

# digit

Welcome to the  
'I feel good policy'



**Digit Illness Group Insurance**

UIN:GODHLGP20142V011920

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Visit us at [www.godigit.com](http://www.godigit.com) or call **1800-258-4242**, anytime, for more information.

## Let's get started

You're already awesome because you decided to protect your most important asset, your health. Especially with so many new illnesses sprouting every year, one needs to protect oneself against the financial & emotional burden of falling ill.

So, think of Digit as your fitness buddy, keeping pace with you on your way to good health. While you're reading this policy, you get confused or have a query, or you are referring to this policy because you have a claim to make, please call us at 1800-258-4242 or mail us at [hello@godigit.com](mailto:hello@godigit.com)

Based on the declaration provided by You to us, Go Digit General Insurance Limited (hereinafter called 'the Company/DIGIT') which forms the basis of this health policy contract, and having received your premium, we take pleasure in issuing this policy to you.

**Go Digit General Insurance Limited** will cover You under this Policy up to the Sum Insured, during the policy period mentioned in your Policy Schedule / Certificate of Insurance. Of course, like any insurance cover, it is governed by, and subject to certain terms, conditions and exclusions mentioned in this Policy.

Note: This Policy Wording provides detailed terms, conditions and exclusions for all Sections available under this Product. Kindly refer to the Policy Schedule / Certificate of Insurance to know exact details of Sections opted by You. Only Wordings related to Sections mentioned in your Policy Schedule / Certificate of Insurance are applicable.

**Disclaimer: The Description mentioned under "Digit Simplification"/ "Examples" throughout the Insurance Policy is only to aid Your understanding of the Coverage / Benefit Offered. In case of dispute, the Terms and Conditions detailed in the Policy Document and Policy Schedule / Certificate of Insurance shall prevail.**

# DEFINITIONS

**Digit Simplification: You didn't think you needed to know definitions since your time in school, right? Well, the good news is that you don't need to learn these by heart, as long as you understand them.**

Certain words and phrases used throughout the Policy have specific meanings, and this section helps to understand them.

1. **Any one illness** means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.
2. **Cashless Facility** means a facility extended by Us to You where the payments, of the costs of treatment undergone by You in accordance with the Policy terms and conditions, are directly made to the Network Provider by Us to the extent Pre-authorization is approved.
3. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
4. **Congenital Anomaly** means a condition which is present since birth, and which is abnormal with reference to form, structure or position.
  - a. Internal Congenital Anomaly means a Congenital anomaly which is not in the visible and accessible parts of the body.
  - b. External Congenital Anomaly means a Congenital anomaly which is in the visible and accessible parts of the body.
5. **Contribution** Contribution is essentially the right of an insurer to call upon other insurers, liable to the same insured, to share the cost of an indemnity claim on a ratable proportion of Sum Insured. This clause shall not apply to any benefit offered on a fixed benefit basis.
6. **Co-Payment** means a cost sharing requirement under a Health Insurance Policy that provides that the Policyholder/Insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured. Co-Payment will not be applicable to Section 2 of the Policy.
7. **Deductible** means a cost sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of Daily Hospital Cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.
8. **Disclosure to Information Norm:** The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.
9. **Emergency / Emergency Care** means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly and requires immediate care by a medical practitioner to prevent death or serious long-term impairment of the insured person's health.
10. **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.
11. **Hospital** means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said Act Or complies with all minimum criteria as under:

- i) has qualified nursing staff under its employment round the clock;
  - ii) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places;
  - iii) has qualified medical practitioner(s) in charge round the clock;
  - iv) has a fully equipped operation theatre of its own where surgical procedures are carried out;
  - v) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;
12. **Hospitalization/Hospitalized** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours
13. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
- (a) Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery
- (b) Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
- 1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
  - 2. it needs ongoing or long-term control or relief of symptoms
  - 3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
  - 4. it continues indefinitely
  - 5. it recurs or is likely to recur
14. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
15. **In-patient Care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
16. **Intensive Care Unit** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
17. **ICU Charges** means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.
18. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
19. **Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
20. **Medical Practitioner / Dentist** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the

Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license. The registered practitioner should not be the insured or close member of the family.

21. **Medically Necessary Treatment** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:
- i) is required for the medical management of the illness or injury suffered by the insured;
  - ii) must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
  - iii) must have been prescribed by a medical practitioner;
  - iv) must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
22. **Migration** means, the right accorded to health insurance policyholders (including all members under family cover and members of group health insurance policy), to transfer the credit gained for pre-existing conditions and time bound exclusions, with the same insurer.
23. **Network Provider** means hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.
24. **Non-Network Provider** means any hospital, day care centre or other provider that is not part of the network.
25. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
26. **Policy** means the Proposal, the Policy Schedule / Certificate of Insurance (and any endorsement attaching to or forming part thereof) and the Policy Wordings.
27. **Policy Period** means the period between the commencement date and the expiry date specified in the Policy Schedule / Certificate of Insurance and includes both the commencement date as well as the expiry date.
28. **Pre-Existing Disease** means any condition, ailment, injury or disease:
- a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
  - b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.
29. **Pre-hospitalization Medical Expenses** means medical expenses incurred during pre- defined number of days preceding the hospitalization of the Insured Person, provided that:
- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
  - ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
30. **Post-hospitalization Medical Expenses** means medical expenses incurred during pre- defined number of days immediately after the insured person is discharged from the hospital provided that:
- i. Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and
  - ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

