THERE SHOULD BE NO BOUNDARIES WHEN IT COMES TO YOUR HEALTH.

PRESENTING

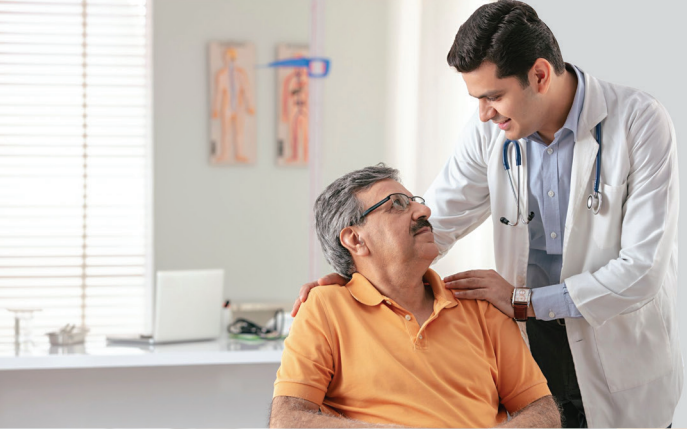
FG HEALTH ELITE

A PLAN THAT COVERS YOU GLOBALLY.



FUTURE GENERALI

TOTAL INSURANCE SOLUTIONS



BECAUSE YOUR HEALTH DESERVES EVERYTHING PREMIUM.

As a privileged customer, it gives you access to premium healthcare options and wellness advantages that aren't typically included in conventional health insurance plans. Certain illnesses have significantly better worldwide treatments and the fact that this plan provides global medical treatment for specific illnesses is one of the most remarkable features of the plan.

Additionally, the plan offers you a high sum insured going up to ₹ 6 Crores, providing maximum coverage that takes care of all your medical bills. It offers home visits, OPD treatment, and mental health coverage along with global protection.



WHY CHOOSE FG HEALTH ELITE?

*We facilitate global healthcare and well-being.

We offer comprehensive coverage including OPD treatment, home visits, air ambulance, and coverage for mental health.

We encourage fitness by providing incentives.

We provide a smoother and quicker claim intimation and settlement process.

We provide a higher sum insured than regular plans to ensure maximum coverage.

*Medical Treatment abroad shall be available for specific medical conditions only.

POLICY TERMS:

1. **Policy Tenure:** 1, 2 and 3 years
2. **Sum insured:** ₹ 75 L, ₹ 1 Cr to ₹ 6 Cr in multiples of ₹ 50L
3. **Eligibility:** Minimum entry age: Proposer - 18 years, v hild - 91 days, Adult - 18 years
   Maximum entry age: Proposer - 65 years, Adult - 65 years
4. **Cover type:** Individual and family floater
5. **Maximum members covered under a single policy:** 15
6. **Nationality status:** This policy is available to all insured persons who are Indian Nationals and are residents of India at inception of the policy and at subsequent renewals of this policy.
7. **Family definition:** The following persons shall be eligible to be insured persons under the policy:
   You, Your Spouse / Live-in partner, Your Children, Your Parents, Your Dependent Siblings, Your daughter in law, Your son in law, Your parents in law, Your grandparents and Your grandchildren.
8. **Lifelong Renewals:** The policy, if renewed continuously without any break, will be renewed lifelong.
9. **Co-payment applicability:** The following co-payment shall be applicable for claims under all benefits other than OPD treatment benefit:
   - Any insured person aged 61 years to 65 years, being covered for the first time in this policy shall bear 20% of each and every admissible claim and our liability, if any, shall only be in excess of that sum. There is no option to waive off this co-payment. This co-payment will be applicable for all subsequent renewal policies.
10. **Pre-acceptance Medical Tests:**

Age	Sum Insured	Medical Examination
18 years and above	All Sum Insured	Required

- Insured is eligible for 100% reimbursement of pre-acceptance medical tests charges, subject to policy issuance and 64 VB compliance.
- Pre-acceptance medical tests need to be done at empanelled diagnostic centres only.
- The tests would be considered valid for a period of one month from the date the tests have been conducted.
- Underwriting loading on the standard premium rates will be applicable based on health status of the proposed insured person. It will take into consideration the adverse health conditions declared on the proposal form and findings of medical tests conducted.
- The loading of premium will be applicable on the particular insured's premium only.
- This would be applicable for both individual and floater options.

