

**Raheja QBE General Insurance Company Limited**

5th Floor, A Wing, Fulcrum, IA Project Road, Sahar, Andheri East, Mumbai – 400059, India.  
 Tel: 022 69155050 | Email: [customercare@rahejaqbe.com](mailto:customercare@rahejaqbe.com) | Website: [www.rahejaqbe.com](http://www.rahejaqbe.com)  
 CIN: U66030MH2007PLC173129, IRDAI Reg. No. 141

<b>CUSTOMER INFORMATION SHEET</b>			
This document provides key information about your policy. You are also advised to go through your policy document.			
<b>Sr. No</b>	<b>Title</b>	<b>Description</b>	<b>Refer to Policy clause number</b>
1	<b>Product Name</b>	RQBE Surrogacy and Oocyte Donor Insurance Policy	
2	<b>Policy Number</b>	Xxxxxxxxxx	
3	<b>Type of Insurance Product/Policy</b>	Indemnity Product	
4	<b>Sum Insured</b>	Individual sum insured	
5	<b>Policy Coverage</b>	<b>List of Benefits</b>	
<b>In-patient Hospitalization Expenses:</b>		This Policy shall indemnify the Reasonable and Customary Medical Expenses incurred for In-patient hospitalization of the Insured Person, towards:	3.A
		Complications arising out of pregnancy including Medical Termination of Pregnancy (in case of life-threatening medical condition to the surrogate mother as authorized by the appropriate authority) and also covering post-partum delivery complications for the Surrogate mother resulting from Altruistic Surrogacy or	3.A.a
		Complications arising due to oocyte retrieval with respect to the Oocyte donor under different heads mentioned below, during the Policy Period up to the Sum Insured as mentioned in the Policy Schedule (other than any sub-limits specified in the policy), subject to terms, conditions and exclusions mentioned in the Policy.	3.A.b
		Room Rent, Boarding, Nursing expenses as provided by the Hospital/Nursing Home up to 1% of Sum Insured, subject to maximum of Rs 5,000/- per day	3.A.i

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	<b>In-patient Hospitalization Expenses:</b>	Intensive Care Unit (ICU) expenses up to 2% of Sum Insured subject to maximum of Rs 10,000/- per day.	3.A.ii
		Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees up to 30% of Sum Insured per claim, whether paid directly to the treating doctor /surgeon or to the hospital	3.A.iii
		Anesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines and Drugs, costs towards diagnostics, diagnostic imaging modalities and such similar other expenses.	3.A.iv
		Expenses incurred on road Ambulance subject to a maximum of Rs 2,000/- per hospitalization. This benefit is payable only if hospitalization claim is paid.	3.A.v
		<b>Proportionate Deduction:</b> In case of admission to a room exceeding the limits as mentioned in the point no. (i), the reimbursement of all other expenses incurred at the Hospital, with the exception of cost of pharmacy/medicines, consumables, implants, medical devices & diagnostics, shall be payable in the same proportion as the admissible rate per day bears to the actual rate per day of room rent charges	3.A.vi
	<b>Day Care Treatment</b>	We will indemnify the reasonable and customary charges for Medical Expenses incurred on the Insured Person's Day Care Treatment, on the written advice of a Medical Practitioner provided that the hospitalization is ONLY for any complication arising due to pregnancy & post-partum delivery or any complication arising due to Oocyte Retrieval hospitalization. OPD Treatment and Diagnostic Services will not be covered under the policy.	3.B

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	<b>Domiciliary Treatment</b>	<p>Domiciliary hospitalization means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:</p> <ul style="list-style-type: none"> <li>i. the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or</li> <li>ii. the patient takes treatment at home on account of non-availability of room in a hospital.</li> </ul> <p><b>Note:</b></p> <ul style="list-style-type: none"> <li>• The hospitalization is due to any complication arising due to pregnancy &amp; post-partum delivery.</li> <li>• Medical &amp; ambulatory devices used at home (like Pulse Oximeter, BP monitors, Sugar monitors, automation device for peritoneal dialysis, CPAP, BiPAP, Crutches, wheelchair etc.) are not covered</li> </ul>	3.C
	<b>AYUSH Treatments</b>	We will indemnify the reasonable and customary charges for Inpatient Hospitalization Expenses incurred on the Insured Person's AYUSH Treatment, on the written advice of a Medical Practitioner.	3.D
	<b>Advance treatment</b>	<p>The company shall indemnify the insured person up to the limit specified in the policy schedule, for expenses incurred under Benefit "In-patient Hospitalization Expenses" for treatment taken through following advance technologies only if the procedure is for complication arising out of Surrogacy or Oocyte retrieval. Listed advance treatment covered upto 50% of the base SI. Sub limit of 1,00,000 for Robotic Surgeries.</p> <ul style="list-style-type: none"> <li>1. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)</li> <li>2. Balloon Sinuplasty</li> <li>3. Deep Brain stimulation</li> <li>4. Oral chemotherapy</li> <li>5. Immunotherapy- Monoclonal Antibody to be given as injection</li> <li>6. Intravitreal injections</li> <li>7. Robotic surgeries</li> </ul>	3.E

