Group Health Insurance Policy Documents

Index

GLA UNIVERSITY MATHURA

Accredited with A Grade by NAAC

12-B Status from UGC

No. GLAU/RO/GHI Policy/6190/22 Date: 01.08.2017

NOTIFICATION

This is for the information of the faculty & staff members working in the University that Management of the University has been pleased to approve GHI Policy as detailed below: -

A) Coverage: -

- Every Regular Staff Member of the University is facilitated with Group Health Insurance.

B) Data Collection: -

- The Staff has to fill his/her personal details on GLAMS portal by login through ID & Password (GLAUniversity.in:8088)
- **Family Definition:** Employee, Spouse and 2 Children up to age 25 Years are covered under policy.

C) Classification: -

- Class A (Sum Insured 5 Lacs and 3 Lakh).
- Class B (Sum Insured 3 Lacs and 2 Lakh).
- Class C (Sum Insured 2 Lakh).
- Class D (Sum Insured 1 Lakh).
- Unmarried Staff Member (Sum Insured 1 Lakh).

D) Renewal of GHI: -

- The Group Health Insurance Policies renewed on 25th August Every Year.

E) Premium calculation: -

- For Teaching Staff: 75% of the chargeable premium shall be paid by the staff himself/herself and remaining 25% amount will be paid by the University.
- For Non-Teaching Staff: 50% of the chargeable premium shall be paid by the staff himself/her and remaining 50 % amount will be paid by the University.
- For Fourth Class: 25% of the chargeable premium shall be paid by the staff himself/herself and rest 75 % amount will be paid by the University.
- Premium shall be deducted from the salary of the staff from next month salary.

F) Terms & Condition of the Policy: -

- Policy Type : Floater, As per company.

G) Addition/Deletion of Name in GHI: -

The person who joins the University services has to enroll himself/herself for GHI policy as per the University norms. If anyone left the University services, his/her name will accordingly be removed from the policy after sending information to the insurance company.

(Ashok Kumar Singh)
Registrar

Copy to:

1. PS to Hon'ble Chancellor for kind information of Hon'ble Chancellor
2. PS to Hon'ble Vice-Chancellor for kind information of Hon'ble Vice-Chancellor
3. Pro-Vice-Chancellor for kind information
4. Treasurer for kind information
5. Shri Vivek Agrawal, Member, Executive Council
6. All Directors of the Institutions
7. All Deans for kind information
8. Controller of Examinations for kind information
9. All Heads of Departments for information and circulation amongst all faculty members in their departments
10. Principals, University Polytechnic/Faculty of Education for kind information and circulation amongst all faculty members
11. Librarian, Central Library
12. Finance Officer for necessary action
13. Administrative Officer for necessary action
14. Establishment Section
15. Guard File

Universal Sompo
General Insurance Co. Ltd.
Suraksha, Hamesha Aapke Saath

Universal Sompo General Insurance Co. Ltd.

(A joint venture between Allahabad Bank, Sompo Japan Insurance Inc., Indian Overseas Bank, Karnataka Bank and Dabur Investments.)

Regd office: Unit No. 401, 4th Floor, Sangam Complex, 127 , Andheri Kurla Road, Andheri (East), Mumbai - 400 059.

GROUP HEALTH INSURANCE

POLICY SCHEDULE

Intermediary Name: INDIAN OVERSEAS BANK

Intermediary Code: 200471025418 Phone No.: 044-42975010 E-mail: healthcare@iobnet.co.in Sub IMD Code: 271999

Policy No: 2816/53419430/03/000 Policy Type: Renewal Business Branch Name: GLA ENGGIRING COLLAGE MATHURA

Manual Covernote Number: NA Loan A/C No: NA

Policy Issue Date	15/09/2016
Policy Issued At	AGRA BRANCH
Name of the Proposer	**G L A UNIVERSITY**
Proposer Id	101365874044
Address of the Proposer	17 KM STONE NH - 2 MATHURA DELHI ROAD PO CHAUMUHAN MATHURA MATHURA MATHURA - UTTAR PRADESH PIN - 281406 Mobile - 9758113868 Email ID - VINAY.SINGH@GLA.AC.IN
Period of Insurance	From 00:00 of 23/08/2016 To 23:59 of 22/08/2017
Type of Cover	Basic Cover
Optional Extension Opted	Coverage against pre existing diseases,Waiver of 30 days waiting period,Waiver of First year exclusions,Maternity
Basis of Sum Insured	Floater
Total Sum Insured	Rs. 206,100,000
Total Premium	Rs. 3,385,152.00
Service Tax	Rs. 473,921.48
Swachh Bharat Cess	Rs. 16,925.76
Krishi Kalyan Cess	Rs. 16,925.76
Total Amount Payable	Rs. 3,892,925.00
Total Amount Payable (in words)	Rupees Thirty Eight Lakh Ninety Two Thousand Nine Hundred Twenty Five Only
Details of the Insured Persons(s)	As per annexure attached
Total No. of Insured Person(s)	No of Primary Insured(s) : 1166 No of Dependents : 1917
Policy is subject to the Warranty	NA

Policy subject to the following Special condition(s):

NA

Clauses/Endorsements attached to the policy

1 Family Definition : Employees, Spouse and 2 Dependent children
2 Age Limit : Age limit for Employees and Spouse - 18years to 70 years and for Children - upto 23 years
3 Floater/Individual : This policy is on Family floater basis
4 Sum Insured Criteria : Sum Insured- 1 lac- IV Class and Unmarried employees, Sum Insured- 2 lacs- Non-teaching Staff, Sum Insured- 3 lacs- Teaching Staff
5 30 days waiting Period : Waived off and Exclusion No. 2 of section (What we exclude) in Group Health Insurance Policy Wording stands deleted.
6 1st Year exclusions : Waived off and Exclusion No. 3 of section (What we exclude) in Group Health Insurance Policy Wording stands deleted.
7 1st , 2nd, 3rd and 4th year exclusion wavier /Pre Existing diseases : Pre-existing diseases are covered under the Policy and Exclusion No. 1 of Section (What We Exclude) in Group Health Insurance Policy Wording stands deleted.
8 Domicilliary Hospitalization : a) Covered - Medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a Hospital but is actually taken whilst confined at home in India under any of the following circumstances namely:
9 i) The condition of the Insured Person is such that he/she cannot be removed to the Hospital, or
10 ii) The Insured Person takes treatment at home on account of non availability of a room in a hospital.
11 b) Subject however that Domiciliary Hospitalisation benefit shall not cover
12 i) Expenses incurred for pre and post hospitalization treatment and
13 ii) Expenses incurred for treatment for any of the following diseases:
14 Asthma, Bronchitis, Chronic Nephritis and Nephritic Syndrome, Diarrhoea and all type of Dysenteries including Gastro-enteritis, Diabetes Mellitus and Insipidus, Epilepsy, Hypertension, Influenza, Cough and Cold, All Psychiatric or Psychosomatic Disorders, Pyrexia of unknown Origin for less than 10 days, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharingitis, Arthritis, Gout, Rheumatism and Dental Treatment or Surgery
15 Maternity Treatment Charges Benefit Extension without waiting period : Covered up to a maximum of Rs.40,000/- for Normal delivery and Rs.40,000/- for Caesarean section delivery, for first two children only. Those who are having two or more living children will not be eligible for this benefit under the policy. Exclusion No 10 A of the Section (What We Exclude) in Group Health Insurance Policy Wording stands deleted.
16 New Born baby cover : Coverage to new born baby for the eligible sum insured under the policy, from the date of birth, subject to payment of additional premium prorated for the unexpired policy period and sufficient premium deposit available to provide cover from the date of birth
17 Room Rent Capping : Room, Boarding Expenses including Nursing Expenses as provided by the Hospital/Nursing Home is subject to a limit of 1% of the Basic Sum Insured per day and for Intensive Care Unit 2% of the Basic Sum Insured per day. In case, the insured person is admitted in a room with rent higher than the eligible room rent limit, the total hospitalization claim shall be reduced in proportion of eligible room rent to the actual room rent paid.
18 Other Standard Conditions applicable under the Policy :
19 a) Medical Practitioner/ Anesthetist, Consultant fees, Surgeons fees and similar expenses subject to a limit of 25% of Sum Insured - Stands Deleted
20 b) Expenses on Anesthesia, Blood, Oxygen, Operation Theatre, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs, Cost of Organs and similar expenses subject to a limit of 40% sum insured - Stands Deleted
21 c) The Hospitalizationexpenses incurred for treatment of any one illness under agreed package charges of the Hospital/Nursing Home will be restricted to 75% of the package charges subject to maximum of basic Sum Insured or Basic plus Critical Illness Sum Insured if package expenses relate to covered Critical Illness and Criticall Illness extension is opted for under the policy - Stands Deleted
22 d) 50% co-payment applicable for cyberknife treatment, stem cell transplantation and Robotic Surgery. Cochlear implant treatment is restricted to 50% of the sum insured.
23 Process for Mid-term Inclusion :
24 * During the currency of the Policy, inclusions will be permitted for new joinees and their dependents. Inclusion of dependants is subject to coverage provided under the policy or endorsement forming part thereof.
25 * Existing employees and dependents cannot be included during the currency of the Policy period except, newly married spouse of the existing employees, new born child of the existing employees, provided the policy provides cover for spouse and children.
26 * A cash deposit is to be held by the client to effect inclusion of new joinees and their dependants from the date of Joining, newly married spouse from the date of marriage and new born child from date of birth.
27 * Mid term inclusion is subject to availability of sufficient premium in the deposit to effect the inclusion, provided the date of joining / date of marriage/date of birth, is in the preceding month to the date of declaration.
28 * In case , of any delayed declaration of new joinees and their dependents, newly married spouse of the existing employees, new born child of the existing employees, the inclusion shall effect from the date of receipt of declaration to insurer, subject to availability of sufficient premium in the deposit to effect the inclusion. Acceptance of delayed declaration rest with the insurer.
29 * In Case, premium balance in cash deposit account maintained with the company is not sufficient, then the coverage under the policy will be extended and will be effective only after replenishment of sufficient cash deposit balance.
30 * Deletion of Employee and Dependents is from the date of leaving , provided the date of Leaving, is in the preceding month to the date of declaration. If any delay in declaration deletion will be effected from the date of intimation received at USGI. Refund in premium for deletion is subject to nil claims.
31 * Inclusion of an employee does not warrant automatic inclusion of the employees dependants, unless agreed in the policy.
32 * Policy is based on per person Premium and not per family. Premium is chargeable on each and every member to be covered under the policy based on age band of the member.

Conditions attached to the Policy

1 Premium payable under this policy shall be payable in advance.
2 Subject to otherwise terms and conditions of Group Health Insurance Policy of Universal Sompo General Insurance Co. Ltd

Universal Sompo
General Insurance Co. Ltd.
Suraksha, Hamesha Aapke Saath

3. After inception of the policy, No midterm inclusion of any dependants of the primary insured, other than newly married Spouse, new born child , new joinees' and their dependents shall be allowed

TPA Condition : The details of the TPA and our network providers and diagnostic centers can be found at our website www.universalsompo.com. Cashless claims facility is extended under the policy and your Third Party Administrator (TPA) is UNIVERSAL SOMPO-HEALTH SERVE. Contact number of TPA for registering claims for Pre-authorization is 1800 200 5142 (Toll Free)

IN WITNESS WHEREOF the undersigned being duly authorised by and on behalf of the company has/have here onto set his/their hands

Collection No	1016525536	**Dated**	15/09/2016

For Universal Sompo General Insurance Co. Ltd.

Authorized Signatory

Consolidated stamp duty Rs. 0.50 paid towards Insurance policy stamp vide receipt no. 219214320161 dated 28/06/2016 of General Stamp Office Mumbai .

Disclaimer: This Policy is null and void ab initio, if the cheque/any valid negotiable Instrument as receipted by this company via this receipt is dishonoured by the bank. Issuance of the receipt is not a proof of risk acceptance.

Service Tax Registration No: AAACU8917FST001

USGI IRDA Registration No. 134

IRDAI UIN No:- IRDA/NL-HLT/USGI/P-H/V.I/70/13-14

Resolving Issues

Please read your Policy & Policy schedule :

The Policy & Policy schedule set out the terms of your contract with us. Please read this carefully to ensure that the cover meets your needs.

Claim Disclaimer

In the unfortunate event of any loss or damage to the insured property resulting into a claim on this policy, please intimate the mishap IMMEDIATELY to our Call Centre at Toll Free Numbers on 1800-200-5142 chargeable numbers:+91-22-39635200 Fax Toll Free Number: 1800-200-9134.Email at contactclaims@universalsompo.com. Please note that no delay should be allowed to occur in notifying a claim on the policy as the same may prejudice liability.

In case of any discrepancy, complaint or grievance, please feel free to contact us within 15 days of receipt of the Policy.

