Tata AIG MediCare Select - Prospectus

1. Suitability:

Entry Age: Minimum	Child- 0 days Dependent children between 0 days and 5 years can be insured only when both parents are getting insured. Adult- 18 years
Entry Age: Maximum	Child- 25 years Adult- No limit
Cover Ceasing age	There is no maximum cover ceasing age under this policy.
Policy Term	1 Year/ 2 Years/ 3 Years/4 Years/5 Years
Coverage Options	Individual/Family floater
Age of Proposer	18 years or above
Relationships Covered	a. The family includes spouse, economically dependent children and parents/parents-in-law. Relationships covered: Self, spouse and up to 3 dependent children, up to 2 parents and up to 2 parent-in-laws. In case of family floater, where the dependent child(ren) attains 26 years of age at renewal, the child(ren) can be covered under a separate policy with eligible continuity benefit. b. The Individual/Multi-individual policy covers Self, Spouse/ Partners, Upto 3 Dependent Children, Parents & Parents-in-law, Grandparents, Grandchildren, Siblings (Sister/Brother), Uncle, Aunt, Nephew, Niece, Employee, Domestic Help and Legal Guardian.

2. Sum Insured options (*in* ₹) :

- 5 Lacs
- 7.5 Lacs
- 10 Lacs
- 15 Lacs
- 20 Lacs
- 25 Lacs
- 50 Lacs
- 75 Lacs
- 100 Lacs
- 200 Lacs
- 300 Lacs

3. Zone(s)

For the purpose of premium computation, the country is divided into following three Zones and premium payable under this Policy will be computed based on the zone as applicable for the 'Address' of the proposer/ Insured Person:

Zone A	Mumbai (including Mumbai Metropolitan Region), Delhi (including National Capital Region, Faridabad, Ghaziabad), Ahmedabad, Surat, Baroda and Hisar
Zone B	Hyderabad (including Secunderabad), Sangareddy, Bengaluru, Kolkata (including Kolkata Metropolitan Area, Howrah, Hoogly), Indore, Gwalior, Chennai, Chandigarh (including, Mohali, Punchkula, Zirakpur), Pune (including Pimpri Chinchwad), Rajkot, Gandhinagar, Patan, Mahesana, Sabarkantha, Banaskantha, Junagadh, Navsari, Kheda, Arvalli, Mahisagar, and Surendranagar
Zone C	Rest of India

Here 'Address' implies the residential location/address where the person ordinarily resides. In case proposed prospect(s) reside at multiple addresses, then address of the person residing in the highest zone will be considered.

4. Key Benefits

a. **Range of benefits:** Indemnity based health insurance cover with range of benefits and optional covers.

b. **Network of hospitals:** We are equipped to offer you quality health care with our strong network of hospitals across India.

c. **Lifelong renewal:** We offer you a lifelong renewal for your policy provided premium is paid without any break. Your premiums will be basis the age, sum insured, zone, optional cover(s) and applicable discounts, if any. Your renewal premium will be basis your age on renewal and applicable discounts, if any. There will be no extra loadings based on your individual claim.

d. **Restore Infinity Plus:** We will provide reinstatement of the base sum insured, if the Sum Insured and Cumulative Bonus (if accrued) is insufficient to pay an admissible Hospitalization claim in the Policy.

e. **No Claim Bonus:** Cumulative bonus or Discount in Renewal Premium will be available for every claim free policy year. Either of the two options is to be selected.

f. **Tax Benefit:** The premium amount paid under this policy qualifies for deduction under Section 126 of the Income Tax Act, 2025.

5. Salient Features

a. **In-Patient Treatment:** Covers Medical Expenses for Medically Necessary Treatment in a Hospital, due to disease/Illness/Injury, that requires an Insured Person's admission in a Hospital for an Inpatient Care, during the Policy Period. Medical Expenses directly related to the Hospitalization would be payable.

b. **Pre-Hospitalization expenses:** Covers Medical Expenses incurred upto 90 days prior to the date of admission to the Hospital.

c. **Post-Hospitalization expenses:** Covers Medical Expenses incurred upto 90 days immediately after the Insured Person was discharged post Hospitalisation.

d. **Day Care Procedures:** Covers expenses for Day Care Treatment due to disease/illness/Injury taken in a Hospital or a Day Care Centre, during the Policy Period.

e. **Organ Donor:** Covers Medical Expenses incurred by or in respect of the organ donor, for an organ transplant Surgery, solely towards the harvesting of the organ donated. The insured person must be the recipient of the organ so donated by the organ donor.

f. **Domiciliary Treatment:** Covers Medical Expenses related to Domiciliary Hospitalization of the Insured Person if the treatment exceeds beyond three consecutive days and is availed during the Policy Period. The treatment must be for management of an Illness and not for enteral feedings or end of life care.

