

Kotak Group Daily HospiCash Benefit Rider (Micro)
A Non-Participating Non-Linked Group Health Micro Insurance Rider
(UIN: 107B023V01)

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1. SCHEDULE

RIDER DETAILS

Policy No.	<<>>
Name of the Policyholder :	<<>>
Rider Name	Kotak Group Daily HospiCash Benefit Rider (Micro)
Rider Description	A Non-Participating Non-Linked Group Health Micro Insurance Rider
Date of Issue / Inception of Rider	<< First Issue Date>>
Date of Commencement of Rider	<<>>
Rider Sum Assured	<<>>
Rider Benefit Payout (Per Day)	
Maximum Rider Benefit Payout (in a Policy year)	<<Rider Benefit per day payout * 30 Days>>
Maximum Number of Days Rider Benefit is payable (in a Policy year)	30 Days
Rider Cover Term	<<1 to 5 years>>
Rider Premium Payment Term	Single Premium
Goods and Services Tax and cess (as applicable)	Not Applicable
Date of last instalment Premium:	Not Applicable
Free Look Period	30 Days
Nomination	Nomination for this Rider shall be as per the Nomination Schedule under the Master Policy.

Customer Information Sheet (CIS):

Please find enclosed the CIS along with your Rider document.

PART B **DEFINITIONS**

1. **Accident:**
Means an accident is a sudden, unforeseen and involuntary event caused by external visible and violent means.
2. **Age:**
Means the age of the Member on his/ her last birthday (as per the English calendar) immediately before the date of commencement of Rider cover for that Member.
3. **Assignee:**
Means the person to whom the rights and benefits under this Policy are transferred by virtue of assignment under section 38 of the Insurance Act, 1938; as amended from time to time.
4. **Assignment:**
Means a provision wherein the Policyholder can assign or transfer a Policy in accordance with Section 38 of the Insurance Act, 1938 as amended from time to time.
5. **Beneficiary:**
Means the Nominee/ Legal Heir/ Assignee specified by the Member as the Beneficiary under the base Policy or a person directed by the Court of competent jurisdiction.
6. **Board:**
Means the Board of Directors of Kotak Mahindra Life Insurance Company Limited.
7. **BAUP:**
Means Board Approved Underwriting Policy, basis which underwriting the proposal or other underwriting decisions are taken by the Company
8. **Claimant:**
Means the Policyholder; or the Life Insured; or the Assignee; or the Nominee; or the legal heir of the Policyholder or the Nominee, as the case may be.
9. **Company:**
Means Kotak Mahindra Life Insurance Company Limited also referred to as Insurer or KLI.
10. **Grace Period:**
The Grace Period will be as per base Policy.

11. Hospital:

Means any institution established for Inpatient care and day care treatment of Illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56 (1) of the said Act or complies with all minimum criteria as under:

- a) has qualified nursing staff under its employment round the clock;
- b) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- c) has qualified Medical Practitioner(s) in charge round the clock;
- d) has a fully equipped operation theatre of its own where Surgical Procedures are carried out;
- e) Maintains daily records of patients and will make these accessible to the Company's authorised personnel;

12. Hospitalisation:

Means admission in a Hospital for a minimum period of 24 consecutive Inpatient care hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.

13. Injury:

Means accidental physical bodily harm excluding Illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner;

14. Inpatient Care:

Means treatment for which the Member has to stay in a Hospital for more than 24 hours for a covered event where active regular treatment is administered.

15. Illness:

Means a sickness or a disease or pathological condition leading to the impairment of normal physiological condition which manifests itself during the Cover Term and requires medical treatment.

- i. Acute condition - Acute condition is a disease, Illness or Injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/Illness/Injury which leads to full recovery
- ii. Chronic condition - A chronic condition is defined as a disease, Illness, or Injury that has one or more of the following characteristics:
 - a) It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
 - b) It needs ongoing or long-term control or relief of Symptoms
 - c) It requires Scheme Member's rehabilitation or to be specially trained to cope with it
 - d) It continues indefinitely

e) It recurs or is likely to recur

16. Life Assured / Member:

As defined in the base Policy.