WHAT'S MORE?

WELLNESS BENEFITS:

The insured person will be eligible for “Wellness Benefits” as per the plan in force under the policy. These wellness benefits will include **value-added services** and **wellness reward points**. These services would be conducted through our wellness partner and can be availed from our FG Insure App. All insured above 18 years are eligible to avail the wellness benefits. The insured would have to register into the FG Insure App with his/her unique mobile number and the policy number for availing the benefits. While availing the wellness benefits, each insured person expressly agrees that:

a) All decisions regarding availing the wellness benefit, are to be solely made by the insured person.
b) We do not provide/assume responsibility for the wellness benefits or make any representation as to the adequacy or accuracy or quality of the same; any actual or alleged errors, omissions or representations whatsoever made by any of our wellness partners or for any consequences of any action taken or not taken in reliance thereon by the insured person or any other person.

A. VALUE-ADDED SERVICES











Tests covered under health check-up are listed as below:

Complete Blood Count (CBC), Glycosylated Hemoglobin (HbA1C), Electrocardiogram (ECG reported by an MD Physician), Low Density Lipoproteins (LDL), Serum Triglycerides, High Density Lipoproteins (HDL), Serum Cholesterol, Medical examination report including Blood Pressure and BMI (Body Mass Index), Serum Glutamic Oxaloacetic Transaminase (SGOT), Serum Glutamic Pyruvic Transaminase (SGPT), Thyroid function (T3, T4, TSH), Calcium, Uric Acid, Vitamin D, Total Protein, Pulmonary Function Test, USG (Abdomen)

B. WELLNESS REWARDS POINTS

Insured will be eligible for reward points under the policy. This benefit will help insured to assess their health status and improve their overall well-being.

Insured would have to earn these points by performing an array of wellness activities listed below. These activities done by insured will determine the points that can be earned. Conditions for earning the reward points:

- Age Eligibility - Everyone from 18 years onwards are eligible.
- There will be no limitation to the number of programmes one can enroll; however, maximum rewards that one can earn in a single policy year will be limited to 200 per insured.
- Conditions for earning reward points, wherever offered, will be the same for all the customers irrespective of plan opted.

DETAILS OF REWARD POINTS THAT CAN BE ACCRUED ARE LISTED BELOW.

Criteria	Frequency allowed	Max. Points
Enrolment to Wellness	Once/year	15
Stress & Happiness Index score	2 times/year	20
Expert Wellness Assessment	Once/year	40
Participation in FGII organized events (as and when organized) and viewing of FGII Content around wellness	As planned by FGII	20
Lifestyle disease monitor • Hypertension-Blood pressure • Obesity-BMI • Diabetes-Hb A1C • Cardiac Health-Sr. Cholesterol, Triglycerides	Once/year	45
Fitness/Healthy Lifestyle tracking-(Any one activity) • Daily Step tracking (monthly average of 10,000 steps/day) • Burning average of 300 calories per day in a month • Submission of monthly Gym/yoga membership detail • Participation in Marathon, Cyclathon etc.	Monthly	60
Total points		**200**

The points earned in a year will be equal to certain percentage of the applicable insured premium as per table below:

Points earned per member per year	% value of points earned
185 - 200	5%
150 -184	4%
100 -149	3%
15 - 99	2%

CONDITIONS APPLICABLE FOR BURNING OF POINTS:

- The points earned will float among all members of the family irrespective of the persons who have contributed towards earning them.
- Points earned in first year can be carried forward to 2nd or 3rd year in case of long-term policies.
- The points can be redeemed for utilization of the following benefits
  1. Any unutilized reward points shall be applied as discount in premium at the time of renewal of the policy or allowed to encash the points through vouchers under wellness programs.
  2. Availing out-patient consultations through the wellness partner network clinics.
  3. Diagnostic tests, preventive tests through the wellness partner network clinics.
  4. Purchase of prescribed medicines through online pharmacy having tie up with our wellness partner.
  5. Reimbursement of non-medical expenses in case of claim under hospitalization medical expenses.