g. **AYUSH Benefit:** Covers medical Expenses incurred for In-patient/Day care treatment taken in an AYUSH hospital/AYUSH day care centre, including pre and post hospitalization expenses.

h. **Ambulance Cover:** Covers expenses incurred on transportation of Insured Person in a registered ambulance.

i. **Restore Infinity Plus:** We will provide reinstatement of the base sum insured, if the Sum Insured and Cumulative Bonus (if accrued) is insufficient to pay an admissible Hospitalization claim in the Policy.

j. **Daily Cash for choosing Twin Sharing Accommodation:** We will pay a fixed amount per day, if the Insured Person is Hospitalized in a Twin Sharing Accommodation, for each continuous and completed period of 24 hours.

k. **Daily Cash for choosing Multi-Sharing Accommodation:** We will pay a fixed amount per day, if the Insured Person is Hospitalized in a Multi-Sharing Accommodation, for each continuous and completed period of 24 hours.

6. Optional Covers

The Optional cover(s) are provided on payment of additional premium or discounts and subject to the terms and conditions and exclusions.

a. **Consumables Benefit:** We will cover expenses incurred for specified consumables, subject to balance Sum Insured, which are mentioned in Annexure I – List I of optional items (Consumables Benefit) available on Our website (www.tataaig.com) which are consumed during the period of Hospitalization directly related to the Insured Person's medical or surgical treatment of Illness/disease/Injury.

b. **Maternity Care :** We will cover Maternity Expenses, Delivery Complications of a New Born Baby and First year Vaccinations of the New Born Baby, subject to a waiting period of 2 years of continuous coverage of the insured person(s) under this cover with Us.

c. **Reduction of Maternity Care Waiting Period :** The waiting period of 2 years under 'Maternity Care' shall be reduced to 1 year of continuous coverage.

d. **Infinite Advantage :** We will cover the Medical Expenses incurred for an admissible claim under In-Patient Treatment/Daycare Procedures for any one claim during the lifetime of the policy, without any limits on the available annual Sum Insured.

e. **Early Access :** For single premium multi-year policies, the Sum Insured of the policy period shall be available anytime during the Policy Period, for utilization towards an admissible claim under selective benefits**.**

f. **Room Category Select :** The room category entitlement in the Policy shall be replaced to the room category as opted by the policyholder/ insured person.

g. **Aggregate Deductible :** Our liability under this Policy shall be subject to Aggregate Deductible as opted by the policyholder/ insured person.

h. **Long Term Claim Free Benefit:** We will deduct the lowest annual premium paid during every block of five (5) consecutive claim-free **Policy Year**s with Us, if no claim has been settled under the covers that impact the base **Sum Insured** of the **Policy** for the preceding five (5) consecutive years with Us, subject to subsequent renewal of the Policy along with this optional cover. The premium deduction benefit shall accrue once at the completion of every five (5) consecutive claim-free **Policy Year**s and shall be payable only once in respect of each such five-year block following the inception of this Optional Cover.

7. Discounts on premium:

<table>
<tr><td>A</td><td>Long term discount</td><td>
<table>
<tr><td>Long Term</td><td>Discount</td></tr>
<tr><td>2 years</td><td>5.0%</td></tr>
<tr><td>3 years</td><td>7.5%</td></tr>
<tr><td>4 years</td><td>8.0%</td></tr>
<tr><td>5 years</td><td>9.0%</td></tr>
</table>
This discount is available only with ‘Single’ Premium Payment mode.
</td></tr>
<tr><td>B</td><td>Family floater discount</td><td>
<table>
<tr><td>1 member</td><td></td><td>No Discount</td></tr>
<tr><td>2 members</td><td></td><td>22%</td></tr>
<tr><td rowspan="2">3 members</td><td>Atleast 1 child</td><td>28%</td></tr>
<tr><td>No child</td><td>22%</td></tr>
<tr><td rowspan="3">3+ members</td><td>Atleast 2 children</td><td>32%</td></tr>
<tr><td>Atleast 1 child</td><td>28%</td></tr>
<tr><td>No child</td><td>22%</td></tr>
</table>
</td></tr>
<tr><td>C</td><td>Multi-Individual Discount</td><td>5% (When more than one member are covered in a policy on individual basis)</td></tr>
<tr><td>D</td><td>Professional Discount</td><td>7.5% (This discount is applicable for salaried customers)</td></tr>
<tr><td>E</td><td>Young Family Discount</td><td>10%
This discount is applicable only if all the Insured Persons covered are of age of 40 years or below at the time of first inception of the policy.
This discount will be effective from the first year of the policy and will continue for the lifetime of the policy, irrespective of claims.
This discount will be discontinued if, at any point during the policy year, a new member is added whose entry age in policy is 41 years or above.</td></tr>
<tr><td>F</td><td>Discount in lieu of commission</td><td>Upto 15%</td></tr>
<tr><td>G</td><td>Favorable Experience Discount</td><td>20% at the inception of the Policy.
For Portability, Renewal and Migration policies, the Favorable Experience Discount may vary based on established criteria.</td></tr>
<tr><td>H</td><td>NRI Discount#</td><td>30%</td></tr>
</table>