17. Main/ Base Policy:

Means or refers to the Policy to which this Rider is annexed / attached thereto.

18. Medical Practitioner/ Physician:

Means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license. excluding the practitioner who is:

- a) Insured/ Master Policyholder himself or an agent of the Insured;
- b) Insurance Agent, business partner(s) or employer/employee of the Insured; or
- c) A member of the Insured's immediate family

19. Nomination:

Means the process of nominating a person(s) who is (are) named as "Nominee(s)" in the proposal form or subsequently included/ changed by an endorsement. Nomination should be in accordance with provisions of Section 39 of the Insurance Act, 1938 as amended from time to time.

20. Rider:

As defined in the base Policy.

21. Rider Benefit Term:

Means the term of the rider as mentioned in Schedule above.

22. Rider Benefits:

Means an amount of benefit payable on occurrence of a specified event covered under the Rider, and is an additional benefit to the benefit under the base product.

23. Rider Sum Assured:

Means the Rider Sum Assured specified in the Schedule and payable in accordance with the terms and conditions.

24. Surrender:

Means complete withdrawal or termination of the Rider.

25. Surrender Value:

Means an amount, if any, that becomes payable on Surrender of the Rider during its term, in accordance with the terms and conditions of the Rider.

26. Waiting Period:

A period of 30 days, from the Date of Commencement of Rider or the date of joining of the Member, whichever is later. This Waiting Period is not applicable for Hospitalisation on Accident.

PART C BENEFITS

1. Hospitalisation Benefits Payable:

- The benefit under this Rider shall be payable for the number of days and as per the amount as specified in the Schedule by the Insurer to the Member in the event of Hospitalisation, during term when the Rider is in-force, due to any Accident, Injury or Illness subject to the limits specified under this Rider and the Member proves the same to the satisfaction of the Insurer.
- The Policyholder may choose any of the below options along with base Policy:

Benefit Details	Hospicash	
	Min	Max
Hospitalisation benefit (per day) (Options- ₹500/- (in multiples of 100) to a max of 1,500) (₹)	500/-	1500/-
No. of days	30	30
Benefit/Sum Assured per Member (₹)	15,000/-	45,000/-
ICU Benefit	Same as Hospitalisation benefit (per day)	

Note:

- Total Sum Assured i.e. Sum Assured of the base Policy and Rider Sum Assured cannot exceed ₹2,00,000/-.
- Insurer will pay the benefit for each 24 consecutive Inpatient Care hours in a Hospital.
- There is no separate ICU benefit under this Rider.

2. Waiting Period:

Waiting Period is applicable on the Rider from Date of Commencement of Rider or the date of joining of the Member, whichever is later. Waiting Period shall not be applicable in case of Hospitalisation due to an Accident provided that the Accident has occurred after the date of commencement of risk.

3. Exclusions:

The Member will not be entitled to the benefits under this Rider if,

- The Hospitalisation is due to any pre-existing condition, ailment or injury or disease(s)
 - that is/are diagnosed by a Medical Practitioner / Physician within 36 months prior to the date of commencement of the risk or its reinstatement or as agreed between the Insurer and the Policyholder; or
 - for which medical advice or treatment was recommended by, or received from, a Medical Practitioner / Physician within 36 months prior to date of commencement of risk issued or its reinstatement or as agreed between the Insurer and the Policyholder.

- ii. The hospitalisation is less than 24 consecutive Inpatient care hours.
- iii. The hospitalisation is primarily for diagnostic/ evaluative procedures where no active regular treatment is administered or hospitalization for such treatments or procedures customarily and usually performed by Medical Practitioners in the out-patient departments or clinics and casualty settings.
- iv. If the Policyholder or Member or Nominee or anyone acting on behalf of the Policyholder or Member or Nominee advances any claim knowing the claim to be false, dishonest or fraudulent, then this Rider or cover shall be void and any amounts paid or potentially payable under this Rider shall be forfeited.
- v. The Hospitalisation is for treatment of alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
- vi. The Hospitalisation is due to self-inflicted injury, attempted suicide or suicide.

