

ACKO SURROGACY & OOCYTE COVER

PROSPECTUS

Section 1: Introduction

A unique and innovative product which provides cover for Surrogate Mother and Oocyte Donors for expenses incurred on hospitalization in India. It is essential that people understand the features, advantages and the necessity of insurance policies in detail.

Acko General Insurance provides the following benefits to its customers:

- Wide range of Sum Insured Limit
- Easy & Transparent buying Process
- Guidance from Trained Professionals: Get unbiased insurance related advice from Acko's trained professionals.
- Quick Claim Settlement: When a claim is filed, Acko tries to settle it in a quick and hassle-free manner.

Section 2: Policy Information

2.1 Policy Period

I. Option A – Surrogacy Cover (Coverage of 36 months)

II. Option B – Oocyte Cover (Coverage of 12 months)

2.2 Sum Insured

Sum Insured options are 3 Lacs OR 5 Lacs

2.3 Premium Payment Option

Single Premium Payment Option

Mode of payment: Any, as per the allowed IRDAI options

Section 3: Benefits

All the benefits listed in this part are available to anyone insured under the policy.

3.1 In-patient Hospitalization

In the event of hospitalization, we will cover the medical expenses for anyone insured in the policy if:

- Admitted for 24 hours or more
- The hospitalization is ONLY for any complication arising due to pregnancy through surrogacy, post-partum delivery And/OR due to Oocyte Retrieval

We will cover the following medical expenses for:

- Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home up to 1% of the sum insured per day.
- Intensive Care Unit (ICU)/ Intensive Cardiac Care Unit (ICCU) expenses up to 2% of sum insured per day.
- Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor/ surgeon or to the hospital. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities and such similar other expenses.

- **AYUSH Treatment:**

The Company shall indemnify medical expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during each Policy Year up to the sum insured as specified in the policy schedule in any AYUSH Hospital.

- **Modern Treatment:**

The following procedures will be covered (wherever medically indicated) either as In patient or as part of Day Care Treatment in a Hospital up to 50% of Sum Insured, specified in the Policy Schedule, during the Policy Period.

- a. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
- b. Balloon Sinuplasty
- c. Deep Brain stimulation
- d. Oral chemotherapy
- e. Immunotherapy- Monoclonal Antibody to be given as injection.
- f. Intravitreal injections
- g. Robotic surgeries
- h. Stereotactic radio Surgeries
- i. Bronchial Thermoplasty
- j. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- k. IONM- (Intra-Operative Neuro Monitoring)
- l. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

Coverage applicable for listed conditions for Surrogate Mother:

Sr No	Complications of delivery
1	Perineal tears during childbirth
2	Postpartum haemorrhage
3	Episiotomy Complications
4	Post partum Endometritis

5	Postpartum depression/Psychosis
6	Anaesthesia complications
7	Infection or sepsis
8	Stroke
9	Amniotic fluid embolism
10	Postpartum preeclampsia
11	Pulmonary edema
12	HELLP syndrome
13	Heart related complications
14	Peripartum (postpartum) cardiomyopathy
15	Thrombotic pulmonary embolism (DVT)
17	Postpartum Respiratory Failure
18	Postpartum peritonitis

Coverage applicable for listed conditions for Oocyte Donor:

Sr No	Complications of Oocyte retrieval
1	Infection or sepsis
2	Bleeding
3	Ovarian hyperstimulation syndrome (OHSS)
4	Injury to surrounding structures due to procedure
5	Anaesthesia complications

- We will not pay if only investigations were carried out and no treatment was done, even if the insured was admitted

3.2 Day Care Treatment

If anyone insured under the policy undertakes Day Care Treatment in a hospital / nursing home / day care centre, we will cover the expenses of the day care treatment.