Note: The above mentioned discounts are multiplicative and applied on the base premium. Discounts other than Long term discount, Family floater discount, Multi-Individual Discount, Favorable Experience Discount and Discount in Renewal Premium (No Claim Bonus) are subject to a maximum cap of 25%.

NRI Discount: Availability of NRI discount shall be subject to below mentioned conditions:

a. The Insured Person(s) shall submit a declaration and supporting document(s) confirming that they qualify as a Non-Resident Indian (NRI) / Overseas Citizen of India (OCI) for the entire Policy Year and at each subsequent Renewal.

b. In the event the Insured Person(s) cease(s) to qualify as a Non-Resident Indian (NRI) / Overseas Citizen of India (OCI) or fail(s) to submit the required documents for verification of residency status, the applicable discount shall cease to exist.

c. Such Non-Resident Indian (NRI) / Overseas Citizen of India (OCI) Policyholder must have an Indian bank account for the purpose of premium/claims payment.

8. Renewal Incentives:

a. **No Claim Bonus:** The below mentioned 'No claim Bonus' options will be available and applicable as opted by You.

1) Cumulative Bonus: If you choose Cumulative Bonus, sum insured will increase by 50% for every claim free policy year subject to maximum of 100% of sum insured. In case a claim is made during the policy year, the cumulative bonus would reduce by 50% in the following year.

2) **Discount in Renewal Premium:** If you choose Discount in Renewal Premium, We will allow 1% discount on renewal premium for every claim free Policy Year, provided that the Policy is renewed with Us without break.

b. **Favorable Experience Discount**: At Renewal, the Favorable Experience Discount will depend on below criteria:

Claim Years in last 3 Policy Years	Discount
3 Years	0%
2 Years	5%
1 Year	10%
No Claim	20%

Where 'Claim Year' is a Policy year in which one or more claim(s) have been paid. For the purpose of Favorable Experience Discount, a Policy year with claim only under 'Daily Cash for choosing Twin Sharing Accommodation', 'Daily Cash for choosing Multi-Sharing Accommodation' and 'Maternity Care' benefit will not be considered a 'Claim Year'.

9. 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 per IRDAI guidelines. 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 to the extent of the Sum Insured, No Claim Bonus, specific waiting periods, waiting period for pre-existing disease , Moratorium period etc from the Existing Insurer to the Acquiring Insurer in the previous policy, as applicable.

For Detailed Guidelines on Portability, kindly refer
Insurance Regulatory and Development Authority of India (Insurance Products) Regulations, 2024 F. No. IRDAI/Reg/8/202/2024 dated 20th March, 2024 and Master Circular on IRDAI (Insurance Products) Regulations 2024- Health Insurance Ref: IRDAI/HLT/CIR/PRO/84/5/ 2024 dated 29th May 2024 and their subsequent amendments thereof.

10.Free Look Period:

The insured person shall be provided a 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 the policy, and to return the same if not acceptable.

If the Insured Person has not made any claim during the Free Look Period, the Insured Person shall be entitled to a 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.

11.Waiting Period:

All the waiting periods shall be applicable individually for each Insured Person and claims shall be assessed accordingly.

i. ***Pre-Existing Diseases Waiting Period (Code- Excl 01):***

a. Expenses related to the treatment of a Pre-Existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 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 36 months for any Pre-Existing Disease is subject to the same being declared at the time of application and accepted by Us.

ii. Specified Disease/Procedure Waiting Period (Code- Excl02):

a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 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.