4. Death Benefit: In case of death of the Member, there shall be no death benefit payable under this Rider.

5. Maturity Benefit: There is no maturity benefit available under this Rider.

6. Payment of Rider Premium:

- The Rider Premium Payment Option and Mode shall be same as Premium Payment Option and Mode of the base Policy.
- Goods and Services Tax and cess shall be levied on the Rider Premiums and may change as per government laws.
- In cases where the Premium has been collected/ deducted by the Policyholder but the Premium is not received by the Insurer due to administrative delays, the Insurer will be responsible for any valid claims arising out of such Rider.

PART D
POLICY SERVICING

1. **Lapse:** Not Applicable
2. **Revival:** Not Applicable
3. **Waiting Period:** No claim will be payable if Hospitalization arises within the Waiting Period (except for Accidents).
4. **Surrender Value:**
 - i. Single Premium Riders shall acquire Surrender Value upon payment of the single Premium. The Surrender Value shall be payable as a lump sum.
 - ii. In case the Policyholder Surrenders the Rider, the Members shall be given the option to continue their cover till the end of their respective Cover Term. Members who do not opt to continue with their cover, the Surrender Value shall be payable to them.
 - iii. For Riders Surrendered during Free Look period, no Surrender Value shall be payable and only Premium shall be refunded after adjustment of proportionate risk Premium for the period of cover , stamp duty paid and medical cost incurred, if any.
 - iv. For Riders Surrendered after the Free Look period, the surrender value shall be calculated as mentioned below:
 - a. For Level Cover Option: $\text{Surrender Value} = 75\% \times \text{total Premium paid to date} \times ((\text{Cover Term} - 1) / \text{Cover Term}) \times (\text{Outstanding Cover Term} / \text{Cover Term}) - \text{Claims Paid}$
 - b. Reducing Cover Option: Rider Surrender: $\text{Surrender Value} = 75\% \times \text{total Premium paid to date} \times ((\text{Cover Term} - 1) / \text{Cover Term}) \times (\text{Outstanding Cover Term} / \text{Cover Term}) \times (\text{Outstanding Loan Amount as on date of surrender} / \text{initial loan amount}) - \text{Claims Paid}$

^ The initial and outstanding loan amount mentioned above will be as per the loan cover schedule issued to the member at inception of the cover.
 - v. Upon Surrender, no Rider benefits shall be available under the Policy and the Rider cover shall stand terminated.
5. **Reduced Paid-Up Benefit:** Not Applicable
6. **Renewal of the Rider document:** The Rider cannot be renewed independent of the base Policy.
7. **Loans:** No loan facility is available under the Rider.
8. **Free Look Provision:** The Policyholder is offered a 30 days' free look period to review the terms and conditions of the Rider (except for riders having a rider term of less than a year) beginning from the date of receiving the Rider Document in electronic form. In case the Policyholder is not agreeable to any terms and conditions of the Rider or otherwise; then subject to no claims having been made hereunder, the Policyholder may choose to return the Rider to the Insurer for cancellation, stating the reasons thereof within the aforesaid free look period.
Should the Policyholder choose to return the Rider, the Policyholder shall be entitled

to a refund of the rider Premium paid after deducting the proportionate rider risk Premium for the period of cover, stamp duty charges and expenses of medical examination (if any). A Rider once returned shall not be revived, reinstated or restored at any point of time and a new proposal will have to be made for a new Rider. The Rider stands cancelled when the free look provision of the base Policy is exercised.

9. Rider Addition/Deletion: The following addition/removal options are available to the Policyholder subject to Board Approved Underwriting Policy (BAUP):

- a) If not opted at inception of the base Policy, the Policyholder may opt for the Rider during the Premium Paying Term of base Policy.
- b) At any policy anniversary of the base Policy, the Policyholder can opt out/terminate their existing Rider.

10. Alterations: No alterations are permissible under the Rider

11. Cancellation of Rider: Policyholder may choose to cancel the Rider without the cancellation of the base Policy by discontinuing Rider Premium payment. On cancellation, Rider shall terminate and base Policy shall continue.

12. Termination of the Rider Benefit: The benefit on the life of a Member shall immediately terminate upon the happening of any of the following events and no benefits will be payable thereafter:

- a) Termination of the Rider by the Policyholder;
- b) Complete withdrawal/Surrender of the base Policy;
- c) On Policyholder's request for cancellation at anytime during the Rider Term;
- d) Free-look cancellation;
- e) Termination of the base Policy.

