Arogya Sanjeevani Policy, Magma HDI

Sales Literature / Prospectus

Eligibility

- This Policy can be offered as an Individual Policy covering one member or as a Family Floater Policy.
- Maximum entry age is 65 years.
- For individual Policies, minimum entry age is 18 years.
- For Family Floater Policy dependent child can be of age minimum 91 days. An insured Child under a Family Floater policy, on reaching age 26 years will be considered as Adult on renewal. If such Policy was already consisting of 4 Adults, such individual will be moved to a separate individual policy with continuity benefit on waiting periods.
- Proposer (Policyholder) should be 18 years or above.
- Lifetime renewability.
- Family includes self, spouse, dependent children, dependent parent(s) dependent parents-in-law, However maximum number of Insured Persons in a Policy can be 4 adults and 3 children.

Policy Period

The Policy will be issued for 1 year.

Sum Insured Options

50,000, 1Lakh, 1.5 Lakh, 2 Lakh, 2.5 Lakh, 3 Lakh, 3.5 lakh, 4 lakh, 4.5 Lakh. 5 Lakh, 5.5 Lakh, 6 Lakh, 6.5 Lakh, 6.5 Lakh, 7Lakh, 7.5 Lakh, 8 Lakh, 8.5 Lakh, 9 Lakh, 9.5 Lakh, 10 Lakh

Benefits

The covers listed below are in-built Policy benefits and shall be available to all Insured Persons in accordance with the procedures set out in this Policy.

- **Hospitalization**

The Company shall indemnify Medical Expense incurred for Hospitalization of the Insured Person during the Policy year, up to the Sum Insured and Cumulative Bonus specified in the Policy Schedule, for,

i. Room Rent, Boarding, Nursing Expenses all inclusive as provided by the Hospital / Nursing Home up to 2% of the sum insured subject to maximum of Rs.5000/-, per day.
ii. Intensive Care Unit (ICU) charges/ Intensive Cardiac Care Unit (ICCU) expenses up to 5% of the sum insured subject to maximum of Rs.10,000/-, per day.
iii. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor/surgeon or to the Hospital
iv. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities and such similar other expenses.

4.1.1 Other expenses

i. Expenses incurred on treatment of cataract subject to the sub limits
ii. Dental treatment, necessitated due to disease or injury
iii. Plastic surgery necessitated due to disease or injury
iv. All the day care treatments
v. expenses incurred on road ambulance subject to a maximum of Rs. 2,000 per hospitalization.

Note:

1. Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible. However, the time limit shall not apply in respect of Day Care Treatment

2. In case of admission to a room at rates exceeding the aforesaid limits, the reimbursement/payment of all associated expenses incurred at the Hospital, shall be effected in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent charges. **Associated expenses** refer to the medical expenses which vary as per room category opted in the Hospital. These shall not include Cost of pharmacy and consumables; cost of implants and medical devices; cost of diagnostics.

- **AYUSH Treatment**

The Company shall indemnify Medical Expenses incurred for Inpatient Care treatment under Ayurveda,Yoga and Naturopathy, Unani, Sidha and Homeopathy systems of medicines during each Policy Year up to the limits of Sum Insured as specified in the policy schedule in any AYUSH Hospital.

- **Cataract Treatment**

The Company shall indemnify Medical Expenses incurred for treatment of Cataract, subject to a limit of 25% of Sum Insured or Rs.40,000/-, whichever is lower, per eye in one policy year.

- **Pre Hospitalization**

The Company shall indemnify Pre-Hospitalization Medical Expenses incurred, related to an admissible Hospitalization requiring Inpatient Care, for a fixed period of 30 days prior to the date of admissible Hospitalization covered under the Policy.

- **Post Hospitalisation**

The Company shall indemnify Post Hospitalization Medical Expenses incurred, related to an admissible Hospitalization requiring Inpatient Care, for a fixed period of 60 days from the date of discharge from the Hospital, , following an admissible Hospitalization covered under the Policy.