List of Specific disease/conditions/treatments:

I. Tumors, Cysts, polyps including breast lumps (benign) (*Arbud, Granthi, including arbud in Sthana*)
II. Polycystic ovarian disease (*garbhashaya granthi)*, Fibromyoma {*Aartav dushti (Sowmya arbudham)}*, Adenomyosis, Endometriosis *(Udavarthani yoni vyaazpt*)
III. Prolapsed Uterus (Yoni bhramsha)
IV. Gout and Rheumatism (*Vaathraktha and Aamvaat / Aadhya vata*), Rheumatoid arthritis, Non-infective arthritis (*Sandhi shool {Dhatukshay janya or Avrodhjanya, both, Sandhigata vata, Vata roga})*
V. Ligament, Tendon or Meniscal tear (*Sira, kandara, maamsgat vaat janya shool, sandhi shola)*
VI. Prolapsed Inter-Vertebral Disc (*Katishool, Greevashool, Grudhrasi vata)* and Spinal Diseases including spondylitis/spondylosis unless arising from Accident
VII. Cholelithiasis (*yakrut roga)*
VIII. Pancreatitis
IX. Fissure/fistula in anus, haemorrhoids, pilonidal sinus (*Arsha, Parikartika, bhagandar, gudagat vranshoth, nadi vrana)*
X. Ulcer & erosion of stomach & duodenum
XI. Gastro Esophageal Reflux Disorder (GERD) (*Parinamshool, annadravakhya shool, Amlapitta, Grahani)*
XII. Liver Cirrhosis

XIII. Perineal Abscesses (*bhagandhara)*
XIV. Perianal / Anal Abscesses
XV. Calculus diseases of Urogenital system Example: Kidney stone, Urinary bladder stone (*Ashmari of all types)*
XVI. Benign Hyperplasia of prostate (*Asththila vruddhi*)
XVII. Varicocele (*Vruddhi, Vrushanshoth*)
XVIII. Cataract (*avrana Shukla)*, Retinal detachment, Glaucoma (*abhishyandha)*
XIX. Congenital Internal Diseases
XX. Osteoarthritis and osteoporosis (*Asthikshay/ asti gata vata)*
XXI. Systemic connective tissue disorders, inflammatory polyarthropathies

List of procedure/surgeries/treatments:

XXII. Adenoidectomy
XXIII. Mastoidectomy
XXIV. Tonsillectomy
XXV. Tympanoplasty
XXVI. Surgery for nasal septum deviation and Nasal concha resection
XXVII. Surgery for Turbinate hypertrophy
XXVIII. Hysterectomy
XXIX. Joint replacement (for example: Knee replacement, Hip replacement)
XXX. Cholecystectomy
XXXI. Hernioplasty or Herniorraphy
XXXII. Surgery/procedure for Benign prostate enlargement
XXXIII. Surgery for Hydrocele/ Rectocele/Spermatocele
XXXIV. Surgery of varicose veins and varicose ulcers
XXXV. Obesity / Weight control procedures including Gastric bypass surgeries

iii. ***30 Days Waiting Period (Code- Excl 03):***

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.
c. The within referred waiting period is made applicable to the enhanced Sum Insured in the event of granting higher Sum Insured subsequently.

12. General Exclusions:

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

1. 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. 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.

v. Cosmetic or Plastic Surgery (Code- Excl 08):
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 Person. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

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

vii. 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. (Code- Excl13)

viii. 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)

ix. Refractive error (Code- Excl 15): Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

x. Unproven treatments (Code- Excl 16):
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.

xi. 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

xii. Maternity (Code - Excl 18):

1. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization) except ectopic pregnancy;

2. Expenses towards miscarriage (unless due to an Accident) and lawful medical termination of pregnancy during the Policy Period.

xiii. Alcoholic pancreatitis or Alcoholic liver disease;

xiv. Congenital External Diseases, defects or anomalies;

xv. Stem cell therapy; however, hematopoietic stem cells for bone marrow transplant for haematological conditions will be covered under this Policy,

xvi. Growth Hormone Therapy;

xvii. Sleep-apnoea and Sleeping disorder;

xviii. Admission primarily for administration (via any form or mode) of immunoglobulin infusion or supplementary medications like Zolendronic Acid, etc;

xix. Venereal disease, sexually transmitted disease or Illness;

xx. All preventive care including Health Check-ups, vaccination including inoculation and immunisations;

xxi. Cost of dentures, dental implants and braces; Dental Treatment or Dental Surgery of any kind unless incidental to an admissible Hospitalization claim where the cause of admission is Accident;

xxii. Any form of Non-Allopathic treatment (except AYUSH Benefit), Hydrotherapy, Acupuncture, Reflexology, Chiropractic treatment or any other form of indigenous system of medicine.

xxiii. Any existing disease specifically mentioned as Permanent exclusion in the Policy Schedule.

xxiv. Non payable items as mentioned in Annexure I – List I of optional items available on Our website (www.tataaig.com)

2. 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. Any Insured Person's participation or involvement in armed forces or related operation.

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

viii. If the Insured Person is under the influence of intoxicating liquor or drugs or other intoxicants, except where the Insured Person is not directly responsible for the injury/accident though under influence of intoxication.

ix. 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.