31. **Portability** means, the right accorded to individual health insurance policyholders (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer.
32. **Qualified Nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
33. **Quarantine** means strict detention or isolation of a person suspected of carrying some infectious or contagious disease which is imposed by governmental authority to prevent the spread of disease
34. **Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.
35. **Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.
36. **Room** means a Single Room without wall/permanent partition, dining or waiting room and with or without following amenities: an attendant cot, one television, one sofa, a telephone, refrigerator, wardrobe, computer with internet connection and microwave oven.
37. **Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.
38. **Sum Insured** means the amount as opted by You and stated in the Policy Schedule / Certificate of Insurance against the Section/Cover for each insured person including cumulative bonus (if any) for Individual Sum Insured Policy and aggregately for all insured members for a Floater Policy.
39. **Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.
40. **Tertiary Care** constitutes of Specialized Advanced Care Unit designed to care to complex medical condition involving super specialist consultant like Neurosurgeon, Neurologist, Spine Surgeons and Reconstructive Surgeons.
41. **Unproven/Experimental Treatment** means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.
42. **We, Us, Our, Ours, Digit, Company, Insurer** means Go Digit General Insurance Limited.
43. **You, Your, Yours, Yourself, Policyholder, Insured Person(s)** means the Individual Group Members who will be treated as Insured beneficiary.

## DEFINITION, COMPLICATION & DIAGNOSTIC FOR DISEASE/S AND/OR CONDITIONS:

### 1. Cholera:

- a. Definition - Cholera is an acute, diarrheal illness caused by infection of the intestine with the bacterium *Vibrio cholerae* and is spread by ingestion of contaminated food or water.
- b. Complications: Persons with severe cholera can develop acute renal failure, severe electrolyte imbalances and coma.

c. Diagnostics: Faecal specimen (hanging drop) and PCR – Positive for *Vibrio cholerae*

## **2. Amoebiasis**

a. Definition: Amoebiasis is an infection caused by *Entamoeba Histolytica* causing both intestinal and extraintestinal symptoms

b. Complication: Amoebic liver abscess

c. Diagnostics: Presence of amoeba cyst in the stool specimen, Ultrasound confirming liver abscess

## **3. Typhoid:**

a. Definition: Typhoid fever also known as enteric fever caused by *Salmonella enterica Typhi* leading to Fever, Abdominal pain, weakness and rose-coloured rash

b. Complications: Ileal perforation and / or meningitis, Sepsis

c. Diagnostics: Blood culture, PCR, IgG and IgM studies

## **4. Viral Hepatitis:**

a. Definition: Hepatitis is the infection to the liver due to Viral Infection caused by either Hep A, D or E (water borne). Hepatitis B and C are excluded (as they are chronic and caused from needles and body fluids)

b. Complications: Encephalopathy or liver failure

c. Diagnostics: IgG and IgM studies, Hepatitis A, D and E specific viral markers

## **5. Tuberculosis:**

a. Definition: Tuberculosis is a chronic progressive infection caused by *Mycobacterium tuberculosis* in lungs, intestine, bones, nervous system and genital organs

b. Complications: Multi drug resistant tuberculosis and /or Tubercular meningitis

c. Diagnostics: Mantoux test, Interferon-gamma release assay, IgG and IgM studies

## **6. Plague:**

a. Definition: Plague is a life-threatening bacterial infection to humans through fleas, contaminated fluid or droplets.

b. Complications: Pneumonia and Septicaemia

c. Diagnostics: Lymph node swelling (BUBO), CSF analysis, Blood and fluid culture tests

## **7. Diphtheria:**

a. Definition: Diphtheria is an upper respiratory tract infection which spreads through touch and droplets starts with thick coating of throat, swelling of glands in neck and fever.

b. Complications: Respiratory failure, paralysis, myocarditis, polyneuropathy and death.

c. Diagnostics: Throat Swab Culture or Sample from a skin lesion (like a sore)

## **8. Typhus:**

a. Definition: Typhus fevers are a group of diseases caused by bacteria that are spread to humans by fleas, lice, and chiggers

- b. Complications: Acute respiratory distress, septic shock, myocarditis, meningoencephalitis
- c. Diagnostics: Skin biopsy, western blot, immunofluorescence test

**9. Leptospirosis:**

- a. Definition: Leptospirosis is a bacterial infection that affects that spreads from contact of unhealed break or injured skin with contaminated water or soil.
- b. Complications: Kidney and Liver failure, Sepsis
- c. Diagnostics: Microscopic Agglutination test and IgG/IgM studies

**10. Dengue:**

- a. Definition: Dengue fever is caused by the virus spread through Aedes mosquito bite resulting to fever, severe headache, vomiting, skin rash and life-threatening internal bleeding.
- b. Complications: Platelets count < 40k, Septic shock and death
- c. Diagnostics: NS1 test, IgG/IgM studies, CBC with platelet counts

**11. Malaria:**

- a. Definition: Malaria fever is caused by a protozoan – Plasmodium through female anopheles mosquito resulting in fever, weakness, chills, headache, vomiting and Jaundice
- b. Complications: kidney failure, Seizures and cerebral malaria, Sepsis
- c. Diagnostics: Blood smear, Rapid diagnostic test

**12. Filariasis:**

- a. Definition: Filariasis is caused when the lymphatic system is blocked by microfilaria parasite leading to permanent changes in the limbs.
- b. Complications: Permanent disability
- c. Diagnostics: Blood smear and Antibodies