Universal Sompo General Insurance Co. Ltd. Express IT Park, Plot No. EL - 94, T.T.C. Industrial Area, M.I.D.C., Mahape,Navi Mumbai- 400710

Toll Free Numbers: 1800-200-5142
Landline Numbers: +91- 22-39635200 (Local Charges Apply)
E-mail Address:contactus@universalsompo.com .Fax Numbers: 1800-200-9134

Note: Please include your policy number for any communication with us.

Universal Sompo General Insurance Co. Ltd. shall abide by Insurance Regulatory and Development Authority (Protection of Policyholder's Interests) Regulations 2002. Under this regulation and with an objective to provide a forum to Personal Lines policy holders for resolution of claims related complaints, Insurance Ombudsman has been constituted under the aegis of Governing Body of Insurance Council. For further Information you could refer to www.irdaindia.org/ins_ombusman.htm.

HDFC ERGO General Insurance Company Limited

August 31, 2017

GLA University

Mathura - Delhi Road, 17 KM Stone,
NH - 2, Ajhai Kurd,
Mathura – 281406, Uttar Pradesh.

Dear Customer,

Sub: Group Mediclaim Insurance Policy No: 2999201889747200000

We thank you for having preferred us for your *Insurance* requirements. We at HDFC ERGO believe "***Insurance***" not only to be an assurance to indemnify in the event of unfortunate circumstances, but one that signifies protection and support you can count on when you need it most.

The Insurance Policy enclosed is a written agreement providing confirmation of our responsibility towards you that puts insurance coverage into effect against stipulated perils.

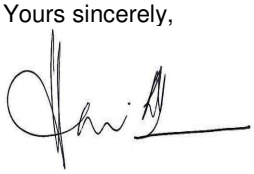
The Policy has been designed so as to augment the key facets and aims to provide information in a clear cut manner.

Please note that the policy has been issued based on the information contained in the proposal form and / or documents received from you or your representative / broker**.** Where the proposal form is not received, information obtained from you or your representative /broker, whether orally or otherwise, is captured in the policy document.

If you wish to contact us in reference to your existing policy and /or other general insurance solutions been offered by us, you may write to our correspondence address as mentioned below. Alternatively, you may visit our website www.hdfcergo.com . To enable us to serve you better, you are requested to quote your Policy Number in all correspondences.

Thanking you once again for choosing HDFC ERGO General Insurance Company Limited and looking forward to many more years of association.

Yours sincerely,



Authorized Signatory

Insurance is the subject matter of solicitation

GROUP MEDICLAIM INSURANCE POLICY

S C H E D U L E

Policy No: 2999201889747200000 Issued at Mumbai

Item 1.	**Name of the Policyholder**	:	**GLA University**
Item 2.	**Broker/Agent Name**	:	HDFC Bank Limited
Item 3.	**Date of Proposal Form**	:	August 25, 2017
Item 4.	**Mailing address of the Policyholder**	:	Mathura - Delhi Road, 17 KM Stone, NH - 2, Ajhai Kurd, Mathura – 281406, Uttar Pradesh.
Item 5.	**GSTIN State**	:	Uttar Pradesh
Item 6.	**State Code**	:	09
Item 7.	**GSTIN**	:	NA
Item 8.	**Policy Period**	:	From 00:01 hours: **August 25, 2017** To (Midnight) : **August 24, 2018**
Item 9.	**Operative Time**	:	24 Hours
Item 10.	**Territory of Insurance**	:	India
Item 11.	**Annual Premium**	:	**Rs. 6,004,239.00**
Item 12.	**Premium & Coverage Statement**	:	Refer to Page 5

12.1 Premium Details
12.2 Details of Insured Persons Covered
12.3 Details of Third Party Administrator

Item 13. Extensions Opted

13.1 Basis of Sum Insured – Floater.
13.2 Family Definition: Employee, Spouse, 2 dependent Children
13.3 Maternity Benefit Extension – Delivery expenses are covered up to Rs. 40,000 for Normal delivery and Rs. 40,000 for Caesarean delivery (Applicable for only Employee + Spouse / Employee Only for first two deliveries only in Insured's lifespan).
13.4 Waiting Period:
- First thirty (30) days- Not Applicable
- One (1) year for specified diseases- Not Applicable
- Nine (9) months for Maternity (delivery) benefit- Not Applicable
- Forty eight (48) months for Pre-existing condition- Not Applicable

Item 14. Special Conditions

14.1 Domiciliary Hospitalization Coverage: Not Applicable
14.2 Pre/post Hospitalization Expenses Coverage: Applicable
14.3 New born baby benefit -

- New born baby is covered from Day 1 of age within Family floater sum insured

14.4 Pre Natal and Post Natal Hospitalization expenses-

- Pre Natal and Post Natal Hospitalization expenses covered upto Rs 2500within maternity limit

Note: For the purpose of this benefit coverage, Pre Natal Period would ne mean period during pregnancy from conception till birth and Post Natal would mean up to six weeks from date of delivery.

14.5 Room rent restriction –

• Normal Room

1% of (Individual/ floater) Sum insured maximum upto Rs. 3000 per day

• Intensive Care Unit

2% of (Individual/ floater) Sum insured maximum upto Rs. 6000 per day

Room rent and all other related charges covered in accordance with room rent restriction or actual, whichever is less. . In the event of a person getting admitted in higher category, the related charges will be pro-rated to the eligible room rent limit. All other related charges will among other things include OT Charges, Doctors Charges, Nursing charges, Diagnostics and the same will be payable as per room rent entitlement.

14.6 **A) Corporate Buffer restricted to Critical Illness and floater/individual SI**

The Company shall reimburse the Insured Person such usual and necessary medical expense incurred in-hospital for a period of minimum 24 hours for the treatment of the Major Ailments named below only, after exhausting the Sum Insured as covered under the policy. The Company shall provide additional Sum Insured over and above Sum Insured for an amount up to **Family Floater/Individual** Sum Insured per Insured Family, as applicable. The Aggregate Liability of the Company in respect of all such claims for treatment relating to Major Ailments shall not exceed Rs. 1,000,000 for all the Insured Families, as applicable during the period of insurance.

• Major Ailments shall mean the following diseases only:
• Renal Failure requiring Kidney Transplantation & Dialysis
• Cerebro Vascular Strokes
• Open and Close Heart Surgery (inclusive of C.A.B.G.)
• Malignancy diseases which are confirmed on Histopathological Report
• Encephalitis (Viral)
• Neuro Surgery
• Total Replacement of Joints
• Liver Disorder associated with complications Cirrhosis of Liver
• Grievous injury which include multiple fracture of long bone, head-injury leading to unconsciousness,
• Burns of more than 40%, injury requiring artificial ventilator support plus Vertebral Column Injury

Corporate buffer shall not be applicable for Maternity and Parental claims and all other claims where there is a sub limit in the policy.

14.7 Dental Expense Benefit- Not Applicable

14.8 Ambulance charges payable upto 1% of Sum Insured subject to max. upto Rs.2000 per claim for insured's transportation to nearest hospital on physician's advice.

14.9 **Copayment Condition**

- 10% Copayment applicable on each and every claim.

14.10 Additions and deletions of employee will be done on prorate basis from day 1 for additions subject to sufficient CD balance being maintained. Addition of an Employee must be intimated within 30 days from the date of joining.

14.11 Dependents to be declared at the time of inception of the policy. No midterm inclusion of dependents allowed except for spouse after marriage and child by birth. Addition of family members must be intimated within 30 days after marriage or child birth.

14.12 Maximum Age for Employee, Spouse and Dependent Parents/Dependant Siblings shall be 80 years and dependent children shall be covered upto 21 years or upto 25 years if the child is in full time education. (subject to their coverage in the policy).

14.13 It shall be a condition precedent to the Company's liability under this policy that all supporting documents relating to the claim must be submitted within thirty (30) days from the date of

discharge from the hospital. In case of post-hospitalization treatment days, all claim documents should be submitted to the TPA within seven (7) days after completion of such treatment.

14.14 Surcharges, service charges, miscellaneous charges, and other non treatment related expenses are not payable.

14.15 Point no (4)(2)(c)(xiv) of part II Claims procedure in the attached wording pertaining to "For Non-Network hospitalizations, an INSURED PERSON shall make co-payment of 10 percent of admissible claim amount. The co-payment amount shall be deducted from the claims reimbursable and the balance shall be issued to the insured" Stands Deleted

14.16 No individual can be covered more than once in the policy – specifically if an employee and spouse are working for the same organization both cannot cover each other and cannot cover the same set of parents. In case at the time of claim it is found that the member is covered twice a deletion endorsement of member will be effected to remove that member there will be no refund for such deletions.

14.17 The Policy excludes treatment for Psychiatric, mental disorders (including mental health treatments) and sleep-apnoea, Parkinson and Alzheimer's disease, general debility or exhaustion ("run-down condition"), External Congenital Anomaly, Genetic, Hereditary and related disorders.

14.18 The policy excludes the experimental / unproven treatments or therapies. The policy also excludes AYUSH, Stem Cell Therapy, treatment with Injection Avastin/ Injection Remicade, Oral Chemotherapy, Cyber Knife treatment, Cochlear Implant Procedure, Lasik procedure, Femtolaser, Robotic surgery and allied treatments.

Subject otherwise to terms, conditions & exclusions Group Mediclaim Insurance Policy.

Signed for and on behalf of HDFC ERGO General Insurance Company Limited, on August 31, 2017

Authorized Signatory

Goods and Service Tax Registration No – 09AABCH0738E1ZV
The contract will be cancelled ab intio in case; the consideration under the policy is not realized.

The stamp duty of Rs.30.00 (Rupees Thirty Only) paid by Demand Draft, vide Receipt/Challan no ***1709262201718 Date 03/07/2017*** *as prescribed in Government Notification Revenue and Forest Department No Mudrank 2004/4125/CR 690/M-1,dated 31/12/2004.*

NOTE-As we have not received proposal form, information obtained from insured is captured in the policy document. Discrepancies, if any, in the information contained in the policy document may be pointed out by an insured within 30 days from the policy issue date after which information contained in the policy document shall be deemed to have been accepted as correct.

Policy Issuing Office: Ground Floor, Ambadeep Building-14, Kasturba Gandhi Marg, New Delhi - 110 001.

Agent Code: 200528812022
Agent Name: HDFC Bank Limited

Check List of Documents for GMC

General Documents – (Applicable for all types of claims) –

- ✓ Duly filled and signed Claim Form
- ✓ Photocopy of ID card / photocopy of current year policy

Specific Documents – Benefit wise

In-patient Treatment /Day Care Procedures/ Ayush benefit

- ✓ Original detailed discharge summary / day care summary from the hospital
- ✓ Original consolidated hospital bill with break up of each Item, duly signed by the insured
- ✓ Original payment receipt of the hospital bill
- ✓ First consultation letter and subsequent prescriptions
- ✓ Original bills, original payment receipts and reports for investigation
- ✓ Original medicine bills and receipts with corresponding prescriptions
- ✓ Original invoice/bills for implants (viz. Stent /PHS Mesh / IOL etc.) with original payment
- ✓ receipts

Road Traffic Accident (In addition to the In-patient Treatment documents)

- ✓ Copy of the first information report from police department / copy of the medico-legal certificate

In Non Medico legal cases

- ✓ Treating doctor's certificate giving details of injuries (How, when and where injury sustained) including whether claimant was under the influence of any intoxicating material.