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

xi. 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.

xii. Hearing aids, spectacles or contact lenses, etc. including optometric therapy.

xiii. Any treatment and associated expenses for alopecia, baldness, wigs or toupees, medical supplies including elastic stockings, diabetic test strips and similar products.

xiv. Any treatment or part of a treatment that does not form part of 'Reasonable and Customary Charges', nor is medically necessary;

xv. 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.

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

xvii. 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.

13.Claim Procedure:

The final decision on all claims is taken by Tata AIG General Insurance Company Limited.

a. Intimation & Assistance:

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 **You** were placed, it was not possible for **You** 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, You 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
Customer Support Number:	022 6489 8282 / 1800 267 1955 (nly for senior citizen policy holders)
Website	www.tataaig.com

c. Procedure for reimbursement claims:

- Our TPA/We must be informed within 7 days of completion of such treatment, consultation or procedure using the Claim Intimation Form.
- 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 you, 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 15 days.
- The payment will be sent in the name of the proposer/ Nominee(s) in case of death of Proposer.

d. Procedure for availing cashless facility:

- For any emergency Hospitalisation, our TPA/We must be informed within 24 hours after hospitalization.

- For any planned hospitalization, kindly seek cashless authorization from our TPA/Us atleast 48 hours prior to the hospitalization.
- TPA/We will check your coverage as per the eligibility and send an authorization letter to the provider. In case there is any deficiency in the documents sent, the same shall be communicated to the hospital by TPA/Us.
- In case the ailment /treatment is not covered under the policy a rejection letter would be sent to the provider by TPA/Us.

Note:

- Insured person is entitled for cashless coverage only in our empanelled hospitals.
- Please refer to our website(www.tataaig.com) or call us on our 24*7 Customer Support Number: 022 6489 8282 / 1800 267 1955 (only for senior citizen policy holders) for empaneled hospital list.
- 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 intimation to the date of payment of claim at a rate 2% above the bank rate.

iii. However, All claims will be settled in accordance with the applicable guidelines issued by IRDAI.

(Explanation: "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).

f. Claims Payment

i. This Policy only covers claims incurred within India, and payments under this Policy shall only be made in Indian Rupees within India.

ii. Medical Expenses incurred for AYUSH treatment shall be assessed only under benefit B7 of this policy and shall be admissible only if incurred within India.

14.Renewal of Policy:

The Policy shall ordinarily be renewable except on grounds of established fraud, non-disclosure or misrepresentation by the Insured Person.

i. Renewal shall not be denied on the ground that the Insured Person had made a claim or claims in the preceding Policy Years.

ii. Request for Renewal along with requisite premium shall be received by the Company before the end of the Policy Period.

iii. Single premium payment mode Policy 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 after the end of the policy period. If not renewed under the Grace Period, the Policy shall terminate at the end of the Grace period.

iv. The grace period for payment of the premium during the Policy Period, for instalment premium shall be fifteen days where premium payment mode is monthly and thirty days in all other cases (Annual/ Half-Yearly/ Quarterly/Limited Premium paying term).

v. Coverage during such grace period (in case of instalment premium):

   a. Within the policy period - coverage will be available from the due date of instalment premium till the date of receipt of premium by Company within the grace period.

   b. 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 after the end of the policy period.

vi. The insured person will get the accrued continuity benefit to the extent of Sum Insured, No Claim Bonus, Specified Waiting Periods, waiting periods for pre-existing diseases, Moratorium period, as applicable, in the event of payment of premium within the stipulated grace Period.

vii. No loading shall apply on Renewals based on individual claims experience.

15.Possibility of Revision of Terms of the Policy Including the Premium Rates

The Company 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.

16.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 at least 30 days before the Policy Renewal date per IRDAI guidelines. lf 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 to the extent of the Sum Insured, No Claim Bonus, Specific Waiting periods, waiting period for pre-existing diseases, Moratorium period etc. in the previous policy to the migrated policy, as applicable.

For Detailed Guidelines on Migration, kindly refer
Insurance Regulatory and Development Authority of India (Insurance Products) Regulations, 2024 F. No. IRDAI/Reg/8/202/2024 dated 20th March, 2024 and Master Circular on IRDAI (Insurance Products) Regulations 2024- Health Insurance Ref: IRDAI/HLT/CIR/PRO/84/5/ 2024 dated 29th May 2024 and subsequent amendments thereof.

17.Withdrawal of policy:

i. In the likelihood of this product being withdrawn in future, the Company will intimate the Insured Person about the same 90 days prior to expiry of the Policy.

ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of Renewal with all the accrued continuity benefits such as No Claim Bonus, waiver of waiting period as per IRDAI guidelines, provided the Policy has been maintained without a break.

18.Moratorium Period

After completion of five continuous years 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 continuous period of five years 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 five continuous years 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, Aggregate Deductibles (If opted) as per the Policy contract.

