Prospectus

TATA AIG Hope - Prospectus

1. Suitability:

a. Age eligibility of Proposer:
   a. Surrogacy Plan – (i) Intending Couple: Male member – 26 to 55 Years, Female member – 23 to 50 Years, (ii) Intending Woman – 35 to 45 Years
   b. Oocyte Retrieval Plan - (i) Intending Couple: Male member – 21 to 55 Years, Female member – 21 to 50 Years, (ii) Intending Woman – 35 to 45 Years

b. Mandatory requirement for the intending couple (For Surrogacy Plan):
   a. Certificate of recommendation from the Board when an intending couple has a medical indication necessitating gestational surrogacy.

c. The proposal for insurance has to be made before the embryo transfer for the Surrogate Mother and/or before ovarian stimulation for Oocyte Donor.

d. Age eligibility of Insured Person
   a. Surrogacy Plan - This policy covers person in the age group 25 Years onwards. The maximum entry age is 35 years for.
   b. Oocyte Retrieval Plan - This policy covers person in the age group 23 Years onwards. The maximum entry age is 35 years.

e. The Policy tenure will be as following:
   a. Surrogacy Plan: 3 Years
   b. Oocyte Retrieval Plan: 1 Year

f. This policy can be issued to an individual, female only.

g. Relationships covered are:
   a. Surrogacy Plan: Self, Surrogate Mother
   b. Oocyte Retrieval Plan: Self, Oocyte Donor

2. Sum Insured options (in ₹):

- 2 Lacs
- 3 Lacs
- 5 Lacs

3. Benefits:

If during the **Policy Period Insured Person** is required to be hospitalized for treatment of the covered event specified below, at a **Hospital / Surrogacy Clinic / Day Care Centre/ AYUSH Day Care Centre/ AYUSH Hospital**, following **Medical Advice** of a duly qualified **Medical Practitioner**, the Company shall indemnify **Reasonable and Customary Charges** for Medically Necessary treatment towards the covered

event subject to terms and conditions of the **Policy**. Maximum liability of the Company for all such Claims under Sections B1, B2, B3, B4, B5 during Policy period shall be the Sum Insured opted and as specified in the **Policy Schedule**.

Covered event:

Plan Name	Covered Event
A. Surrogacy Plan	Complications arising out of pregnancy through Altruistic Surrogacy or post-partum delivery complications in respect of the **Surrogate Mother.** Not more than one surrogacy procedure during the life time shall be covered in respect of the insured person. The cover is available for the Policy Period of 3 years only.
B. Oocyte Retrieval Plan	Complications arising due to **Oocyte Retrieval** in respect of the **Oocyte Donor.** Not more than one Oocyte donation during the life time shall be covered in respect of the insured person. The cover is available for the Policy Period of 1 year only.

Provided that :

- Policy must incept prior to the commencement of Surrogacy Procedure or Oocyte Retrieval.
- Surrogacy and Oocyte donation is carried out in recognized centers registered with the National ART and Surrogacy Registry at https://registry.artsurrogacy.gov.in/,under the supervision of registered Medical Practitioner as per the applicable law.
- The Surrogacy/ART procedures and treatments is carried out in accordance with the Surrogacy (Regulation) Act, 2021, Surrogacy (Regulation) Rules, 2022, Assisted Reproductive Technology Act, 2021, Assisted Reproductive Technology (Rules), 2022 and its amendments as may be applicable.
- Purpose of Surrogacy and surrogacy procedures must be in compliance with The Surrogacy (Regulation Act) 2021 and its amendments as may be applicable.
- The intending couple is in possession of a certificate of essentiality issued by the appropriate authority, after satisfying itself, for the reasons to be recorded in writing, about the fulfilment of the conditions, specified in The Surrogacy (Regulation Act) 2021.
- The surrogate mother is in possession of an eligibility certificate issued by the appropriate authority on fulfilment of the conditions specified in The Surrogacy (Regulation Act) 2021
- Consent of surrogate mother has been obtained in the form specified in the Surrogacy (Regulation) Rules, 2022.
- An eligibility certificate for intending couple is issued separately by the appropriate authority on fulfilment of the conditions specified in The Surrogacy (Regulation Act) 2021
- No surrogacy clinic, registered medical practitioner, gynaecologist, paediatrician, embryologist, intending couple or any other person shall conduct or cause abortion during the period of surrogacy without the written consent of the surrogate mother and on authorisation of the same by the appropriate authority concerned provided in The Surrogacy (Regulation Act) 2021:
- Provided that the authorisation of the appropriate authority shall be subject to, and in compliance with, the provisions of the Medical Termination of Pregnancy Act, 1971 (34 of 1971).