- 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, specified in the policy schedule, during the policy period:

A. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)

B. Balloon Sinuplasty

C. Deep Brain stimulation

D. Oral chemotherapy

E. Immunotherapy- Monoclonal Antibody to be given as injection

F. Intra vitreal injections

G. Robotic surgeries

H. Stereotactic radio surgeries

I. BronchicalThermoplasty

J. Vaporisation of the prostrate (Green laser treatment or holmium laser treatment)

K. IONM - (Intra Operative Neuro Monitoring)

L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

- The expenses that are not covered in the policy are placed under List I of Annexure A. The list of expenses that are to be subsumed into room charges, or procedure charges, or costs of treatment are placed under List II, List III and List IV of Annexure-A respectively.

- **Cumulative Bonus (CB)**

Cumulative Bonus will be increased by 5% in respect of each claim free policy year (no claims are reported), provided the policy is continuously renewed with the company without a break subject to maximum of 50% of the sum insured under the current policy year. If a claim is made in any particular year, the cumulative bonus accrued shall be reduced at the same rate at which it has accrued. However sum insured will be maintained and will not be reduced in the policy year.

Notes:

i. In case where the policy is on individual basis, the CB shall be added and available individually to the insured person. If no claim has been reported, CB shall reduce only in case of claim from the same Insured Person.
ii. In case where the policy is on floater basis, the CB shall be added available to the family on floater basis, provided no claim has been reported from any member of the family, CB shall reduce in case of claim from any of the Insured Persons.
iii. CB shall be available only if the Policy is renewed/premium paid in Grace Period.
iv. If the Insured Persons in the expiring policy are covered on an individual basis as specified in the Policy Schedule and there is an accumulated CB for such Insured Person under the expiring policy, and such expiring policy has been Renewed on a floater policy basis as specified in the Policy Schedule then the CB to be carried forward for credit in such Renewed Policy shall be the one that is applicable to the lowest among all the Insured Persons.
v. In case of Floater policies where Insured Persons Renew their expiring policy by splitting the Sum Insured in to two or more floater policies/individual policies or in cases where the policy is split due to the child attaining the age of 25 years, the CB of the expiring policy shall be apportioned to such Renewed Policies in the proportion of the Sum Insured of each Renewed Policy.
vi. If the Sum Insured has been reduced at the time of renewal, the applicable CB shall be reduced in the same proportion to the Sum Insured in current policy
vii. If the Sum Insured under the Policy has been increased at the time of renewal, the CB shall be calculated on the Sum Insured of the last completed Policy Year.
viii. If a claim is made in the expiring Policy Year and is notified to Us after the acceptance of Renewal premium any awarded CB shall be withdrawn.

E Exclusion

The Company shall not be liable to make any payment under the policy in connection with or in respect of following expenses till the expiry of waiting period mentioned below:

E.i. Standard Exclusions

- **Pre-Existing Diseases(Code- Excl01)**

a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with us.
b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.
d) Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

- **First Thirty Days Waiting Period(Code- Excl03)**

i. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
ii. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
iii. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

- **Specific Waiting Period: (Code- Excl02)**

a) Expenses related to the treatment of the following listed conditions, surgeries/treatments shall be excluded until the expiry of 24/48 months of continuous coverage, as may be the case after the date of inception of the first policy with the Insurer. This exclusion shall not be applicable for claims arising due to an accident.
b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
c) If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

24 Months waiting period

1. Benign ENT disorders
2. Tonsillectomy
3. Adenoidectomy
4. Mastoidectomy
5. Tympanoplasty
6. Hysterectomy
7. All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps
8. Benign prostate hypertrophy
9. Cataract and age related eye ailments

10. Gastric/ Duodenal Ulcer
11. Gout and Rheumatism
12. Hernia of all types
13. Hydrocele
14. Non Infective Arthritis
15. Piles, Fissures and Fistula in anus
16. Pilonidal sinus, Sinusitis and related disorders
17. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident
18. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy.
19. Varicose Veins and Varicose Ulcers