In Accidental Death cases

- ✓ Copy of post mortem examination report & death certificate

For Death Cases (In addition to the In-patient Treatment documents)

- ✓ Original death summary from the hospital
- ✓ Copy of the death certificate from treating doctor or the hospital authority
- ✓ Copy of the legal heir certificate, if the claim is for the death of the principle insured
- ✓ Viscera Report for death due to poisoning OR snake bite

Pre- and Post-hospitalisation expenses

- ✓ Original medicine bills, original payment receipt with prescriptions
- ✓ Original investigations bills, original payment receipt with prescriptions and report
- ✓ Original consultation bills, original payment receipt with prescription
- ✓ Copy of the discharge summary of the main claim

Ambulance Benefit

- ✓ Original bill with original payment receipt
- ✓ Treating doctor's consultation prescription indicating emergency hospitalization

Premium & Coverage Statement

(Item. 12 of Schedule, Attached to and forming part of Policy No: **2999201889747200000**)

12.1 Premium Details

8. Premium Payable:		
		Annual
Net Premium	Rs.	5,088,338.00
GST 18% : Central Tax 9% (Rs.457,950.50) State Tax 9% (Rs.457,950.50)	Rs.	915,901.00
Total Amount Payable	**Rs.**	**6,004,239.00**

Invoice Number: 201889747200000

SAC Code: 9971

Note: "Goods and Services Tax for this invoice is not payable under reverse charge basis"

12.2 Details of Insured Persons Covered

Summary of Lives Covered

Sum Insured	0-35	36-45	46-55	56-65	66-70	71-75	76-80	>80	Total No. of Lives
100,000	1,342	184	59	15	0	0	0	0	1,600
200,000	675	99	45	13	2	1	0	0	835
300,000	708	208	40	25	12	2	0	0	995
Grand Total	**2,721**	**491**	**148**	**53**	**14**	**3**	**0**	**0**	**3,430**

12.3 Details of Claims Administrator

Name and Address of Claims Administrator

HDFC ERGO General Insurance Company Limited
6th Floor, MBC Tower, Old No.90,
New No.199, Luz Church Road,
Mylapore, Chennai – 600 004
Tamil Nadu, India

Tel: +91 44 3988 3600
Fax: +91 44 3013 6747

24 * 7 * 365 In- House Contact Centre
Toll Free: 1800 200 1999
UAN : 1860 200 0700
Fax : 1860 200 0600

Authorization related issues (request, extension, enhancement, etc)
Pre-auth: preauth@hdfcergo.com

Network Service Provider related issues
NSP: nsp@hdfcergo.com

Claim Related issues (intimation, status, query, payments, dispatch, etc)
Claims: healthclaims@hdfcergo.com "

Extensions Opted

(Item. 13 of Schedule, attached to and forming part of Policy No**: 2999201889747200000**)

13.1 FAMILY FLOATER EXTENSION

In consideration of additional premium received by the Company from the POLICYHOLDER, it is hereby declared and agreed that the cover under the policy is extended to provide FAMILY FLOATER EXTENSION. Accordingly, amendments made to the policy are given below:

The following shall be incorporated in clause 1.2 after "…., for the person in any one period of insurance as mentioned in the Schedule hereto." .

"against the INSURED PERSON who is an employee / member of the POLICYHOLDER provided that notwithstanding anything to the contrary contained in the policy, the aggregate of all claims in any one PERIOD OF INSURANCE in respect of all IMMEDIATE FAMILY MEMBERS of the said employee / member who are named in the Schedule, shall not exceed PER OCCURRENCE, Sum Insured or ANY ONE YEAR LIMIT as the case may be indicated in the Schedule for the said employee / member.

All other terms and conditions of the policy remain unchanged.

13.3 MATERNITY EXPENSES BENEFIT EXTENSION

In consideration of additional premium received by the Company from the **POLICYHOLDER**, it is hereby declared and agreed that the cover under the policy is extended to provide **MATERNITY EXPENSES BENEFIT**. Accordingly, amendments made to the policy are given below:

1) The following shall be incorporated after the paragraph under sub-clause (d) in clause 1.2:

"e Maternity Benefit Extension – Delivery expenses are covered up to Rs. 40,000 for Normal delivery and Rs. 40,000 for Caesarean delivery (Applicable for only Employee + Spouse / Employee Only for first two deliveries only in Insured's lifespan) for Normal and LSCS or the Sum Insured / **ANY ONE YEAR LIMIT** set out in the Schedule in respect of the **Employee** who is also an **INSURED PERSON**."

2) Delete exclusion 3.14 in Section 3 of the policy titled **EXCLUSIONS**.

3) Delete the portion beginning with "The **POLICYHOLDER** may at any time….." and ending with "Exceeding six months Full annual rate" in condition 9 under **Part I – Conditions** of Section 4 of the policy titled

All other terms and conditions of the policy remain unchanged.

13.4 30 DAY WAIT PERIOD WAIVER

In consideration of additional premium received by the Company from the **POLICYHOLDER**, clause 3.2 of the policy under Section 3 titled **EXCLUSIONS** shall be deleted.

All other terms and conditions of the policy remain unchanged.

13.4 PRE-EXISTING CONDITION EXTENSION

In consideration of additional premium received by the Company from the POLICYHOLDER, notwithstanding anything to the contrary contained in any term, condition or exclusion of the policy or endorsement(s) thereto, the scope of cover under the policy is widened so as to pay claims arising out of a PRE-EXISTING CONDITION.

All other terms and conditions of the policy remain unchanged.

13.4 FIRST YEAR COVERAGE EXTENSION

In consideration of additional premium received by the Company from the POLICYHOLDER, the policy shall be amended as under:

1) Delete clause 3.3 of the policy under Section 3 titled EXCLUSIONS.

2) Incorporate the words "or congenital internal DISEASE or defect" between the "… or INJURY" and "for which medical advice," in the definition of PRE-EXISTING CONDITION at clause 2.43 of the policy. Further, add a fresh sub-clause above (a) to read "a) was known to the INSURED PERSON; or" and renumber sub-clauses (a), (b) and (c) as (b), (c) and (d) respectively.

All other terms and conditions of the policy remain unchanged

GROUP MEDICLAIM INSURANCE POLICY

Forming Part And Parcel Policy No. 2999201889747200000

1. **Preamble**:

WHEREAS THE POLICYHOLDER designated in the Schedule hereto has by a Proposal and declaration dated as stated in the Schedule which shall be the basis of this Contract and is deemed to be incorporated herein has applied to HDFC Ergo General Insurance Company Limited hereinafter called the Company) for the insurance hereinafter set forth in respect of the INSURED PERSONS and has paid premium as consideration for such Insurance.

NOW THIS POLICY WITNESSETH that subject to the terms, conditions, exclusions and definitions contained herein, or endorsed or otherwise expressed hereon, the Company undertakes that if during the period stated in the Schedule, or during the continuance of this policy by renewal, any INSURED PERSON shall contract any DISEASE or sustain any INJURY and if such DISEASE or INJURY shall require any such INSURED PERSON, upon the advice of a duly qualified MEDICAL PRACTITIONER to incur hospitalisation or DOMICILIARY HOSPITALISATION EXPENSES for medical/surgical treatment at any HOSPITAL in India as an inpatient, the Company will pay the amount of such expenses as would fall under different heads mentioned below, and as are reasonably and necessarily incurred thereof by or on behalf of such INSURED PERSON but not exceeding the sum insured for the person in any one period of insurance as mentioned in the scheduled hereto.

a. Room, Boarding Expenses as provided by the HOSPITAL;
b. Nursing Expenses;
c. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees;
d. Anaesthesia, Blood, Oxygen, Operation theatre Charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-Ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, artificial Limbs and similar expenses.

NOTE: The above benefits are available for only for Allopathic Mode of Treatments. The Limit for ALTERNATIVE TREATMENTs shall be restricted to 20% of the ANY ONE YEAR LIMIT subject to a maximum of Rs.25,000. The cover is available provided the treatment has been undertaken in a government HOSPITAL or in any institute recognized by government and / or accredited by Quality Council of India / National Accreditation Board on Health or any other government authorised institute.

1.1. Expenses on hospitalisation are admissible only if hospitalisation is for a minimum period of twenty-four (24) hours. However, this time limit will not apply to DAY CARE TREATMENT as per Annexure 2, taken in HOSPITAL where INSURED PERSON is discharged on the same day. Such treatment will be considered to be taken under Hospitalisation Benefit.

This condition will also not apply in case of stay in HOSPITAL of less than twenty-four (24) hours provided:

- the treatment is such that it necessitates hospitalisation and the procedure involves specialised infrastructural facilities available only in HOSPITALS; and
- due to technological advances hospitalisation is required for less than twenty-four (24) hours.

1.2. Pre-Hospitalisation: Relevant medical expenses incurred during period up to thirty (30) days prior to hospitalisation for DISEASE or INJURY sustained will be considered as part of claim mentioned under item1.2 above.

1.3. Post Hospitalisation: Relevant medical expenses incurred during period up to sixty (60) days after Hospitalisation for DISEASE or INJURY sustained will be considered as part of claim as mentioned under item 1.2 above.

1.4. DOMICILIARY HOSPITALISATION EXPENSES is hereby covered subject to the following exclusions:

1.4.1. Expenses incurred for pre and post HOSPITAL treatment; and

1.4.2. Expenses incurred for treatment for any of the following DISEASEs:

1.4.2.1. Asthma;

1.4.2.2. Bronchitis;

1.4.2.3. Chronic Nephritis and Nephrotic Syndrome;
1.4.2.4. Diarrhoea and all type of Dysenteries including Gatro-enterities;
1.4.2.5. Diabetes Mellitus Insipidus;
1.4.2.6. Epilepsy;
1.4.2.7. Hypertension;
1.4.2.8. Influenza, Cough and cold;
1.4.2.9. All Psychiatric or Psychosomatic Disorders;
1.4.2.10. Pyrexia of unknown origin for less than 10 days;
1.4.2.11. Tonsillitis and Upper Respiratory Tract Infection including Laryngitis and Pharyngitis
1.4.2.12. Arthritis, Gout and Rheumatism

The Annual Limit for DOMICILIARY HOSPITALISATION EXPENSE under the policy shall be restricted to 15% of the ANY ONE YEAR LIMIT stated in the Annexure of the Schedule subject to the maximum of Rs.50,000/-.

NOTE: The DOMICILIARY HOSPITALISATION EXPENSE cover shall be available to treatments taken only under the Allopathic Mode of Treatment subject to the above conditions.

1.5. MATERNITY EXPENSES Benefit is an optional benefit available on payment of additional premium. When MATERNITY EXPENSES Benefit is added in the policy schedule, exclusion 3.14 of the policy stands deleted. Pre and post natal expenses relating to MATERNITY EXPENSE is covered only if the same is specifically mentioned on the policy schedule.

2. DEFINITIONS:

2.1. ACCIDENT means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

2.2. ALTERNATIVE TREATMENTS are forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Siddha and Homeopathy in the Indian context.

2.3. ANY ONE ILLNESS means continuous period of illness and it includes relapse within 45 days from date of last consultation with the HOSPITAL / NURSING HOME where treatment may have been taken.

2.4. ANY ONE YEAR LIMIT means SUM INSURED which shall be the amount stated in the Policy Schedule as such or limited to the specific insurance details in any Section of this Policy. The ANY ONE YEAR LIMIT shall be subject at all times to the terms and conditions of the Policy, including but not limited to the exclusions and any additional limitations and / or PER OCCURRENCE LIMIT noted in this Policy and Schedule.

2.5. AYUSH Coverage- Insurers may provide coverage to non-allopathic treatments' provided the treatment has been undergone in a Govt Hospital or in any institute recognized by govt and/or accredited by Quality Council of India/National Accreditation Board on Health.

2.6. "CASHLESS FACILITY" means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved.

2.7. CONDITION PRECEDENT shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

2.8. CONGENITAL ANOMALY refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

a. INTERNAL CONGENITAL ANOMALY which is not in the visible and accessible parts of the body

b. EXTERNAL CONGENITAL ANOMALY which is in the visible and accessible parts of the body.

2.9. CONTRIBUTION is essentially the right of an insurer to call upon other insurers, liable to the same insured, to share the cost of an indemnity claim on a ratable proportion of sum insured.

2.10. CO-PAYMENT is a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the Sum Insured.

2.11. DAY CARE CENTRE means any institution established for day care treatment of sickness and / or injuries or a medical set -u p within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:
- has qualified nursing staff under its employment
- has qualified medical practitioner (s) in charge
- has a fully equipped operation theatre of its own where surgical procedures are carried out
- maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

2.12. DAY CARE TREATMENT Day care treatment refers to medical treatment, and/or surgical procedure which is:
a. Undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because o f technological advancement, and
b. Which would have otherwise required a hospitalization o f more than 24 hours.
Treatment normally taken on an out-patient basis is not included in the scope o f this definition.

2.13. DEDUCTIBLE is a cost-sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

2.14. DENTAL TREATMENT is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants.

2.15. DEPENDENT CHILD refers to a child (natural or legally adopted or child from a previous marriage) of an INSURED PERSON or the SPOUSE of an INSURED PERSON, who is between the ages of three (3) months and up to and including the age of eighteen (18) years, or up to and including the age of twenty-five (25) years if in full time education at an accredited tertiary institution and does not have his / her independent sources of income.

2.16. DISCLOSURE TO INFORMATION NORM The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

2.17. DISEASE means a pathological condition of a part, organ or system resulting from various causes such as infection, pathological process or environmental stress and characterized by an identifiable group of signs or symptoms.

2.18. DOMICILIARY HOSPITALISATION 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:
a. the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
b. the patient takes treatment at home on account of non availability of room in a hospital.

2.19. EMERGENCY CARE means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment o f the insured person's health.

2.20. ENDORSEMENT means written evidence of an agreed change in the policy including but not limited to increase or decrease in the period, extent and nature of the cover.

2.21. GRACE PERIOD means the specified period o f time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss o f continuity benefits such as waiting periods and coverage of p re existing diseases. Coverage is not available for the period for which no premium is received.