**13. Kala Azar**

- a. Definition: A chronic and potentially fatal parasitic disease of the viscera (the internal organs, particularly the liver, spleen, bone marrow and lymph nodes) due to infection by the parasite called Leishmania donovani.
- b. Complications: Anaemia, Septicaemia, Hyperpigmentation, Splenic Rupture.
- c. Diagnostics: DAT and the rk39 dipstick tests

**14. Chikungunya:**

- a. Definition: Chikungunya is caused by virus through Aedes mosquitoes leading to fever, weakness and severe joint pains
- b. Complications: Severe joint pain with disability
- c. Diagnostics: IgG and IgM studies

**15. Japanese Encephalitis:**

- a. Definition: Inflammation of brain due to virus leading to disorientation, fever, vomiting, convulsions



and death

b. Complications: Encephalopathy and death, Sepsis

c. Diagnostics: CSF and blood culture

## **16. HIV**

**Definition:** "HIV Infection" means a positive HIV antibody testing (rapid or laboratory-based enzyme immunoassay). This is usually confirmed by a second HIV antibody test (rapid or laboratory-based enzyme immunoassay) relying on different antigens or of different operating characteristics.

and /or;

A positive virological test for HIV or its components (HIV-RNA or HIV-DNA or ultrasensitive HIV p24 antigen) confirmed by a second virological test obtained from a separate determination.

## **17. Zika Virus:**

a. Definition: Zika virus is caused by virus through mosquito bite leading to fever, rash, muscle pain and Joint pain. Pregnant women can transfer the virus to the unborn child leading to the microcephaly.

b. Complications: Birth defects in newborn

c. Diagnostics: RT-PCR, Urine analysis, IgG/IgM studies

## **18. Nipah Virus**

a. Definition: Nipah Virus is caused by virus through Bats leading to drowsiness, disorientation and respiratory distress

b. Complications: Inflammation and irreversible damage to brain

c. Diagnostics: RT-PCR, Swab culture, CSF analysis

## **19. EBOLA**

a. Definition: Ebola virus disease is a deadly disease which spreads from few animals like Monkeys, Bats etc., through body fluids and mucus membranes leading to Fever, severe body ache, rashes and Diarrhoea

b. Complications: Septic shock and death

c. Diagnostics: RT – PCR and Ebola Antigen tests

## **20. Swine Influenza Virus & H1N1 Virus**

a. Definition: A rapidly contagious infection transmitted from animals and spread through droplet circulation leading to fever, cough and severe respiratory symptoms.

b. Complications: Pneumonia leading to Respiratory arrest, Lung fibrosis, renal failure, septic shock and death

c. Diagnostics: IgG/IgM studies, Swab cultures (throat), PCR

## **21. COVID-19, SARS and MERS**

a. Definition: A rapidly contagious infection caused by a virus from Coronavirus Family, transmitted from animals and spread through droplet circulation leading to fever, cough, mild to severe respiratory symptoms.

- b. Complications: Pneumonia leading to Respiratory arrest, Lung fibrosis, renal failure, septic shock and death
- c. Diagnostics: IgG/IgM studies, Swab cultures (throat), PCR

## COVERAGE

### SECTION 1. HOSPITALIZATION COVER

**Digit Simplification:** Hospital stays are never fun. And the less said about hospital food, the better! That said, it's good to know that Digit will try and make it easy, should you need to spend some time in a hospital, before you're back on your feet.

#### A. Hospitalization Cover

**Digit Simplification:** The day bad luck strikes.

If You have opted for this cover and if You were Hospitalized due to Illness, as an inpatient, during the Policy Period, solely because You were Infected and Tested Positive due to the below mentioned Disease/s and/or Conditions as opted by You and stated in Your Policy Schedule / Certificate of Insurance, We will pay You all Reasonable and Customary Charges that are Medically Necessary and Incurred by You, in respect of an admissible claim.

#### List of Disease/s and/or Conditions:

- a. Cholera
- b. Amoebiasis
- c. Typhoid
- d. Viral Hepatitis
- e. Tuberculosis
- f. Plague
- g. Diphtheria
- h. Typhus
- i. Leptospirosis
- j. Dengue
- k. Malaria
- l. Filariasis
- m. Kala Azar
- n. Chikungunya
- o. Japanese Encephalitis
- p. HIV
- q. Zika Virus

- r. Nipah Virus
- s. EBOLA
- t. Swine Influenza Virus
- u. H1N1 Virus
- v. COVID-19
- w. SARS
- x. MERS

**Important Note:** The Disease/s and/or Conditions opted by You are stated in the Your Policy Schedule / Certificate of Insurance and any claim will be paid only in respect of the Disease/s and/or Conditions opted by You and stated in the Your Policy Schedule / Certificate of Insurance subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

**The claim can be made under the following benefits and up to the Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against this Section.**

