Liberty General Insurance Ltd.
15th Floor, Unit-1501&1502, Tower 2, One International Center,
Senapati Bapat Marg, Prabhadevi, Mumbai- 400013
Email: care@libertyinsurance.in
IRDA registration number: 150 • CIN: U66000MH2010PLC209656

Sl. No.	Title	CUSTOMER INFORMATION SHEET DESCRIPTION IS ILLUSTRATIVE AND NOT EXHAUSTIVE *This document provides key information about your policy. You are also advised to go through your policy document. In case of any conflict, the terms and conditions mentioned in the Policy document shall prevail.						Policy Clause Number
1	Name of the Insurance Product/Policy	**HealthPrime Connect**						NA
2	Policy Number							NA
3	Type of Insurance Product/Policy	**Indemnity**						NA
4	Sum Insured	Individual/Family Floater policy – Insured 1 Insured 2 Insured 3 Insured 4						NA
5	Policy Coverage (What the policy covers?)		**Basic Sum Insured (BSI) in Lakhs**	**Applicable Per Year and Per Insured member in an Individual Sum Insured Policy and for all Insured members combined in a Family Floater Policy.**	**10, 15, 20, 25, 30, 50**	**10, 15, 20, 25, 30, 50**	**75, 100**	Part D.1 -24 of the Policy.
		Sr. no.	**Benefits**	**Description**	**Essentia**	**Optimum**	**Optimum Plus**	
		1	Hospitalisation Expense					
		A	In-Patient Treatment Expenses	Minimum 24 Hrs hospitalisation as an In-patient	√	√	√	

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		B	Day Care Treatment	Medical treatment, and/or surgical procedure undertaken in a hospital/day care centre in less than 24 hours due to Technological advancement.	√	√	√	
		2	Prehospitalisation Expenses	Medical expenses incurred prior to the covered Hospitalization up to the specified days	60 Days	90 Days	90 Days	
		3	Posthospitalisation Expenses	Medical expenses incurred after the covered Hospitalization up to the specified days	90 Days	120 Days	180 Days	
		4	Domiciliary Hospitalisation Treatment	Home hospitalisation due to nonavailability of hospital bed or because the patient is not in a condition to be moved to a hospital covered up to the specified limit	10% of SI	10% of SI	10% of SI	
		5	Hospital daily Cash Allowance	Daily cash Per day of hospitalization max up to 10th day of continuous hospitalization. A deductible of first 48 hours of hospitalization is applicable.	₹ 1000/ day	₹ 2000/ day	₹ 4000/ day	

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		6	Emergency Local Road Ambulance Charges	Ambulance expenses incurred while transfer the Insured Person to the nearest Hospital. Covered up to the mentioned limits per hospitalization as part of Basic SI	₹ 2500	₹ 5000	₹ 8000	
		7	Organ Donor Expenses	Organ donor's screening charges & the medical expenses for an organ donor's treatment for harvesting of the organ (Included within the Basic SI)	upto Basic SI	upto Basic SI	upto Basic SI	
		8	Second Opinion	Medical second opinion to augment confidence in the medical diagnosis and treatment plan available once during the Policy period.	√	√	√	
		9	Nursing Allowance	Daily allowance up to 30 days per Policy Year, towards engaging the services of a qualified nurse either at the Hospital or at the Insured Person's residence	X	₹ 2000/ day	₹ 4000/ day	
		10	Laser Eye Surgery	Laser surgery expenses payable for refractive index of +/- 5 or more covered up to the mentioned limit for both eyes (Included	X	Up to ₹ 50000	Up to ₹ 50000	

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				within the Basic SI)				
		11	Vaccination for Animal Bite	Vaccination against animal bite payable up to the limits mentioned per Policy Year	X	₹ 4000	₹ 7000	
		12	AYUSH Treatment# (# Added pursuant to "Guidelines on providing AYUSH Coverage in Health insurance policies" dated 31 January, 2024 issued by the IRDAI effective 1st April 2024)	"AYUSH treatment" refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.	Upto Basic SI	Upto Basic SI	Upto Basic SI	
		Additonal Inbuilt Features						
		13	Restoration of Sum Insured	100% restoration of basic SI on occurrence of another unrelated event	√	√	√	
		14	Extended policy tenure	Extended policy tenure when out of country for a continuous period of more than 15 days	√	√	√	