The above content indicates a brief description on wellness benefits. For more details, please refer to Policy Wordings on https://general.futuregenerali.in/customer-service/downloads

CUMULATIVE BONUS:

Cumulative bonus will be increased by 10% for every claim-free policy year (where no claims are reported) with the exception of any claim under OPD treatment and Wellness Benefits, provided the policy is renewed with us without a break subject to a maximum of 100% of the sum insured under the current policy year. If a claim is made in any particular year, the cumulative bonus accrued shall be reduced at the same rate at which it has accrued. However, sum insured will be maintained and will not be reduced in the policy year.

OTHER FEATURES:

1. Grace period: 15 days - In case of monthly instalment premium and 30 days - in case of quarterly / half yearly installment premiums due for the policy.
2. Premium Installment facility: Single; Half Yearly; Quarterly; Monthly & Annually in case of long term policies
3. Loading on Claim Experience: There will be no loading on premium for adverse claims experience
4. Tax Benefit: Premium paid by any mode other than cash and demand draft is eligible for tax rebate as provided under Section 80-D of the Income Tax Act.
5. Free-look: You will be allowed free look period of 30 days from date of receipt of the policy document.
6. Cancellation: You may cancel the policy by giving 15 days' written notice

SCHEDULE OF BENEFITS

S. No.	Product Features	Included in base SI or Additional SI	Coverage/Limits
	Section A: Hospitalization Covers		
1	Hospitalization expenses	In base sum insured	Up to sum insured
2	Medical treatment abroad (Excluding USA & Canada)	In base sum insured	**Listed Critical Illnesses Treatment** 1. Return airfare (Once per policy year) covered up to ₹ 3,00,000; 2. Covered up to 50% of SI in 1st policy year, 100% thereafter; 3. All claims subject to 20% co-payment; **Emergency Treatments** 1. All claims subject to 20% co-payment; 2. Up to 100% of SI from 1st policy year for emergency purposes
3	Emergency ambulance expenses (Within India and outside India)	In base sum insured	1. Up to ₹ 50,000 for road ambulance 2. Up to ₹ 5,00,000 for air ambulance
4	OPD Treatment	In base sum insured	Up to ₹ 50,000 per policy
A	Consultation, diagnostic tests and medications		80% of bills
B	Dental treatment		70% of bills; 6 months waiting period
C	Hearing and optical aid		1. Optical aid covered up to ₹ 6,500 2. Hearing aid covered up to 30% of OPD benefit sub-limit . 3. Claim can be made every alternate policy year
D	Home visit cover		80% of bills
E	Qualified nurses		80% of bills
F	Physiotherapists		80% of bills
5	Patient care	In base sum insured	1. Up to ₹ 1000 day, and; 2. Up to 10 days after discharge (Limited to a maximum of 30 days per policy year)
6	Domiciliary hospitalization expenses	In base sum insured	Up to 10% of SI only if treatment for more than 3 days
7	Claims related to listed mental healthcare/Psychiatric illness treatment cover	In base sum insured	1. For sum insured ₹ 75 L - up to sum insured 2. For sum insured ₹ 1 cr and above-maximum up to ₹ 1 cr.
8	Pre-hospitalization medical expenses	In base sum insured	60 Days
9	Post-hospitalization medical expenses	In base sum insured	180 Days