<b>Accommodation/Room Rent</b>	<p>Hospital accommodation in a ward, shared or private room will be subject to a Daily Limit as mentioned in Your Policy Schedule / Certificate of Insurance against this Cover.</p> <p>Note: If there is a Limit on <b>“Accommodation/Room Rent”</b> and the Room Rent Rate exceeds the limits at the time of Hospitalization then our liability will be restricted to the same proportion as the Admissible Rate Per Day Limit Opted bears to the Actual Rate Per Day of Room Rent Charges except for the cost of medicines and consumables, unless this condition is specifically waived off and mentioned in Your Policy Schedule / Certificate of Insurance.</p> <p>Example, if there is a room rent limit of ₹1,500 per day but You go in for a room with a rent of ₹4,500 per day which is three times the allowed limit, when You claim, We will pay one-third of the Total bill amount and deduct the balance i.e. in the same proportion as it increased. This is because the other charges related to Your treatment like Doctor’s fees, also increase with the room type. This deduction will not be applicable for the cost of medicines and consumables.</p>
<b>ICU</b>	Intensive Care Unit
<b>Professional Fees</b>	Fees for treatment by specialists, physicians, nurses, surgeons and anaesthetists.
<b>Medication</b>	Drugs, medicines, consumables including disposable kits, prescribed by a specialist or medical practitioner. This also includes Anaesthesia, Blood, Oxygen, Patient’s Diet, Surgical appliances & cost of prosthetic and other devices or equipment if implanted during the Surgical Procedure.

<b>Diagnostic</b>	Necessary Procedures such as x-rays, pathology, brain and body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment.
<b>Theatre Fees</b>	Operation Theatre Fees

## A1. Pre-Hospitalization Expenses

**Digit Simplification: Before you get hospitalized, there might be some expenses. This takes care of those!**

We will pay for consultations, investigations and the cost of medicines incurred. This will be paid for a period not exceeding the number of days as mentioned in Your Policy Schedule / Certificate of Insurance against this Cover, prior to the date of Your admission in a hospital, provided that:

- a. Such Expenses recommended by the Hospital/Medical Practitioner were in fact incurred for the same condition for which Your Subsequent Hospitalization was required.
- b. We have accepted a Claim under Section 1.A. Hospitalization Cover of this Policy.

## A2. Post-Hospitalization Expenses

**Digit Simplification: Before you get hospitalized, there might be some expenses. This takes care of those!**

We will pay for consultations, investigations and the cost of medicines incurred. This will be paid for a period not exceeding the number of days as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover, from the date of Your Discharge from the hospital, provided that:

- a. The expenses are recommended by the Hospital/Medical Practitioner and are for the same condition for which you were hospitalized.
- b. We have accepted an Inpatient Hospitalization Claim under **Section 1.A. Hospitalization Cover** of this Policy.

## A3. Road Ambulance

**Digit Simplification: In an emergency, getting to the hospital quickly is paramount!se!**

We will pay for the expenses incurred on Your road transportation by a Healthcare or an Ambulance Service Provider to a Hospital for treatment following an Emergency, provided that:

- a. We have accepted a claim under **Section 1. A. Hospitalization Cover**.
- b. The maximum liability per Hospitalization is restricted to the amount as mentioned in Your Policy Schedule / Certificate of Insurance / Certificate of Insurance against this Cover.
- c. The Coverage also Includes Your cost of road Transportation from a Hospital to another nearest Hospital which is prepared to admit You and provide the necessary medical services, if such medical services cannot satisfactorily be provided at a Hospital where You are situated. Such road Transportation has to be prescribed by a Medical Practitioner and/or should be Medically Necessary.

## A4. Second Medical Opinion

**Digit Simplification: Any major illness (like cancer) dictates a second opinion.**

If You are required to get hospitalized in a tertiary care facility during the Policy Period, We will arrange and bear the cost for a Second Opinion provided that:

- a. We have received Your request to arrange for Second Opinion.
- b. We will not provide more than one Opinion for the same Medical Condition within a Policy Period.
- c. Medical Practitioner has Certified that You were Infected and Tested Positive due to the Conditions and/ or Disease defined and stated in the Policy Schedule / Certificate of Insurance

## SECTION 2. VIRUS DETECTION & QUARANTINE ALLOWANCE

**Digit Simplification: If even ward boys seem to know You by name, this cover is for You.**

If You have opted for this Section, We will pay you:

- a. Full Fixed Benefit if Result is Positive (bad news i.e.):** 100% of the Sum Insured mentioned in the Policy Schedule / Certificate of Insurance. You can find this mentioned against this Section in respect of the Insured Person(s) whose test result are Positive during the Policy Period for the below mentioned Virus(es) as opted by You and stated in Your Policy Schedule / Certificate of Insurance. Make sure the Insured Person(s) claiming has a Certificate from a Registered Medical Practitioner along with a Positive Virology Report from ICMR - National Institute of Virology Pune, India or Any other Laboratory Authorised by ICMR, confirming the Insured Person(s) has been infected with the Virus(es) as opted and stated in the Policy Schedule / Certificate of Insurance; or
- b. Part Fixed Benefit if result is negative (the relatively better news!):** Up to \_\_\_\_%, (Options are 0%, 5%, 10%, 15%, 20%, 25%, 30%,35%, 40%, 45% & 50%) mentioned in the Policy Schedule / Certificate of Insurance, of the Sum Insured will be paid to the Insured Person(s) if the Insured Person(s) is quarantined, during the Policy Period, in dedicated Government Authorised Hospital for a minimum number of consecutive (continuous) days as mentioned in the Policy Schedule / Certificate of Insurance against this Section for observation and investigation of the below mentioned Virus(es) as opted and stated in the Policy Schedule / Certificate of Insurance and the test results are negative (**though you must have been troubled, that is a good news, right!**). This benefit will be paid only once during Policy Period in respect of the Insured Person(s) against whom claim has been admitted.