B1. In-Patient Treatment

We will cover **Medical Expenses** for **Medically Necessary Treatment** in a **Hospital/Surrogacy Clinic** for the covered event, that requires an **Insured Person**'s admission in a **Hospital/ Surrogacy Clinic** for an **Inpatient Care**, during the **Policy Period**.

The Company shall indemnify **Medical Expenses** as listed below:

i. **Room Rent**, Boarding, Nursing Expenses as provided by the **Hospital (including** Nursing Home and **Surrogacy Clinic)** upto the **Single Private Room** category
ii. **Intensive Care Unit** (ICU) / Intensive Cardiac Care Unit (ICCU) expenses
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

If the **Insured Person** is admitted in a room category that is higher than the **Single Private Room**, then the **Insured Person** shall bear a rateable proportion of the **Room Rent** and the total Associated Medical Expenses, including surcharge or taxes thereon in the proportion of the 'difference between the **Room Rent** actually incurred & the **Room Rent** of the **Single Private Room** category' to 'the **Room Rent** actually incurred'.

- For the purpose of this Benefit "Associated Medical Expenses" shall include the applicable nursing charges, operation theatre charges, fees of **Medical Practitioner** including surgeon/ anesthetist/ specialist within the same **Hospital** where the **Insured Person** has been admitted. "Associated Medical Expenses" does not include cost of pharmacy & consumables, cost of implants & medical devices and cost of diagnostics.
- Proportionate deductions are not applicable for **ICU Charges**.
- Such proportionate deductions, if any, will not be applied in respect of the **Hospital**(s) which do not follow differential billing or for those Associated Medical Expenses in respect of which differential billing is not adopted based on the room category.

B2. Pre-Hospitalization expenses

We will cover for expenses for Pre-Hospitalization consultations, investigations and medicines incurred upto 30 days prior to the date of admission to the **Hospital/Surrogacy Clinic**. Any pre-Hospitalization expenses incurred prior to **Policy Period** shall not be covered.

The benefit is payable if **We** have admitted a claim under B1 or B4.

B3. Post-Hospitalization expenses

We will cover for expenses for Post-Hospitalization consultations, investigations and medicines incurred upto 30 days after discharge from the **Hospital**.

The benefit is payable if **We** have admitted a claim under B1 or B4.

B4. Day Care Treatment

We will cover expenses for **Day Care Treatment**, due to the covered event, taken in a **Hospital** or a **Day Care Centre**, during the **Policy Period**.

B5. AYUSH Benefit

We will cover **Medical Expenses** incurred for treatment as In-Patient or Day Care Treatment in an **AYUSH Hospital/ AYUSH day care centre**, for a covered event, in a room category maximum up to **Single Private Room** and applicable **Associated Medical Expenses**.

This benefit shall also cover Pre-Hospitalization medical expenses for a period of upto 30 days before the date of admission to the **AYUSH hospital/ AYUSH day care centre** and Post-Hospitalization Medical Expenses for a period upto 30 days, subject to AYUSH In-Patient hospitalization or AYUSH day care treatment claim being admissible under this benefit.

Claims under this section shall be assessed as per the applicable insurance guidelines related to AYUSH and benchmark rates as available on Ministry of AYUSH website (https://ayushnext.ayush.gov.in/site/insurance-guidelines-related-to-ayush).