48 Months waiting period

1. Treatment for joint replacement unless arising from accident
2. Age-related Osteoarthritis & Osteoporosis

- **Investigation & Evaluation(Code- Excl04)**

a) Expenses related to any admission primarily for diagnostics and evaluation purposes.
b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment

- **Rest Cure, rehabilitation and respite care(Code- Excl05)**

Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

- **Obesity/ Weight Control(Code- Excl06)**

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

1) Surgery to be conducted is upon the advice of the Doctor
2) The surgery/Procedure conducted should be supported by clinical protocols
3) The member has to be 18 years of age or older and
4) Body Mass Index (BMI);
    a) greater than or equal to 40 or
    b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
        i. Obesity-related cardiomyopathy
        ii. Coronary heart disease
        iii. Severe Sleep Apnea
        iv. Uncontrolled Type2 Diabetes

- **Change-of-Gender treatments: (Code- Excl07)**

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

- **Cosmetic or plastic Surgery: (Code- Excl08)**

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

- **Hazardous or Adventure sports: (Code- Excl09)**

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

- **Breach of law: Code- (Excl10)**

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

- **Excluded Providers: Code- (Excl11)**

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

- Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.**(Code- Excl12)**

- Treatments received in heath 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)**

- Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure **(Code- Excl14)**

- **Refractive Error:(Code- Excl15)**

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

- **Unproven Treatments:(Code- Excl16)**

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

- **Sterility and Infertility: (Code- Excl17)**

Expenses related to sterility and infertility. This includes:

(i) Any type of contraception, sterilization

(ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI

(iii) Gestational Surrogacy

(iv) Reversal of sterilization

- **Maternity Expenses (Code:Excl 18):**

i. medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;

ii. expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period**.**

ii. Specific Exclusions

- War (whether declared or not) and war like occurrence or invasion, act of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power seizure, capture, arrest, restrains and detainment of all kinds.
- Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
- Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any illness, incapacitating disablement or death.
- Chemical attack weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which when suitably distributed, is capable of causing any illness, incapacitating disablement or death.
- Biological attack weapons means the emission, discharge, dispersal, release or escape of any pathogen (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness incapacitating disablement or death.
- Any expenses incurred on Domiciliary Hospitalization/OPD treatment
- Treatment taken outside the geographical limits of India
- In respect of the existing diseases, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), policyholder is not entitled to get the coverage for specified ICD codes.

8. Moratorium Period: After completion of eight continuous years under the policy no look back would be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of eight continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no claim under this policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments as per the policy.

9. CLAIM PROCEDURE

1.1 Procedure for cashless claims:

Treatment may be taken in a network provider and is subject to pre-authorization by the Company or its authorized TPA by submitting Cashless request form

The Company/TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details

1.2 Procedure for reimbursement of claims:

For reimbursement of claims the insured person may submit the necessary documents to TPA (if applicable)/Company within the prescribed time limit as specified hereunder.

S. No.	Type of Claim	Prescribed time limit
1	Reimbursement of hospitalization, day care and pre hospitalization expenses	Within 30 days of date of discharge from hospital
2	Reimbursement of post hospitalization expenses	Within 15 days from completion of post hospitalization treatment

9.1 Notification of Claim:

Notice with full particulars shall be sent to the Company/TPA (if applicable) as under:

i. Within24hours from the date of emergency hospitalization required or before the Insured Person's discharge from Hospital, whichever is earlier.
ii. At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.

9.2 Documents to be submitted:

The claim is to be supported with the following original documents and submitted within the prescribed time limit.

i. Duly completed claim form
ii. Photo identity proof of the patient
iii. Medical practitioner's prescription advising admission.
iv. Original bills with itemized break-up
v. Payment receipt
vi. Discharge summary including complete medical history of patient along with other details
vii. Investigation/Diagnostic test reports etc. supported by the prescription from attending medical practitioner
viii. OT notes or Surgeon's certificate giving details of the operation performed (for surgical cases)
ix. Sticker/Invoice of the Implants, wherever applicable
x. MLR (Medico-legal report) copy, if carried out and FIR (First information report), if registered, wherever applicable
xi. NEFT details (to enable direct credit of claim amount in bank account) and cancelled cheque
xii. KYC (Identity proof with Address) of the proposer, where claim liability is above Rs 1 Lakh as per AML guidelines
xiii. Legal heir/succession certificate, wherever applicable
xiv. Any other document required by Company/TPA for assessment of the claim.

