.
7) I / We hereby declare that the premium for the said policy is paid out of the legally declared and assessed sources of my / our income. OR
8) I/We hereby declare that the premium is paid from the Bank Account of Mr. / Ms. _____ the payment is allowed under the Income Tax Act 1961, and there is insurable interest with the payee.

Date: _____ **Proposer's Signature: _____**

18. PAYMENT DETAILS*:

Premium paid by Cash/Cheque No _____Date _____Bank _____

Amount (Rs.) _____

19. FOR OFFICE USE ONLY

Intermediary's Name:	**Intermediary's Code:**
Sales Manager's Name:	**Sales Manager's Code:**

SECTION 41.OF INSURANCE ACT, 1938-PROHIBITION OF REBATES:

No person shall allow or offer either, directly or indirectly as an inducement to any person to take out or renew or continue and insurance in respect of any kind or risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy nor shall any person taking out or renewing or continuing a policy accept rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer. Any person making default in complying with the provision of this Section shall be punishable with fine which may extend to Five Hundred Rupees.