For your reference, the document has been uploaded on Our website under "Annexure B for AYUSH Benefit" (www.tataaig.com).

4. Discount on Premium

- 10% discount to all TATA Group employees

5. Free Look Period:

The insured person shall be allowed free look period of thirty days beginning from the date of receipt of the policy document, whether received electronically or otherwise, to review the terms and conditions of such policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled toa refund of the premium paid subject to deduction of proportionate risk premium for the period of cover and the expenses, if any, incurred by Us on medical examination of the proposer and stamp duty charges.

6. Waiting Period:

i. Initial Waiting Period:

a. Expenses related to the treatment of the covered event within 30 days from the Policy commencement date shall be excluded.

7. General Exclusions:

We will neither be liable nor make any payment for any claim in respect of Insured Person which is caused by, arising from or in any way attributable to any of the following exclusions.

I.Medical Exclusions:

i. Investigation and evaluation (Code- Excl 04):

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.

ii. Rest cure, rehabilitation and respite care (Code- Excl 05):

a. 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.

iii. Obesity/ Weight Control (Code- Excl 06):

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

a. **Surgery** to be conducted is upon the advice of the Doctor.

b. The **Surgery**/Procedure conducted should be supported by clinical protocols.

c. The member has to be 18 years of Age or older and

d. Body Mass Index (BMI);

i. greater than or equal to 40 or

ii. 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:

1. Obesity-related cardiomyopathy
2. Coronary heart disease
3. Severe Sleep Apnea
4. Uncontrolled Type2 Diabetes

iv. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof **(Code- Excl 12).**

v. 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)**

vi. 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)**

vii. **Unproven treatments (Code- Excl 16)**:
Expenses related to any **Unproven Treatment**, services and supplies for or in connection with any treatment. **Unproven Treatment**s are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

viii. **Sterility and Infertility (Code- Excl 17):**
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

ix. **Maternity (Code - Excl 18):**

a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during **Hospitalization**) except ectopic pregnancy;
b. Expenses towards miscarriage (unless due to an **Accident**) and lawful medical termination of pregnancy during the **Policy Period**.

x. Alcoholic pancreatitis or Alcoholic liver disease;
xi. Congenital External Diseases, defects or anomalies;
xii. Stem cell therapy; however hematopoietic stem cells for bone marrow transplant for haematological conditions will be covered under this **Policy**
xiii. Growth Hormone Therapy
xiv. Sleep-apnoea and Sleeping disorder;
xv. Admission primarily for administration (via any form or mode) of immunoglobulin infusion or supplementary medications like Zolendronic Acid, etc;
xvi. Venereal disease, sexually transmitted disease or **Illness**;
xvii. All preventive care, vaccination including inoculation and immunisations;
xviii. **Dental Treatment** or Dental **Surgery** of any kind unless incidental to an admissible **Hospitalization** claim where the cause of admission is **Accident/ Illness**; cost of dentures, dental implants and braces
xix. Any existing disease specifically mentioned as Permanent exclusion in the **Policy Schedule**.
xx. Non payable items as mentioned in Annexure I – List I of optional items available on **Our** website (www.tataaig.com)
xxi. Medical Expenses incurred towards:

a. Delivery Expenses (Normal Delivery or caesarean section) of the Surrogate Mother;

b. Foetus /New Born baby through Surrogacy to the Surrogate Mother
c. Treatment of any pre-existing conditions/disease of the Insured including its complications;
d. Surrogacy Treatment Procedure cost including but not limited to Injection, tests, Ultra Sound, Embryo transfer, Ovum pickup;

