

Free Look Period:

The free look period shall be applicable at the inception of the policy.

- a. The insured will be allowed a period of at least 15 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable
- b. If the insured has not made any claim during the free look period, the insured shall be entitled to-

- i. A refund of the premium paid less any expenses incurred by the insurer on medical examination of the insured persons and the stamp duty charges or;
- ii. where the risk has already commenced and the option of return of the policy is exercised by the policyholder, a deduction towards the proportionate risk premium for period on cover or;
- iii. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

Cost of Pre-insurance Health Check up:

We will reimburse 50% of the cost of any pre-insurance medical examination once the proposal is accepted and policy is issued for that insured. We shall maintain a list of and the fees chargeable by, institutions where such Pre-insurance medical examination may be conducted, the reports from which will be accepted by Us. Such list shall be furnished to the prospective policyholder at the time of pre-insurance medical examination.

Portability:

Portability can be offered as per the Portability guidelines.

Claims Procedure:

If the insured is diagnosed with a medical condition / underwent a surgical procedure as per the definition of the Critical illness mentioned that may result in a claim, the same should be intimated to the Insurance Company in writing. The following documents are required for processing of the Claims:

(The insured has to submit all documents in original and photocopy. The original documents would be returned post verification).

i. Claim form

ii. Discharge certificate/card from the hospital

iii. Attending Doctor's / Consultant's / Specialist's certificate regarding diagnosis.

iv. Surgeon's certificate stating nature of operation performed and Surgeon's bill and receipt

v. Indoor case papers from the hospital

Renewal:

a. Upon the occurrence of an event of Critical Illness and (subject to the terms, conditions and exclusions of this Policy) without prejudice to the Company's obligation to make payment, this Policy shall immediately cease to exist with reference to that Insured.

b. Applicable for family floater policy- Upon the occurrence of an event of Critical Illness and (subject to the terms, conditions and exclusions of this Policy) for any insured under the family floater policy, without prejudice to the Company's obligation to make payment, this Policy shall immediately cease to exist. The rest of the family members can opt for a separate critical illness policy and they will be given continuity for the period they have been insured under the Future Criticare Policy.

General Exclusions:

1. Benefits will not be available for Any Pre- Existing conditions or related condition(s) for which You have been diagnosed, received medical treatment, had signs and / or symptoms, prior to inception of Your first Policy, unless such a condition is stated in the proposal form and specifically accepted by the Company and endorsed thereon.
2. The Company shall not be liable to make any payment under this Policy in connection with or in respect of any Insured Event, as stated in this Section, occurred or suffered before the commencement of Period of Insurance or arising within the first 90 days of the commencement of the Period of Insurance.
3. Any medical procedure or treatment, which is not medically necessary or not performed by a Doctor.
4. Any treatment relating to birth defects and external or internal congenital Illnesses.
5. Birth control procedures and hormone replacement therapy.
6. Any treatment/surgery for change of sex or any cosmetic surgery or treatment/surgery /complications/illness arising as a consequence thereof.
7. Treatment by a family member and self-medication or any treatment that is NOT scientifically recognized
8. Ayurvedic, Homeopathy, Unani, naturopathy, reflexology, acupuncture, bone-setting, herbalist treatment, hypnosis, rolfing, massage therapy, aroma therapy or any other treatments including Alternative treatments other than Allopathy / western medicines.
9. Attempted suicide (whether sane or insane) or intentionally self inflicted Injury or Illness, or sexually transmitted conditions, mental or nervous disorder, anxiety, stress or depression, Acquired Immune Deficiency Syndrome (AIDS), Human Immune deficiency Virus (HIV) infection
10. Being under the influence of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a Physician and taken as prescribed
11. War, civil War, invasion, insurrection, revolution, act of foreign enemy, hostilities (whether War be declared or not), rebellion, mutiny, use of military power or usurpation of government or military power.
12. Participation in winter sports, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing

(where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sports, any bodily contact sport or any other hazardous or potentially dangerous sport for which You are untrained;

13. Loss caused directly or indirectly, wholly or partly by infections (except pyogenic infections which shall occur through an Accidental cut or wound) or any other kind of Disease

14. Diagnosis outside India; unless reaffirmed by Physician in India and subject to presentation of all Claim documents in English.