Please Note:

- We will pay for expenses incurred on hospitalization for more than 2 hours under Day Care Treatment if, the hospitalization is ONLY for any complication arising due to pregnancy, post-partum delivery And/Or due to Oocyte Retrieval
- Any treatment undertaken as an Out-Patient or in an out-patient department & diagnostics is not covered

3.3 Pre or Post Hospitalization Medical Expenses

We will cover all the relevant medical expenses including consultations, investigations, diagnostics and medicines that are incurred towards pre-hospitalization and post-hospitalization of anyone insured under the policy.

Please Note:

- We will pay expenses incurred on consultations, medicines, physiotherapy, diagnostic tests for **30 days before** the date of admission and **60 days after** date of discharge **IF these are related** to the condition for which hospitalization claim is paid.

3.4 Road Ambulance Limit

If anyone insured under the policy needs to be transported to a hospital or day care centre by an ambulance or public transport for emergency care, then we will cover the reasonable cost of such transportation.

We will cover the reasonable costs incurred during transportation to a hospital or day care centre by an ambulance or public transport for anyone insured under the policy and requiring emergency care subject to a maximum of Rs.2000/- per hospitalization.

Note:

- We will pay the costs associated with this benefit only if we have accepted a claim under Basic Benefit 3.2.1 (In-patient Hospitalization) or Basic Benefit 3.2.3 (Day Care Treatment) or Basic Benefit
- We will pay the costs associated with this benefit only if it is medically necessary to transport anyone insured under the policy & requiring emergency care by an ambulance or public transport.

3.5 Domiciliary Treatment

If anyone insured under the policy undergoes Domiciliary Hospitalization i.e. medical treatments or procedures taken at home, we will cover the cost of such domiciliary hospitalization.

Note:

- We will cover such costs only if the domiciliary hospitalization continues for at least 3 consecutive days. In such a case, we will cover the medical expenses incurred from the first day.
- However, we will not make any payment if the Domiciliary Hospitalization is for less than 3 consecutive days.
- We will only make payments for such costs if the treating Medical Practitioner confirms in writing that Domiciliary Hospitalization was medically necessary.
- We will cover the medical expenses under this benefit on reimbursement basis only.

Section 4: Exclusions

We shall not be liable to make any payment under this Policy caused by, arising out of or attributable to any of the following. All the Waiting Periods shall be applicable individually for each Insured Person and claims shall be assessed accordingly.

4.1 Standard Exclusions

4.1.1 30-day waiting period

- 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.

4.1.2 Investigation & Evaluation

- 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.

4.1.3 Rest Cure, rehabilitation and respite care

- 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.

4.1.4 Cosmetic or plastic Surgery

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. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

4.1.5 Hazardous or Adventure Sports

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.

4.1.6 Breach of Law: Code

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

4.1.7 Excluded Providers

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.

4.1.8 Treatment for, alcoholism, drug or substance abuse or any addictive condition and consequences thereof.

4.1.9 Treatments received in health spas, 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.

4.1.10 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.

4.1.11 Refractive Error

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

4.1.12 Unproven Treatments

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.

4.1.13 Sterility and Infertility

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

4.2 Specific Exclusions

4.2.1 Dental

Treatment, procedures and preventive, diagnostic, restorative, cosmetic services related to disease, disorder and conditions related to natural teeth and Gingiva unless necessitated due to an Accident.

4.2.2 Medically Unnecessary Treatment

Any treatments which are not specified by a medical practitioner or falls under medically necessary treatment description in the definition section of the policy wordings

4.2.3 War and Exposure to Hazardous Substances

Treatment for any Injury or Illness resulting directly or indirectly from nuclear, radiological emissions, war or war like situations (whether war is declared or not), rebellion (act of armed resistance to an established government or leader), acts of terrorism, nuclear, biological or chemical emissions, rebellion, revolution, acts of terrorism.

4.2.4 External Congenital Anamoly

Screening, counseling or treatment related to external Congenital Anomaly

4.2.5 Unrecognised Physician or Hospital

- a. Treatment or Medical Advice provided by a Medical Practitioner not recognized by the Medical Council of India or by Central Council of Indian Medicine or by Central council of Homeopathy.
- b. Treatment provided by anyone with the same residence as an Insured Person or who is a member of the Insured Person's immediate family or relatives.
- c. Treatment provided by Hospital or health facility that is not recognized by the relevant authorities in India.

