

 Future Varishta Bima

**ENJOY EVERY MOMENT OF  
YOUR SENIOR CITIZENSHIP!**

Future Varishta Bima for Senior Citizens.



 1800-220-233  
 [general.futuregenerali.in](http://general.futuregenerali.in)  
Follow us on:  |  |  | 

 **FUTURE  
GENERALI**  
TOTAL INSURANCE SOLUTIONS

## What is Future Varishta Bima?

Future Varishta Bima is a health insurance plan designed just for senior citizens. It provides cover to anyone from age of 60 years and above with continuous cover thereafter till lifetime.

### Schedule of Benefits

Future Varishta Bima									
A	Eligibility	Sum Insured Options (in ₹)	200000, 300000, 400000, 500000, 750000, 1000000						
		Minimum Entry Age	60 years						
		Maximum Entry Age	Lifelong						
		Maximum Renewal Age	Lifelong						
		Individual/Family Floater SI Options	Individual/Family Floater						
		Policy Term	1/2/3 years						
		Family Definition	Insured and Insured spouse a) Individual policy – the maximum entry age is 60 years and above. b) Family Floater policy – the maximum entry age is 60 years and above for Self (primary insured). However spouse of age less than 60 years can also be covered under the policy.						
B	Hospitalisation Benefits	Hospitalisation	Covered						
		Day Care Treatment	Covered						
		Pre-Hospitalisation for 60 days and Post-Hospitalisation for 90 days	Sum Insured (₹)	2L	3L	4L	5L	7.5L	10L
			Combined limits for Pre & Post-Hospitalisation (₹)	4000	6000	8000	10000	10000	10000
C	Discount	1. Long-term discount (2 and 3 years policy term) in case of single payment of premium — 5% discount for 2-year policy, 10% for 3-year policy 2. 10% for Family Discount if more than 1 member is covered under single proposal with Individual Sum Insured 3. 10% discount on the individual member's premium, if the Insured produces the latest medical reports within 15 days of the tests done (2 D Echo, Blood Pressure report, Glycosylated Hemoglobin, Blood Urea & Serum Creatinine) along with the proposal form and the proposal is accepted. This is available for Sum Insured options of ₹ 2L, 3L, 4L and 5L. This discount will not be applicable for further renewals							
D	Instalment option (monthly, quarterly, half-yearly) with Loading	Available for policy term of 1/2/3 years. Loadings on standard premium will be applicable in case instalment facility is opted for premium payment.							
		Instalment Frequency	Loading on Standard Premiums						
		Monthly	5%						
		Quarterly	4%						
		Half-yearly							
		3%							

E	Waiting Periods	<ol style="list-style-type: none"> <li>1. 12 months Waiting Period for Pre-existing Disease</li> <li>2. 30 days Waiting Period, except for Accidental Hospitalisation</li> <li>3. 24 months Waiting Period for listed conditions irrespective whether the condition is pre-existing</li> <li>4. 48 months Waiting Period for any hospitalisation medical expenses in connection with treatment for any mental illness or psychiatric illness</li> <li>5. 48 months Waiting Period for any hospitalisation expenses in connection with treatment for AIDS and/or infection with HIV</li> </ol>
F	Co-payment	<ol style="list-style-type: none"> <li>a) 50% co-payment is applicable on each and every claim related to Pre-existing disease, on the admissible hospitalisation bill, excluding claim related to pre and post hospitalisation. The Insured will have no option to waive off this co-payment.</li> <li>b) 25% co-payment is applicable on each and every claim for all other claims, on the admissible hospitalisation bill, excluding claim related to pre and post hospitalisation. However the Insured have an option to waive off this co-payment on payment of additional loading of 20% on the standard premium.</li> <li>c) Both the above co-payments will be applicable lifelong.</li> </ol>
G	Sublimits for specified procedure	<p>Applicable for specified procedures. Our maximum liability of claim payment (including pre and post-hospitalisation), shall be limited to the amount mentioned in the sub-limit table.</p> <p>Above co-payments will not be applicable in case there is a claim for the listed procedures.</p>
H	Road Ambulance charges	Up to ₹1000 per hospitalisation
I	Free Annual Medical Check-up from second year onwards	Free Medical Check-up after every continuous period of 1 year (Physician's Consultation, ECG, Complete Blood Count, Fasting Blood Sugar, Post Prandial Blood Sugar, Sr. Creatinine), irrespective of claim-free years. This option will be available to the Policyholder once during the respective policy period from the second year onwards.
J	Pre-insurance medical examination	<ol style="list-style-type: none"> <li>a) Applicable for proposal form with any medical declaration for any Sum Insured</li> <li>b) Mandatory Pre-insurance medical examination for Sum Insured ₹ 7.5L and ₹ 10L</li> </ol>

### Sub-limits on Listed Procedures

Sub-limits on Listed Procedures (All values are in ₹)						
Procedure/Treatment	2,00,000	3,00,000	4,00,000	5,00,000	7,50,000	10,00,000
Coronary Artery Bypass Grafting (CABG)	150000	200000	225000	275000	300000	350000
Percutaneous Transluminal Coronary Angioplasty (PTCA)	150000	200000	225000	275000	300000	350000
Cataract Surgery (per eye)	15000	18000	20000	21500	23000	25000
Total Knee Replacement (per knee)	150000	200000	225000	275000	300000	350000
Total Hip Replacement (per hip)	150000	200000	225000	275000	300000	350000