For detailed exclusions please refer the policy wordings.

In case of any claim , please contact us on the following

Claims Department

Future Generali Health (FGH)

Future Generali India Insurance Co. Ltd.

Office No. 3, 3rd Floor, "A" Building , G - O - Square
S. No. 249 & 250, Aundh Hinjewadi Link Road, Wakad,
Pune - 411 057.

Toll Free Number : 1800 103 8889

Toll Free Fax : 1800 103 9998

Email: fgh@futuregenerali.in

The Generali Group has been a leading provider of insurance and financial services in the global market for nearly two centuries. Generali is a name that has become synonymous with security and reliability for millions of clients around the world.

The Future Group understands what makes you different and offers you services and products that exceed your expectations. With more than sixteen million square feet of retail space and a presence across the country in different formats, the Future Group's vision is to deliver

everything, everywhere, every time, to every Indian consumer in the most profitable manner. The group considers 'Indianness' its core value and its corporate credo is – 'Rewrite Rules, Retain Values'.

Future Generali is the coming together of these two caring entities. We offer an extensive range of general insurance products, and a network that ensures we are close to you wherever you go. Our skilled and trained individuals understand your insurance needs and will create customised solutions for you.



Future Group's and Generali Group's liability is restricted to the extent of their shareholding in Future Generali India Insurance Company Limited.

Future Generali India Insurance Company Limited
Regn. No.: 132

Regd and Co. Office: Indiabulls Finance Centre, Tower 3, 6th Floor, Senapati Bapat Marg, Elphinstone (W),
Mumbai- 400 013.
Email: fgcare@futuregenerali.in

ARN: FG-NL/PD/MKTG/EN/FCCP-001BR
UIN: IRDA/NL-HLT/FGII/P-H(C)/VI/74/13-14
ISO Ref. No.: FGH/UW/RET/18/02

Disclaimer: The above information is only indicative in nature. For details of the coverage & exclusions please contact our nearest office. Insurance is the subject matter of solicitation.

Future Crite-Care Plan



Standalone Critical Illness Cover Protecting you and your family from Critical Diseases



Individual &
Family Floater Plan

SMS FG to 567678

Call us at: 1800-220-233, 1860-500-3333, 022-6783 7800

Website: www.futuregenerali.in

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Timely assistance

In ill health, there's a lot on your mind. Future Criti- Care halves the burden. This plan offers monetary benefit to take care of miscellaneous expenses if you are ever diagnosed with a critical illness. You can apply for this plan in addition to your other medical plans. And what's more – there's minimum paperwork. Future Criti-Care is a standalone critical benefit plan that insures you against twelve critical illnesses. Should you ever be diagnosed with one of these, you will be provided with a fixed sum, regardless of your actual medical expenses and other health indemnity policies. Subsequent to 90 days from the policy's commencement, Future Criti-Care shall cover the following major medical illnesses and procedures; subject to survival of 28 days from the date of diagnosis / procedure:

CANCER OF SPECIFIED SEVERITY

A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.

KIDNEY FAILURE REQUIRING REGULAR DIALYSIS:

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

PRIMARY PULMONARY ARTERIAL HYPERTENSION:

Primary pulmonary hypertension is an increase in blood pressure in the pulmonary artery, pulmonary vein, or pulmonary capillaries, leading to shortness of breath, dizziness, fainting, and other symptoms, all of which are exacerbated by exertion. The pulmonary artery is the blood vessel that carries blood from the heart through the lungs.

LIVER FAILURE:

It is the inability of the liver to perform its normal synthetic and metabolic function as part of normal physiology.

MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS:

I. The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following:

- Investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis.
- There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, and well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with at least two clinically documented episodes at least one month apart.

MAJOR ORGAN/BONE MARROW TRANSPLANT:

- The actual undergoing of a transplant of one of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- Human bone marrow using hematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

OPEN CHEST CABG**(Coronary Artery Bypass Graft):**

The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

AORTA GRAFT SURGERY:

The aorta is the main artery that supplies oxygenated blood to all other parts of the body. Sometimes, a part of the aorta becomes blocked or weak needs replacing. You will be able to claim compensation if you need surgery to remove and replace a part of, or the entire aorta.