4.2.6 Expenses for Child Delivery (normal or caesarean)

Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);

4.2.7 Excluded Medical Expenses

We shall not be liable to pay the expenses towards Non-Medical Expenses as listed in Annexure 1 for any claim under Hospitalization, Day Care Treatment & Domiciliary Treatment

4.2.8 Surrogacy & Oocyte Specific Exclusions

1. Complications of pregnancy to the Surrogate Mother, which is:
 - a. Other than Altruistic Surrogacy
 - b. For second Surrogacy
 - c. If the Surrogate Mother donates her own gametes
2. Newborn baby through Surrogacy to the Surrogate Mother.
3. Miscarriage/Medical termination other than in case of Life- Threatening condition to the Surrogate Mother
4. Treatment taken on OPD basis.
5. Surrogacy Treatment Procedure Cost from Policy Commencement Date till completion of embryo implantation process.
6. Surrogacy which is for Commercial Purposes
7. Treatment or Complications arising out of any Pre-Existing conditions/ disease.

8. Any illness, sickness or disease other than the complications arising out of pregnancy and post-partum delivery for the Surrogate mother or any complications arising out of Oocyte retrieval for the Oocyte donor.
9. Complications arising due to Oocyte retrieval, if the Insured is donating for second time.
10. Any claim with respect to abandon or disown or exploit or cause to be abandoned, disowned or exploited in any form, the child or children born through Surrogacy.

Section 5: General Terms and Conditions

5.1 Standard General Terms and Clauses

5.1.1 Disclosure of Information

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.

"Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk.

5.1.2 Condition Precedent to Admission of Liability

The due observance and fulfilment of the terms and conditions of the policy, by the insured person, shall be a condition precedent to any liability of the Company to make any payment for claim(s) arising under the policy

5.1.3 Material Change

The Insured shall notify the Company in writing of any material change in the risk in relation to the declaration made in the proposal form or medical examination report at each Renewal and the Company may, adjust the scope of cover and / or premium, if necessary, accordingly.

5.1.4 Records to be maintained

The Insured Person shall keep an accurate record containing all relevant medical records and shall allow the Company or its representatives to inspect such records. The Policyholder or Insured Person shall furnish such information as the Company may require for settlement of any claim under the Policy, within reasonable time limit and within the time limit specified in the Policy

5.1.5 Complete Discharge

Any payment to the Insured Person or his/ her nominees or his/ her legal representative or to the Hospital/Nursing Home or Assignee, as the case may be, for any benefit under the Policy shall in all cases be a full, valid and an effectual discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

5.1.6 Notice and Communication

1. Any notice, direction, instruction or any other communication related to the Policy should be made in writing.

2. Such communication shall be sent to the address of the Company or through any other electronic modes specified in the Policy Schedule.
3. The Company shall communicate to the Insured at the address or through any other electronic mode mentioned in the schedule.

5.1.7 Territorial Limit

All medical treatment for the purpose of this Insurance will have to be taken in India only.

5.1.8 Multiple Policies

1. In case of multiple policies taken by an insured during a period from the same or one or more insurers to indemnify treatment costs, the policyholder shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer if chosen by the policy holder shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
2. Policyholder having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies, even if the sum insured is not exhausted. Then the Insurer(s) shall independently settle the claim subject to the terms and conditions of this policy.
3. If the amount to be claimed exceeds the sum insured under a single policy after, the policyholder shall have the right to choose insurers from whom he/she wants to claim the balance amount.
4. Where an insured has policies from more than one insurer to cover the same risk on indemnity basis, the insured shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the chosen policy.

5.1.9 Fraud

If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy shall be forfeited.