Termination or cancellation of the Rider document shall be without prejudice to any claim arising prior to such termination or cancellation unless otherwise specified.

PART E

NOT APPLICABLE

PART F

1. Claims:

All claims shall be payable to the Claimant as defined under this Rider as per the terms and conditions of the Policy. The Insurer is liable for any claim if the Premiums in respect of the concerned Member is received by the Insurer/Policyholder, subject to the Member proving that he/she has paid the Premium and has secured a proper receipt that he was duly Insured.

All claims must be notified to the Insurer in writing within 30 days of the date of discharge of Life Assured/Member from the Hospital, along with the necessary documents. The Insurer reserves its rights to condone the delay on merit for delayed claims, where the delay is genuine and proved to be for reasons beyond the control of the Claimant.

The minimum documents required for processing a claim under this Rider are:

- Claim Intimation form, duly signed and completed
- Copy of attested Hospital Discharge Card/Summary
- Copy of Final Hospital Bill
- KYC documents of the Claimant
- Copy of cancelled cheque of bank account of Life Assured/Member or Nominee (as applicable), confirming Bank Name, location of Bank Branch, Name of Account Holder, Account Number and Bank IFSC. In the absence of cancelled cheque, Photocopy of Bank Pass Book/Bank Statement bearing the referred details duly attested by the concerned Bank can be submitted.

All claims shall be subject to the provisions of the Rider and such other requirements as stipulated by the Insurer. The Insurer reserves the right to call for any additional information and/or documents required for ascertaining the validity of a claim.

All amounts due under this Rider are payable subject to the terms and conditions set forth herein and in Indian Currency at the office of the Insurer situated at Mumbai, but the Insurer at its absolute discretion may fix an alternative place of payment for the claim at any time before or after the claim arises.

The Life Assured/Member or Nominee (as applicable) can lodge a claim at following address of the Policyholder

«Company_Address»

or at the following address of the Insurer and comply with further documentation requirements, if any, as mentioned in the Rider.

The Claims Manager - Group Claims, Kotak Mahindra Life Insurance Company Ltd.,
(IRDAI Regn. No: 107) 9th Floor, Intellion Square (Building No. 4), Infinity IT Park,
Gen. AK Vaidya Marg, Malad (E), Mumbai-400 097
Email: kli.claimsmitra-group@kotak.com

Helpline/Call Centre number : 1800 209 8800

The claims clause of the base Policy shall also apply to this Rider as applicable.

2. Notice:

Any notice, information or instruction to the Insurer must be in writing and delivered to the address intimated by the Insurer to the Policyholder which is currently:

Group Operations
Kotak Mahindra Life Insurance Company Limited
9th floor, Intellion Square (Bldg. No. 4),
Infinity IT Park, Gen. AK Vaidya Marg,
Malad (E), Mumbai-400 097.
Toll Free: 1800-120-7856
E-mail: kli.groupoperations@kotak.com

The Insurer may change the address stated above and intimate the Policyholder of such change by suitable means.

The Policyholder is also advised to promptly notify the Insurer of any change in their address to ensure timely and effective communication of Rider related information to the Policyholder.

3. General Terms and conditions:

- Section 38, 39 and 45 of the Insurance Act, 1938 as mentioned in the base Policy shall be applicable.
- All the provisions of the base Policy shall be applicable to the Rider.
- The Rider term shall not exceed the term of the base Policy.
- The Insurer understands that the Policyholder seeks the Member's consent:
 - To collect the Premium(s) payable by the Member; and forward/ remit the same directly to Insurer on behalf of the Member.
 - To share the free look cancellation/ foreclosure request received from the Member for processing & submit the same to the Insurer on behalf of the Member.
 - To receive the refundable Premium(s) from the Insurer, after applicable deduction if any, on behalf of the insured Member.
 - To remit the said Premium(s) to the respective Member and shall indemnify the Insurer against any claims, disputes or liabilities arising out of or in connection with such refund transaction.

PART G

Query/ Complaint Resolution and List of Ombudsman already provided in the base Policy