STROKE RESULTING IN PERMANENT SYMPTOMS:

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical

symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

FIRST HEART ATTACK (Myocardial Infarction) - OF SPECIFIED SEVERITY

i. The first occurrence of myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for this will be evidenced by all of the following criteria: i. a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain).
ii. New characteristic electrocardiogram changes.
iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical Markers.

COMA OF SPECIFIED SEVERITY:

A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
i. No response to external stimuli continuously for at least 96 hours;
ii. Life support measures are necessary to sustain life; and
iii. Permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
iv. The condition has to be confirmed by a specialist medical practitioner.

TOTAL BLINDNESS:

Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident. Total blindness as a result of cataract, glaucoma, corneal lesions, and retinopathies are excluded.

For details of the complete definitions please refer the policy wordings.

KEY FEATURES

- This product is available on Individual Sum Insured as well as Floater Sum Insured basis
- Family means and includes you, your spouse, your first two dependent children and your two dependent parents
- Upon survival of 28 days from the first diagnosis / actual undergoing of the surgical procedures that are mentioned above, you and your family members can claim the entire sum insured under the policy

- You receive the entire sum insured amount as a lump sum thus helping you to plan the treatment accordingly
- No medical examination up to the age of 45 years and sum insured up to 5 lakhs, subject to the proposal form having no adverse medical declarations
- Pre-policy check up, if advised, has to be done in our empanelled diagnostic center. Up to 50% cost of the diagnostic tests charges would be reimbursed by us for accepted cases wherein the policy has been issued. The test reports would be valid for 1 month
- The premium paid is exempt under section 80 D of the Income Tax Act

What is the eligible age and sum insured?

- The product is for those between the age of 6 years to 65 years.

Max Policy Term	1 Year
Min Age at entry	6 Years
Max Age at entry	65 Years
Renewal	Lifelong
Min Sum Insured	₹ 1,00,000
Max Sum Insured	₹ 50,00,000 (for age =< 45 yrs) ₹ 20,00,000 (for age 46 yrs - 65 yrs)

- The maximum sum insured eligibility for renewals -

Age	Max Sum insured option(INR)
66 years to 70 years	₹ 1,000,000
71 years to 75 years	₹ 5,00,000
Above 75 years	₹ 2,00,000

- Renewals will be invited for the above age bands as per respective Sum Insured mentioned in the table.
- Premium would be charged as per the restricted Sum Insured with loading as given below.

Renewal premium:

Following loadings in premiums will be applicable for policies above 65 years of age for lifelong renewal:

- Above 65 years upto 70 years – 10% (loading on 61-65 yrs age band)
- 71 years to 75 years -20% (loading on 61-65 yrs age band)
- Above 75 years -25% (loading on 61-65 yrs age band)

Family Definition:

Self, spouse, 2 dependent children (Upto 25 years) and 2 dependant parents.

The brochure / prospectus mentions the premium rates as per the age slabs / sum insured and the same would be charged as per the completed age at every renewal.

The premiums as shown in the prospectus / brochure are subject to revision as and when approved by the regulator. However such revised premiums would be applicable only from subsequent renewals and with due notice whenever implemented.