All documents should be submitted in original.

9.3 Co-payment

Each and every claim under the Policy shall be subject to a Co-payment of 5% applicable to claim amount admissible and payable as per the terms and conditions of the Policy. The amount payable shall be after deduction of the co-payment.

Discount/ Loading Factors:

Discount shall be offered based on following parameters. The discount is applicable on insured level in case of Individual policy. In case of Family floater policy, the discount is on policy level and not on insured level. Therefore, even if one of the insured under the floater cover fulfils the criteria, discount would be given on entire policy.

1. Employee Discount: A discount of 15% is offered for employees of Magma Group provided the Policy is purchased without any intermediary.
2. Cross sell discount: A discount of 5% will be offered if the proposer is a Policyholder with Magma HDI General Insurance Company on or prior to inception of this Policy.
3. Direct Sourcing Discount: A discount of 10% will be offered if the Policy is purchased through direct channel of distribution. This discount will not be offered if Employee discount is availed.

4. Go Green Discount: A discount of ₹200 is applicable if the Policyholder opts to avail Policy documents in soft copy only, subject to the provisions of applicable law.

5. Loading: We shall apply a risk loading on the premium payable as per Our board approved underwriting policy (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance), which shall be mentioned specifically in the Policy Schedule. The maximum risk loading applicable shall not exceed 100% per diagnosis / medical condition and an overall risk loading of 200%. These loadings are applied from the Policy Inception Date including subsequent Renewal(s) with Us or on the receipt of a request for increase in Sum Insured (for which the loading shall be applied on the increased Sum Insured).
   No loading shall be applied at the time of Renewal on the basis of individual claim experience.
6. Loading for Instalment Option: If You want to opt for premium payment in instalments following loading shall be applicable.

Instalment Option	Loading
Monthly	5%
Quarterly	4%
Semi Annual	3%

Salient Features of the Policy:

- Cashless facility: The Insured Person can avail of Cashless Facility at any of Our Network Providers in accordance with the process set out in the Policy. In case the Insured Person avails treatment in a Non-Network Hospital or if Cashless facility is not availed, Reimbursement of Claims can be availed. Claim intimation must be done at least 72 hours before admission to the Hospital in case of planned Hospitalization, and within 24 hours of admission to the Hospital, in case of Emergency Hospitalization. Claims documents must be submitted within 30 days from the date of discharge from the Hospital.

- Free Look Period: A Free look Period of 15 days would be available to the Policyholder from the date of receipt of the Policy document, for reviewing its terms & conditions. If the Policyholder disagrees with any of its conditions, he/she may return the Policy within this free look period and we will refund the premium subject only to a deduction of expenses incurred on medical examination and stamp duty charges.

- Grace Period: A Grace Period of 30 days from the Policy Expiry Date is provided. We will not be liable for any claim which occurs during the Grace Period.

- Pre-Policy Medical Check up may be required based on age, Sum Insured opted and Pre-Existing Disease. We shall reimburse at least 50% of the expenses incurred by the Insured on pre-Policy medical health check up once the proposal is accepted.

Renewal of Policy:

i. The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person. The Company shall endeavour to give notice for renewal, however, the Company is not under obligation to give any notice for renewal.
ii. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years
iii. Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period.
iv. At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits with Break in Policy. Coverage is not available during the grace period.

v. No Loading shall apply on renewals based on individual claim experience.

Possibility of Revision of Terms of the Policy Including the Premium Rates:

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.