Provided always that:

- a. We will not pay for any self-Quarantine in any facility other than Government Authorised Hospital. **For example, if You're feeling under the weather and feel You've caught a disease covered in Your Policy and You stay at home for the number of consecutive days mentioned, You will not be covered, as the Quarantine has to be at a Government Authorised Hospital.**

**Sum insured is always the max You'll get:** Regardless of one or more claims during the policy period, the maximum amount payable under the policy for all the benefits under this Section put

together shall be restricted to the Sum Insured as mentioned in the Policy Schedule / Certificate of Insurance against this Section in respect of the Insured Person(s). The Benefit under this Section will cease on payment of 100% of the Sum Insured for the respective Insured Person(s) against whom claim has been paid. **Basically, once we've paid you an amount equal to your Sum Insured, no more claims.**

## List of Virus(es):

1. Zika Virus
2. Nipah Virus
3. EBOLA
4. Swine Influenza Virus
5. H1N1 Virus
6. COVID-19
7. SARS
8. MERS

**Important Note:** The Coverage for Virus(es) opted by You are stated in the Your Policy Schedule / Certificate of Insurance and any claim will be paid only in respect of the Virus(es) opted by You and stated in the Your Policy Schedule / Certificate of Insurance subject to Policy Terms & Conditions.

This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

## WAITING PERIODS

**Digit Simplification:** Some covers have a defined period in which you cannot make claims. This makes sure that someone who just got detected with the disease doesn't buy the policy to cover the charges. Read on:

We are not liable to pay for any claims arising out of any treatment or positive diagnostic results or Quarantine which begins or detected during waiting periods.

### A. Initial Waiting Period

Any treatment or positive diagnostic results or Quarantine which begins or detected during Initial Waiting Periods in respect of the Insured Person(s) during the initial (First) number of days as mentioned in Your Policy Schedule / Certificate of Insurance from the commencement date of this Policy unless You have been insured under this Policy continuously and without any break in the previous Policy Year.

## GENERAL EXCLUSIONS

**Digit Simplification:** We believe in being transparent with you, no hidden terms and conditions. So, here's what you are not covered for:

Unless specifically mentioned as an inclusion in Your Policy Schedule/ Certificate of Insurance, the below are excluded and any Hospitalization/ Disease/ Condition attributable to the below will not be covered:

## MOST RELEVANT ONES TO THIS COVER:

1	<p><b>Pre-Existing Diseases (Code- Excl01)</b></p> <p>a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with us.</p> <p>b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.</p> <p>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.</p> <p>d. Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.</p>
2	<p><b>Geographical Limits</b></p> <p>a. This Policy covers all treatments and quarantine received/done within India and Our liability will be to make Payment Indian Rupees Only.</p>
3	<p><b>Non-Medical Expenses</b></p> <p>Items of personal comfort and convenience including but not limited to 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 as well as similar incidental services and supplies including but not limited to charges for admission, discharge, administration, registration, documentation and filing. (Please visit our website for complete list of non-medical items)</p>
4	<p><b>Rest Cure, rehabilitation and respite care- Code- Excl05</b></p> <p>Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:</p> <p>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.</p> <p>ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.</p>
5	<p><b>Insufficient Document</b></p> <p>We have tried to reduce the number of documents you need to share but we shall not be liable to pay any claim in case all the necessary mandatory documents as mentioned in Our claims process are not submitted to Us.</p>
6	<p><b>Preventive Treatment</b></p> <p>We do not cover inoculations, vaccinations or other treatment, for example drugs or Surgery, which aims to prevent a disease or Illness.</p>

7	<p><b>Unproven Treatments: Code- Exel16</b></p> <p>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</p>
8	<p><b>Unjustified or Unwarranted Hospitalization</b></p> <p>Admission solely for Physiotherapy, evaluation, investigations, diagnosis or observation service unless a claim is accepted under <b>Section 1 - A. Hospitalization Cover.</b></p>
9	<p><b>Vitamins/ Nutritional Supplements: Code- Excl14</b></p> <p>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.</p>
10	<p><b>Substance abuse and Addictions by the Insured</b></p> <ol style="list-style-type: none"> <li>1. Expenses incurred for the treatment of any illness caused due to: <ol style="list-style-type: none"> <li>a) Use/misuse/abuse of Alcohol, opioids or nicotine or drugs (whether prescribed or not) by the Insured.</li> <li>b) Withdrawal and de-addiction treatment taken by the Insured.</li> </ol> </li> <li>2. Any claim in respect of Cancer of Oral, Oropharynx and respiratory system is specifically excluded in cases where Insured is a tobacco user.</li> </ol>
11	<p><b>Non-Allopathic Treatment</b></p> <p>We shall not pay for any non-allopathic treatment.</p>

## OTHER EXCLUSIONS

1	<p><b>Artificial Life Maintenance</b></p> <p>Artificial Life Maintenance, including life support machine used, where such treatment is used to maintain the Insured / Patient in a vegetative state.</p>
2	<p><b>Maternity: Code Excl18</b></p> <ol style="list-style-type: none"> <li>a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;</li> <li>b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.</li> </ol>
3	<p><b>Sexually Transmitted Infections &amp; Disease</b></p> <p>Screening, prevention and treatment for sexually transmitted infection or disease including but not limited to Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis is not covered.</p>
4	<p><b>Sleep Disorders and Sleep Problems</b></p> <p>We do not cover treatment directly or indirectly related to sleep disorders and sleep problems, such as snoring, insomnia or sleep apnoea (when breathing stops temporarily during sleep) including but not limited to expense related to purchase of CPAP, BIPAP or similar instruments.</p>