S. No.	Product features	Included in base SI or Additional SI	Coverage / Limits
10	Maternity expenses (24/36 months waiting)	In base sum insured	1. Normal delivery+pre natal+post natal expenses-up to ₹ 1,00,000 . 2. Caesarean delivery+pre natal+post natal expenses-up to ₹ 2,00,000 .
A	Pre-natal medical expenses		90 Days (Up to limit mentioned for maternity expenses benefit)
B	Post-natal medical expenses		45 Days (Up to limit mentioned for maternity expenses benefit))
11	Organ donor expenses	In base sum insured	Up to sum insured
12	Day care treatment expenses	In base sum insured	Up to sum insured
13	Accompanying person	In base sum insured	Up to ₹ 500 per day; maximum of 30 days per policy year
14	Repatriation of mortal remains	In base sum insured	Up to ₹ 1,00,000
15	Child vaccination benefits	In base sum insured	Up to ₹ 10,000 (Age Up to 12 yrs.)
16	Newborn baby expenses	In base sum insured	Up to sum insured, vaccination benefit-Up to ₹ 10,000
17	E-Opinion in respect of an illness or injury	In base sum insured	2 per policy year
18	Alternative treatment	In base sum insured	Up to sum insured
19	Prosthetic devices	In base sum insured	Up to ₹ 10,00,000
20	Cataract (24 months waiting period)	In base sum insured	Up to ₹ 1,00,000 per eye
21	HIV	In base sum insured	Up to sum insured
22	Bariatric surgery	In base sum insured	Up to ₹ 10,00,000
23	Restoration of the sum insured	Additional sum insured	Up To 100% of base sum insured, applicable to all the subsequent claims in the current policy year but for different/unrelated illness only
24	Accidental hospitalization	Additional sum insured	Increase by 25% of available balance sum insured Up To ₹ 10,00,000 (excluding cumulative bonus)
	Section B: Renewal Benefit		
1	Cumulative bonus	Additional sum insured	1. 10% of the base sum insured in the current policy year. 2. Limited to a maximum of 100% of the base sum insured in the previous policy year.
Section C: Value Added Cover			
1	Wellness benefits		
A	Value added services		Insured is eligible for following benefits as in the policy wordings: • Telecounselling • Health contents • Webinars • Vouchers (Fitness/Sports memberships, Wellness centers, diagnostic centers) • Health check-ups

S. No.	Product Features	Included in base SI or Additional SI	Coverage / Limits
Section C: Value Added Cover			
B	Wellness reward points		Under this benefit, insured will be eligible for earning of reward points by performing an array of wellness activities as listed in the policy wordings. These reward points can be used as per conditions in the policy wordings.
Section D: Optional Covers			
1	Co-pay waiver		Under this optional cover, the insured will have an option to waive the mandatory co-payment applicable under medical treatment taken abroad benefit.
2	Treatment including USA & Canada		Under this optional cover, the insured will have an option to extend the scope of "Medical Treatment Abroad", "Emergency Ambulance Expenses" and "Repatriation of mortal remains" benefits to include USA & Canada as well
Section E: Waiting Periods			
	Pre-existing disease waiting period		
1	24 months		Applicable
	General waiting period		
1	30-Days		Applicable
2	2-years-for listed conditions		Applicable
3	3-years-for listed conditions		Applicable

WHAT'S NOT COVERED

1. Any admission primarily for diagnostics and evaluation purposes only except under OPD treatment.
2. Admission primarily for enforced bed rest and not for receiving treatment. This also included custodial care and services to address the emotional, physical, spiritual and medical needs of terminally ill people.
3. Expenses related to the surgical treatment of obesity that does not fulfil certain conditions.
4. Change of gender treatments.
5. Cosmetic or plastic surgery.
6. 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, hang gliding, sky diving and deep-sea diving.
7. Expenses for treatment directly arising from or consequent upon any insured person committing or attempting to commit a breach of law with criminal intent.
8. Expenses incurred towards treatment in any hospital or by any medical practitioner or any other provider specifically excluded by us are not admissible. However, in case of life-threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.
9. Treatment for, alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
10. 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.
11. Dietary supplements and substances that can be purchased without a prescription, including but not limited to vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or daycare procedures.
12. Expenses related to the treatment for correction of eyesight due to refractive error less than 7.5 dioptres.
13. Expenses related to any unproven treatment, services and supplies for or in connection with any treatment.
14. Expenses related to sterility and infertility.