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		8. Stereotactic radio surgeries 9. Bronchial Thermoplasty 10. Vaporization of the prostate (Green laser treatment or holmium laser treatment) 11. IONM - (Intra Operative Neuro Monitoring) 12. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for hematological conditions to be covered.	
6	<b>Exclusions</b>	<p>The Company shall not be liable to make any payment under the policy towards any claim in connection with or in respect of:</p>	
	<b>Standard exclusions</b>	<p><b>Investigation &amp; Evaluation:</b></p> <p>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</p>	4.A.1
		<p><b>Rest Cure, rehabilitation and respite care – code – Excl05:</b></p> <p>a. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:</p> <p>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.</p>	4.A.2
		<p><b>Cosmetic or plastic Surgery- Code – Excl08:</b> 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</p>	4.A.3

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	<p><b>Hazardous or Adventure sports: Code – Excl09:</b> 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.</p>	4.A.4
	<p><b>Breach of law: Code – Excl 10:</b> Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.</p>	4.A.5
	<p><b>Excluded Providers: Code-Excl11:</b> 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 following an accident, expenses upto the stage of stabilization are payable but not the complete claim.</p>	4.A.6
	<p>Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.</p>	4.A.7
	<p>Treatments received in health hydros, 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</p>	4.A.8
	<p>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</p>	4.A.9
	<p><b>Unproven Treatments: Code – Excl16:</b> 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.</p>	4.A.10

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	<b>Specifc exclusions</b>	Any illness, sickness or disease other than complications arising out of pregnancy and post-partum delivery for the surrogate mother or complications arising out of oocyte retrieval for the oocyte donor.	4.B.11
		<p>Medical Expenses incurred towards:</p> <ul style="list-style-type: none"> <li>a. Delivery (Normal/Cesarean) charges of the Surrogate Mother</li> <li>b. The New Born Baby through Surrogacy to the Surrogate Mother</li> <li>c. Complication of Pregnancy to the Surrogate Mother, which is for other than 'Altruistic Surrogacy' and / or for the second Surrogacy and / or if the Surrogate Mother donates her own gametes</li> <li>d. Miscarriage (including miscarriage due to accident) except in case of life-threatening medical condition to the surrogate mother, during the policy period of the Surrogate Mother</li> <li>e. Complications arising due to oocyte retrieval, if the insured is donating for the second time</li> <li>f. Treatment of any pre-existing condition/disease of the Insured including its complications</li> <li>g. Treatment taken on OPD basis by the Insured</li> <li>h. Pre and Post Hospitalization of the Insured</li> </ul>	4.B.12
		<p>Complications of pregnancy resulting from:</p> <ul style="list-style-type: none"> <li>i. the Surrogacy procedure conducted in a Clinic which is not registered as per the provisions of The Surrogacy (Regulation) Act, 2021</li> <li>ii. Surrogacy which is for commercial purposes or for commercialization of surrogacy or surrogacy procedures</li> <li>iii. Surrogacy which is for producing children for sale, prostitution or any other form of exploitation</li> </ul>	4.B.13

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	<p>Any claim arising due to non-compliance of the provisions stated in the respective Surrogacy law, The Surrogacy (Regulation) Act, 2021, The Surrogacy (Regulation) Rules, 2022, the Assisted Reproductive Technology Law, The Assisted Reproductive Technology (Regulation) Act, 2021, The Assisted Reproductive Technology (Regulation) Rules, 2022 and any subsequent additions / modifications to the Law / Act / Rules.</p>	4.B.14
	<p>War or any act of war, invasion, acts of foreign enemies, hostilities whether war be declared or not, civil war, revolution, insurrection, mutiny, martial law.</p>	4.B.15
	<p>Intentional self-injury or attempted suicide whether sane or insane.</p>	4.B.16
	<p>All expenses caused by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.</p>	4.B.17
	<p>Any travel or transportation costs or expenses excluding ambulance charges.</p>	4.B.18
	<p>Vaccination or inoculation of any kind</p>	4.B.19
	<p>Durable medical equipment (including but not limited to wheelchairs, crutches, artificial limbs and the like), (namely that equipment used externally from the human body which can withstand repeated use; is not designed to be disposable; is used to serve a medical purpose; is generally not useful in the absence of an Illness or Injury and is usable outside of a Hospital) unless required for the treatment of Illness or Accidental Bodily Injury.</p>	4.B.20
	<p>Prostheses, corrective devices, medical appliances, external medical equipment used at home as post hospitalization care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.</p>	4.B.21