2.22. HOSPITAL means any institution established for in-patient 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 makes these accessible to the insurance company's authorized personnel

2.23. HOSPITALISATION Means admission in a Hospital for a minimum period o f 24 In patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period o f less than 24 consecutive hours.

2.24. ILLNESS means a sickness or a disease or pathological condition leading to the impairment o f normal physiological function which manifests itself during the Policy Period and requires medical treatment.

a. 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

b. CHRONIC CONDITION - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:—it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests—it needs ongoing or long-term control or relief of symptoms— it requires your rehabilitation or for you to be specially trained to cope with it—it continues indefinitely—it comes back or is likely to come back.

2.25. 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.

2.26. INTENSIVE CARE UNIT means an identified section, ward or wing of a HOSPITAL which is under the constant supervision of a dedicated MEDICAL PRACTITIONER(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

2.27. INPATIENT CARE means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

2.28. INSURED PERSON means anyone over the age of three (3) months and aged sixty five(65) years old or younger, except when the COMPANY, at its sole discretion, accepts anyone over sixty five(65) years old, for whom premium has been paid and who is identified in the Schedule as an INSURED PERSON. INSURED PERSON will include any one or more of the following:

a. SPOUSE who permanently resides with the INSURED PERSON
b. DEPENDENT CHILDREN of an INSURED PERSON who
c. Are financially dependent on the INSURED PERSON
d. Permanently reside with the INSURED PERSON
e. DEPENDENT PARENTS of the INSURED PERSON

2.29. MATERNITY EXPENSES shall include (a) medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization). (b) expenses towards lawful medical termination of pregnancy during the policy period.

2.30. MEDICAL ADVISE means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

2.31. MEDICAL EXPENSES means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

2.32. MEDICAL PRACTITIONER is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy 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 licence.

The term MEDICAL PRACTITIONER includes qualified physicians, specialists and surgeons other than:

a. an INSURED PERSON under this policy;
b. an INSURED PERSON'S employer or business partner;
c. an employee of the POLICYHOLDER; or
d. an IMMEDIATE FAMILY MEMBER of the INSURED PERSON. For purposes of this definition only, the term IMMEDIATE FAMILY MEMBER shall not be limited to natural persons resident in the same country as the INSURED PERSON. IMMEDIATE FAMILY MEMBER means an INSURED PERSON'S Spouse; children; children-in-law; siblings; siblings-in-law; parents; parents-in-law; grandparents; grandchildren; legal guardian, ward; step or adopted children; step-parents; aunts, uncles; nieces, and nephews, who reside in the same country as the INSURED PERSON.

2.33. MEDICALLY NECESSARY Medically necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part o f a stay in hospital which

a. is required for the medical management o f the illness or injury suffered by the insured

b. must not exceed the level o f care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity

c. must have been prescribed by a medical practitioner,
d. must conform to the professional standards widely accepted in international medical practice or by the medical community in India

2.34. NETWORK PROVIDER means hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility.

2.35. NON- NETWORK means any hospital, day care centre or other provider that is not part of the network.

2.36. NEWBORN BABY means those babies born to you and your spouse during the Policy Period Aged between 1 day and 90 days, both days inclusive.

2.37. NOTIFICATION OF CLAIM is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.

2.38. OPD TREATMENT is one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

2.39. PER OCCURRENCE LIMIT means maximum amount that can be reimbursed for ANY ONE ILLNESS covered under the scope of the policy.

2.40. PERIOD OF INSURANCE means the Operative Time stated in the Schedule, commencing on or after the Policy Effective Date and terminating on or before the Policy Expiration Date.

2.41. POLICYHOLDER means the entity or person named as such in the Schedule.

2.42. PORTABILITY means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another

2.43. PRE-EXISTING DISEASE: Any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 48 months to prior to the first policy issued by the insurer

2.44. PRE-HOSPITALIZATION MEDICAL EXPENSES means Medical Expenses incurred immediately before the Insured Person is Hospitalised, provided that:

a. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
b. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company

2.45. POST-HOSPITALIZATION MEDICAL EXPENSES means Medical Expenses incurred immediately after the Insured Person is discharged from the hospital, provided that:
a. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
b. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

2.46. QUALIFIED NURSE is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

2.47. REASONABLE AND CUSTOMARY CHARGES means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved .

2.48. RENEWAL defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods

2.49. ROOM RENT Means the amount charged by a hospital for the occupancy of a bed on per day (24 hours) basis and shall include associated medical expenses

2.50. SPOUSE means an INSURED PERSON'S husband or wife who is recognised as such by the laws of the jurisdiction in which they reside.

2.51. SUBROGATION shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.

2.52. SUM INSURED means the amount stated in the policy Schedule as such or limited to the specific insurance details in any Section of this policy. The SUM INSURED shall be subject at all times to the terms and conditions of the policy, including but not limited to the exclusions and any additional limitations noted in the wording of each Section.

2.53. SURGERY OR SURGICAL PROCEDURE / OPERATION means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a MEDICAL PRACTITIONER.

2.54. THIRD PARTY ADMINISTRATORS OR TPA means any person who is licensed under the IRDA (Third party administrators- Health Services) Regulation, 2001 by the authority and is engaged for a fee or remuneration by an insurance company for the purpose of providing health services

2.55. UNPROVEN/EXPERIMENTAL TREATMENT is treatment, including drug experimental therapy, which is based on established medical practice in India, is treatment experimental or unproven.

3. EXCLUSIONS:

The Company shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any INSURED PERSON in connection with or in respect to:

3.1. All DISEASEs or INJURIES which are a PRE-EXISTING when the cover incepts for the first time..For the purpose of applying this condition, the date of inception of the initial mediclaim policy taken from any of the Indian Insurance Companies shall be taken provided the renewals have been continuous and without any break.
3.2. Any DISEASE other than those stated in clause 3.3, contracted by the INSURED PERSON during the first thirty (30) days from the commencement date of the policy. This condition 3.2 shall not however, apply in case

of the INSURED PERSON having been covered under this policy or Group Insurance Scheme with any one of the Indian Insurance Companies for a continuous preceding twelve (12) months without any break.

Note : These exclusions 3.1 and 3.2 shall not however apply if:

a. in the opinion of a panel of MEDICAL PRACTITIONERS constituted by the Company for the purpose, the INSURED PERSON could not have known of the existence of the DISEASE or any symptoms or complaints thereof at the time of making the proposal for insurance to the Company; and
b. the INSURED PERSON had not taken any consultation, treatment or medication, in respect of the hospitalisation for which claim has been lodged under the policy, prior to taking the insurance.

3.3. During the first year of the operation of the insurance cover, the expenses for treatment of DISEASEs such as cataract, benign prostatic hyperthrophy, hysterectomy for menorrhagia or fibromyoma, hernia, hydrocele, congenital internal anomaly , fistula in anus, piles, Sinusitis and related disorders are not payable. If these DISEASEs (other than congenital internal anomaly) are a PRE-EXISTING CONDITION at the time of proposal, they will not be covered even during subsequent period of renewal. If the INSURED PERSON is aware for the existence of congenital internal anomaly before inception of policy, the same will be treated as a PRE-EXISTING DISEASE.

3.4. Claims arising from, as a consequence of or involving investigations, operations or treatment of a purely cosmetic nature; or for obesity; or undertaken to facilitate pregnancy or to cure impotence or to improve potency.

3.5. INJURY or DISEASE directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, Warlike operations (whether war be declared or not).

3.6. Circumcision unless necessary for treatment of a DISEASE not excluded hereunder or as may be necessitated due to an ACCIDENT, vaccination or inoculation or change of life; or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an ACCIDENT or as a part of any illness.

3.7. The cost of spectacles and contact lenses, hearing aids, dental treatment or surgery of any kind unless requiring hospitalisation.

3.8. Convalescence, general debility, run-down condition or rest cure; congenital external DISEASE or congenital internal defects or anomalies for example Congenital heart anomalies like ASD, VSD, Tetrology of Fallot etc.; sterility, venereal DISEASE, intentional self INJURY and use of intoxicating drugs/alcohol.

3.9. All expenses arising out of any condition directly or indirectly caused to or associated with Human T-cell Lymphographic Virus Type 111 (HTLB-111) or Lymphadinopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.

3.10. Charges incurred at HOSPITAL primarily for diagnostic, x-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any DISEASE or INJURY, for which confinement is required at a Hospital or at Home under Domiciliary Hospitalisation as defined.

3.11. Expenses on vitamins and tonics unless forming part of treatment for INJURY or DISEASEs as certified by the attending MEDICAL PRACTITIONER.

3.12. INJURY or DISEASE directly or indirectly caused by or contributed to by nuclear weapons/materials.

3.13. Loss, damage, cost or expense of whatsoever nature directly or indirectly caused by, resulting from or in connection with any action taken in controlling, preventing, suppressing or in any way relating to any act of terrorism.

3.14. Treatment arising from or traceable to pregnancy and childbirth (including voluntary termination of pregnancy) and childbirth, (including caesarean section) unless included as an add-on cover for which additional premium shall have to be paid.

3.15. Baby's expenditure is not covered under any circumstances unless it is a baby of 3 months or above as mentioned in clause 2.35 except where the policy is extended specifically as an add-on cover for which additional premium shall have to be paid.

3.16. Voluntary termination of pregnancy

3.17 Naturopathy treatment

4. CONDITIONS & CLAIMS PROCEDURE:

4.1. Part I – Conditions:

a. Every notice or communication to be given or made under this policy other than claim shall be delivered in writing at the address of the policy issuing office as shown in the Schedule. The claim shall be referred to the TPA appointed for providing health care services.

b. The premium payable under this policy shall be paid in advance. No receipt for premium shall be valid except on the official form of the Company signed by a duly authorised official of the Company. The due payment of premium and the observance and fulfillment of the terms, provisions, conditions and endorsements of this policy by the INSURED PERSON, insofar as they relate to anything to be done or complied with by the INSURED PERSON, shall be a condition predating to any liability of the Company to make any payment under this policy. No waiver of any terms, provisions, conditions and endorsements of this policy shall be valid unless made in writing and signed by an authorized official of the Company.

c. Upon the happening of any event which may give rise to a claim under this policy, notice with full particulars shall be sent to the TPA within seven (7) days from the date of Hospitalisation.

d. All supporting documents relating to the claim must be filed within thirty (30) days from the date of discharge from the hospital with the TPA. In case of post hospitalization treatment (limited to sixty (60) days), all claim documents should be submitted within seven (7) days after completion of such treatment to the TPA. The Company may consider the delay in extreme cases of hardship where it is proved to the satisfaction of the Company that under the circumstances in which the insured was placed it was not possible from him or any other person to give notice or file claim within the prescribed time limit.

e. Insurer will only make payment to or at the insured's direction. If an Insured Person submits the requisite claim documents and information along with a declaration in a format acceptable to the company of having incurred the expenses, this person will be deemed to be authorised by the insured to receive the concerned payment. In the event of the death of an Insured Person, the Company will make payment to the Nominee.

f. The INSURED PERSON shall obtain and furnish to the TPA with all original bills, receipts and other documents upon which a claim is based and shall also give the Company such additional information and assistance as the TPA may require in dealing with claim.

g. Any MEDICAL PRACTITIONER authorised by the Company shall be allowed to examine the INSURED PERSON in case of any alleged INJURY or DISEASE requiring hospitalisation when and so often as the same may reasonably be required on behalf of the Company.

h. The Company shall not be liable to make any payment under this policy in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent means or device whether by the INSURED PERSON or by any other person acting on his behalf.

i. If, at the time when any claim arises under this policy, there is in existence two or more policies are taken by POLICYHODER / INSURED PERSON during a period from one or more insurer, the contribution clause shall not be applicable where the cover / benefit offered:
   a. Is fixed in nature;
   b. Does not have any relation to the treatment costs;

In case of multiple policies which provide fixed benefits, on the occurrence of the insured event in accordance with the terms and conditions of the policies, the company shall make the claim payments independent of payments received under other similar policies.

If two or more policies are taken by POLICYHOLDER/ INSURED PERSON during a period from one or more insurers to indemnify treatment costs, the company shall not apply the contribution clause, but the POLICYHOLDER shall have the right to require a settlement of his claim in terms of any of his policies.
a. In all such cases the insurer who has issued the chosen policy shall be obliged to settle the claim without insisting on the contribution clause as long as the claim is within the limits of and according to the terms of the chosen policy.
b. If the amount to be claimed exceeds the sum insured under a single policy after considering the deductibles or co-pay, the policyholder shall have the right to choose insurers by whom the claim to be settled. In such cases, the company may settle the claim with contribution clause mentioned below.
c. Except in benefit policies, in case where an insured has policies from more than one insurer to cover the same risk on indemnity basis, the insured shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the policy.
The contribution clause shall imply that the Company shall not be liable to pay or contribute more than its rateable proportion of any loss, liability, compensation, costs or expenses.

j. Insured may cancel this Policy at any time by sending fifteen (15) days notice in writing to the Company or by returning the Policy and stating when thereafter cancellation is to take effect.