19.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.

20.Requirement:

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

21.Pre-policy medical check-up:

Pre-Policy Check-up at our network may be required based upon the age and/or Sum Insured. The medical reports are valid for a period of 90 days from the date of Pre-Policy Checkup.

Age(Yrs)/Sum Insured	Up to 50 Lacs	75 Lacs & 100 Lacs	200 Lacs & 300 Lacs
Upto age 45	Tele/Video MER (only if positive medical declaration)	Tele/Video MER	
46 - 55	Tele/Video MER		
56 - 65	Tele/Video MER	Tele MER, Subsequently targeted PPC. List of Tests – MER, Urine Routine, CBC with ESR, LFT, RFT, Lipid Profile, Hba1c, ECG	*MER, Urine Routine, CBC with ESR, LFT, RFT, Lipid Profile, Hba1c, ECG
65-75	*MER, Urine Routine, CBC with ESR, LFT, RFT, Lipid Profile, Hba1c, ECG		
Above 75	*MER, CBC ESR, HbA1c, Lipid Profile, Sr. Creatinine, SGOT, SGPT, Urine Routine, 2 D Echo, USG		

*MER – Medical Examination Report, CBC – Complete Blood Count, ESR – Erythrocyte Sedimentation Rate , LFT – Liver Function test, RFT – Renal Function Test, Hba1c - Hemoglobin A1C Test, ECG – Electro Cardiogram, PPC – Pre-Policy Check-up , SGOT-Serum glutamic-oxaloacetic transaminase, SGPT- Serum glutamic pyruvic transaminase, USG- Ultrasound Sonography

- In case of adverse medical declaration or portability, we may call for additional medical tests. We may conduct medical tests at diagnostic centre/ through home visit, based on medical disclosure wherever applicable.
- 100% of TeleMER cost would be borne by the Company, in case of proposal acceptance.

- *At least 50% of pre-policy medical checkup cost would be borne by Tata AIG in case where proposal is accepted.
- Financial underwriting may be done in case of higher sum insured options.

22.Premium Rates:

a. The premium will be charged on the completed age of the Insured Person.
b. Premium rates are subject to change.
c. The premium for the policy will remain the same for the policy period as mentioned in the policy schedule.
d. For family floater, premium is calculated by adding the premium of respective individual members and applying family floater discount.
e. Monthly/Quarterly/Half-Yearly/Annual and Limited Premium paying term instalment option would be allowed and following loadings shall be applicable as per the selected instalment option and Policy Tenure:

Loading %			
Instalment Option/Tenure	**1 Year Policy**	**2 Year Policy**	**3 Year Policy**
Monthly	5.00%	9.00%	13.00%
Quarterly	4.00%	8.00%	12.00%
Half-Yearly	2.50%	7.00%	11.00%

Limited Premium paying term:

EMI Tenure / Policy Tenure	**Loading %**		
	1 Year	**2 Year**	**3 Year**
2 Months	0.50%	0.50%	0.50%
3 Months	1.25%	1.25%	1.25%
6 Months	2.50%	2.50%	2.50%
12 Months	5.00%	5.00%	5.00%

If the insured person has opted for Payment of Premium on an instalment basis as mentioned in the policy Schedule, 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 installment premium due for the policy where premium payment mode is monthly and 30 days in all other cases (Annual/Half-Yearly/ Quarterly/ Limited Premium paying term) during the policy period. During such

grace period, coverage shall be available from the due date of installment premium till the date of receipt of premium by Company.

II. The insured person will get the accrued continuity benefit in respect of the Waiting Periods, Specific Waiting Periods in the event of payment of premium within the stipulated grace Period.

III. No interest will be charged If the installment premium is not paid on due date

IV. In case of installment premium due not received within the grace period, the policy will get cancelled. In such scenario, in case of Limited Premium paying term mode, premium will be refunded on pro rata basis after deducting administrative costs (if any), subject to no claims under the Policy.

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

VI. The company has the right to recover and deduct all the pending installments from the claim amount due under the policy.

For premium rates, kindly visit our website www.tataaig.com.

23.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 persons 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 including subsequent Renewal(s) with Us and on the applicable Sum Insured for each policy year including increased Sum insured, if any.

   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/release the amount 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.

24.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, non-disclosure of material facts.

25.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 Customer Support Number: 022 6489 8282 / 1800 267 1955 (only for senior citizen policy holders), 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)

26.Section 41 of Insurance Act, 1938 (Prohibition of Rebates), as amended by Insurance Laws (Amendment) Act, 2015 :

i. 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 published prospectuses or tables of the insurer.

ii. 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 Insurance Regulatory and Development Authority of India (Protection of Policyholders' Interests, Operations and Allied Matters of Insurers) Regulations, 2024 .