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		Prostheses, corrective devices, medical appliances, external medical equipment used at home as post hospitalization care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.	4.B.21
		Any external Congenital Anomaly, diseases or defects.	4.B.22
		Independent personal comfort and convenience items or services which are non-medical in nature and are charged separately unless they form part of the room rent.	4.B.23
		Treatment of any external Congenital Anomaly, or Illness or defects or anomalies or treatment relating to external birth defects.	4.B.24
		Treatments rendered by a Medical Practitioner who shares the same residence as an Insured Person or who is a member of the Insured Person's family like spouse, children (including adopted and step children), Parents, brother, sister, father in law, mother in law, sister in law, brother in law, son in law, daughter in law, uncle, aunt, grandfather, grandmother, grandson, granddaughter, nephew, and niece.	4.B.25
		Voluntary Termination of Pregnancy	4.B.26
		Non-medical Expenses incurred during Hospitalization. The list of such Non-medical Expenses is placed at Annexure 1– List 1 – Items for which coverage is not available in the policy'.	4.B.27
7	<b>Waiting Period</b>	Not applicable	
8	<b>Financial Limits</b>	As per policy wording and certificate of insurance	

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9	<b>Claims /Claims Procedure</b>	<p><b>For Claims visit :</b> <a href="https://www.rahejaqbe.com/claims/health-claims">https://www.rahejaqbe.com/claims/health-claims</a>        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) for claims settlement:</b>        TAT for preauthorization of cashless facility: 1 Hours        TAT for cashless final bill authorization: 3 Hours</p> <p><b>Network Hospital details:</b>  <a href="https://www.rahejaqbe.com/hospital-locator">https://www.rahejaqbe.com/hospital-locator</a>        Helpline number: 18001027723</p> <p><b>Blacklisted Hospitals list (No claims will be accepted):</b>  <a href="https://www.rahejaqbe.com/frontend/images/network-hospital/Raheja_QBE_General_Insurance_List_of_Excluded_Providers.pdf">https://www.rahejaqbe.com/frontend/images/network-hospital/Raheja_QBE_General_Insurance_List_of_Excluded_Providers.pdf</a></p> <p><b>Download claim form:</b>  <a href="https://www.rahejaqbe.com/frontend/images/RQBE Surrogacy and Oocyte DOnor Insurance Policy/pdf/download/claim-form.pdf">https://www.rahejaqbe.com/frontend/images/RQBE Surrogacy and Oocyte DOnor Insurance Policy/pdf/download/claim-form.pdf</a></p>	Section 7
10	<b>Policy Servicing</b>	customercare@rahejaqbe.com Toll Free No -1800 102 7723 (9 am to 8 pm, Mon to Sat)	

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11	<p><b>Grievances /Complaints</b></p> <p>The Grievance Cell, Raheja QBE General Insurance Company Limited Fulcrum, 501 &amp; 502, A wing, 5th Floor, International Airport project road, Sahar, Andheri East, Mumbai - 400059, India. Toll free: 1800-102-7723 (Toll Free - 9 Am to 8 PM, Monday to Saturday)</p> <p>E-mail: <a href="mailto:customercare@rahejaqbe.com">customercare@rahejaqbe.com</a> Escalation level 1- <a href="mailto:complaintsofficer@rahejaqbe.com">complaintsofficer@rahejaqbe.com</a> Escalation level 2- <a href="mailto:grievancehead@rahejaqbe.com">grievancehead@rahejaqbe.com</a></p> <p>For Senior Citizen: Telephone : +91 022-69155050 Email: <a href="mailto:seniorcitizen@rahejaqbe.com">seniorcitizen@rahejaqbe.com</a></p> <p>IRDAI Integrated Grievance Management System – <a href="https://www.cioins.co.in/">https://www.cioins.co.in/</a> Insurance Ombudsman – The contact details of the Insurance Ombudsman offices have been provided as Annexure-B of Policy document.</p>	Clause 10
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12	<b>Things to remember</b>	<p><b>Free Look cancellation:</b> You may cancel the insurance policy if you do not want it, within 30 days from the beginning of the policy. Process as per policy wordings. 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>Migration and Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.    For Detailed Guidelines on portability and migration, kindly refer the link  <a href="http://www.rahejaqbe.com/frontend/images/health-basic-guideline/pdf/download/Portability_Migration_Guideline.pdf">http://www.rahejaqbe.com/frontend/images/health-basic-guideline/pdf/download/Portability_Migration_Guideline.pdf</a></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 only for the enhanced portion of the sum insured.</p> <p><b>Moratorium Period:</b> After completion of five continuous years under the policy no look back to be applied. This period of five years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and any subsequently completion of five continuous years would be applicable from date of enhancement or sums insured only on the enhanced limits.    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	<b>Your Obligations</b>	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. Disclosure of other material information during the policy period.)	
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## Declaration by the Policy Holder

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

Place

Date

(Signature of the Policy holder)

<b>Note</b>	1. You may find product related documents on <a href="https://www.rahejaqbe.com/health-insurance">https://www.rahejaqbe.com/health-insurance</a>
	2. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail