

Ref: IRDAI/HLT/CIR/MISC/190/10/2023

30<sup>th</sup> October, 2023

To  
All Insurers (Except AIC & ECGC)

**Sub: Revision of Customer Information Sheet**

1. It is important for a policyholder to understand the terms and conditions of the policy that has been purchased. Since a policy document may be fraught with legalese, it is imperative to have a document that explains in simple words, the basic features with regard to the policy and provides necessary information.
2. With the above objective in mind, the customer information sheet (CIS) has been devised and is to be provided by insurers to all policyholders.
3. It is observed that several complaints are still emanating as a result of asymmetry of information between insurer and the policyholder.
4. In this backdrop, the existing customer information sheet has been improved and now seeks to convey basic information about the policy purchased in a manner that is easily understood.
5. The revised format of CIS (Annexure-A) shall be implemented w.e.f. 01.01.2024.



6. Compliance of the following shall be ensured:

- i. Insurers, intermediaries and agents shall forward the Customer Information Sheet to all policyholders and acknowledgement, physical or digital, shall be duly obtained.
- ii. Customer Information Sheet shall be made available in local language if the policyholder so desires.
- iii. The CIS shall have minimum font size 12" (Arial) or above.
- iv. All details provided for in the CIS shall be duly filled in.
- v. The policy document forwarding letter shall contain a cross reference to the CIS.

This circular is being issued in terms of Regulation 26 of IRDAI (Health Insurance) Regulations, 2016.

  
**Yegnapiya Bharath**  
**Chief General Manager**  


**Annexure-A**

Schedule-2 of Consolidated Guidelines on Product filing in Health Insurance Business Ref: IRDAI/HLT/REG/CIR/194/07/2020 dated 22nd July, 2020 is modified as under: -

**CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY**

**This document provides key information about your policy. You are also advised to go through your policy document.**

| <b>Sl No</b> | <b>Title</b>                               | <b>Description</b><br>(Please refer to applicable Policy Clause Number in next column)                                                                                                                                                                                                                                                           | <b>Policy Clause Number</b> |
|--------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| <b>1</b>     | Name of Insurance Product/Policy           | XXXXXX                                                                                                                                                                                                                                                                                                                                           |                             |
| <b>2</b>     | Policy number                              |                                                                                                                                                                                                                                                                                                                                                  |                             |
| <b>3</b>     | Type of Insurance Product/ Policy          | <ul style="list-style-type: none"><li>• Indemnity (Where insured losses are covered up to the Sum Insured under the policy)</li><li>• Benefit (Where an Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event)</li><li>• Both Indemnity and Benefit (where policy has elements of both the above)</li></ul> |                             |
| <b>4</b>     | Sum Insured (Basis)<br>(Along with amount) | <ul style="list-style-type: none"><li>• Individual Sum Insured -Where each member has a separate sum insured under the policy), or</li><li>• Floater Sum Insured-Where all members</li></ul>                                                                                                                                                     |                             |



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|   |                                                                                                                               | under the policy have a single sum insured limit which may be utilized by any or all members                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| 5 | <p>Policy Coverage (What the policy covers?)</p> <p>(Policy Number/s)                      Clause</p>                         | <p><b>Expenses in respect of:</b></p> <p>Admission in Hospital beyond xx hrs</p> <p>Pre-hospitalisation (treatment prior to admission in hospital) of xx days amounting to x% of claim</p> <p>Post-hospitalisation (treatment after discharge from hospital) within xx days from date of discharge amounting to x% of claim.</p> <p>Specified / Listed procedures requiring less than xx hours of hospitalization (day care)</p> <p>Undergoing specified procedure in case of xx Critical illnesses</p> <p>Diagnosis of an illness of specified severity</p> <p>Daily cash benefit of Rs___per day during admission in hospital</p> <p>OPD / Dental/ Maternity coverage</p> <p>Emergency or Travel Medical Assistance</p> <p>Personal Accident Cover</p> <p>Travel Cover</p> <p>(Note: This is an indicative list. Insurer must ensure that all the benefits of the policy are listed above)</p> |  |
| 6 | <p><b>Exclusions</b></p> <p>(what the policy does not cover)</p>                                                              | <p>(Note: Insurer has to ensure that all the applicable exclusions are listed here)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| 7 | <p>Waiting period</p> <ul style="list-style-type: none"> <li>Time period during which specified diseases/treatment</li> </ul> | <p><b>Initial waiting Period:</b> xx days for all illnesses (not applicable in case of continuous renewal or accidents)</p> <p><b>Specific Waiting periods (Not applicable for</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |

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|   | <p>s are not covered</p> <ul style="list-style-type: none"> <li>It is counted from the beginning of the policy coverage.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <p><b>claims arising due to an accident):</b></p> <ul style="list-style-type: none"> <li>xx months for xx diseases/procedures</li> <li>yy months for yy diseases/procedures</li> </ul> <p><b>Pre-existing diseases:</b> Covered after xx months</p>                                                                                                                                                                                                                                                      |  |
| 8 | <p>Financial limits of coverage</p> <p>i Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>ii Co-payment (It is a specified amount /percentage of the admissible claim amount to be paid by policyholder/insured).</p> <p>iii Deductible (It is a specified amount:</p> <ul style="list-style-type: none"> <li>up to which an insurance company will not pay any claim, and</li> <li>which will be deducted from total claim amount (if claim amount is more than the specified amount)</li> </ul> <p>iv. Any other limit (as applicable)</p> | <p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <p>XX XX</p> <p>In case of a claim, this policy requires you to share the following costs: Expenses exceeding the following <b>Sub-limits</b></p> <ul style="list-style-type: none"> <li>Room / ICU charges beyond -----</li> <li>For the following specified diseases:</li> <li>_____</li> <li>_____</li> </ul> <p>XXXX</p> <p><b>Deductible</b> of Rs. XXX per claim / per year / both</p> |  |

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| 9  | Claims/Claims Procedure | <p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <p><b>Turn Around Time (TAT)</b> for claims settlement:</p> <p>i. TAT for preauthorization of cashless facility<br/>XXX</p> <p>ii. TAT for cashless final bill authorization: XXX</p> <p><i>Provide the details /web link for following:</i></p> <p>i. Network Hospital details</p> <p>ii. Helpline number</p> <p>iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer</p> <p>iv. Downloading/getting claim form</p> |  |
| 10 | Policy Servicing        | <p>Call center number of the insurer</p> <p>Details of Company officials</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| 11 | Grievances/Complaints   | <p>Details of</p> <ul style="list-style-type: none"> <li>- Grievance Redressal Officer of the insurer</li> <li>- Insurance company grievance portal/ Department:</li> <li>- Ombudsman:</li> </ul> <p><i>(Please provide contact details, Toll free number and email)</i></p>                                                                                                                                                                                                                                                                                                                           |  |

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| 12 | Things to remember | <p><b>Free Look cancellation:</b> You may cancel the insurance policy if you do not want it, within xx days from the beginning of the policy.</p> <p>Insurer to specify the process for free look cancellation</p> <p><b>Policy renewal:</b> Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.</p> <p><b>Migration and Portability:</b> When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.</p> <p>Insurer to specify the process for migration and portability</p> <p><b>Change in Sum Insured:</b> Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh <b><i>only for the enhanced portion of the sum insured.</i></b></p> <p><b>Moratorium Period:</b> After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of eight continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits.</p> <p>After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.</p> |  |
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| 13 | Your Obligations | <p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p>Disclosure of other material information during the policy period.)</p> <p>Insurer to specify the material information</p> |  |
|----|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

Declaration by the Policy Holder;

I have read the above and confirm having noted the details.

Place:

Date: \_\_\_\_\_ (Signature of the Policy)

Note:

- i. Insurer shall provide web-link where the product related documents including the Customer Information sheet are available on the website of the insurer.
- ii. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.
- iii. **Insurer to take confirmation of the policyholder regarding receiving of the Customer Information Sheet.**