xxii. Surrogacy which is for commercial purposes
xxiii. Cost associated with cryopreservation and storage of sperms, eggs and embryos
xxiv. Selective termination of an embryo
xxv. Services done at unrecognized surrogacy clinic/centre
xxvi. Surgery/procedures that enhance fertility like Tubal Occlusion, Bariatric Surgery, Diagnostic Laparoscopy with Ovarian Drilling and such other similar surgery/procedure
xxvii. Any Illness or Injury other than the covered event.
xxviii. Any other line of treatment other than Allopathy and AYUSH
xxix. Expenses related to any kind of Advance Technology Methods apart from Modern and Advanced Treatments relevant for the covered event
xxx. Expenses related to Post-partum delivery complications incurred after six weeks of the Policy expiry date
xxxi. Any claim where provisions stated in the respective prevailing Surrogacy laws such as, The Surrogacy (Regulation) Act, 2021, The Surrogacy (Regulation) Rules, 2022, the Assisted Reproductive Technology Law, The Assisted Reproductive Technology (Regulation) Act, 2021, The Assisted Reproductive Technology (Regulation) Rules, 2022 and any subsequent additions / modifications to the Law / Act / Rules have not been complied with.

II.Non-Medical Exclusions

i. **Hazardous or Adventure Sports (Code- Excl 09):**
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.

ii. **Breach of law (Code- Excl 10):**
Expenses for treatment directly arising from or consequent upon any **Insured Person** committing or attempting to commit a breach of law with criminal intent.

iii. **Excluded Providers: (Code-Excl 11):**
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.

iv. War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, ionising radiation.

v. 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 or 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 or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (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.

vi. Intentional self-Injury or attempted suicide while sane or insane.

vii. Items of personal comfort and convenience like television (wherever specifically charged for), charges for access to telephone and telephone calls, internet, foodstuffs (except patient's diet), cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service.

viii. Treatment rendered by a Medical Practitioner which is outside his discipline.

ix. Doctor's fees charged by the Medical Practitioner sharing the same residence as an Insured Person or who is an immediate relative of an Insured Person's family.

x. Fitting of hearing aids, Provision/fitting of spectacles or contact lenses including optometric therapy.

xi. Any treatment and associated expenses for medical supplies including elastic stockings, diabetic test strips, and similar products.

xii. Any treatment or part of a treatment that does not form part of 'Reasonable and Customary Charges' nor is Medically Necessary.

xiii. Expenses which are either not supported by a prescription of a Medical Practitioner or are not related to Illness or disease for which claim is admissible under the Policy.

xiv. Any external appliance and/or device used for diagnosis or treatment except when used intra-operatively.

xv. Any Illness diagnosed or Injury sustained or where there is change in health status of the member after date of proposal and before commencement of Policy and the same is not communicated and accepted by Us.

xvi. Any charges incurred to procure documents related to treatment or Illness pertaining to any period of Hospitalization or Illness.

xvii. Expenses incurred towards treatment in any Surrogacy Clinic/Nursing Home 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.

xviii. Any other exclusion as specified in the Policy Schedule.

xix. Any other illness/conditions which are specifically excluded under Surrogacy (Regulation) Act, 2021, Surrogacy (Regulation) Rules, 2022, ART Act, 2021 and ART (Regulation) Rules, 2022 and its amendments.

8. Claim Procedure:

The final decision on all claims is taken by Tata AIG General Insurance Company Limited. We may have a Specified Third Party Administrator (TPA) duly licensed by IRDAI to administer all claims under this policy.

a. Notification of claim & Assistance:

Every claim needs to be notified to Us.

Please contact our designated TPA/Us atleast 48 hours prior to an event which might give rise to a claim. For any emergency situations, kindly contact our TPA within 24 hours of the event.

