

CORONA RAKSHAK POLICY, MANIPALCIGNA

Customer Information Sheet

Customer Information Sheet (Description is illustrative and not exhaustive)						
No.	TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER			
1.	Product Name	Corona Rakshak Policy, ManipalCigna				
2.	What am I covered for	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.	D			
3.	What are the Major exclusions in the policy	Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions:	E.I.1			
		a. Admission primarily for investigation & evaluation	E.II.2			
		b. Any diagnosis which is not related and not incidental to COVID is not covered in this Policy	E.II.3			
		c. Testing done at a Diagnostic center which is not authorized by the Government shall not be recognized under this Policy	E.II.3			
4.	Waiting period	The Company shall not be liable for any claim arising under the policy within 15 days from the first policy commencement date with Us.	E.II.1			
5.	Payment basis	Benefit basis				
6.	Claims	The insured person may submit the necessary documents to TPA (if applicable)/Company within the prescribed time limit as specified hereunder.	G.I.2			
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">SI No</th> <th style="width: 40%;">Type of Claim</th> <th style="width: 50%;">Prescribed Time limit</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1.</td> <td>COVID Cover</td> <td>Within thirty days of date of discharge from hospital following positive diagnosis for COVID</td> </tr> </tbody> </table>		SI No	Type of Claim	Prescribed Time limit
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				
7.	Policy Servicing	Email Id: customercare@manipalcigna.com Toll Free: 1800-102-4462				
	Grievances/ Complaints	a. Details of Grievance redressal officer - https://www.manipalcigna.com/grievance-redressal b. IRDAI Integrated Grievance Management System - https://igms.irda.gov.in/ c. Insurance Ombudsman: The contact details of the Insurance Ombudsman offices have been provided as Annexure-A of Policy document.	F.I.8			
8.	Insured's Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid.	F.I.1			
<p>Legal Disclaimer Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.</p> <p>For benefit illustration with indicative ages and Sum Insured, please refer Annexure to CIS - Benefit Illustration</p>						