

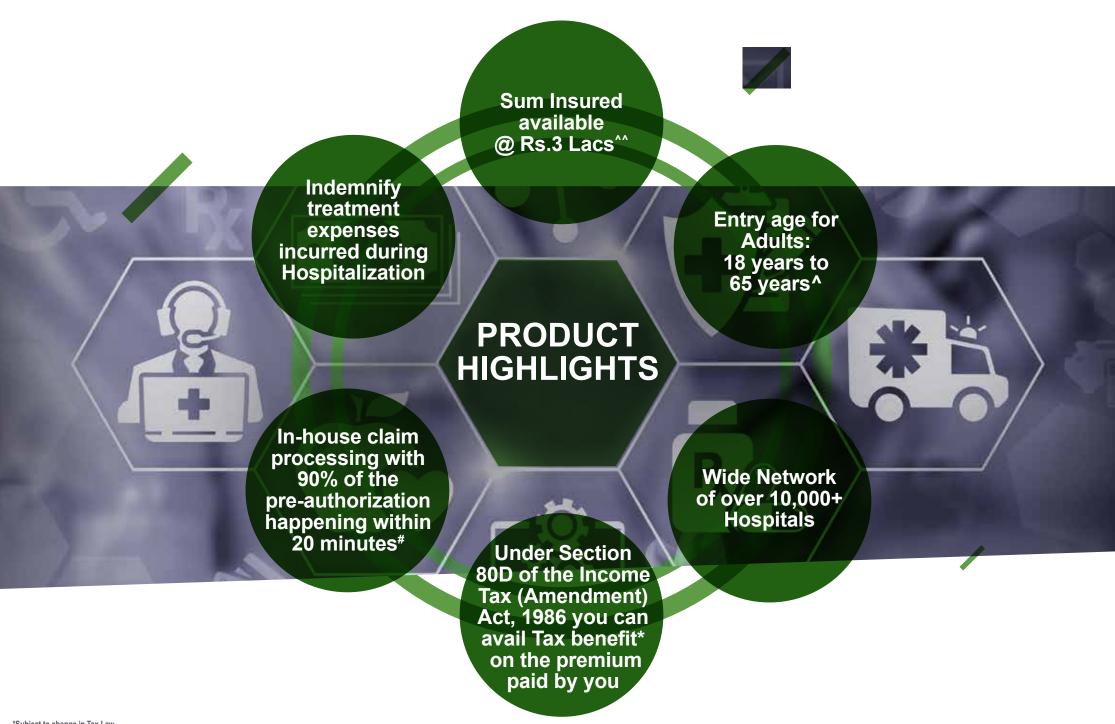


**Group Mediclaim Insurance Policy** 



# LIFE IS VERY UNPREDICTABLE.

Insure it with Group Mediclaim Insurance Policy that equips you to manage Finances during such uncertain times



\*Subject to change in Tax Law

#90% of our cashless health claims are approved in 20 minutes. Based on the data from April 2019 to September 2019. Subject to satisfactory submission of all relevant documents and information(s) to the Company. TAT for approval of pre authorization requests 60 minutes. Cashless hospitalization available only in HDFC ERGO network hospitals. Visit www.hdfcergo.com for your nearest network hospital.

^The policy covers persons from the age group 91 days onwards upto 65 years of age except when the company at its sole discretion, accepts anyone over 65 years old, for whom premium has been paid and who is identified in the Schedule as an Insured Person. ^^Maximum sum insured available is upto 10 lakhs as per filed document.

#### WHO CAN BE COVERED

Loan Account Holders of Home Credit

#### WHAT IS COVERED

- Inpatient-Hospitalization covered up to Sum Insured of 3 Lacs<sup>^^</sup>
- New born baby<sup>®</sup> can be covered from Day 1 within Family Floater Sum Insured
- Pre & Post Hospitalization expenses are covered for 30 & 60 days respectively
- Domiciliary Hospitalization is covered
- Daycare procedures are covered

<sup>@</sup>For optional cover additional premium will be charged. ^^Maximum sum insured available is upto 10 lakhs as per filed document.