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		15	Obesity treatment cover	Procedure related to or for obesity is covered up to the limits mentioned as part of Basic SI in case the BMI>40 and with medical co-morbidities as specified under the Policy	X	₹ 300000	₹ 500000	
		16	Infertility Treatment	Indemnify the expenses incurred towards Infertility treatment covered post waiting Period of 36 Months up to the limits mentioned as part of Basic SI	X	₹ 50000	₹ 100000	
		17	Maternity & Child Care (Separate limits under each cover, only available in Family floater policies)	Maternity Care (Normal & CSection Delivery for max up to 2 children)	X	₹ 100000	₹ 150000	
				Maternity waiting period	X	2 Years	2 Years	
				Antenatal & Post natal charges (separate limit)	X	₹ 10000	₹ 15000	
				Child Care: Coverage for new born baby subject to claim admissible under maternity benefit mentioned above (Separate limit)	X	₹ 10000	₹ 20000	
				New born Vaccinations: Covers vaccinations for new born child	X	₹ 8000	₹ 10000	

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				max. up to 3 years of child's age (Separate limit)				
				New Born Screening Expenses (Separate limit)	X	₹ 3000	₹ 6000	
				Umbilical Cord Stem Cell Banking Allowance payable upto the specified limits for the 1st Yr Banking expenses (Separate limit)	X	₹ 10000	₹ 10000	
		18	Preventive Care	The additional benefits which would help in preventing and/or bettering current Health condition/s 1. First Medical Opinion 2. Live Health Talk 3. Electronic Medical Record Management (EMRM) 4. Fortnightly Newsletters	√	√	√	
		19	Health 360°	Earn Rewards and Burn it against array of our facilities which would help you to improve your overall Health	√	√	√	
		20	Emergency Assistance Services	This program immediately connects you to doctors, hospitals, pharmacies, Air and ground ambulance and other services	√	√	√	

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				if you experience a medical emergency while traveling 150 kilometres away from your permanent residence within India.				
		Renewal Inbuilt Features						
		21	Stay Fit Perks	Additional perks on every block of two claim free Policy renewals with Us. This will be accumulated in your Policy automatically and may be utilized after the 2nd claim free Policy renewal against any nonmedical which are the standard exclusions as otherwise	Lump sum amount of ₹ 10000 per block of 2 claim free Policy year renewals			
		22	Renewal Health Check Up	Health Check up on cashless basis on Policy renewal with Us (irrespective of Claims History)	Available at every Policy Year renewal.			
		23	Cumulative Bonus or Discount in Renewal Premium	Auto increase in Sum Insured for every claim free year up to max. of 100% of Basic Sum Insured or 2.25% Discount in Renewal Premium for every claim free year	CB- 10% of basic Sum Insured or 2.25% Discount in Renewal Premium for every claim free year			

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		24	Change in Plan/Enhancement of Sum Insured	Change in Plan and/or enhancement in Sum Insured at Policy renewal	√	√	√	
		Optional Covers						Part D "Optional Cover" 1-4 the Policy
		1	Cumulative Bonus Enhancer	Cumulative Bonus gets enhanced by selecting this Option	X	Auto increase in Sum Insured by 25% on basic sum insured for every claim free year up to max. of 150%		
		2	OPD cover	OPD expenses are payable upto the selected limits (Separate SI)	X	√	√	
				OPD Limit from ₹10000, 15000, 20000, 30000				
		3	Critical Illness & Personal Accident Cover	Critical Illness:Coverage of named critical illnesses upto the stated limits (Separate SI)	X	Sum Insured 10, 15 & 20 lakh: Critical illness limit upto ₹ 2 lakh Sum Insured 25, 30 & 50 lakh: Critical illness limit	₹ 5 Lakh/ ₹ 10 Lakh	

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						upto ₹ 5 lakh		
				Personal Accident Cover upto 100% & 150% of SI (Capital Sum Insured)	X	√	√	
				Adventurous Sports: covered upto 10% of PA Capital Sum Insured	X	√	√	
		4	Worldwide coverage	Coverage for emergency care Medical Expenses incurred outside India limited upto 50% of Basic Sum Insured	X	√	√	