In the event of such cancellation the Company shall retain premium for the period that this Policy has been in force calculated in accordance with the short period rate table. However, there will be no refund of premium if you have made a claim, or you are entitled to make any claim under this Policy.

PERIOD ON RISK	RATE OF PREMIUM TO BE CHARGED
Upto one month	1/4 of the annual rate
Upto three months	½ of the annual rate
Upto six months	3/4 of the annual rate
Exceeding six months	Full annual rate

The Company may cancel this Policy on grounds of misrepresentation, fraud, non disclosure of material facts, non cooperation by POLICY HOLDER, INSURED PERSON or anyone acting on POLICY HOLDER's behalf or on the behalf of INSURED PERSON. Such cancellation of the policy will be from inception date or the renewal date (as the case may be) upon 30 days notice and by sending an endorsement in this regard at your address shown in the schedule without refund of any premium.

k. If any difference shall arise between the POLICYHOLDER and the Company as to the quantum to be paid under this policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of two disinterested persons as arbitrators, who shall together proceed to appoint an umpire. The two arbitrators respectively shall be appointed in writing by the Company and the POLICYHOLDER within 30 days after having been required so to do in writing by the other party and the provisions of the Arbitration and Conciliation Act, 1996, as amended from time to time and for the time being in force, shall apply to such arbitration.

In case either the Company or the POLICYHOLDER refuses or fails to appoint an arbitrator within 30 days after receipt of notice in writing requiring an appointment, the other party shall be at liberty to appoint a sole arbitrator.
It is expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this policy that the award by such arbitrator, arbitrators or umpire of the amount of the loss or damage shall be first obtained.

The venue of the arbitration proceedings shall be at the Corporate Office of the Company which is currently situated at 1st Floor, HUL House, H.T. Parekh Marg, 165-166 Backbay Reclamation, Churchgate, Mumbai- 400020.

It is clearly agreed and understood that no difference or dispute shall be referred to arbitration as herein before provided if the Company has disputed or rejected liability under or in respect of this policy.

l. In no case whatsoever shall the Company be liable under the policy after the expiry of 12 months of the happening of INJURY or DISEASE resulting in a claim under the policy unless such claim is made the subject matter of pending legal action or arbitration. It is hereby expressly agreed and declared that if the Company disclaims liability to the INSURED PERSON for any claim hereunder mentioned, and such claim is not, within 12 calendar months from the date of such disclaimer, made the subject matter of a suit in a court of law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable.

m. This policy shall ordinarily be renewable for life only by mutual consent except for grounds such as mis-representation, fraud, moral hazard or non co-operation by the Insured and subject to payment in advance of the total premium at the rate in force at the time of renewal and subject to the policy is renewed within the Grace period of 30 days from date of Expiry. Unless renewed as herein provided, this policy shall automatically terminate at the expiry of the period for which premium has already been paid.

n. All medical/surgical treatments under this policy shall have to be taken in India and admissible claims thereof shall be payable in Indian currency.

o. This Policy shall be governed by the laws of India and the courts in Mumbai alone shall have jurisdiction in any dispute arising hereunder.

p. Upon settlement of the claim made under the policy, the Company shall be entitled to any amount paid by or recoverable from anyone on any ground whatsoever and shall be received or recovered by the Company. The person covered under the policy and all persons claiming on his / her behalf shall give to the Company all necessary information and assistance to enable the Company to secure and recover such amount including subrogation. The Company shall, if necessary, be entitled to sue at its own expense in the name of such person covered under the policy or persons claiming on his / her behalf for recovery of amounts from such persons for which they may be liable. In the event of any such payment being received by the person covered under the policy directly or by other persons on their behalf, it shall be made over by him / her to the Company forthwith.

q. Where proposal forms are not received, information obtained from the POLICY HOLDER or INSURED PERSON whether orally or otherwise is captured in the policy document. The POLICY HOLDER or INSURED PERSON shall point out to the Company, discrepancies, if any, in the information contained in the policy document or Certificate of Insurance, as applicable, within 15 days from policy / certificate issue date after which information contained in the policy or Certificate of Insurance shall be deemed to have been accepted as correct.

r. Any person who has a grievance against the Company, may himself or through his legal heirs make a complaint in writing to the Insurance Ombudsman in accordance with the procedure contained in The Redressal of Public Grievance Rules, 1998 (Ombudsman Rules). Proviso to Rule 16(2) of the Ombudsman Rules however, limits compensation that may be awarded by the Ombudsman, to the lower of compensation necessary to cover the loss or damage suffered by the Insured as a direct consequence of the insured peril or Rs. 20 lakhs (Rupees Twenty Lakhs Only) inclusive of ex-gratia and other expenses. A copy of the said Rules shall be made available by the Company upon prior written request by the insured.

s. Portability: Individual members including the family members covered under this group health insurance policy shall have the right to migrate from such group policy to a suitable individual health insurance policy or a family floater policy offered by the Company only in cases of the employee leaving the group on account of retirement/resignation.

4.2. PART II –Claims Procedures:

Treatment taken in a Network Hospital means treatment given by a provider of health care services, this means a provider that has a participation agreement in effect with us or with our affiliate (directly or through one or more other organizations) to provide Covered Health Services to Covered Persons. TPA (THIRD PARTY ADMINISTRATOR) is a service provider that has been selected by HDFC Ergo General Insurance Company to provide Third Party Administration services to its policyholders. Any changes in the network will be informed to the policyholders by TPA.

Treatment taken in a Non-Network hospital means treatment given in any hospital out of the Network mentioned above. TPA Role:

4.2. a.1 It is a condition precedent to the Company's Liability under this policy that in the event of any disease illness/ accidental bodily injury that may give rise to a claim, the insured person or the insured person's representative contact and intimates to the TPA who has been appointed under the policy to provide claim services.

4.2. a.2.All certificates, information and evidence required by the Company shall be furnished at no expense to the Company and shall be in such form and of such nature as the Company may prescribe. When required by the Company, at its own expense, the Insured Person shall submit to medical examination in respect of any alleged claim that may give rise to a benefit being paid.

4.2.a.3. No sum payable under this Policy shall carry interest.

4.2.a.4. In the event of a claim under this Policy, the Policyholder, the Insured Person and the Beneficiary, if applicable, must fully co-operate with the Company in its handling of the claim including, but not limited to, the timely submission of all medical and other reports, and full co-operation with all physical examinations that the Company may require.

4.2.a.5. Medical advice of a Physician shall be sought and followed promptly on the occurrence of any Bodily Injury or Sickness and the Company shall not be liable for any part of any claim which in the opinion of a Physician appointed by the Company arises from the unreasonable or willful neglect or failure of an Insured Person to seek and remain under the care of a Physician.

4.2.a.6. Treatment taken in a Non-Network hospital means treatment given in any hospital other than those mentioned in the updated list of network hospitals.

b. The claims eligibility protocol shall be as follows:

i. All hospitalization events need to be pre-authorized by TPA.
ii. Pre-authorization needs to be done at least 48 hours prior to a planned hospitalization
iii. For emergency hospitalizations, pre-authorization should be done within 24 hours ofadmission
iv. The insured person may choose to seek hospitalization either at a network or non-network hospital
v. For network hospitalizations, the insured will be eligible for credit facilities subject to fulfilling the eligibility criteria as per the policy
vi. In the event of complications during hospitalization or a change in course of treatment, the insured should notify TPA accordingly.
vii. In the event of non-notification, the insured's claim for the unauthorized treatment is liable to be rejected by the insurer.
viii. For credit hospitalizations, all expenses that are excluded from the benefits are payable by the insured at discharge.
ix. For credit hospitalizations, the bills/supporting documents will be forwarded to TPA by the hospital/nursing home.
x. Pre and post hospitalization bills will be forwarded by the insured to TPA
xi. For non-credit hospitalizations, the bills will be settled by the insured and sent along with supporting documents to TPA
xii. All original documents will be supported by a claim form
xiii. Reimbursement is subject to receiving all relevant documents and a completed claim form
xiv. For non-network hospitalizations, there would be a co-payment of 10 percent of admissible claim amount. The co-payment shall be deducted from the claims reimbursable and the balance shall be issued to the insured

4.2.b.1. Pre-Authorization means Review of "need" for inpatient care or other care before admission. This refers to a decision made by the payer, TPA or insurance company prior to admission. The payer determines whether or not the payer will pay for the service.

4.2.b.2. FOR THE REMOVAL OF DOUBTS IT IS EXPRESSLY CLARIFIED THAT IN THE EVENT OF A CONFLICT BETWEEN ANY RULES, REGULATIONS, REQUIREMENTS, STIPULATIONS, AUTHORIZATIONS, CONDITIONS OR WARRANTIES ISSUED / MADE / REQUESTED BY THE TPA AND THE COMPANY, THOSE MADE BY THE COMPANY SHALL PREVAIL.

c. List of Claims Documents: The Insured Person shall obtain and furnish the Company with following documents and shall also give the Company such additional information and assistance as the Company may need to process the claim.

- Original Claim Form
- Police FIR, if accident is reported to Police
- Discharge Card, Medical papers, pathology reports, X-ray reports, as applicable
- Doctor's prescription and line of treatment suggested
- Original Bills, Receipts and cash memos duly signed
- Attending Physician's statement

d. For any claim related query, intimation of claim and submission of claim related documents, the company may be contacted on,
Address 1:
HDFC ERGO General Insurance Company Limited.,
5th floor, Tower 1, Stellar IT Park, C-25, Sector-62,
Noida-201301, Uttar Pradesh

Address 2:
HDFC ERGO General Insurance Company Limited.,
6th floor, MBC Tower, Old No.90, New No.199,
Luz Church Road, Mylapore, Chennai - 600 004, Tamil Nadu

Toll free : 18002001999 & 18002700700
Fax : 18602000600
Email address: healthclaims@hdfcergo.com & preauth@hdfcergo.com

5. MATERNITY EXPENSES BENEFIT EXTENSION (Wherever applicable)

5.1. This is an optional cover which can be obtained for an additional premium for all the INSURED PERSO under the policy.
5.2. Option for MATERNITY EXPENSES BENEFITS has to be exercised at the inception of the policy period and no refund is allowable in case of INSURED PERSON'S cancellation of this option during currency of the policy.
5.3. The maximum benefit allowable under this clause will be up the sum insured shown in the Schedule.
5.4. Special conditions applicable to MATERNITY EXPENSES BENEFITS Extension:
   a. These Benefits are admissible only if the expenses are incurred in HOSPITAL as an inpatient in India.
   b. A waiting period of nine (9) months is applicable for payment of any claim relating to normal delivery or caesarean section or abdominal operation for extra uterine pregnancy. The waiting period may be relaxed only in case of delivery, mis-carriage or abortion induced by ACCIDENT or other medical emergency.
   c. Claim in respect of delivery for only first two (2) children and/or operations associated therewith will be considered in respect of any one INSURED PERSON covered under the policy or any renewal thereof. Those INSURED PERSONS who are already having two (2) or more living children will not be eligible for this benefit.
   d. Expenses incurred in connection with voluntary medical termination of pregnancy during the first twelve (12) weeks from the date of conception are not covered.
   e. Pre-natal and post-natal expenses are not covered unless admitted in HOSPITAL and treatment is taken there.
5.5. When this policy is extended to include Maternity Expenses benefit, the exclusion 3.14 of the policy stands deleted.

GRIEVANCE REDRESSAL PROCEDURE

If you have a grievance that you wish us to redress, you may contact us with the details of your grievance through:

- Call Center (Toll free helpline)
  1800 2700 700 (accessible from any Mobile and Landline within India)
  1800 226 226 (accessible from any MTNL and BSNL Lines)
- Emails – grievance@hdfcergo.com
- Designated Grievance Officer in each branch.
- Company Website – www.hdfcergo.com
- Fax : 022 - 66383699
- Courier : Any of our Branch office or corporate office

You may also approach the Complaint & Grievance (C&G) Cell at any of our branches with the details of your grievance during our working hours from Monday to Friday.