Any amount already paid against claims which are found fraudulent later under this policy shall be repaid by all person(s) named in the policy schedule, who shall be jointly and severally liable for such repayment.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent, with intent to deceive the insurer or to induce the insurer to issue a insurance Policy:—

1. the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;
2. the active concealment of a fact by the Insured Person having knowledge or belief of the fact;
3. any other act fitted to deceive; and
4. any such act or omission as the law specially declares to be fraudulent

The company shall not repudiate the policy on the ground of fraud, if the insured person / beneficiary can prove that the misstate

ent was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries.

5.1.10 Cancellation

The policyholder may cancel his/her policy at any time during the term, by giving 7 days notice in writing. We Will

- a. refund proportionate premium for unexpired policy period, if the term of policy upto one year and there is no claim (s) made during the policy period.
- b. refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy.

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 15 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representation, non-disclosure of material facts or fraud.

5.1.11 Automatic change in Coverage under the policy

The coverage for the Insured Person(s) shall automatically terminate:

1. In the case of his/ her (Insured Person) demise.

However the cover shall continue for the remaining Insured Persons till the end of Policy Period. The other insured persons may also apply to renew the policy. In case, the other insured person is minor, the policy shall be renewed only through any one of his/her natural guardian or guardian appointed by court. All relevant particulars in respect of such person (including his/her relationship with the insured person) must be submitted to the company along with the application. Provided no claim has been made, and termination takes place on account of death of the insured person, pro-rata refund of premium of the deceased insured person for the balance period of the policy will be effective.

2. Upon exhaustion of sum insured and cumulative bonus, for the policy year. However, the policy is subject to renewal on the due date as per the applicable terms and conditions.

5.1.12 Territorial Jurisdiction

All disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the Policy shall be determined by the Indian court and according to Indian law.

5.1.13 Renewal of Policy

Renewal is not applicable under this product.

5.1.14 Possibility of Revision of Terms of the Policy Including the Premium Rates

The Company, with prior approval of IRDAI, 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 affected.

5.1.15 Free look period

A period of 30 days (from the date of receipt of the policy document) is available to the policyholder to review the terms and conditions of the policy. If he/she is not satisfied with any of the terms and conditions, he/she has the option to cancel his/her policy. This option is available in case of policies with a term of one year or more.

If you have not made any claim during the Free Look Period, then you shall be entitled to:

1. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
2. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
3. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

5.1.16 Endorsements (Changes in Policy)

1. This policy constitutes the complete contract of insurance. This Policy cannot be modified by anyone (including an insurance agent or broker) except the company. Any change made by the company shall be evidenced by a written endorsement signed and stamped.

5.1.17 Terms and conditions of the Policy

The terms and conditions contained herein and in the Policy Schedule shall be deemed to form part of the Policy and shall be read together as one document.

5.1.18 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. For Claim settlement under reimbursement, the Company will pay the policyholder. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/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.

5.1.19 Migration

Migration is not applicable under this product

5.1.20 Portability

Portability is not applicable under this product

5.2 Specific Terms and Clauses

5.2.1 Alterations in the Policy

This Policy constitutes the complete contract of insurance. No change or alteration will be effective or valid unless approved in writing which will be evidenced by a written endorsement, signed and stamped by Us.

5.2.2 Material Information for administration

You must give Us all the written information that is reasonably required to work out the premium and pay any claim / Benefit available under the Policy. You must give Us written notification specifying the details of the Insured Persons to be deleted and the details of the eligible persons proposed to be added to the Policy as Insured Persons. Billing for the Policy will be processed on the exact number of Insured Persons covered under the Policy.

Material information to be disclosed includes every matter that You and/or the Insured Person is aware of, or could reasonably be expected to know, that relates to questions in the proposal form and which is relevant to Us in order to accept the risk of insurance and if so on what terms. You must exercise the same duty to disclose those matters to Us before the Renewal, extension, variation, endorsement or reinstatement of the Policy. Accordingly, We reserve the right to apply additional options, exclusions and/or adjust the scope of cover and / or premium, if necessary, to reflect any circumstances or material facts declared to Us.