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6	Exclusions (What the policy does not cover)	**i. Standard Exclusions:-** **1. Pre- Existing Diseases –** a. Expenses related to the treatment of a Pre-Existing Disease (PED) and its direct complications shall be excluded as per the Plan mentioned in the Policy schedule i.e.until the expiry of 36 months or 24 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 be extent of prior coverage. d. Coverage under the policy after the expiry of applicable months as per the Plan, for any Pre-exiting Disease is subject to the same being declared at the time of application and accepted by the Insurer. **3. 30-day waiting period-** a) 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. b) This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently. 4. 90 days Waiting Period Exclusion: A waiting period of 90 days from the commencement date of the first Policy will apply to Critical Illness (es) contracted requiring Hospitalization 5. Investigation & Evaluation – a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded. b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded. 6. Rest Cure, rehabilitation and respite care- 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-	Part E of the policy

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		skilled persons. ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs. 7. Obesity/ Weight Control: 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 comorbidities following failure of less invasive methods of weight loss: i. Obesity-related cardiomyopathy ii. Coronary heart disease iii. Severe Sleep Apnea iv. Uncontrolled Type 2 Diabetes 7. Change-of-Gender treatments: Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex. 8. Cosmetic or plastic Surgery: 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. 9. Hazardous or Adventure sports: 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. 10. Breach of law: Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.	

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		11. Excluded Providers : 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. 12. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. 13. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. 14. 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. 15. Unproven Treatments: 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. **2. Specified disease/procedure waiting period-** a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of below mentioned months of continuous coverage after the date of inception of the first policy with us. 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. f) Exclusions specific to AYUSH Treatment# The Company shall not make payment in respect of claims arising directly or indirectly out of or attributable or traceable to any of the	

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		following: • OPD / Day care treatment • Wellness and non-therapeutic treatment • Any Pre-Hospitalization and Post-Hospitalization Expenses • All Preventive and Rejuvenation Treatments (non-curative in nature) including, without limitation, treatments that are not Medically Necessary. • Non- Prescribed medicines by treating physician, non-disclosed formulations & non-standardized preparations or Health Supplementary products will be excluded. • Any Pre or Post hospitalization AYUSH treatment taken before/pursuant to inpatient Allopathy treatment. The above exclusions are in additions to the General exclusions listed under the Policy. #Added pursuant to "Guidelines on providing AYUSH Coverage in Health insurance policies" dated 31 January, 2024 issued by the IRDAI effective 1st April 2024	
7	Waiting period	**Initial waiting Period:** 30 days for all illnesses (not applicable on renewal or for accidents) contracted in the first 30 days of Policy with us. 90 days for the listed Critical illnesses cover contracted in the first 90 days of Policy with us. 24 months of continuous coverage required for Maternity care/ Laser eye surgery 36 months of continuous coverage required for Infertility treatment cover/ Obesity treatment cover	Part E.i.3 Part E.ii.A.1 Part D. 17&10 Part D.15& 16 of the policy
		Specific waiting Period: 12 months for specific illness and treatments (as listed below) in the first year of Policy with us.	Part E.i.2 of the

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Policy

Cataract	Benign Prostatic Hypertrophy	Hernia	Hydrocele	Fistula in anus	Piles
Sinusitis and related disorders	Fissure	Gastric and Duodenal ulcers	gout and rheumatism	internal tumors	Cysts
Nodules	polyps including breast lumps (each of any kind unless malignant)	Hysterecto my/ myomectomy for menorrhagia or fibromyoma or prolapse of uterus	polycystic ovarian diseases	skin tumors unless malignant	benign ear
nose and throat (ENT) disorders and surgeries	dilatation and curettage (D&C);	Congenital Internal Diseases			

Specific waiting Period: 24 months for specific illness and treatments (as listed below) in the first two years of Policy with us.