We may waive off this condition in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which the Policyholder/Insured Person were placed, it was not possible for the Policyholder/Insured Person or any other person to give notice or file claim within the prescribed time limit.

b. Claim Related Information:

For any claim related query, intimation of claim and submission of claim related documents, the Policyholder/Insured Person can contact us through:

Claims Servicing Details	
Name	TAGIC Health Claims
Claims Administrator Address	TATA AIG General Insurance Company Limited, 5th and 6th Floor, Imperial Towers, H.No 7-1-6-617/A, GHMC No - 615,616, Ameerpet, Hyderabad – 500016, Telangana, Phone: 040-66864900
Email ID	healthclaimsupport@tataaig.com
Toll-Free No.:	1800 266 7780 or 1800 229 966 (For Senior Citizens)
Website	www.tataaig.com

Any change in TPA by Us shall be communicated to You 30 days before such effect of change.

c. Procedure for reimbursement claims:

- Please send the duly signed claim form and all the information/documents mentioned therein to our TPA/Us within 15 days of the occurrence of the Incident.
- Please refer to claim form for complete documentation.
- If there is any deficiency in the documents/information submitted by the Policyholder/Insured Person, our TPA/We will send the deficiency letter within 7 working days of receipt of the claim documents.
- On receipt of the complete set of claim documents, We will send the payment for the admissible amount, along with a settlement statement within 30 days.
- The payment will be sent in the name of the proposer/ Nominee in case of death of Proposer

d. Procedure for Cashless Service

i. Insured person is entitled for cashless coverage only in our network Hospitals.

ii. In order to avail cashless treatment, the following procedure must be followed:

- Prior to taking treatment and/or incurring Medical Expenses at a Network Hospital, the Policyholder/Insured Person must notify our designated TPA/Us and request pre-authorization.
- Our designated TPA/We will check your coverage as per the eligibility and send an authorization letter to the provider.
- In case of deficiency in the documents sent to TPA/**Us** for cashless authorization or the ailment /treatment is not covered under the policy, the same shall be communicated to the hospital/You by TPA/Us.
- **We/TPA will respond** within TAT as prescribed by the Regulator under the Master Circular on IRDAI (Insurance Products) Regulations 2024- Health Insurance Ref: IRDAI/HLT/CIR/PRO/84/5/ 2024 and its subsequent amendments thereof.
- Rejection of cashless in no way indicates rejection of the claim. **You** are required to submit the claim along with required documents for **Us** to decide on the admissibility of the claim.
- If the cashless is approved, the original bills and evidence of treatment in respect of the same shall be left with the Network **Hospital**.
- Pre-authorization 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**.

Note:

- Please refer to our website (www.tataaig.com) or call us on our toll free number at 1800-266-7780 or << >> (for Senior Ctizens) for updated list of network Hospitals.
- Rejection of cashless facility in no way indicates rejection of the claim.

e. 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 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.

f. Supporting Documentation & Examination

Insured Person or someone booking services on Your behalf shall provide Us with identification documentation, medical records and information We may request to establish the circumstances of the claim.

9. Renewal of Policy:

This policy will lapse on the expiry date mentioned in the policy schedule and shall not be renewed.

10. Nomination:

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/ /Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

11. Requirement:

- Completed proposal form,
- Supporting Medical papers (wherever applicable),
- Previous policy copies, IRDAI portability form (as applicable)

12. Pre-policy medical check-up

Pre-policy check up or TeleMER/Video MER may be conducted for individuals/life with adverse medical declaration in proposal (irrespective of age).
At least 50% of pre-policy medical checkup cost would be borne by Tata AIG in case where proposal is accepted (if conducted).

13. Premium Rates:

The premium will be charged as mentioned in the following table. The premium will be applicable for all ages which fall under the eligibility critieria of Surrogacy Plan and/or Oocyte Retrieval Plan. The premium mentioned in the table is for the entire Policy Period and it is exclusive of taxes.

Sum Insured (In INR)	**2,00,000**	**3,00,000**	**5,00,000**
Surrogacy Plan (Premium in INR)	20,677	26,585	36,923
Oocyte Retrieval Plan (Premium in INR)	8,615	11,077	15,385

14. Loadings:

i. We may apply a risk loading on the premium payable (based upon the declarations made in the proposal and the health status of the person proposed for insurance).

ii. The loading shall be applied basis outcome of Our underwriting.

iii. These loadings are applied from Commencement Date of the Policy with Us.

   a. We will inform You about the applicable risk loading through a counter offer letter.

   b. You need to revert to Us with consent and additional premium (if any), within 15 days of the issuance of such counter offer letter.

   c. In case, you neither accept the counter offer nor revert to Us within 15 days, We shall cancel Your application and refund the premium paid within next 10 days subject to deduction of the Pre-Policy Check up charges, as applicable.

iv. Please note that We will issue Policy only after getting Your consent.