5	<p><b>Spectacles, Hearing Aids and Other Expenses</b></p> <p>Provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, and similar products.</p>
6	<p><b>War and Hazardous Substances</b></p> <p>We do not cover treatment directly or indirectly arising from or required as a consequence of:</p> <ol style="list-style-type: none"> <li>War, invasion, acts of foreign enemy hostilities (whether or not war is declared), civil war, rebellion, revolution, insurrection or military or usurped power, mutiny, riot, strike, martial law or state of siege, attempted overthrow of the government or any acts of terrorism;</li> <li>Chemical contamination or contamination by radioactivity from any nuclear material whatsoever or from the combustion of nuclear fuel.</li> </ol>
7	<p><b>Legal Liability</b></p> <p>Any legal liability due to any errors or omission or representation or consequences of any action taken on the part of any hospital or Medical Practitioner.</p>
8	<p><b>Prosthetics and Other Devices</b></p> <p>Prosthetics and other devices NOT implanted internally by surgery.</p>
9	<p><b>Specific Treatments</b></p> <p>We will not pay for expenses related to administration of medications or procedures including but not limited to expense related to Predictive Genome testing.</p>
10	<p><b>Dental Treatment</b></p> <p>Treatment, procedures and preventive, diagnostic, restorative, cosmetic services related to disease, disorder and conditions related to natural teeth and Gingiva.</p>
11	<p><b>Organ Donor</b></p> <p>The Expenses incurred by you on organ donation.</p>
12	<p><b>Accidental Injury</b></p> <p>The Expenses incurred by You for Treatment of Accidental Injury.</p>

## General Conditions

### CONDITIONS PRECEDENT TO THE CONTRACT

#### Alterations to the Policy

This Policy constitutes the complete contract of insurance. This Policy cannot be changed or edited by anyone (including an insurance agent or intermediary) except Us (subject to necessary approval from the Insurance Regulatory and Development Authority of India), and any change We make will be through a written endorsement signed and stamped by Us, only on the request from Group Manager/ Insured Member.

#### Condition Precedent

The adherence to the terms and conditions of this Policy by You or any Insured Person including the payment

of premium by the due dates mentioned in the Policy Schedule / Certificate of Insurance is necessary for us to be liable to pay you the claim money.

### **Non-Disclosure or Misrepresentation:**

**Digit Simplification:** In one line, this condition means, make sure all the information you share with us is correct!

If at the time of issuance of Policy or during continuation of the Policy, the information provided to Us in the proposal form either physically or electronically or otherwise, by You or the Insured Person or anyone acting on behalf of You or an Insured Person is found to be incorrect, incomplete, suppressed or not disclosed, wilfully or otherwise, the Policy shall be:

- a. cancelled ab initio i.e. from the inception date or the renewal date (as the case may be),
- b. or the Policy may be modified by Us, at Our sole discretion, upon 30 days' notice by sending an endorsement to Your address shown in the Schedule/Certificate of Insurance;
- c. the claim under such Policy if any, shall be rejected/repudiated forthwith.

### **Insured Person**

- a. Only those persons named as an Insured Person in the Policy Schedule / Certificate of Insurance shall be covered under this Policy.
- b. You can add more persons during the Policy Period but only after payment of an additional premium and subject to acceptance of Proposal by Us (wherever necessary) and after We have issued an endorsement confirming the addition of such person as an Insured Person.

### **Nominee**

You can, at the inception or at any time before the expiry of the Policy, make a nomination for the purpose of payment of claims under the Policy. This is paid in the event of death of the Insured.

Any change of nomination should be communicated to Us in writing and such change shall apply only when an endorsement on the Policy is made by Us.

In case of any Insured Person other than You under the Policy, for the purpose of payment of claims in the event of death, the default nominee would be You.

## **CONDITION APPLICABLE DURING THE CONTRACT**

**Digit Simplification:** There are some more conditions you should be aware of during the contract!

### **Revision/Modification of the Policy**

There is a possibility of revision/ modification of terms, conditions, coverages and/or premiums of this product at any time in future, with appropriate approval from IRDAI. In such an event of revision/modification of the product, We will inform you at least 3 months prior to the date of such revision/modification comes into effect.

### **Withdrawal of Product**

There is possibility of withdrawal of this product at any time in future with appropriate approval from IRDAI, as We reserve Our right to do so with an intimation of 3 months to all the existing insured members. In such an event of withdrawal of this product, at the time of Your seeking extension of this Policy, you can choose, among Our available similar and closely similar Health Insurance Products. Upon Your so choosing Our new product, you will be charged the Premium as per Our Underwriting Policy for such chosen new product, as approved by IRDAI.

## **Non-Cancellation**

This Policy shall be non-cancellable by the Insurers or the Insured except in the event of misrepresentation, fraud, non-disclosure of material facts and non-co-operation by the Insured where the Insurers may cancel the Policy at their discretion.

## **Norms On Migration**

1. Every individual member, including family members covered under an Section 1 of this Policy shall be provided an option of migration at the time of exit from group or in the event of modification of the group policy (including the revision in the premium rates) or withdrawal of the group policy to an individual health insurance policy or a family floater policy.
2. Migration shall be applicable to the extent of the Sum Insured under this Policy.
3. A Policyholder desirous of migrating his/her policy shall apply atleast 30 days before the premium renewal date of his/her existing policy.
4. Only the unexpired/residual waiting period not exceeding the applicable waiting period applicable to this policy with respect to pre-existing diseases and time bound exclusions shall be made applicable on migration under the new policy.
5. Migration from this Group Policy to Individual Policy will be subject to Our prevailing Underwriting Guidelines.
6. Where underwriting is done, We shall convey its decision to the policyholder within 15 days.
7. We shall not levy any charges exclusively for migration.