Migration:

The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company policy by applying for migration of the policy 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed Guidelines on migration, kindly refer the link https://www.irdai.gov.in/ADMINCMS/cms/whatsNew_Layout.aspx?page=PageNo3987&flag=1

Cancellation of Policy:

a) The Policyholder may cancel this Policy by giving 15days written notice, and in such an event, the Company shall refund premium for the unexpired Policy Period as detailed below.

Refund %	
Refund of Premium (basis Policy Period)	
Timing of Cancellation	**1 Yr**
Up to 30 days	75.00%
31 to 90 days	50.00%
3 to 6 months	25.00%
6 to 12 months	0.00%

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any Benefit has been availed by the Insured person under the Policy.

b) The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, r non-disclosure of material facts or fraud.

Premium Payment in Instalments:

If the Insured Person has opted for Payment of Premium on an instalment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in the Policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy)

i. Grace Period of 15 Days would be given to Pay the instalment premium due for the Policy.

ii. During such grace period, coverage will not be available from the due date of instalment premium payment till the date of receipt of premium by Company.

iii. The Insured Person will get the accrued continuity benefits in respect of the "Waiting Periods", "Specific Waiting Periods" Sections shall continue in the event of payment of premium within the stipulated grace Period.

iv. No interest will be charged If the instalment premium is not paid on due date.

v. In case of instalment premium due not received within the grace period, the policy will get cancelled.

vi In the event of a claim, all subsequent premium instalments shall immediately become due and payable.

vii. The Company has right to recover and deduct all the pending instalments from the claim amount due under the policy.

Portability:

The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per Guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, , the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on portability, kindly refer the link https://www.irdai.gov.in/ADMINCMS/cms/whatsNew_Layout.aspx?page=PageNo3987&flag=1

Endorsements (Changes in Policy)

i.) This Policy constitutes the complete contract of insurance. This Policy cannot be modified by anyone (including an insurance agent or broker) except the Company. Any change made by the Company shall be evidenced by a written endorsement signed and stamped.

ii) The policyholder may be changed only at the time of renewal. The new policyholder must be the legal heir/ immediate family member. Such change would be subject to acceptance by the Company and payment of premium (if any). The renewed policy shall be treated as having been renewed without break.

The policyholder may be changed during the Policy Period only in case of his/her demise or him/her moving out of India.

Change of 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 any increase in SI, the waiting period shall start afresh only for the enhanced portion of the sum insured.

Redressal of Grievance

In case of any grievance the insured person may contact the company through
Website: www.magmahdi.com
Toll free: 1800 266 3202
E-mail: Gro@magma-hdi.co.in
Fax:91 033 4401 7471
Courier: Any of Our branch offices or corporate office during business hours

Insured person may also approach grievance cell at any of the company's branches with the details of grievance. 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

Magma HDI General Insurance Co. Ltd.,
Rustomjee Aspiree, 4th Floor,
Sion-Wadala link road, Off Eastern Express Highway
Everard Nagar, Sion (East),
Mumbai – 400 022

For updated details of grievance officer, kindly refer the link: https://www.magmahdi.com/grievance-redressal
If insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. The contact details of the Insurance Ombudsman offices have been provided as Annexure-B. Detailed process along with list of Ombudsman offices are available at council of Insurance Ombudsman https://www.cioins.co.in/

Grievance may also be lodged at IRDAI Integrated Grievance management System- https://bimabharosa.irdai.gov.in

No loading shall apply on renewals based on individual claims experience. Insurance is the subject matter of solicitation

Tax Benefit- Income Tax benefits on the premium paid can be availed as per the provisions of Income Tax Act, 1961 section 80D and amendments made thereto.

Note: Policy terms & conditions and Premium rates are subject to change with prior approval from IRDAI.

Disclaimer: The foregoing is only an indication of the cover offered. For complete details on coverage, terms, conditions and exclusions, please read the Policy document before concluding sale.

Statutory Warning - Prohibition of Rebates

(Under Section 41 of Insurance Act 1938)

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of 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 any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Annexure:
Rate charts for Individual and Family Floater Policies are attached.
Product Benefits Table
List of Expenses Generally Excluded
List of TPA