

CORONA RAKSHAK POLICY, LIBERTY GENERAL INSURANCE LIMITED PROSPECTUS

INTRODUCTION

This policy is designed as per the ‘Guidelines on COVID Standard benefit based Health Policy’ with Ref: IRDAI/HLT/REG/CIR/164 /06/2020 mandated by the authority- The Insurance Regulatory and Development Authority of India (IRDAI)

Note: The information provided herein is only indicative, we request you to refer the Policy document for better understanding of the covers, sum insured, exclusions, conditions and deductibles.

ELIGIBILITY

- Minimum Entry Age : 18 Years
- Maximum Entry Age : 65 Years
- Policy Tenure: 3 ½ months, 6 ½ months and 9 ½ months

KEY FEATURES

Key features enlisted below are available as per your selected plan and optional covers

1. **COVID** Cover pays **lump-sum benefit** up to the Sum Insured
2. **Flexi Sum Insured Option** - Option to choose Sum Insured from INR 50,000 to INR 2,50,000 in multiples of INR 50,000
3. **Flexi Policy term**- 3 ½ months, 6 ½ months and 9 ½ months
4. **Tax Benefit** – Avail tax benefits under section 80D of Income Tax Act 1961

SCOPE OF COVER

The features and benefits available are as mentioned below.

For coverages, please refer the Table of Benefits in the later part of the Prospectus.

Covid Cover

Lump sum benefit equal to 100% of the Sum Insured shall be payable on positive diagnosis of COVID, requiring hospitalization for a minimum continuous period of 72 hours. The positive diagnosis of COVID shall be from a government authorized diagnostic centre.

EXCLUSIONS

1. **Waiting Period:**

We shall not be liable for any claim arising for COVID within 15 days from the first policy commencement date.

2. **EXCLUSIONS**

The Company shall not be liable to make any payment under the policy, in respect of any expenses incurred in connection with or in respect of:

- I. Investigation & Evaluation (Code- Excl04)
 - i. Expenses related to any admission primarily for diagnostics and evaluation purposes.
 - ii. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment
- II. Any diagnosis which is not related and not incidental to COVID is not covered in this Policy
- III. Testing done at a Diagnostic centre which is not authorized by the Government shall not be recognized under this Policy
- IV. Any claim with respect to COVID manifested prior to commencement date of this policy or during the waiting period.
- V. Cover under this Policy shall cease if the Insured Person travels to any country placed under travel restriction by the Government of India.

DISCOUNTS AND LOADINGS

The following discounts on the premium payable based on the declarations made in proposal form, health status of the insured and coverage sought:

Discounts: 5% discount in premium shall be provided to health care workers.

Loadings: We may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance). The maximum risk loading applicable for an individual shall not exceed 100% per diagnosis / medical condition and an overall risk loading of over 200% per person.

We will inform You about the applicable risk loading through a counter offer letter. You need to revert to Us with consent and additional premium (if any), within 15 days of the issuance of such

counter offer letter. In case You neither accept the counter offer nor revert to Us within 15 days, We shall cancel Your application and refund the premium paid within next 7 days. Please note that We will issue Policy only after getting Your consent.

CANCELLATION/ TERMINATION

The Company may cancel the Policy at any time on grounds of mis-representation, non-disclosure of material facts, fraud by the Insured Person, by giving 7 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representation, non-disclosure of material facts or fraud.

Automatic termination:

This policy shall terminate for the Insured immediately on the earlier of the following events irrespective of the expiry date mentioned in the policy schedule

- Upon the demise of the covered person.
- Upon payment of an admissible claim and settlement of 100% of Sum Insured specified in the Policy Schedule.

PRE-POLICY HEALTH CHECK UP (PPC)

The Pre-policy check up is required as per the PPC grid mentioned below, based on the Sum Insured, Age band. The result of these tests will be valid for a period of 3 months from the date of tests. The Pre-Policy Check Up will be carried out at our network list of diagnostic centres as available on our website. The grid may be subject to change based on the company policy in future.

The Company reserves its right to require any individual to undergo such medical tests or any further additional tests, as per the board approved underwriting policy of the Company to determine the acceptance of a Proposal.

If the proposal is accepted the Company to refund 50% of the health check-up cost.

Age(Yrs)/ Basic Sum Insured	50,000 till 2.5 Lakhs	Cost borne
18 – 45	Nil	Nil
46-60	ME, CBC, HbA1c, ECG, RUA, Sr. Cholesterol, Triglycerides	50% borne by Us for accepted cases.
>61	ME, CBC, HbA1c, Sr. Cholesterol, Triglycerides, Sr. Creat, TMT, PSA (males), USG abd(females)	50% Borne by Us for accepted cases

CLAIM PROCESS AND MANAGEMENT

1. Notification of claim:

Upon the happening of the covered event, which may give rise to a claim under this policy, notice with full particulars shall be sent to the Company within 15 days from the date of occurrence of the event / diagnosis of COVID.

2. **Procedure:** The insured person may submit the necessary documents to the Company within the prescribed time limit as specified hereunder.

SI No	Type of Claim	Prescribed Time limit
1.	COVID Cover	Within thirty days of date of discharge from hospital following positive diagnosis for COVID.

3. Documents to be submitted:

The claim is to be supported with the following documents and submitted within the prescribed time limit.

Benefits	Claims Documents Required
1. Covid-19 Cover	<ul style="list-style-type: none"> i. Duly filled and signed Claim Form ii. Copy of Insured Person's passport, if available (All pages) iii. Photo Identity proof of the patient (if insured person does not own a passport) Medical practitioner's prescription advising admission iv. Medical practitioner's prescription advising admission v. Discharge summary including complete medical history of the patient along with other details. vi. Investigation reports including Insured Person's Test Reports from Authorized diagnostic centre for COVID. vii. NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque viii. KYC (Identity proof with Address) of the proposer, where claim liability is above Rs 1 Lakh as per AML Guidelines ix. Legal heir/succession certificate, wherever applicable x. Any other relevant document required by Company for assessment of the claim.

Note:

- The company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted

2. In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to satisfaction of the Company
3. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person

4. Claim Settlement (provision for Penal Interest)

- i. The Company shall settle or reject a claim, as the case may be, within 30 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 from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days the company shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

5. Payment of Claim

All claims under the policy shall be payable in Indian currency only. On payment of 100% of sum insured the policy will be terminated.

Statutory Warning: Prohibition of Rebates as per Section 41 of the Insurance Act 1938 (4 of 1938) 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 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 - Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakhs.

TABLE OF BENEFITS

Name	Corona Rakshak Policy, Liberty General Insurance Ltd.
Product Type	Individual
Category of Cover	Benefit based
Sum insured	Rs 50,000/- (Fifty Thousand) to 2,50,000 (Two and half Lakh) (in the multiples of fifty thousand)
Policy Period	Three and half months (3 ½ months), six and half months (6 ½ months) and nine and half months (9 ½ months) i.e, 105 days, 195 days and 285 days respectively
Eligibility	Policy can be availed by persons between the age of 18 years and 65 years Proposer with higher age can obtain policy for adult members of the family, without covering self.
Coverage	<u>COVID Cover</u> Lump sum benefit equal to 100% of the Sum Insured shall be payable on positive diagnosis of COVID, requiring hospitalization for a minimum continuous period of 72 hours. The positive diagnosis of COVID shall be from a government authorized diagnostic centre.

PREMIUM RATE CHART

As annexed