Benefit Table:

Benefit Name/ Coverage Limit	TATA AIG MediCare Select	TATA AIG MediCare Select - SMART	TATA AIG MediCare Select - ELITE
Sum Insured Options	5/7.5/10/15/20/25/50/75/100/ 200/300 Lacs	5/7.5/10/15/20 Lacs	25/50/75/100/ 200/300 Lacs
In-Patient Treatment	Up to Sum Insured	Up to Sum Insured	Up to Sum Insured
Pre-Hospitalization expenses	90 Days, Upto Sum Insured	90 Days, Upto Sum Insured	90 Days, Upto Sum Insured
Post-Hospitalization expenses	90 Days, Upto Sum Insured	90 Days, Upto Sum Insured	90 Days, Upto Sum Insured
Day Care Procedures	All Day Care Treatments, Upto Sum Insured	All Day Care Treatments, Upto Sum Insured	All Day Care Treatments, Upto Sum Insured
Organ Donor	Up to Sum Insured	Up to Sum Insured	Up to Sum Insured
Domiciliary Treatment	Up to Sum Insured	Up to Sum Insured	Up to Sum Insured
AYUSH Benefit	Upto Sum Insured	Upto Sum Insured	Upto Sum Insured
Ambulance Cover	Up to Sum Insured	Up to Sum Insured	Up to Sum Insured
Restore Infinity Plus	Unlimited restorations during a policy year	Unlimited restorations during a policy year	Unlimited restorations during a policy year
Daily Cash for choosing Twin Sharing Accommodation	Rs 1200 per day (Over & Above base sum insured) Available if the room category eligibility is 'Single Private Room' or higher than the Single Private Room	NA	Rs 1200 per day (Over & Above base sum insured) Available if the room category eligibility is 'Single Private Room' or higher than the Single Private Room
Daily Cash for choosing Multi-Sharing Accommodation	Rs 1500 per day (Over & Above base sum insured) Available if the room category eligibility is 'Single Private Room' or higher than the Single Private Room	NA	Rs 1500 per day (Over & Above base sum insured) Available if the room category eligibility is 'Single Private Room' or higher than the Single Private Room
No Claim Bonus	i) Cumulative Bonus: 50% of the base Sum Insured of the expiring Policy, maximum upto 100%	i) Cumulative Bonus: 50% of the base Sum Insured of the expiring Policy, maximum upto 100%	NA

	(50% decrease in subsequent policy year, in case of claim). **OR** ii) 1% Discount in Renewal Premium	(50% decrease in subsequent policy year, in case of claim). **OR** ii) 1% Discount in Renewal Premium	
Room Category**	Single Private Room	Twin sharing Accommodation	Any Room
Consumables Benefit	**Optional Cover** NME (specified consumables) covered Up to Sum Insured	**Optional Cover** NME (specified consumables) covered Up to Sum Insured	**In-Built** NME (specified consumables) covered Up to Sum Insured
Supercharge Bonus Rider	**Optional Rider** **For SI 5L and 7.5L -** 100% increase in base Sum Insured every year, max up to 300%, irrespective of Claim **For SI 10L and above -** 100% increase in base Sum Insured every year, max up to 500%, irrespective of Claims	**Optional Rider** **For SI 5L and 7.5L -** 100% increase in base Sum Insured every year, max up to 300%, irrespective of Claim **For SI 10L and above -** 100% increase in base Sum Insured every year, max up to 500%, irrespective of Claims	**In-Built** **For SI 20L and above -** 100% increase in base Sum Insured every year, max up to 500%, irrespective of Claims
Introduction of Valued Provider Network	**Optional Rider**	**In-Built**	**Optional Rider**
Optional Covers			
Maternity Care	10% of Sum Insured, maximum up to Rs. 1,00,000 per policy year (Over & Above base sum insured)	10% of Sum Insured, maximum up to Rs. 1,00,000 per policy year (Over & Above base sum insured)	10% of Sum Insured, maximum up to Rs. 1,00,000 per policy year (Over & Above base sum insured)
Reduction of Maternity Care Waiting Period	Reduction of 'Maternity Care' waiting period to 1 year	Reduction of 'Maternity Care' waiting period to 1 year	Reduction of 'Maternity Care' waiting period to 1 year
Infinite Advantage	Payment of any one claim during the lifetime of the Policy, without any limits	Payment of any one claim during the lifetime of the Policy, without any limits	Payment of any one claim during the lifetime of the Policy, without any limits
Early Access	For single premium multi-year policies, the Sum Insured of the policy period shall be available for utilization anytime during the Policy Period for admissible claim(s)	For single premium multi-year policies, the Sum Insured of the policy period shall be available for utilization anytime during the Policy Period for admissible claim(s)	For single premium multi-year policies, the Sum Insured of the policy period shall be available for utilization anytime during the Policy Period for admissible claim(s)
Room Category Select**	Any Room/ Twin sharing Accommodation	NA	NA
Aggregate Deductible	Deductible options (Rs.): 10,000/ 25,000/ 50,000/ 1,00,000	Deductible options (Rs.): 10,000/ 25,000/ 50,000/ 1,00,000	Deductible options (Rs.): 10,000/ 25,000/ 50,000/ 1,00,000