*The above list is indicative in nature. For complete details, please refer to policy wordings on https://general.futuregenerali.in/customer-service/downloads

PREMIUM TABLE-INDIVIDUAL PREMIUM RATES (PREMIUM AND SUM INSURED IN ₹):

Age band	Sum Insured											
	75 Lacs	1 crore	1.5 crore	2 crore	2.5 crore	3 crore	3.5 crore	4 crore	4.5 crore	5 crore	5.5 crore	6 crore
0-17	63,884	70,986	82,556	91,902	99,916	107,013	113,423	119,305	124,752	129,845	134,641	139,180
18-25	65,335	72,619	84,440	93,970	102,141	109,377	115,913	121,910	127,464	132,657	137,547	142,176
26-30	67,668	75,209	87,417	97,246	105,674	113,138	119,879	126,065	131,793	137,150	142,194	146,968
31-35	76,092	84,740	98,715	109,955	119,594	128,129	135,838	142,912	149,463	155,588	161,357	166,816
36-40	82,767	92,411	107,884	120,281	130,910	140,323	148,826	156,628	163,853	170,608	176,970	182,991
41-45	94,869	106,300	124,403	138,804	151,153	162,088	171,966	181,030	189,423	197,271	204,661	211,657
46-50	121,865	136,908	160,495	179,157	195,158	209,328	222,128	233,873	244,749	254,919	264,495	273,560
51-55	152,850	172,264	202,401	226,113	246,446	264,451	280,714	295,638	309,457	322,379	334,547	346,065
56-60	185,029	209,222	246,338	275,345	300,217	322,243	342,138	360,395	377,300	393,107	407,993	422,083
61-65	236,220	267,764	315,798	353,177	385,227	413,609	439,245	462,770	484,554	504,923	524,104	542,261
66-70	288,349	327,756	387,185	433,166	472,593	507,508	539,045	567,985	594,782	619,840	643,436	665,771
71-75	411,926	468,090	553,152	619,135	675,713	725,815	771,070	812,599	851,053	887,010	920,870	952,921
76-80	585,505	664,860	785,676	879,682	960,288	1,031,668	1,096,143	1,155,308	1,210,094	1,261,323	1,309,562	1,355,225
81-85	762,678	866,317	1,024,074	1,146,810	1,252,052	1,345,248	1,429,427	1,506,676	1,578,205	1,645,091	1,708,074	1,767,692
>85	861,517	980,967	1,160,987	1,300,224	1,419,613	1,525,338	1,620,834	1,708,468	1,789,613	1,865,491	1,936,941	2,004,575

*PREMIUM FOR INDIVIDUALS WHO ENTER THE POLICY FOR THE FIRST TIME AFTER THE AGE OF 60 YEARS

Age band	Sum Insured											
	75 Lacs	1 crore	1.5 crore	2 crore	2.5 crore	3 crore	3.5 crore	4 crore	4.5 crore	5 crore	5.5 crore	6 crore
61-65	227,780	258,182	304,479	340,505	371,395	398,750	423,459	446,133	467,129	486,761	505,248	522,747
66-70	278,023	316,004	373,283	417,600	455,601	489,252	519,648	547,541	573,369	597,520	620,262	641,789
71-75	397,129	451,260	533,245	596,841	651,371	699,661	743,278	783,304	820,367	855,024	887,659	918,550
76-80	564,427	640,911	757,356	847,961	925,650	994,448	1,056,589	1,113,615	1,166,418	1,215,793	1,262,288	1,306,298
81-85	735,190	835,079	987,128	1,105,424	1,206,857	1,296,682	1,377,815	1,452,269	1,521,210	1,585,676	1,646,380	1,703,842
>85	830,453	945,581	1,119,088	1,253,287	1,368,357	1,470,256	1,562,297	1,646,760	1,724,969	1,798,102	1,866,967	1,932,154