If you are not satisfied with our redressal of your grievance through one of the above methods, you may contact our Head of Customer Service at

The Complaint & Grievance Cell,
HDFC ERGO General Insurance Company Ltd.
6th Floor, Leela Business Park,
Andheri Kurla Road,
Andheri East, Mumbai – 400059

In case you are not satisfied with the response / resolution given / offered by the C&G cell, then you can write to the Principal Grievance Officer of the Company at the following address

To the Principal Grievance Officer
HDFC ERGO General Insurance Company Limited
6th floor, Leela Business Park.
Andheri Kurla Road,
Andheri (E), Mumbai – 400059
e-mail: principalgrievanceofficer@hdfcergo.com

You may also approach the nearest Insurance Ombudsman for resolution of your grievance. The contact details of Ombudsman offices are mentioned below if your grievance pertains to:

- Insurance claim that has been rejected or dispute of a claim on legal construction of the policy
- Delay in settlement of claim
- Dispute with regard to premium
- Non-receipt of your insurance document

Names of Ombudsman and Addresses of Ombudsmen Centers

Office of the Insurance Ombudsman, 2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, AHMEDABAD-380 014. Tel.:- 079-27545441/27546139 Fax : 079-27546142 Email: bimalokpal.ahmedabad@gbic.co.in	Shri Raj Kumar Srivastava, Office of the Insurance Ombudsman, 2nd Floor, Janak Vihar Complex, 6, Malviya Nagar,Opp. Airtel, Near New Market, BHOPAL(M.P.)-462 003. Tel.:- 0755-2769201/9202 Fax : 0755-2769203 Email: bimalokpal.bhopal@gbic.co.in
Shri B.N. Mishra, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel.:- 0674-2596455/2596003 Fax : 0674-2596429 Email: bimalokpal.bhubaneswar@gbic.co.in	Shri Manik Sonawane Office of the Insurance Ombudsman, S.C.O. No.101-103,2nd Floor, Batra Building, Sector 17-D, CHANDIGARH-160 017. Tel.:- 0172-2706468/2705861 Fax : 0172-2708274 Email: bimalokpal.chandigarh@gbic.co.in
Shri B.N. Mishra, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. Tel.:- 0674-2596455/2596003 Fax : 0674-2596429 Email: bimalokpal.bhubaneswar@gbic.co.in	Shri Manik Sonawane Office of the Insurance Ombudsman, S.C.O. No.101-103,2nd Floor, Batra Building, Sector 17-D, CHANDIGARH-160 017. Tel.:- 0172-2706468/2705861 Fax : 0172-2708274 Email: bimalokpal.chandigarh@gbic.co.in
Shri Virander Kumar, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018. Tel.:- 044-24333668 /24335284 Fax : 044-24333664 Email: bimalokpal.chennai@gbic.co.in	Smt. Sandhya Baliga, Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002. Tel.:- 011-23237539/23232481 Fax : 011-23230858 Email: bimalokpal.delhi@gbic.co.in
Insurance Ombudsman, Office of the Insurance Ombudsman, “Jeevan Nivesh”, 5th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM). Tel.:- 0361-2132204/5 Fax : 0361-2732937 Email: bimalokpal.guwahati@gbic.co.in	Shri G.Rajeswara Rao, Office of the Insurance Ombudsman, 6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004. Tel : 040-65504123/23312122 Fax: 040-23376599 Email: bimalokpal.hyderabad@gbic.co.in
Shri P.K.Vijayakumar, Office of the Insurance Ombudsman, 2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015. Tel : 0484-2358759/2359338 Fax : 0484-2359336 Email: bimalokpal.ernakulam@gbic.co.in	Shri K.B. Saha, Office of the Insurance Ombudsman, Hindustan Building. Annexe, 4th Floor, C.R. Avenue, KOLKATA-700 072. Tel : 033-22124339/22124340 Fax : 033-22124341 Email: bimalokpal.kolkata@gbic.co.in
Shri N.P. Bhagat, Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, LUCKNOW-226 001. Tel : 0522 -2231331/2231330 Fax : 0522-2231310 Email: bimalokpal.lucknow@gbic.co.in	Shri A.K. Dasgupta, Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), MUMBAI-400 054. Tel : 022-26106928/26106552 Fax : 022-26106052 Email: bimalokpal.mumbai@gbic.co.in
Shri A.K. Jain, Office of the Insurance Ombudsman, Ground Floor, Jeevan Nidhi II, Bhawani Singh Road, Jaipur – 302005 Tel : 0141-2740363	Shri A.K. Sahoo, 2nd Floor, Jeevan Darshan, N.C. Kelkar Road, Narayanpet, PUNE – 411030. Tel: 020-32341320

Email: bimalokpal.jaipur@gbic.co.in	Email: bimalokpal.pune@gbic.co.in
Shri M. Parshad, Office of the Insurance Ombudsman, 24th Main Road, Jeevan Soudha Bldg. JP Nagar, 1st Phase, Bengaluru – 560025. Tel No: 080-22222049/22222048 Email: bimalokpal.bengaluru @gbic.co.in	OFFICE OF THE GOVERNING BODY OF INSURANCE COUNCIL Smt. Ramma Bhasin, Secretary General, Shri Y.R. Raigar, Secretary 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), MUMBAI – 400 054 Tel : 022-26106889/6671 Fax : 022-26106949 Email- inscoun@gbic.co.in

GROUP HEALTH (FLOATER) INSURANCE

KEY INFORMATION SHEET

DISCLAIMER NOTE: The information mentioned below is illustrative and not exhaustive. The information must be read in conjunction with the policy wordings. In case of any conflict between the Key Information Sheet and the policy wordings, the terms and conditions mentioned in the policy wordings shall prevail.

S. NO.	TITLE	DESCRIPTION	REFER TO POLICY WORDINGS
1.	Product Name	GROUP HEALTH (FLOATER) INSURANCE	
2.	What is covered under the policy?	The policy provides indemnification of medical expenses incurred by the Insured during the hospitalization, domiciliary hospitalization, for any illness or injury suffered during the Policy Period.	Part I of the Policy
3.	Optional Add On Covers	• Cover for Pre-Existing Diseases • Maternity Expenses • Out Patient Department (OPD) Expenses • Cost of Prescribed External Medical Aid • Baby Day One Cover • Critical Illnesses Cover • Travel Expenses For Medical Treatment • Dental Expenses • Cover for Alternate Methods Of Treatment • Donor Expenses • Ambulance Charges • Pre and Post Hospitalization • Health Check-Up • Disease-Wise Sub-Limit • Domiciliary Hospitalization • Treatment Outside India • Convalescence Benefit • Loss of Wages/Salary Due To Hospitalization (Hospital Daily Cash Allowance) • Cover for Allied Hospital Charges • Limit on Room Rent, Nursing Charges, Consultation Fees, Diagnostic Charges, OT Charges etc. • Wellness & Preventive Care	Part II of the Policy- Clause Add-Ons/ Extensions
4.	Payout Basis	• Cashless or Reimbursement claims of covered medical expenses up to specified Sum Insured as per the scope of cover	Part II of the Policy, Clause- Claim Administration
5.	Terms of Renewal	• The Policy can be renewed as a separate contract under the then prevailing ICICI Lombard Group Health Insurance product or its nearest substitute (in case the product ICICI Lombard Group Health Insurance is withdrawn by the Company) approved by IRDA. • The policy shall ordinarily be renewable except on grounds of fraud, moral hazard or misrepresentation or non- cooperation by the insured.	Part II of the Policy, Clause - Terms of Renewal

6.	Cancellation	• The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, misdescription or non-disclosure of any material fact. • Insured or the Company may cancel this Policy by giving the Company or the insured, as the case may be, 15 days written notice for the cancellation of the Policy, and then the Company shall refund premium on short term rates (if initiated by the insured) or pro rata rates (if initiated by the Company) for the unexpired Policy Period. The Company shall follow the below short period scale unless otherwise mutually agreed.	Part III of the Policy, Clause 9- Cancellation/Termination

4016/X/154981168/00/000

GROUP HEALTH (FLOATER) INSURANCE

UIN- ICIHLGP08002V040708 Misc 12

Preamble

ICICI Lombard General Insurance Company Limited ("the Company"), having received a Proposal and the premium from the Proposer named in the Schedule referred to herein below, and the said Proposal and Declaration together with any statement, report or other document leading to the issuance of this policy and referred to therein having been accepted and agreed to by the Company and the Proposer as the basis of this contract do, by this Policy agree, in consideration of and subject to the due receipt of the subsequent premiums, as set out in the Schedule with all its Parts, and further, subject to the terms and conditions contained in this Policy, as set out in the Schedule with all its Parts, that on proof to the satisfaction of the Company of the compensation having become payable as set out in Part I of the Schedule to the title of the said person or persons claiming payment or upon the happening of an event upon which one or more benefits become payable under this Policy, the Sum Insured/appropriate benefit will be paid by the Company.

PART I OF POLICY: POLICY SCHEDULE

> Insured Details

Policy Number	:	4016 X 154981168 00 000
Issued At	:	MUMBAI
Name of the Insured	:	GLA UNIVERSITY
Mailing Address of the Insured	:	17km Stone, Nh 2, Mathura Delhi Road P.O. Chaumuhan, Mathura, Mathura, Uttar Pradesh Pin 281406

> Policy Details

Period of Insurance	:	From :	00:00 Hours of August 25, 2018
		To :	Midnight of August 24, 2019
Product	:	GHI Floater	
Total Lives Insured	:	3557	
Sum Insured	:	Rs. 221,800,000.00	
Details of Person Insured	:	As per Annexure	

Premium Computation

Basic Premium	:	Rs. 6,999,998.00
Stamp Duty	:	(Rs.) 01.00
*Total Premium	:	(Rs.) 8,259,998.64

*Premium value mentioned above is inclusive of taxes applicable

Coverages

1	Policy Type	:	Floater
2	Pre existing Disease	:	Covered
3	Domiciliary Hospitalization	:	Excluded
4	30 Days Waiting Period,First year exclusion,9 months waiting period	:	waived off
5	Third party Administrator	:	IL Health Care
6	Pre-Post Hospitilization	:	Pre Hospitalisation and Post Hospitalisation for 30 days & 60 days respectively are covered.
7	Sum Insured	:	SI is restricted to 'Rs.' 1L, 2L, 3L, 5L Per Family during the policy period as per annexure attached herewith.

4016/X/154981168/00/000

GROUP HEALTH (FLOATER) INSURANCE

8	Room Rent	:	2% of SI for normal and 2% of SI for ICU (inclusive of nursing charges). If insured is admitted in a higher category, then insured will bear difference of all medical expenses as in final hospital bill in same proportion.
9	Age Band	:	1 day to 65 years only
10	Family Definition	:	Employee,Spouse and 2 Dependent Children upto age 25 yrs covered under policy
11	Maternity Benefit	:	For Metro and Non-Metro, Rs 40000 for Normal and C-Section respectively for first two children.
12	Baby Day 1	:	Baby covered from 1 day Upto the family SI
13	Pre/Post Natal Expenses	:	Pre-Post Natal Expenses within Maternity limit upto Rs 2500
14	Add-Del of Lives	:	Premium to be charged on Pro rata Basis for addition/deletion endorsement.
15	Ambulance Service	:	Ambulance Charges limited to 'Rs.' 2000 Per Person
16	Corporate Floater	:	Overall CF Limit:Rs 1000000; Per Family Limit: Rs 200000 or family SI, whichever is lower. It is restricted to critical illnesses viz. Cancer; End Stage Renal Failure; Multiple Sclerosis; Major Organ Transplant; Heart Valve Replacement; Coronary Artery Bypass Graft / Angioplasty (PTCA); Stroke excluding transient ischemic attack (TIA); Paralysis; Myocardial Infarction Brain surgery and Road accidents with Head injury or Fractures in two or more limbs (upper / lower) or RTA injury requiring ventilation support.
17	Disease wise sublimits	:	No sublimit
18	Day care procedures	:	Day Care Procedures are Covered as per standard list
19	Id cards	:	Physical Health Card to be issued
20	Special Condition	:	AOY: Total claims cannot be greater than 5 crores
21	Special Condition	:	Product construct-Employer/Employee Service category - Both cashless/Reimbursement OPD/IPD IPD IPD claim - Intimation period-30 days
22	Special Condition	:	With reference to implementation of Protection of Policyholders Interests Regulations, 2017, issued by IRDAI, it is hereby requested to ensure that the Date of Birth of all the members to be covered in a GHI policy is available in the annexure before getting the policy booked. Non-compliance of this requirement may lead to policy booking getting delayed till the time the aforementioned requirement is fulfilled.
23	Mid-Term Inclusion	:	Mid term inclusion of dependents will be possible only in case of: a) spouse (on account of marriage during the policy term) b) children (childbirth during the policy term but after the child has completed 91 days of age) subject to not more than 2 children being covered under the Policy
24	Special Condition	:	No Refund for deletion-if lives less than minimum required & if insured has claimed during policy
25	Special Condition	:	Claim must be filed within 30 days from the date of completion of treatment. However, the Company may at its absolute discretion consider waiver, of this Condition in extreme cases of hardship where it is proved to the satisfaction of the Company that under the circumstances in which the insured was placed it was not possible for him or any other person to give such notice or file claim within the prescribed time-limit. The claim would invite additional 10% co-payment over and above payable amount as per policy terms and conditions.
26	Exclusion	:	Lasik Surgery, Septoplasty, Infertility & Related Ailments incl.Male sterility;Treatment on trial/experimental basis; Admin/Registration/Service/Misc. Charges; Expenses on fitting of Prosthesis; Any device/instrument/machine contributing/replacing the function of an organ; Holter Monitoring are outside the scope of the policy.
27	Special Condition	:	Liability for Nasal Sinus Surgeries upto 'Rs.' 35,000; Hospitalisation arising out of Psychiatric ailments upto 'Rs.' 30,000; 50% Co-Pay for cyberknife treatment/Stem Cell Transplantation. Cochlear Implant treatment shall be restricted to 50% of the SI.
28	Special Condition	:	The Policy covers Reasonable and Customary Charges incurred towards the medical treatment taken by the Insured Person during the Policy Period following an Illness or Injury that occurs during the Policy Period, subject to availability of the Sum Insured and any specific limits specified in the Schedule of Benefits and the terms, conditions and exclusions specified in the Policy document.
29	1st year Exclusion	:	Not Applicable

Original Copy

Universal Sompo General Insurance Co. Ltd.