## **CONDITIONS APPLICABLE WHEN A CLAIM ARISES**

**Digit Simplification: What you should know when you are about to claim.**

### **Multiple Policies**

- i. If two or more policies are taken by You during the period for which You are covered under this Policy from one or more insurers, the contribution clause shall not be applicable for Section 2.
- ii. If You are covered under multiple policies providing Benefit as per Section 2, We shall make the claim payments independent of payments received under other similar policies in respect of the covered event.
- iii. If two or more policies are taken from one or more insurers by You during the time for which You are covered under this Policy for indemnification of Your Hospitalisation treatment costs, We shall not apply the Contribution clause and You shall have the following rights
  - You may choose to get the settlement of claim from Us as long as the claim is within the limits of and according to terms and conditions of the Policy.
  - If the amount to be claimed exceeds the Sum Insured under a single Policy after consideration of the deductible and co-pay, You shall have the right to choose any insurers including Us from whom You want to claim the balance amount.
  - Except for the Benefit under Section 2, in case if You have taken policies from Us and one or more insurers to cover the same risk on indemnity basis, You shall only be indemnified the hospitalisation costs in accordance with the terms and condition of the Policy.

### **Fraudulent/Unfounded Claims**

If any claim under this Policy is in any respect fraudulent or unfounded, all benefits paid and/or payable in relation to that claim shall be forfeited and (if appropriate) recovered. In addition, all covers with respect to the Insured Person shall be cancelled from Policy Period start date without any refund of premiums.

## **Arbitration**

If we have any differences with respect to the claim amount to be paid under this policy, it will be referred to arbitration in accordance with the Indian Arbitration and conciliation act 1996, as amended. The making of an award under such arbitration proceedings shall be a condition precedent for the Company to be liable to make any payment under this policy.

## **Claims Notification and Procedure**

**In the event of any illness or condition that may result in a claim under this policy, it is a condition precedent to Our liability under the Policy that below procedure should be followed depending on the type of claim:**

### **A. Cashless Claim Process:**

1. We are given a notice at least 72 hours before any planned hospitalization or within 24 Hours of hospitalization in case of an emergency situation.
2. For Cashless Facility You shall follow the below Procedure:
  - a. Share the Health Card/Copy of E-Cards along with ID Proof with the Hospital Authority & Obtain the Pre-Authorization Form from the Hospital.
  - b. Submit Duly filled & Signed Pre-Authorization Form to the Hospital Counter.
  - c. Ensure that the Hospital shares the Duly filled & Signed Pre-Authorization Form to Service Provider / Third Party Administrator (TPA) for further Processing.
  - d. Service Provider / Third Party Administrator (TPA) will inform the decision and may issue authorization letter depending on the Policy Terms and Conditions to the Hospital directly.
  - e. Once the request for Pre-Authorization has been granted, the treatment must take place within 15 days of the Pre-Authorization Approval Date or the Policy Expiry Date whichever is earlier and shall be valid only if all the details of the Authorised details, Hospital and Location including Dates match with the details of the Actual Treatment Received.
  - f. We reserve the right to modify, add or restrict any Network Provider for Cashless Facility in Our sole discretion. Before availing Cashless Facility, please check the applicable updated list of Network Providers.
  - g. For any queries designated Service Provider / Third Party Administrator (TPA) may be contacted on the contact details mentioned on the Health Card/Copy of E-Cards issued to You.

### **B. Reimbursement Claim Process:**

Reimbursement Facility can be availed from any hospital within India of Your Choice Wherein You will have to make payment directly to the Hospital and submit the documents to Service Provider / Third Party Administrator (TPA) for processing the reimbursement of the claim amount provided that:

1. We or Our Service Provider / Third Party Administrator (TPA) should be intimated within 48 hours of date of admission.
2. For Reimbursement Claim You shall follow the below Procedure:
  - a. Within 30 Days from the date of discharge, You should submit all original documents pertaining to the hospitalization as mentioned is the List of Claim Documents.
  - b. On receipt of intimation from You regarding a claim under the Policy, We are entitled to investigate and obtain information on the alleged injury or illness requiring hospitalization, if required,

- c. All Claims shall be settled/repudiated within 30 days from the date of receipt of the last necessary claim document subject to the Policy Terms and Conditions. In case of any delay in payment for all approved claims beyond 30 day from the receipt of the last necessary claim document, We shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by You.
- d. In case of Your Death, We shall reimburse the claim amount to Your Nominee as named in Your Policy Schedule / Certificate of Insurance or Your Legal representative holding a valid succession certificate.