Notes:

- Premium exclusive of Goods and Services tax; age in completed years
- *Mandatory co-payment of 20% will be applicable for the insured persons entering into the policy for the first time after the age of 60 years. This will be applicable for all subsequent renewals as well

PREMIUM CHARGED FOR OPTIONAL COVERS (PREMIUM AND SUM INSURED IN ₹):

LOADING FOR CO-PAY WAIVER COVER:

This product offers an optional cover where the insured can opt to remove the mandatory co-payment of 20% which is applicable in the benefit “Medical Treatment Abroad”. If the insured opts for the same, the following percentage loadings by age and sum insured will be applied:

Age band	Sum Insured (in ₹.) 75 Lacs and 1 crore	Sum Insured (in ₹.) above 1 crore
0 to 35 years	0.20%	0.60%
36-55 years	0.60%	1.40%
Above 55 years	1.20%	2.70%

LOADING FOR OPTING TREATMENT INCLUDING USA & CANADA:

This product offers an option to extend the scope of benefits-'Medical Treatment Abroad', 'Emergency Ambulance Expenses' and 'Repatriation of mortal remains' to avail coverage in USA and Canada as well. If an Insured opts for this optional cover, then the following loading by age and sum insured shall be applicable on the premium payable by the insured person.

Sum Insured / Age in Years	75 Lacs	1 Cr	1.5 Cr	2 Cr	2.5 Cr	3 Cr	3.5 Cr	4 Cr	4.5 Cr	5 Cr	5.5 Cr	6 Cr
0-17	171	365	713	1,130	1,234	1,326	1,410	1,486	1,557	1,623	1,685	1,744
18-25	223	477	932	1,477	1,614	1,734	1,843	1,943	2,036	2,122	2,204	2,281
26-30	262	561	1,096	1,738	1,898	2,040	2,169	2,286	2,395	2,497	2,593	2,684
31-35	328	701	1,371	2,173	2,373	2,550	2,711	2,858	2,994	3,121	3,241	3,355
36-40	486	1,038	2,028	3,215	3,512	3,775	4,012	4,229	4,431	4,619	4,797	4,965
41-45	827	1,768	3,454	5,475	5,980	6,427	6,831	7,201	7,545	7,866	8,168	8,454
46-50	1,338	2,862	5,592	8,864	9,682	10,406	11,059	11,659	12,215	12,735	13,224	13,687
51-55	2,047	4,377	8,552	13,557	14,807	15,914	16,914	17,832	18,682	19,477	20,225	20,933
56-60	3,018	6,454	12,609	19,988	21,831	23,464	24,938	26,291	27,544	28,715	29,819	30,863
61-65	4,317	9,232	18,036	28,591	31,228	33,563	35,672	37,608	39,400	41,076	42,654	44,147
66-70	6,010	12,851	25,108	39,802	43,473	46,723	49,659	52,353	54,848	57,181	59,378	61,457
71-75	8,175	17,481	34,154	54,141	59,134	63,556	67,549	71,214	74,608	77,781	80,769	83,598
76-80	10,878	23,261	45,447	72,043	78,687	84,571	89,885	94,762	99,278	103,500	107,477	111,240
81-85	14,238	30,444	59,481	94,291	102,986	110,687	117,642	124,025	129,935	135,462	140,666	145,592
>85	18,332	39,199	76,585	121,405	132,601	142,516	151,471	159,689	167,299	174,415	181,115	187,458

All Sum insured and Premiums are in ₹

DISCOUNTS

OTHER LOADINGS AND DISCOUNTS:

A. Family discount:

10% discount is applicable in case of policies with more than 1 member covered under single proposal with Individual sum insured option.