Premium illustration (All figures in ₹) Service Tax Extra

Sum Insured/ Age in years	6 to 25 yrs	26 to 30 yrs	31 to 35 yrs	36 to 40 yrs	41 to 45 yrs	46 to 50 yrs	51 to 55 yrs	56 to 60 yrs	61 to 65 yrs
1 lakh	262	320	391	636	933	1746	2598	4614	5768
2 lakhs	487	601	740	1229	1821	3166	4869	8247	10309
3 lakhs	711	881	1090	1822	2709	4587	7140	11880	14850
4 lakhs	936	1162	1439	2415	3597	6374	9778	15513	19391
5 lakhs	1160	1442	1788	3009	4485	7795	12049	19147	23934
6 lakhs	1634	1972	2387	4238	6010	9207	14312	23364	29205
7 lakhs	1859	2253	2736	4831	6898	10627	16583	26997	33746
8 lakhs	2083	2533	3086	5424	7786	12048	18854	30630	38288
9 lakhs	2308	2814	3435	6017	8674	13469	21125	34264	42830
10 lakhs	2532	3094	3785	6610	9562	14889	23396	37897	47371
11 lakhs	2957	3519	4209	6648	9599	14927	23433	37899	47374
12 lakhs	3404	4078	4906	7832	11373	17766	27974	45163	56454
13 lakhs	3629	4359	5256	8425	12262	19187	30245	48797	60996
14 lakhs	3853	4639	5605	9018	13150	20607	32516	52430	65538
15 lakhs	4078	4920	5954	9611	14038	22028	34787	56063	70079
16 lakhs	4712	5610	6713	10614	15335	24285	37895	59691	74614
17 lakhs	4936	5890	7063	11207	16223	25706	40166	63325	79156
18 lakhs	5161	6171	7412	11800	17111	27127	42437	66958	83698
19 lakhs	5385	6451	7761	12393	17999	28547	44708	70591	88239
20 lakhs	5610	6732	8111	12986	18887	29968	46980	74224	100202
21 lakhs	5834	7013	8460	13579	19775	31388	49251	77858	105108
22 lakhs	6059	7293	8810	14172	20663	32809	51522	81491	110013
23 lakhs	6283	7574	9159	14765	21552	34230	53793	85124	114917
24 lakhs	6508	7854	9508	15358	22440	35650	56064	88757	119822
25 lakhs	6732	8135	9858	15951	23328	37071	58335	92391	124728

26 lakhs	7375	8834	10626	16963	24634	38483	60597	96015	129620
27 lakhs	7600	9114	10975	17556	25522	39903	62869	99648	134525
28 lakhs	7824	9395	11324	18149	26410	41324	65140	103282	139431
29 lakhs	8049	9675	11674	18742	27298	42745	67411	106915	144335
30 lakhs	8273	9956	12023	19335	28186	44165	69682	110548	149240
31 lakhs	8498	10236	12373	19928	29074	45586	71953	114182	154146
32 lakhs	8722	10517	12722	20521	29962	47006	74224	117815	159050
33 lakhs	8947	10798	13071	21114	30850	48427	76495	121448	163955
34 lakhs	9171	11078	13421	21707	31738	49848	78767	125081	168859
35 lakhs	9396	11359	13770	22301	32626	51268	81038	128715	173765
36 lakhs	9620	11639	14120	22894	33515	52689	83309	132348	178671
37 lakhs	9845	11920	14469	23487	34403	54110	85580	135981	183577
38 lakhs	10070	12200	14818	24080	35291	55530	87851	139615	188482
39 lakhs	10294	12481	15168	24673	36179	56951	90122	143248	193388
40 lakhs	10519	12761	15517	25266	37067	58372	92393	146881	198293
41 lakhs	10743	13042	15867	25859	37955	59792	94664	150514	203198
42 lakhs	10968	13323	16216	26452	38843	61213	96936	154148	208103
43 lakhs	11192	13603	16565	27045	39731	62633	99207	157781	213008
44 lakhs	11417	13884	16915	27638	40619	64054	101478	161414	217913
45 lakhs	11641	14164	17264	28231	41507	65475	103749	165047	222818
46 lakhs	11866	14445	17614	28824	42395	66895	106020	168681	227723
47 lakhs	12090	14725	17963	29418	43283	68316	108291	172314	232628
48 lakhs	12315	15006	18312	30011	44171	69737	110562	175947	237533
49 lakhs	12539	15286	18662	30604	45059	71157	112833	179581	242438
50 lakhs	12764	15567	19011	31197	45947	72578	115105	183214	247343

Family Floater Discounts:

The maximum sum insured under family floater plan can be provided up to sum insured eligibility of the eldest member. Premium for the primary insured remains at actuals from the individual table.

For remaining dependant members, discounts applicable as table below (on their respective individual premium)

Family Floater

Age Group	Premium Discounts
6 yrs to 25 yrs	50%
26 to 30 yrs	30%
31 to 35 yrs	30%
36 to 40 yrs	30%
41 to 45 yrs	20%
46 to 50 yrs	10%
Above 51 yrs	5%