Sr. No	List of Documents / Information	Section 1. Hospitalization Claim	Section 2. Virus Detection And Quarantine Allowance Claim
1	Duly Filled and Signed Claim form	√	√
2	Discharge Summary	√	√
3	Medical Records (Optional Documents may be asked on need basis: Indoor case papers, OT notes, PAC notes etc.)	√	√
4	Original Hospital Main Bill	√	×
5	Original Hospital Bill Break Up	√	×
6	Original Pharmacy Bills	√	×
7	Prescriptions for the Medicines purchased (except hospital supply) and investigations done outside the Hospital	√	×
8	Consultation Papers	√	√
9	Investigation Reports	√	√
10	Positive Diagnostic Report for the Conditions and/ or Disease defined and stated in the Policy Schedule / Certificate of Insurance	√	√
11	Digital Images/CDs of the Investigation Procedures (if required)	√	×
12	Original Invoice/Sticker (If applicable)	√	×
13	Attending Physician Certificate (If applicable)	√	×
14	Death Certificate (If applicable)	√	×
15	*KYC (Photo ID card) (If applicable)	√	√
16	Bank Details with Cancelled Cheque	√	√

**Note:** There are times when You or any other person who could claim on Your behalf, may be in such a state of hardship, that You or Such other person is unable to give us a notice or file a claim within the prescribed time limit. In such cases, condonation of delay can be done by waiver of conditions A.1, B.1 and B.2.a may be considered where the reason for delay is proved to our satisfaction.

\*KYC documents shall be required at the claim settlement stage where claims pay-out to the Insured Member exceeds a threshold limit of Rs. 1 Lakhs per claim.

## CONDITIONS FOR RENEWAL OF THE CONTRACT

### Renewal

- i. Your policy shall ordinarily be renewable for lifetime except on grounds of fraud, moral hazard or misrepresentation or non- cooperation by You, provided the policy is not withdrawn.
- ii. We shall not deny the renewal of Your policy on the ground that You had made a claim or claims in the preceding policy years, except for Section 2 where the policy terminates after the payment of Sum Insured.
- iii. If you get delayed in renewing your policy, you can renew it within 30 days from the due date of renewal. Just that the coverage will not be available for such break in period.
- iv. If the Policy is not renewed within the above Grace Period of 30 days from the due date of renewal, You can still renew the policy with Us. But it will then be issued as a fresh policy, subject to Our Underwriting criteria and no continuing benefits shall be available from the expired Policy.

### Portability and Continuity Benefits

We will grant continuity of benefits which were available to the Insured Members under a health insurance policy which provides similar indemnity benefits in the immediately preceding Cover Year provided that:

- i. We shall be liable to provide continuity of only those benefits (for e.g.: Initial wait period) which are applicable under this Policy;
- ii. Any other wait period that is applicable specific to this policy but was permanently excluded in the previous policy will not be given any credit.
- iii. Insured Members covered under this Policy shall have the right to migrate from this Policy to an individual health insurance policy or a family floater policy offered by our company. The credit for wait periods would be given in the opted individual health insurance policy or a family floater policy offered by our company. Application for this Policy is made within 45 days before, but not earlier than 60 days from the expiry of that group insurance policy.

## CUSTOMER GRIEVANCE REDRESSAL POLICY

We hope that we never leave you dissatisfied. However, if you ever wish to lodge a complaint, please feel free to call our 24x7 Toll free number **1800-258-4242** or email the customer service desk at **hello@godigit.com**.

Senior citizens can now write to us at **seniors@godigit.com**.

After investigating the matter internally and subsequent closure, we will send you our response.

If you do not get a satisfactory response from us and you wish to pursue other avenues for redressal of grievances, you may approach Insurance Ombudsman appointed by IRDAI under the Insurance Ombudsman Scheme.

The contact details of the Insurance Ombudsman centers are mentioned below: (Note: Address and contact number of Governing Body of Insurance Council)

Secretary General - Governing Body Of Insurance Council, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: **022 - 26106889 / 671 / 980**, Fax: **022 - 26106949**, Email: **inscoun@ecoi.co.in**, Website: **http://www.ecoi.co.in/**

Office Location	Contact Details	Jurisdiction of Office (Union Territory, District)
AHMEDABAD	Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06, Email: bimalokpal.ahmedabad@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU	Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049, Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka
BHOPAL	Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202, Fax: 0755 - 2769203, Email: bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh, Chhattisgarh.
BHUBANESHWAR	Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455, Fax: 0674 - 2596429, Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa
CHANDIGARH	Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468, Fax: 0172 - 2708274, Email: bimalokpal.chandigarh@ecoi.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.
CHENNAI	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284, Fax: 044 - 24333664, Email: bimalokpal.chennai@ecoi.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
DELHI	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23239633 / 23237532, Fax: 011 - 23230858, Email: bimalokpal.delhi@ecoi.co.in	Delhi
GUWAHATI	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2132204 / 2132205, Fax: 0361 - 2732937, Email: bimalokpal.guwahati@ecoi.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD	Office of the Insurance Ombudsman, 6-2-46, 1st floor, “Moin Court”, Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 65504123 / 23312122, Fax: 040 - 23376599, Email: bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.

JAIPUR	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363, Email: Bimalokpal.jaipur@ecoi.co.in	Rajasthan
ERNAKULAM	Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg, Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338, Fax: 0484 - 2359336, Email: bimalokpal.ernakulam@ecoi.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry.
KOLKATA	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340, Fax: 033 - 22124341, Email: bimalokpal.kolkata@ecoi.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
MUMBAI	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960, Fax: 022 - 26106052, Email: bimalokpal.mumbai@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
PATNA	Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952, Email: bimalokpal.patna@ecoi.co.in	Bihar, Jharkhand.
PUNE	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555, Email: bimalokpal.pune@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.
NOIDA	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253, Email: bimalokpal.noida@ecoi.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.



<p>LUCKNOW</p>	<p>Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331, Fax: 0522 - 2231310, Email: bimalokpal.lucknow@ecoi.co.in</p>	<p>Districts of Uttar Pradesh: Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p>
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