15. Cancellation:

The policyholder may cancel this policy by giving 7 days written notice and in such an event, the Company shall refund proportionate premium for unexpired policy period. No refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit under this Policy has been availed by the Insured Person.

The Company may cancel the policy at any time on grounds of established fraud, misrepresentation or non-disclosure of material facts by the Policyholder/insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of established fraud, misrepresentation or non-disclosure of material facts.

16. Redressal of Grievance:

At TATA AIG, we strive to provide the best service to our customers. If you're not satisfied and wish to lodge a complaint, please call our 24/7 toll-free number 1800-266-7780/ 1800 22 9966 (For Senior Citizens) or 022-66939500 (toll charges apply), or email us at customersupport@tataaig.com. We will investigate and respond within the regulatory turnaround time (TAT).

Escalation Level 1

If you do not receive a response or are not satisfied with the resolution, please contact us at manager.customersupport@tataaig.com.

Escalation Level 2

If you still need assistance, reach out to the Head of Customer Services at head.customerservices@tataaig.com. We will provide our final response within the regulatory TAT.

If you're still not satisfied after this process, you may approach the Insurance Ombudsman of concerned jurisdiction.

You can also lodge a grievance on the Bima Bharosa Grievance Redressal Portal: https://bimabharosa.irdai.gov. in

The name and address of the Insurance Ombudsman of competent jurisdiction is provided under Annexure A of this Policy.

Benefit Table

Plan Name	Surrogacy Plan	Oocyte Retrieval Plan
Sum Insured	2 Lakhs/3 Lakhs/ 5 Lakhs	2 Lakhs/3 Lakhs/ 5 Lakhs
Benefit Name	**Coverage Limit**	
In-Patient Treatment	Upto Sum Insured, Upto the Single Private Room Category	Upto Sum Insured, Upto the Single Private Room Category
Pre-Hospitalization expenses	Upto 30 Days	Upto 30 Days
Post-Hospitalization expenses	Upto 30 Days	Upto 30 Days
Day Care Treatment	Upto Sum Insured	Upto Sum Insured
AYUSH Benefit	Upto Sum Insured, Upto the Single Private Room Category	Upto Sum Insured, Upto the Single Private Room Category

17. Section 41 of Insurance Act1938 (Prohibition of Rebates), as amended by Insurance Laws (Amendment) Act, 2015:

    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 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 prospectus or tables of the insurer.
    2. Any person making default in complying with the provision of this section shall be liable for penalty which may extend to ten lakh rupees.

IRDAI REGULATION: This policy is subject to IRDAI (Protection of Policyholders' Interests, Operations and Allied Matters of Insurers) Regulations,2024.

Disclaimer:

This is only a summary of the product features. The actual benefits available are as described in the policy, and will be subject to the policy terms, conditions and exclusions. Please seek the advice of your insurance advisor if you require any further information or clarification.

"Insurance is a subject matter of the solicitation". For more details on benefits, exclusions, limitations, terms & conditions, please refer sales brochure/ policy wordings carefully, before concluding a sale."

Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.

Tata AIG General Insurance Company Limited
Registered Office: Peninsula Business Park, Tower A, 15th Floor, G. K. Marg, Off Senapati Bapat Road, Lower Parel, Mumbai- 400013.
24X7 Toll Free No: 1800 266 7780 or 1800 22 9966 (For Senior Citizens)
Email:customersupport@tataaig.com Website: www.tataaig.com IRDA of India Registration No: 108 CIN: U85110MH2000PLC128425