### **Pre-insurance Medical Examination**

- Sum Insured 2L, 3L, 4L and 5L, no pre-insurance medical test is applicable unless there is a medical declaration in the proposal form. Tests are mandatory for Sum Insured 7.5L and 10L
- Insured is eligible for 50% reimbursement of pre-insurance medical tests charges, subject to policy issuance and 64 VB compliance
- All pre-insurance medical tests will have to be done at the Future Generali empanelled diagnostic centers only
- The test reports would be valid for a period of 30 days from the date of test conducted
- Underwriting loading will be applicable on the individual member's premium based on health status of the proposed Insured person in consideration to the adverse health conditions declared on the proposal form and findings of medical tests conducted
- In case of Family Floater option, if there is a medical loading for spouse of age less than 60 years, the loading shall be applied on the individual premium for age of 60 years

### **Free-Look Period**

1. 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
2. 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

### **Exclusions**

- Any condition, ailment, injury or related condition(s) for which you have been diagnosed, received medical treatment, had signs and/or symptoms, prior to the inception of your first policy until 12 months from the date of inception
- Any disease contracted during the first 30 days from the commencement of the policy
- Dental Treatment or Surgery of any kind unless requiring Hospitalisation as a result of Injury
- Medical Expenses for diseases/conditions like all diseases of Prostate, all treatments (conservative, interventional, laparoscopic and open) related to all diseases of Uterus, Fallopian Tubes, Cervix and Ovaries, all treatments related to bones and joints except due to an accident, etc., shall be covered after a waiting period of 24 months from the date of inception of the first policy with us
- Hospitalisation medical expenses in connection with treatment for any mental or psychiatric illness shall be covered after a waiting period of 48 months from the date of inception of the first policy with us
- Hospitalisation medical expenses in connection with treatment for AIDS and/or infection with HIV shall be covered after a waiting period of 48 months from the date of inception of the first policy with us
- All expenses related to Sexually Transmitted Diseases other than HIV/AIDS
- Use of intoxicating drugs or alcohol

Note: The above list is indicative in nature, please refer to policy wordings for complete details.

### **Other features**

1. There will be no loading on premium for adverse claims experience
2. Portability can be offered as per the Portability guidelines
3. Premium paid by any mode other than cash and demand draft is eligible for tax relief as provided under Section 80-D of the Income Tax Act

**Premium Tables (Exclusive of Goods and Services Tax) in ₹**

Individual							Family Floater – Two Adults						
Age (in years)	2L	3L	4L	5L	7.5L	10L	Age (in years)	2L	3L	4L	5L	7.5L	10L
60-65	9451	12183	13675	14803	19274	21244	60-65	14177	18275	20513	22205	28911	31866
66-70	11858	15356	17265	18709	24434	26956	66-70	17787	23034	25898	28064	36651	40434
71-75	14936	19414	21858	23706	31037	34267	71-75	22404	29121	32787	35559	46556	51401
76-80	18926	24675	27813	30187	39600	43748	76-80	28389	37013	41720	45281	59400	65622
Above 80 years	17787	23172	26112	28335	37153	41038	Above 80 years	26681	34758	39168	42503	55730	61557

Note:

- Age in completed years
- For Family Floater, premium would be applicable as per the age of the eldest member in the family. In case the spouse is of age less than 60 years, she/he can still opt under Family Floater option, provided the age of Self is 60 years and above. In case of medical loading for spouse of age less than 60 years, the loading shall be applied on the individual premium for age of 60 years.
- The premiums above 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.

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 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: 1800-103-8889/1800-209-1016  
Toll Free Fax: 1800-103-9998/1800-209-1017  
Email: fgh@futuregenerali.in

Disclaimer: For detailed information on this product, terms and conditions, etc., please refer to the product policy clause, consult your advisor or visit our website before concluding a sale. Tax Benefits are subject to change due to change in tax laws. Insurance is the subject matter of solicitation.

Call us at: 1800-220-233 | 1860-500-3333 | 022-67837800 | Website: <https://general.futuregenerali.in>

Future Generali India Insurance Company Limited (IRDAI Regn. No. 132), (CIN: U66030MH2006PLC165287)  
Regd. and Corp. Office: Indiabulls Finance Centre, Tower 3, 6th Floor, Senapati Bapat Marg, Elphinstone, Mumbai – 400013.  
Fax No: 022-4097-6900 | Email: [fgcare@futuregenerali.in](mailto:fgcare@futuregenerali.in)

ARN: FG-NL/PD/MKTG/ENG/VARISHTHABIMA19-01BRO

UIN: FGIHLIP19105V011819

ISO Ref. No.: FGH/UW/RET/206/01

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 Income Tax Act. Trade Logo displayed above belongs to M/S Assicurazioni Generali - Società Per Azioni and used by Future Generali India Insurance Co. Ltd. under license. 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**  
TOTAL INSURANCE SOLUTIONS