5.2.3 Geography

The geographical scope of this Policy applies to events limited to India unless specified otherwise under this Policy. All admitted or payable claims will only be settled in India.

5.2.4 Premium

The premium payable under this Policy shall be the amount specified in the Schedule. No receipt for premium shall be valid except on Our official form signed by Our duly authorised official. Payment of premium instalments under this Policy will be allowed on a monthly/quarterly/half yearly or yearly basis.

Premium will be subject to revision at the time of Renewal of the Policy and approved in accordance with the IRDAI rules and regulations as applicable from time to time. Further, premium shall be paid only in Indian Rupees and in favour of Acko General Insurance Limited.

5.2.5 Parties to the Policy

The only contracting parties to this Policy are You and Us.

5.2.6 Currency

All payments payable under this Policy will be settled in Indian Rupees (INR) only.

5.2.8 No Constructive Notice

Any knowledge or information of any circumstance or condition in relation to You/Insured Person in Our possession or in the possession of any of Our officials shall not be deemed to be notice or be held to bind or prejudicially affect Us, or absolve You/Insured Person from their duty of

disclosure, notwithstanding subsequent acceptance of any premium.

5.2.9 Endorsements

The Policy will allow the following endorsements during the Policy Year. Any request for endorsement must be made only in writing by You. Any endorsement would be effective from the date of the request received from You, or the date of receipt of premium, whichever is later other than for rectification of date of birth or gender which will be with effect from the Commencement Date.

- a) Non-Financial Endorsements – which do not affect the premium.
 - Rectification in name of the proposer / Insured Person.
 - Rectification in gender of the proposer / Insured Person.
 - Rectification in relationship of the Insured Person with the proposer.
 - Rectification of date of birth of the Insured Person (if this does not impact the premium). Change in the correspondence address of the proposer.
 - Change / Update in the contact details viz., phone number, E-mail ID, etc. Update of alternate contact address of the proposer.
 - Change in Nominee details.
 - Change in Age/date of birth.
- b) Financial Endorsements – which result in alteration in premium
 - Deletion of Insured Person on death or upon separation or You/Insured Person leaving the country only if no claims are paid / outstanding.
 - Change in Age/date of birth.
 - Addition of member (including New Born Baby or newly wedded Spouse).
 - Change in address (resulting in change in zone).

All endorsement requests may be assessed by the underwriting team and if required additional information/documents may be requested.

5.2.10 Special Conditions

Any special conditions subject to which this Policy has been entered into and endorsed in the Policy or in any separate instrument shall be deemed to be part of this Policy and shall have effect accordingly. It is further clarified that if any special condition is stipulated in the Schedule, then such special condition shall have effect accordingly.

5.2.11 Our Right of Termination

Termination of Policy

Prior to the termination of the Policy, at the expiry of the period shown in the Schedule, cover will end immediately for all Insured Persons, if:

- a. there is misrepresentation, fraud, non-disclosure of material fact by You / Insured Person and without any refund of premium, by giving 30 days' notice in writing by Registered Post Acknowledgment Due / recorded delivery to Your last known address.
- b. there is non-cooperation by You / Insured person, and with refund of premium on pro rata basis after deducting Our expenses, by giving 30 days' notice in writing by Registered Post Acknowledgment Due /recorded delivery to Your last known address.

- c. You/Insured Person does not pay the premiums owed under the Policy within the Grace Period/applicable revival period (where premium payment is in instalments).

Upon termination, cover and services under the Policy shall end immediately. Costs incurred towards any Treatment undergone after the date of termination shall not be paid. If Treatment has been authorised or an approval for Cashless Facility has been issued, We will not be held responsible for any Treatment costs if the Policy ends or an Employee or member or dependant leaves the Policy before Treatment has taken place. However, We will be liable to pay in respect of all claims where the Treatment/admission has commenced before the date of termination of such Policy.