Long Term Claim Free Benefit	Available	Available	Available

**Proportionate deduction of Associated Medical Expenses applicable in case insured person is admitted in a room whose category is higher than the eligible room category.

Annexure I

Illustrations of the Optional Cover: Long Term Claim Free Benefit

Illustration 1:

Policy Year		1	2	3	4	5	Premium amount to be deducted in upcoming **Policy Year**	6	7	8	9	10	Premium amount to be deducted in upcoming **Policy Year**
Policy 1	Member 1	100	102	104	106	108	230	110	112	114	116	118	260
	Member 2	80	82	84	86	88		90	92	94	96	98	
	Member 3	50	52	54	56	58		60	62	64	66	68	
Claim Status		-	-	-	-	-		-	-	-	-	-	
Total Premium (Excluding Long Term Claim Free Benefit)		230	236	242	248	254		260	266	272	278	284	
Premium of Long Term Claim Free Benefit		23	24	24	25	25		26	27	27	28	28	

Total Premium with Long Term Claim Free Benefit		253	260	266	273	279		286	293	299	306	312	

For the purpose of determining the premium amount eligible for deduction, only the "Total Premium (Excluding Long Term Claim Free Benefit)" shall be considered.

Accordingly, in the above example, an amount of ₹230 shall be deducted against the premium payable during the 6th Policy Year, and the premium payable for the 6th Policy Year shall consequently be ₹56, subject to there being no other change or endorsement during such Policy Year that results in a deduction to the premium payable.

Illustration 2:

Policy Year		1	2	3	4	5	6	7	8	Premium amount to be deducted in upcoming policy year
Policy 1	Member 1	100	102	104	106	108	110	112	114	248
	Member 2	80	82	84	86	88	90	92	94	
	Member 3	50	52	54	56	58	60	62	64	
Claim Status		-	-	Claim	-	-	-	-	-	
Total Premium (Excluding Long Term Claim Free Benefit)		230	236	242	248	254	260	266	272	

Premium of Long Term Claim Free Benefit		23	24	24	25	25	26	27	27
Total Premium with Long Term Claim Free Benefit		253	260	266	273	279	286	293	299

Illustration 3: Split Policy

Policy Year		1	2	3	4	5	Premium amount to be deducted in upcoming policy year
Policy 1	Member 1	100	102	104	106	108	177
	Member 2	80	82	84	86	88	
	Member 3	50	52	54			
Policy 2	Member 3				56	58	53
Claim Status		-	-	-	-	-	
Total Premium (Excluding Long Term Claim Free Benefit)		230	236	242	248	254	230
Premium of Long Term Claim Free Benefit		23	24	24	25	25	
Total Premium with Long Term Claim Free Benefit		253	260	266	273	279	

Illustration 4: Member Addition

Policy Year		1	2	3	4	5	Premium amount to be deducted in upcoming policy year
Policy 1	Member 1	100	102	104	106	108	100
	Member 2			84	86	88	
Claim Status		-	-	-	-	-	
Total Premium (Excluding Long Term Claim Free Benefit)		100	102	188	192	196	
Premium of Long Term Claim Free Benefit		10	10	19	19	20	
Total Premium with Long Term Claim Free Benefit		110	112	207	211	216	

Illustration 5: Multi-Tenure Policy

Policy Period		Policy Period 1 (Tenure 3 years)			Policy Period 2 (Tenure 3 years)			Premium amount to be deducted in upcoming policy period
Policy Year		1	2	3	4	5	6	
Policy 1	Member 1	100	102	104	106	108	110	230
	Member 2	80	82	84	86	88	90	
	Member 3	50	52	54	56	58	60	
Claim Status		-	-	-	-	-	-	
Total Premium (Excluding Long		230	236	242	248	254	260	

Term Claim Free Benefit)							
Premium of Long Term Claim Free Benefit		23	24	24	25	25	26
Total Premium with Long Term Claim Free Benefit		253	260	266	273	279	286

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, waiting periods and exclusions. Please seek the advice of your insurance advisor if you require any further information or clarification.

"Insurance is a subject matter of 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.