(A joint venture between Allahabad Bank, Sompo Japan Insurance Inc., Indian Overseas Bank, Karnataka Bank and Dabur Investments.)

Regd office: Unit No. 401, 4th Floor, Sangam Complex, 127 , Andheri Kurla Road, Andheri (East), Mumbai - 400 059.

Group Health Insurance Policy

POLICY SCHEDULE CUM TAX INVOICE

Intermediary Name: INDIAN OVERSEAS BANK

Intermediary Code: 200471025418 **Phone No.:** 044-28191102 **E-mail:** healthcare@iobnet.co.in **Sub IMD Code:** 271999

Policy No: 2816/60231149/00/000 and Invoice Number:919PR0000089994 Policy Type: New Business Branch Name: GLA ENGGIRING COLLAGE MATHURA

Manual Covernote Number: NA Loan A/C No: NA

Policy/Invoice Issued Date	31/08/2019
Policy Issuance Office	AGRA BRANCH,1ST FLOOR, SAKET MALL,75/76, GANDHI NAGAR,BYE PASS ROAD,State Code -9,State Name -UTTAR PRADESH
Name of the Proposer	**G L A UNIVERSITY**
Proposer Id	101365874044
Proposer Address/Place of Supply	17 KM STONE NH - 2 MATHURA DELHI ROAD PO CHAUMUHAN MATHURA MATHURA MATHURA - UTTAR PRADESH PIN - 281406 Tel - NA Mobile - 9758113868 Email ID - VINAY.SINGH@GLA.AC.IN GSTIN - NA
Period of Insurance	From 00:00 of 25/08/2019 To 23:59 of 24/08/2020
Type of Cover	Basic Cover
Optional Extension Opted	Waiver of 30 days waiting period,Waiver of First year exclusions,Coverage against pre existing diseases,Maternity,Corporate Floater
Basis of Sum Insured	Floater
Total Sum Insured	Rs. 230,800,000
Total Premium	Rs. 7,300,000.00
CGST @9 %	Rs. 657000
SGST @9 %	Rs. 657000
Total Amount Payable	Rs. 8,614,000.00
Total Amount Payable (in words)	Rupees Eighty Six Lakh Fourteen Thousand Only
Details of the Insured Persons(s)	As per annexure attached
Total No. of Insured Person(s)	No of Primary Insured(s) : 1247 No of Dependents : 2357

Policy is subject to the Warranty NA

Policy subject to the following Special condition(s):

NA

Clauses / Endorsements attached to the policy

1 Family Definition : Employees, Spouse and 2 Dependent children
2 Age Limit : Age limit for Employees and Spouse - 18years to 70 years and for Children - upto 23 years
3 Floater/Individual : This policy is on Family floater basis
4 Sum Insured Criteria : The sum insured is based on Grade as below mentioned :
5 Grade IV : 1 Lacs , Grade III : 2 Lacs , Grade II : 3Lacs , Grade I : 5 Lacs
6 30 days waiting Period : Waived off and Exclusion No. 2 in Group Health Insurance Policy Wording stands deleted for all insured person covered under the policy
7 1st Year exclusions : Waived off and Exclusion 3 in Group Health Insurance Policy Wording stands deleted for all insured person covered under the policy
8 1st , 2nd, 3rd and 4th year exclusion wavier /Pre Existing diseases : Pre-existing diseases are covered under the Policy and Exclusion No. 1 in Group Health Insurance Policy Wording stands deleted for all insured person covered under the policy.
9 Domicilliary Hospitalization : Not Covered under the policy in view of this, point no 3. NB2 of what we cover in Group Health Insurace Policy wording stands deleted for all insured person covered under the policy.
10 Maternity Treatment Charges Benefit Extension without waiting period : Covered up to a maximum of Rs.40,000/- for Normal delivery and Rs.40,000/- for Caesarean section delivery, for first two children only. Those who are having two or more living children will not be eligible for this benefit under the policy. Exclusion No 11 of the Section (What We Exclude) in Group Health Insurance Policy Wording stands deleted for all insured person covered under the policy.
11 Pre & Post Natal Expense : Covered within maternity limit subject to minimum 24hrs of hospitalisation
12 New Born baby cover : Coverage to new born baby for the eligible sum insured under the policy, from the date of birth, subject to payment of additional premium prorated for the unexpired policy period and sufficient premium deposit available to provide cover from the date of birth.
13 Corporate Floater : i) Covered upto a maximum of Rs.10,00,000/- with a sublimit of Rs.2,00,000/- with sublimit equivalent to the Family floater limit. This Corporate floater limit shall operate after exhaustion of the Per Family floater limit provided for the Insured persons under this policy.
14 Corporate Floater : ii) Corporate Buffer is resticted to critical illnesses mention below: Cancer, End Stage renal failure, multiple sclerosis, Major Organ Transplant, Heart valve replacement, coronary artery bypass graft/ angioplasty (PTCA), stroke excluding traasient ischemic attack (TIA), Paralysis, Myocardial Infarction Brain surery and road accidents with Head injury or fracrures in two or more limbs (upper/lower) or RTA injury requiring ventilation support.
15 Room Rent Capping : Room, Boarding Expenses including Nursing Expenses as provided by the Hospital/Nursing Home is subject to a limit of 2% of the Basic Sum Insured per day and for Intensive Care Unit 2% of the Basic Sum Insured per day. In case, the insured person is admitted in a room with rent higher than the eligible room rent limit, the total hospitalization claim shall be reduced in proportion of eligible room rent to the actual room rent paid.
16 Pre and Post hospitalization expenses : Covered upto 30 days prior to Hospitalisation & 60 days after Hospitalisation respectively
17 Internal / External Congenital diseases :Internal Congenital diseases are covered under the policy, but external Congenital diseases are not covered.
18 Ailment Capping : Applicable on Ailments listed - FESS upto Rs 35,000/- , Hospitalisation arising out to pyschiatric ailments limit upto Rs 30,000/-
19 Ambulance Charges : Covered upto INR 2000 per claim
20 Day care treatments : Total 141 Day Care Surgeries & Day Care Treatments are covered as per the list of USGI
21 Cashless Facility : Available - In House
22 Other Standard Conditions applicable under the Policy :
23 i) Medical Practitioner/ Anesthetist, Consultant fees, Surgeons fees and similar expenses subject to a limit of 25% of Sum Insured - Stands Deleted
24 ii) Expenses on Anesthesia, Blood, Oxygen, Operation Theatre, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs, Cost of Organs and similar expenses subject to a limit of 40% sum insured - Stands Deleted
25 iii) The Hospitalizationexpenses incurred for treatment of any one illness under agreed package charges of the Hospital/Nursing Home will be restricted to 75% of the package charges subject to maximum of basic Sum Insured or Basic plus Critical Illness Sum Insured if package expenses relate to covered Critical Illness and Criticall Illness extension is opted for under the policy - Stands Deleted
26 iv) 50% co-payment applicable for cyberknife treatment, stem cell transplantation and Robotic Surgery. Cochlear implant treatment is restricted to 50% of the sum insured.
27 Claim Intimation/ Document Submission : All reimbursement claims should be intimated to Insurer within 24 hours of Hospitalization and documents of claim should be submitted to the Insurer within 30 days of discharge.
28 Process for Mid-term Inclusion / Deletion :
29 * During the currency of the Policy, inclusions will be permitted for new joinees and their dependents. Inclusion of dependants is subject to coverage provided under the policy or endorsement forming part thereof.
30 * Existing employees and dependents cannot be included during the currency of the Policy period except, newly married spouse of the existing employees, newborn child of existing insured employee, after 90 days from the date of birth , provided the policy provides cover for spouse and children.

31 * A cash deposit is to be held by the client to effect inclusion of new joinees and their dependants from the date of Joining, newly married spouse from the date of marriage and new born child after 90 days from the date of birth

32 * Mid term inclusion is subject to availability of sufficient premium in the deposit to effect the inclusion, provided the date of joining / date of marriage/ date of birth or completion of 90 days for new born baby, is in the preceding month to the date of declaration. Declaration should reach us on or before 15th of every succeeding month.

33 * In case , of any delayed declaration of new joinees and their dependents, newly married spouse of the existing employees, new born child of the existing employees, the inclusion shall effect from the date of receipt of declaration to insurer, subject to availability of sufficient premium in the deposit to effect the inclusion. Acceptance of delayed declaration rest with the insurer.

34 * In Case, premium balance in cash deposit account maintained with the company is not sufficient, then the coverage under the policy will be extended and will be effective only after replenishment of sufficient cash deposit balance.

35 * Deletion of Employee and Dependents is from the date of leaving , provided the date of Leaving, is in the preceding month to the date of declaration. If any delay in declaration deletion will be effected from the date of intimation received at USGI. Refund in premium for deletion is subject to nil claims.

36 * Inclusion of an employee does not warrant automatic inclusion of the employees dependants, unless agreed in the policy.

37 * Policy is based on per person Premium and not per family. Premium is chargeable on each and every member to be covered under the policy based on age band of the member.

Conditions attached to the Policy

1 Premium payable under this policy shall be payable in advance.

2 Subject to otherwise terms and conditions of Group Health Insurance Policy of Universal Sompo General Insurance Co. Ltd

3 After inception of the policy, No midterm inclusion of any dependants of the primary insured, other than newly married Spouse, new born child , new joinees' and their dependents shall be allowed

TPA Condition : The details of the TPA and our network providers and diagnostic centers can be found at our website www.universalsompo.com. Cashless claims facility is extended under the policy and your Third Party Administrator (TPA) is UNIVERSAL SOMPO-HEALTH SERVE. Contact number of TPA for registering claims for Pre-authorization is 1800 200 5142 (Toll Free)

IN WITNESS WHEREOF the undersigned being duly authorised by and on behalf of the company has/have here onto set his/their hands

Collection No	2010538826	**Dated**	31/08/2019

For Universal Sompo General Insurance Co. Ltd.

Authorized Signatory

Consolidated stamp duty Rs. 34890 paid towards Insurance policy stamp vide receipt no. CSD/128/2019/4213/19 dated 23/08/2019 of General Stamp Office Mumbai .

Disclaimer: This Policy is null and void ab initio, if the cheque/any valid negotiable Instrument as receipted by this company via this receipt is dishonoured by the bank. Issuance of the receipt is not a proof of risk acceptance.

GSTIN- 09AAACU8917F1Z4

SAC - 997133-Accident and health insurance services

USGI IRDA Registration No. 134

IRDAI UIN No:- IRDA/NL-HLT/USGI/P-H/V.I/70/13-14

Resolving Issues

Please read your Policy & Policy schedule :

The Policy & Policy schedule set out the terms of your contract with us. Please read this carefully to ensure that the cover meets your needs.

Claim Disclaimer

In the unfortunate event of any loss or damage to the insured property resulting into a claim on this policy, please intimate the mishap IMMEDIATELY to our Call Centre at Toll Free Numbers on 1800-200-5142 chargeable numbers: +91-22-39635200 Fax Toll

Free Number: 1800-200-9134.Email at contactclaims@universalsompo.com. Please note that no delay should be allowed to occur in notifying a claim on the policy as the same may prejudice liability.
In case of any discrepancy, complaint or grievance, please feel free to contact us within 15 days of receipt of the Policy.

Universal Sompo General Insurance Co. Ltd. Express IT Park, Plot No. EL - 94, T.T.C. Industrial Area, M.I.D.C., Mahape,Navi Mumbai- 400710

Toll Free Numbers: 1800-200-5142
Landline Numbers: +91- 22-39635200 (Local Charges Apply)
E-mail Address:contactus@universalsompo.com .Fax Numbers: 1800-200-9134

Note: Please include your policy number for any communication with us.