Termination for Insured Person's cover

Cover under the Policy will end for an Insured Person or Dependent on occurrence of the following:

- a. If You/Insured Person stops paying premiums for the Insured Person(s) and their Dependents (if any);
- b. When this Policy terminates at the coverage expiry date specified shown in the Schedule.
- c. If he or she dies;
- d. When he or she ceases to be a Dependent;

5.2.12 Underwriting Loadings & Discounts

- a. We may apply a risk loading on the premium payable (excluding statutory levies and taxes) or special conditions on the Policy based upon the health status of the persons proposed to be insured and declarations made at the time of enrolment. These loadings will be applied from the Commencement Date of the first Policy including subsequent Renewal(s) with Us. There will be no loadings based on individual claims experience.
- b. We may apply a specific Sub Limit on a medical condition/ailment depending on the past history and declarations, or additional Waiting Periods on Pre-Existing Diseases as part of the special Conditions specified in the Schedule.
- c. We shall inform You about the applicable risk loading or special condition through a counter offer letter and You would be required to respond with Your consent and additional premium (if any) within 7 working days of the issuance of such counter offer letter.
- d. In case, You neither accept the counter offer nor respond to Us within 7 working days, We shall cancel Your application and refund the premium paid. Your Policy will not be issued unless We receive Your consent.

5.2.13 Operation of Policy & Policy Schedule

The Policy shall be issued for the duration as specified in the Schedule. The Policy for the Insured Person takes effect on the Risk Commencement Date specified in the Schedule and/or the Certificate of Insurance and ends on the coverage expiry date of the Policy..

5.2.14 Electronic Transactions

You agree to comply with all the terms and conditions of electronic transactions as We shall prescribe from time to time, and confirm that all transactions effected facilities for conducting remote transactions such as the internet, world wide web, electronic data interchange, call

centres, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, in respect of this Policy, or Our other products and services, shall constitute legally binding when done in compliance with Our terms for such facilities.

5.2.15 Communications & Notices

Any communication or notice or instruction under this Policy shall be in writing and will be sent to:

You/ any Insured Person, at the address as specified in the Schedule

To Us, at Our address as specified in the Schedule.

No insurance agents, brokers, other person or entity is authorised to receive any notice on behalf of Us unless explicitly stated in writing by Us.

Notice and instructions will be deemed served 10 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail

Grievance Redressal

For resolution of any query, insured may contact the company on our helpline number

1800 266 2256 or may write an e-mail at hello@acko.com

For resolution of grievance, insured may contact the company on our toll-free helpline number 1800 210 4990 (Operating hours: 10 AM – 7 PM, all days of the week).

Senior Citizens Support:

Phone: 080-62370023

Email: grievance.healthseniorcitizen@acko.com Complaints will be acknowledged within 24 hours of receipt. A final resolution will be provided within 14 days from receipt of the complaint. You can also write to grievance@acko.com. Your complaint will be acknowledged by us within 24 working hours.

If in case you are dissatisfied with the decision/resolution provided through details indicated above on your Complaint or have not received any response within 14 working days, you may write or email to Chief Grievance Officer:

Email: gro@acko.com

Postal Address: Acko General Insurance Limited 36/5 Hustlehub One East, Somasandrapalya, 27th Main Road Sector 2, HSR Layout, Karnataka Bangalore – 560102

The Chief Grievance Officer will provide a final response within 7 days of receipt of the escalation. If in case your issue remains unresolved within 14 days of lodging a complaint with us and you wish to pursue other avenues for redressal of grievances, you may approach IRDAI by calling on the Toll-Free no. 155255 or you can register an online complaint on the website <https://irdai.gov.in/igms1>

Insurance Ombudsman for Redressal, whose details are given below: General Manager Consumer Affairs Department- Grievance Redressal Cell Website:

<https://cioins.co.in/Ombudsman>

In the event of an unsatisfactory response from the Grievance Officer, You may register a complaint in the Integrated Grievance Management System (IGMS) of the IRDAI.