B. Long-term discount:

(applicable in case of single payment for policy term of more than one year)

Number of years	Discount
1 year	Nil
2 years	7.5%
3 years	10%

INSTALMENT LOADING

In case of policies which are on a long term basis, facility of instalment available. Given below are the loadings applicable on standard premiums in case of instalments:

Instalment frequency	Loading on standard premiums
Monthly	5%
Quarterly	4%
Semi-annually	3%
Annually	0%

Floater Discount: Applicable discount is as per the following table:

Age Bands	Floater Discount
0-17	60%
18-25	55%
26-30	50%
31-35	45%
36-40	45%
41-45	40%
46-50	40%
51-55	40%
56-60	35%
61-65	35%
66-70	35%
71-75	35%
76-80	25%
>=81	25%

Premium applicable for the primary insured will be the standard individual premiums from the premium table.
For remaining dependent members, floater discounts applicable on their respective premium is as per table above.

BASIS OF CLAIM PAYMENT

a) We shall make the payment in Indian rupees and only in India, except under "Medical Treatment Abroad", "Emergency Ambulance Expense" and "Repatriation of Mortal Remains" benefits.

b) Claims related to pre-existing diseases:

We shall indemnify up to 50% of the sum insured in respect of a claim arising from any pre-existing diseases that are specifically listed in the schedule where the claim arises during the third year of continuous renewal with Us of the policy for the same sum insured and benefits in force under the policy. We shall indemnify up to 100% of the sum insured in respect of a claim arising from any pre-existing diseases that are specifically listed in the schedule from the fourth year of continuous renewal with us of the policy for the same Sum Insured. The above clause is applied subject to portability regulations

c) Co-payment applicability: The following co-payment shall be applicable for claims under all benefits other than OPD Treatment:

i. Any insured person aged 61 years to 65 years, being covered for the first time in this policy shall bear 20% of each and every admissible claim and our liability, if any, shall only be in excess of that sum. There is no option to waive off this co-payment. This co-payment will be applicable for all subsequent renewal policies.

ii. All claims admitted under “Medical Treatment Abroad” benefit will be subject to 20% co-payment. The insured has an option to waive off this co-payment on payment of additional premium under “Co-pay waiver” optional cover.

**For further details, please refer to policy wordings on https://general.futuregeneral.in/customer-service/downloads.

If you are suffering from an illness/ disease or if you meet with an accident which requires hospitalisation, please contact us on the following:

Claims Department
Future Generali India Health (FGH)
Office No. 3, 3rd Floor, “A” Building, G-0-Square
S.No. 249 & 250, Aundh Hinjewadi Link Road, Wakad, Pune-411 057.
Toll Free Number: 1800 103 8889 / 1800 209 1016
Toll Free Fax: 1800 103 9998 / 1800 209 1017
Email: fgcare@futuregenerali.in

Future Generali India Insurance Company Limited (IRDAI Regn. No.: 132), (CIN: U66030MH2006PLC165287) Regd. and Corp. Office: Unit No. 801 and 802, 8th Floor, Tower C, Embassy 247 Park, L.B.S. Marg, Vikhroli (W), Mumbai – 400083. Fax: 022-4097 6900 I Email: fgcare@futuregenerali.in I Call us at: 1800-220-233 I1860-500-3333 I 022-67837800 I Website: https://general.futuregenerali.in I For detailed information on the product including risk factors, terms and conditions, etc., please refer to the product policy clause, consult your advisor or visit our website before concluding a sale. Health products are eligible for deduction under Section 80D of the Income Tax Act. Tax benefits are subject to change due to change in tax laws. Trade Logo displayed above belongs to M/S Assicurazioni Generali - Societa Per Azioni and used by Future Generali India Insurance Co. Ltd. under license.

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FG HEALTH ELITE, UIN: FGIHLIP22234V012122
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FUTURE GENERALI
TOTAL INSURANCE SOLUTIONS