Universal Sompo General Insurance Co. Ltd. shall abide by Insurance Regulatory and Development Authority (Protection of Policyholder's Interests) Regulations 2002. Under this regulation and with an objective to provide a forum to Personal Lines policy holders for resolution of claims related complaints, Insurance Ombudsman has been constituted under the aegis of Governing Body of Insurance Council. For further Information you could refer to www.irdaindia.org/ins_ombusman.htm.

Original Copy

Universal Sompo General Insurance Co. Ltd.
(A joint venture between Allahabad Bank, Sompo Japan Insurance Inc., Indian Overseas Bank, Karnataka Bank and Dabur Investments.)
Regd office: Unit No. 401, 4th Floor, Sangam Complex, 127 , Andheri Kurla Road, Andheri (East), Mumbai - 400 059.

Group Health Insurance Policy

POLICY SCHEDULE CUM TAX INVOICE

Intermediary Name: INDIAN OVERSEAS BANK

Intermediary Code: 2004710254 **Phone No.:** 18 044-28191102 **E-mail:** healthcare@iobnet.co.in **Sub IMD Code:** 271999

Policy No: 2816/61738310/00/000 and Invoice Number:920PR0000050866 | Policy Type: New Business | Branch Name: GLA ENGGIRING COLLAGE MATHURA

Manual Covernote Number: NA | Loan A/C No: NA

Policy/Invoice Issued Date	25/08/2020
Policy Issuance Office	AGRA BRANCH,1ST FLOOR, SAKET MALL,75/76, GANDHI NAGAR,BYE PASS ROAD,State Code -9,State Name -UTTAR PRADESH
Name of the Proposer	**G L A UNIVERSITY**
Proposer Id	101365874044
Proposer Address/Place of Supply	17 KM STONE NH - 2 MATHURA DELHI ROAD PO CHAUMUHAN MATHURA MATHURA MATHURA - UTTAR PRADESH PIN - 281406 Tel - NA Mobile - 9758113868 Email ID - vinaysingh@gla.ac.in GSTIN - NA
Period of Insurance	From 00:00 of 25/08/2020 To 23:59 of 24/08/2021
Type of Cover	Basic Cover
Optional Extension Opted	Coverage against pre existing diseases,Waiver of First year exclusions,Waiver of 30 days waiting period,Corporate Floater,Maternity
Basis of Sum Insured	Floater
Total Sum Insured	Rs. 214,200,000
Total Premium	Rs. 5,925,000.00
CGST @9 %	Rs. 533250
SGST @9 %	Rs. 533250
Total Amount Payable	Rs. 6,991,500.00
Total Amount Payable (in words)	Rupees Sixty Nine Lakh Ninety One Thousand Five Hundred Only
Details of the Insured Persons(s)	As per annexure attached
Total No. of Insured Person(s)	No of Primary Insured(s) : 1074 No of Dependents : 2155
Policy is subject to the Warranty	NA

Policy subject to the following Special condition(s):

PREVIOUS POLICY NO- 2816/60231149/00/000 POLICY PERIOD- 25/08/2019 To 24/08/2020

Clauses/Endorsements attached to the policy

1 Family Definition : Employees, Spouse and 2 Dependent children

2 Age Limit : Age limit for Employees and Spouse - 18years to 70 years and for Children - upto 23 years

3 Floater/Individual : This policy is on Family floater basis

4 Sum Insured Criteria : The sum insured is based on Grade IV :1 Lacs, Grade III :2 Lacs; Grade II: 3Lacs and Grade I, I (a): 5 Lacs

5 30 days waiting Period : Waived off and Exclusion No. 2 in Group Health Insurance Policy Wording stands deleted for all insured person covered under the policy

6 1st Year exclusions : Waived off and Exclusion 3 in Group Health Insurance Policy Wording stands deleted for all insured person covered under the policy

7 1st , 2nd, 3rd and 4th year exclusion wavier /Pre Existing diseases : Pre-existing diseases are covered under the Policy and Exclusion No. 1 in Group Health Insurance Policy Wording stands deleted for all insured person covered under the policy

8 Domicilliary Hospitalization : Not Covered under the policy in view of this, point no 3. NB2 of what we cover in Group Health Insurace Policy wording stands deleted for all insured person covered under the policy.

9 Maternity Treatment Charges Benefit Extension without waiting period : Covered up to a maximum of Rs.40,000/- for Normal delivery and Rs.40,000/- for Caesarean section delivery, for first two children only. Those who are having two or more living children will not be eligible for this benefit under the policy. Exclusion No 11 of the Section ''What We Exclude'' in Group Health Insurance Policy Wording stands deleted for all insured person covered under the policy.

10 Pre & Post Natal Expense : Covered within maternity limit subject to minimum 24hrs of hospitalisation

11 New Born baby cover : Coverage to new born baby for the eligible sum insured under the policy, from the date of birth, subject to payment of additional premium prorated for the unexpired policy period and sufficient premium deposit available to provide cover from the date of birth

12 Corporate Floater : a) Covered upto a maximum of Rs.10,00,000/- with a sublimit of Rs.2,00,000/- with sublimit equivalent to the Family floater limit. This Corporate floater limit shall operate after exhaustion of the Per Family floater limit provided for the Insured persons under this policy.

13 b) This Corporate Buffer is resticted to critical illnesses mention below: - Cancer, End Stage renal failure, multiple sclerosis, Major Organ Transplant, Heart valve replacement, coronary artery bypass graft/ angioplasty (PTCA), stroke excluding traasient ischemic attack (TIA), Paralysis, Myocardial Infarction Brain surery and road accidents with Head injury or fracrures in two or more limbs (upper/lower) or RTA injury requiring ventilation support.

14 c) Additional buffer of Rs.500,000/- per family is available for 3 no.of familes(Top Management Grade I (a) as per list provided by client.

15 Room Rent Capping : Room, Boarding Expenses including Nursing Expenses as provided by the Hospital/Nursing Home is subject to a limit of 2% of the Basic Sum Insured per day and for Intensive Care Unit 2% of the Basic Sum Insured per day. In case, the insured person is admitted in a room with rent higher than the eligible room rent limit, the total hospitalization claim shall be reduced in proportion of eligible room rent to the actual room rent paid.

16 Pre and Post hospitalization expenses : Covered upto 30 days prior to Hospitalisation & 60 days after Hospitalisation respectively

17 Internal / External Congenital diseases : Internal Congenital diseases are covered under the policy, but external Congenital diseases are not covered

18 Ailment Capping : Applicable on Ailments listed - FESS upto Rs 35,000/-, Hospitalisation arising out to pyschiatric ailments limit upto Rs 30,000/-

19 Ambulance Charges : Covered upto INR 2000 per claim

20 Terrorism Exclusion Waiver : Yes, but excluding nuclear, chemical and biological terrorism subject to minimum 24hrs of hospitalisation

21 Day care treatments : Total 141 Day Care Surgeries & Day Care Treatments are covered as per the list of USGI

22 Cashless Facility : Available - In House

23 Other Standard Conditions applicable under the Policy : a) Medical Practitioner/ Anesthetist, Consultant fees, Surgeons fees and similar expenses subject to a limit of 25% of Sum Insured - Stands Deleted

24 b) Expenses on Anesthesia, Blood, Oxygen, Operation Theatre, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs, Cost of Organs and similar expenses subject to a limit of 40% sum insured - Stands Deleted

25 c) The Hospitalizationexpenses incurred for treatment of any one illness under agreed package charges of the Hospital/Nursing Home will be restricted to 75% of the package charges subject to maximum of basic Sum Insured or Basic plus Critical Illness Sum Insured if package expenses relate to covered Critical Illness and Criticall Illness extension is opted for under the policy - Stands Deleted

26 d) 50% co-payment applicable for cyberknife treatment, stem cell transplantation and Robotic Surgery

27 Claim Intimation/ Document Submission : All reimbursement claims should be intimated to Insurer within 24 hours of Hospitalization and documents of claim should be submitted to the Insurer within 30 days of discharge.

28 Process for Mid-term Inclusion / Deletion:

29 * During the currency of the Policy, inclusions will be permitted for new joinees and their dependents. Inclusion of dependants is subject to coverage provided under the policy or endorsement forming part thereof.

30 * Existing employees and dependents cannot be included during the currency of the Policy period except, newly married spouse of the existing employees, newborn child of existing insured employee, after 90 days from the date of birth , provided the policy provides cover for spouse and children.

31 * A cash deposit is to be held by the client to effect inclusion of new joinees and their dependants from the date of Joining, newly married spouse from the date of marriage and new born child after 90 days from the date of birth.

32 * Mid term inclusion is subject to availability of sufficient premium in the deposit to effect the inclusion, provided the date of joining / date of marriage/ date of birth or completion of 90 days for new born baby, is in the preceding month to the date of declaration. Declaration should reach us on or before 15th of every succeeding month.

33 * In case , of any delayed declaration of new joinees and their dependents, newly married spouse of the existing employees, new born child of the existing employees, the inclusion shall effect from the date of receipt of declaration to insurer, subject to availability of sufficient premium in the deposit to effect the inclusion. Acceptance of delayed declaration rest with the

insurer.

34 * In Case, premium balance in cash deposit account maintained with the company is not sufficient, then the coverage under the policy will be extended and will be effective only after replenishment of sufficient cash deposit balance.

35 * Deletion of Employee and Dependents is from the date of leaving , provided the date of Leaving, is in the preceding month to the date of declaration. If any delay in declaration deletion will be effected from the date of intimation received at USGI. Refund in premium for deletion is subject to nil claims.

36 * Inclusion of an employee does not warrant automatic inclusion of the employeeÂ¿s dependants, unless agreed in the policy.

37 * Policy is based on per person Premium and not per family. Premium is chargeable on each and every member to be covered under the policy based on age band of the member.

Conditions attached to the Policy

1 Premium payable under this policy shall be payable in advance.

2 Subject to otherwise terms and conditions of Group Health Insurance Policy of Universal Sompo General Insurance Co. Ltd

3 After inception of the policy, No midterm inclusion of any dependants of the primary insured, other than newly married Spouse, new born child , new joinees' and their dependents shall be allowed

TPA Condition : The details of the TPA and our network providers and diagnostic centers can be found at our website www.universalsompo.com. Cashless claims facility is extended under the policy and your Third Party Administrator (TPA) is UNIVERSAL SOMPO-HEALTH SERVE. Contact number of TPA for registering claims for Pre-authorization is 1800 200 5142 (Toll Free)

IN WITNESS WHEREOF the undersigned being duly authorised by and on behalf of the company has/have here onto set his/their hands

Collection No	2012340099	**Dated**	25/08/2020

For Universal Sompo General Insurance Co. Ltd.

Authorized Signatory

Consolidated stamp duty Rs. 1 paid towards Insurance policy stamp vide receipt no. CSD/313/2020/573/2020 dated 05/02/2020 of General Stamp Office Mumbai .

Disclaimer: This Policy is null and void ab initio, if the cheque/any valid negotiable Instrument as receipted by this company via this receipt is dishonoured by the bank. Issuance of the receipt is not a proof of risk acceptance.

GSTIN- 09AAACU8917F1Z4

SAC - 997133-Accident and health insurance services

USGI IRDA Registration No. 134

IRDAI UIN No:- IRDA/NL-HLT/USGI/P-H/V.I/70/13-14

Resolving Issues

Please read your Policy & Policy schedule :

The Policy & Policy schedule set out the terms of your contract with us. Please read this carefully to ensure that the cover meets your needs.

Claim Disclaimer

In the unfortunate event of any loss or damage to the insured property resulting into a claim on this policy, please intimate the mishap IMMEDIATELY to our Call Centre at Toll Free Numbers on 1800-200-5142 chargeable numbers:+91-22-39635200 Fax Toll Free Number: 1800-200-9134.Email at contactclaims@universalsompo.com. Please note that no delay should be allowed to occur in notifying a claim on the policy as the same may prejudice liability.

In case of any discrepancy, complaint or grievance, please feel free to contact us within 15 days of receipt of the Policy.

Universal Sompo General Insurance Co. Ltd. Express IT Park, Plot No. EL - 94, T.T.C. Industrial Area, M.I.D.C., Mahape,Navi Mumbai- 400710

Toll Free Numbers: 1800-200-5142
Landline Numbers: +91- 22-39635200 (Local Charges Apply)
E-mail Address:contactus@universalsompo.com .Fax Numbers: 1800-200-9134

Note: Please include your policy number for any communication with us.

Universal Sompo General Insurance Co. Ltd. shall abide by Insurance Regulatory and Development Authority (Protection of Policyholder's Interests) Regulations 2002. Under this regulation and with an objective to provide a forum to Personal Lines policy holders for resolution of claims related complaints, Insurance Ombudsman has been constituted under the aegis of Governing Body of Insurance Council. For further Information you could refer to www.irdaindia.org/ins_ombusman.htm.