Part E.i.2 of the policy

Correction of eyesight (laser surgery) due to refractive error

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		Pre-existing Diseases will be covered after a waiting period of 36 months as per the Plan selected.	Part E.i.1 Part E.i.2 of the policy
8	I. **Sub-limit** (It is pre-defined limit, and the insurance company will not pay any amount in excess of this limit)	**Sub-limit** - Sub-limit is not applicable for this product.	NA
	II. **Co-Payment** (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured).	**Co-Payment** - The Policy is without any Co-pay.	NA
	III. **Deductible** (It is a specified amount – up to which an insurance company will not pay any claim, and which will be deducted from total claim amount (if claim amount is more than the	**Deductible** - A deductible of first 48 hours of hospitalization is applicable.	

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	specified amount)		
	IV. Any other limit (as applicable)		
9	Claims/Claims procedure	a. **For Cashless Service:** You may call to our Customer care number for obtaining Cashless facility. You may also visit to our Company website www.libertyinsurance.in to know the list of empaneled Hospitals. b. **For Reimbursement of Claim:** You need to intimate Us immediately on hospitalization/ injury/ death, further submit all claim documents with supporting details/documents at your own expense to the TPA within 15 days of discharge from the hospital. **Turn Around Time (TAT)** for claim settlement: * TAT for preauthorization of cashless facility within 1 Hours. * TAT for cashless final bill authorization within 3 Hours. i. Network Hospital details – https://www.libertyinsurance.in/products/CPMigration/hospitalLocator iI. Helpline number – 1800 266 5844 iiI. Claim form – https://www.libertyinsurance.in/customer-support/download-forms.html iv. Hospitals which are blacklisted or from where no claims will be accepted by insurer –	Part G. 5. of the policy

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https://www.libertyinsurance.in/Docx/ExcludedHospitalLists.pdf

Summary of Claim Procedure:

Notification of Claim-.
a. Upon the happening of any event giving rise or likely to give rise to a claim under this Policy:

	Treatment, Consultation or Procedure:	We or Our TPA must be informed:
1	If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation:	Need to be informed immediately and in any event at least 48 hours prior to the Insured Person's admission to the Hospital.
2	If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation in an Emergency:	Need to be informed within 24 hours of the Insured Person's admission to the Hospital.

b. The Insured shall deliver to the Company, within 15 days from the date of discharge a detailed statement in writing as per the claim form together with bills, vouchers and any other material particular, relevant to the making of such claim.
c. The Company may accept claims where documents have been provided after a delayed interval in case such delay is proved to be for reasons beyond the control of the Insured/ Insured Person/s.
d. The Insured shall tender to the Company all reasonable information, assistance and proofs in connection with any claim hereunder.
e. The Company shall settle claims, including its rejection, within (15 days) fifteen days of receipt of the last required documents
• For opting Cashless Facility: (applicable where the Insured Person/s has opted for cashless facility in a Network Hospital) - The Insured Person must call the helpline and furnish membership no and Policy Number and take an eligibility number to confirm communication. The same has to be quoted in the claim form. The call must be made 48 hours before admission to Hospital and details of Hospitalization like diagnosis, name of the Hospital, duration of stay in the Hospital should be given. In case of emergency hospitalization the call should be made within 24 hours of admission.

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		• Reimbursement Claims - Notice of claim with particulars relating to Policy numbers, name of the Insured Person in respect of whom claim is made, nature of Illness/Injury and name and address of the attending Medical Practitioner/ Hospital/ Nursing Home should be given to Us immediately on Hospitalization /Injury/ death, failing which admission of claim would be based on the merits of the case at Our discretion Please ensure to send the claim form duly completed in all respects along with all the following documents within 15 days from the date of discharge from the Hospital. In event of any claim for Pre – Post Hospitalization expenses incurred, all claim related documents needs to be submitted within 7 days from the date of completion of treatment or eligible Post Hospitalization period as mentioned in the Policy Schedule whichever is earlier The Claim Procedure would be in full compliance with relevant provisions of applicable Circulars and Regulations issued by IRDAI from time to time. In the event of the original documents being provided to any other Insurance Company or to a reimbursement provider, We shall accept verified photocopies of such documents attested by such other Insurance Company/ reimbursement provider. • We are entitled to verify medical records of the case retained by the Hospital as and when required for verification of claim. • If required, the Insured Person/s must give consent to obtain Medical opinion from any Medical Practitioner at Our expense. • If required, the Insured person/s must agree to be examined by a medical practitioner of our choice at Our expenses. No person other than the Insured /Insured Person(s) and/ or nominees named in the Proposal can claim or sue us under this Policy. Claim Settlement (provision for Penal Interest) i. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of last necessary document. ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate. iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the	