## WHAT IS NOT COVERED

- All DISEASES or INJURIES which are in a PRE-EXISTING CONDITION when the cover incepts for the first time. For the purpose of applying this condition, the date of inception of the initial mediclaim policy taken from any of the Indian Insurance Companies shall be taken provided the renewals have been continuous and without any break
- Any DISEASE contracted by the INSURED PERSON during the first thirty (30) days from the commencement date of the policy except for Accident
- During the first year of the operation of the insurance cover, the expenses for treatment of DISEASES such as cataract, benign prostatic hyperthrophy, hysterectomy for menorrhagia or fibromyoma, hernia, hydrocele, congenital internal DISEASE / defects, fistula in anus, piles, Sinusitis and related disorders are not payable. If these DISEASES (other than congenital internal DISEASE / defects) are in a PRE-EXISTING CONDITION at the time of proposal, they will not be covered even during subsequent period of renewal. If the INSURED PERSON is aware for the existence of congenital internal DISEASE / defects before inception of policy, the same will be treated as a PRE-EXISTING CONDITION
- Claims arising from, as a consequence of or involving investigations, operations or treatment of a
  purely cosmetic nature; or for obesity; or undertaken to facilitate pregnancy or to cure impotence
  or to improve potency
- INJURY or DISEASE directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, Warlike operations (whether war be declared or not)
- Circumcision unless necessary for treatment of a DISEASE not excluded hereunder or as may be necessitated due to an ACCIDENT, vaccination or inoculation or change of life; or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an ACCIDENT or as a part of any illness
- The cost of spectacles and contact lenses, hearing aids, dental treatment or surgery of any kind unless requiring hospitalization







## WHAT IS NOT COVERED

- Convalescence, general debility, run-down condition or rest cure; congenital external DISEASE or congenital internal defects or anomalies for example Congenital heart anomalies like ASD, VSD, Tetrology of Fallot etc.; sterility, venereal DISEASE, intentional self INJURY and use of intoxicating drugs/alcohol
- All expenses arising out of any condition directly or indirectly caused to or associated with Human T-cell Lymphographic Virus Type 111 (HTLB-111) or Lymphadinopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS
- Charges incurred at HOSPITAL primarily for diagnostic, x-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any DISEASE or INJURY, for which confinement is required at a Hospital or at Home under Domiciliary Hospitalization as defined
- Expenses on vitamins and tonics unless forming part of treatment for INJURY or DISEASES as certified by the attending MEDICAL PRACTITIONER
- INJURY or DISEASE directly or indirectly caused by or contributed to by nuclear weapons/materials
- Loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to any act of terrorism
- Treatment arising from or traceable to pregnancy and childbirth (including voluntary termination of pregnancy) and childbirth, (including caesarean section) unless included as an add-on cover for which additional premium shall have to be paid
- Voluntary termination of pregnancy
- Naturopathy treatment







PREMIUM DETAILS						
SELF ONLY						
Age Band	18-35	36-45	46-50	51-55	56-60	61-65
Premium before GST	2,681	3,157	4,894	5,874	7,047	9,866
Add : GST	483	568	881	1,057	1,268	1,776
Total Premium	3,164	3,725	5,775	6,931	8,315	11,642
SELF + SPOUSE + 2 CHILDREN ONLY - 3 LACS (Inclusive of New Born Baby Optional Cover)						
Age Band	18-35	36-45	46-50	51-55	56-60	61-65
Premium before GST	6,986	8,406	13,032	15,639	18,763	26,270
Add : GST	1,257	1,513	2,346	2,815	3,377	4,729
Total Premium	8,243	9,919	15,378	18,454	22,140	30,999

#### ANTI REBATE WARNING

As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows: 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 policy in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. Violations of Section 41 of the Insurance Act 1938, as amended, shall be punishable with a fine which may extend to Rs.10 Lakhs.

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