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		Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document. iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim. (Bank rate shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)	

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10	Policy Servicing	**Step - 1** Call center number - 1800-266-5844 (8:00 AM to 8:00 PM, 7 days of the week) or Email us at: **care@libertyinsurance.in** Senior Citizens can email us at – **seniorcitizen@libertyinsurance.in** or Write to us at: Customer Service Liberty General Insurance Ltd. 15th Floor, Unit-1501&1502, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai- 400013 **Step - 2** If our response or resolution does not meet your expectations, you can escalate at - **Manager@libertyinsurance.in** **Step - 3** If you are still not satisfied with the resolution provided, you can further escalate at - **ServiceHead@libertyinsurance.in**	Part F.i.16 of the Policy
11	Grievances/Complaints	• For Grievance Redressal, please refer: https://www.libertyinsurance.in/customer-support/grievance-redressal.html • Bima Bharosa (Grievance Redressal Portal), IRDAI :https://bimabharosa.irdai.gov.in/ • Insurance Ombudsman - For the latest details of Ombudsman offices, please visit the Insurance Ombudsman website at the following link: https://www.cioins.co.in/Ombudsman	Annexure-B

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		Insurance Ombudsman – The contact details of the Insurance Ombudsman offices have been provided as Annexure-B of Policy document.	
12	Things to remember	**Free Look Cancellation**: The insured person shall be allowed free look period of 30 days from date of receipt of the policy document to review the terms and conditions of the policy. If he/she is not satisfied with any of the terms and conditions, he/she has the option to cancel his/her policy. The Free Look Period shall be applicable only for new individual health insurance policies, except for those policies with tenure of less than a year and not on renewals. 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 Company on medical examination of the insured person 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 insured person, a deduction towards the proportionate risk premium for period of cover or iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period; **Policy Renewal**: The policy shall ordinarily be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured person. i. The Company shall give notice for renewal atleast 30 days prior to expiry of the policy. ii. Renewal of a health insurance policy shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years, except for benefit based policies where the policy terminates following payment of the benefit covered under the policy. 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 without break in policy. Coverage is not available during the grace period.	Part F.i.15 Part F.i.10 Part F.i.8&9

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		Migration: The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company by applying for migration of the policy atleast 30 days before the policy renewal date as per the IRDA Guidelines on Migration. If such person is presently covered and has been continuously covered without any lapse under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDA Guidelines on Migration. **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 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI 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.	

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IRDA registration number: 150 • CIN: U66000MH2010PLC209656

		Change in Sum Insured: Basic Sum Insured can be enhanced and/or existing Policy Plan may be changed only at the time of renewal subject to no claim having been lodged/ paid under the earlier policy/ies and as per the board approved underwriting policy of the Company. In all such case of increase in the Basic Sum Insured and/or Policy cover(s), waiting period will apply afresh in relation to the amount and/or cover(s) by which the Basic Sum Insured has been enhanced and/or Policy Plan has been changed. **Moratorium Period**: After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract. Note :The accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium period.	Part D.23 of the Policy
13	Your Obligations	* Please disclose all pre-existing disease/s or condition/s before buying a policy. * Disclosure of Material Information during the policy period that relates to questions in the Proposal Form and which is important to the Company in order to accept the risk of insurance. Such information need to be provided to us in the form named as 'Alteration in Risk form' available on our Company website www.libertyinsurance.in before the Renewal, extension, variation, endorsement or reinstatement of the contract.	Part F of the policy

For Policy related documents visit our website-

https://www.libertyinsurance.in/customer-support/download-forms.html\

Declaration by the Policy Holder:

I have read the above Customer Information Sheet along with Policy documents and confirm having noted the details:

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Liberty General Insurance Ltd.
15th Floor, Unit-1501&1502, Tower 2, One International Center,
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Place: Date: Signature of the Policyholder:

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