



Swarna Gramin Bima Yojana (Individual) – Policy Wordings

Policy Number:	
Issuing Office:	
Collection No./ Receipt No:	
Collection Date:	
Intermediary Code:	
Intermediary Name:	
Contact Number:	

PREAMBLE

You, the Insured/Policy Holder, have applied to Us, for insurance and this document is the Policy setting out the details of the insurance which You have requested. When drawing up this Policy, We have relied on the information and statements which You have provided in the application sheet/ proposal form.

In return for payment of the premium shown in the Schedule, We agree to insure You on happening of covered event during the Policy Period as stated in Schedule, upon which one or more benefits become payable under the Policy, subject to the terms and conditions contained herein or endorsed on this Policy.

PART I OF THE POLICY

SCHEDULE

1. Details of Policy Holder

- a. Name: _____
- b. Mailing Address: _____
- c. Contact Details: _____
- d. Occupation: _____
- e. Relationship to the Insured: _____

2. Details of Insured

Total number of Insured Persons

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Name of the Insured/ Insured Family Members	Relationship with the Insured	Date of Birth	Gender	Occupation	Sum Insured



3. Details of Nominee

- a. Name of the Nominee under the Policy: _____
 b. Relationship with the Insured: _____

4. Policy coverage

Policy Period:	
Start Date and Hour:	
End date and Hour:	

5. Territorial Scope: India except Section A for which coverage under the policy shall be worldwide

6. Benefits and Extensions

Benefit Table					
Section	Benefit	Cover	Benefit Amount	Sum Insured (Rs.)	Premium
Section A Personal Accident	Benefit 1	Death of the Insured/ Insured Family Members resulting from Accident	100% of Sum Insured		
	Benefit 2	Permanent Total Disablement of the Insured/ Insured Family Members resulting from Accident	X% of the Sum Insured		
	Benefit 3	Permanent Partial Disablement of the Insured/ Insured Family Members resulting from Accident	As per disability % indicated		
Section B Critical Illness	Benefit 1	Sum Insured as mentioned shall become payable to the Insured/ Insured Family Members upon his/ her first diagnosis of listed X critical illnesses and procedure	100% of Sum Insured		
	Sr. No.	List of Critical Illnesses/ Surgical Procedures covered			Y/N
	1	Cancer of specified severity			
	2	First Heart Attack of specified severity			
	3	Open Chest CABG			
	4	Open Heart Replacement			
	5	Coma of Specified Severity			
	6	Kidney Failure requiring regular dialysis			
	7	Stroke resulting in permanent symptoms			
	8	Major Organ /Bone Marrow Transplant			
	9	Permanent Paralysis of Limb			
	10	Motor Neurone Disease with Permanent Symptoms			
11	Multiple Sclerosis with persisting symptoms				



Section C Hospital Cash	Benefit	A Daily Allowance of Rs X for each continuous and completed period of 24 hours of Hospitalisation subject to minimum of X days up to maximum of X days.	Rs X per day of Hospitalisation for a maximum number of X days		
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EXTENSION(S)

Extension	Cover Details	Y/N	Sum Insured (Rs)	Additional Premium
Extension Cover for pre-existing diseases	Preexisting diseases shall be covered from the inception of the Policy without any time bound exclusion when this extension is opted			

7. Type of Policy: Single Premium

8. TPA Details: The Company has agreement with E-meditek, TTK and Raksha for serving health insurance policies the details of the TPA and Our Network Providers and Diagnostic Centers can be found at Our website www.universalsompo.com.

9. Premium Details

Basic Premium	(Rs.)	<input type="text"/>
Extension Premium	(Rs.)	<input type="text"/>
Add Loading if any	(Rs.)	<input type="text"/>
Total Premium	(Rs.)	<input type="text"/>
Less: Discount if any	(Rs.)	<input type="text"/>
Net Premium	(Rs.)	<input type="text"/>
Add: Service Tax	(Rs.)	<input type="text"/>
Total Amount	(Rs)	<input type="text"/>

* Service Tax is subject to change as per change in Tax Laws

Note: In the event of dishonour of cheque, this policy document automatically stands cancelled from inception, irrespective of whether a separate communication is sent or not.

In witness

For and On Behalf of Universal Sompo General Insurance Company Limited

Authorised Signatory

Consolidated Stamp Duty Rs.....paid towards Insurance Policy stamp vide receipt no.....dated..... of General Stamp office Mumbai

Premium Certificate for the purpose of deduction under Section 80 D of Income Tax Act

This is to certify that Shri/ Smt _____ has paid Rs. _____ (Rupees)* by cheque towards premium for Senior Citizen Health Insurance Policy No. _____ for the period from _____ to _____ vide



PART II OF POLICY

DEFINITIONS

For the purposes of this Policy and endorsements, if any, the terms mentioned below shall have the meaning set forth:

Where the context so requires, references to the singular shall also include references to the plural and references to any gender shall include references to all genders.

Accident

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

Age

Means completed years as at the commencement of the Policy.

Ambulance

Means any vehicle used solely for the conveyance of injured persons from Accidental location or residential place of the Insured or Hospital to any Hospital in emergency cases.

Any one illness

Any one illness means continuous Period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.

Alternative treatments

Means treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context

Cashless facility

Means a facility extended by Us to You where the payments, of the costs of treatment undergone by You in accordance with the policy terms and conditions, are directly made to the network provider by Us to the extent pre-authorization approved.

Company

Means "Universal Sompo General Insurance Company Limited."

Condition Precedent

Means a policy term or condition upon which Our liability under the policy is conditional upon.

Congenital Anomaly

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

a. Internal Congenital Anomaly

Means which is not in the visible and accessible parts of the body

b. External Congenital Anomaly



Means which is not in the visible and accessible parts of the body.

Contribution

is essentially Our right to call upon other insurers, liable to You, to share the cost of an indemnity claim on a rateable proportion. This clause shall not apply to any Benefit offered on fixed benefit basis.

Day

Means a period of 24 consecutive hours.

Daily Allowance

The amount specified as such in the Schedule

Day care centre

A day care centre means any institution established for day care treatment of sickness and / or injuries or a medical set -up 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.

Dental Treatment

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.

Dependent Children

Means a child (natural or legally adopted) up to 25 years of age, who is financially dependent on You and does not have his / her independent sources of income.

Disclosure to information norm

Means that the Policy shall be void and all premium paid hereon shall be forfeited to Us, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

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 of the insured person's health.

Family Member

Means person(s) whose name are specifically appearing in the Schedule and are related to the of the primary insured as spouse and / or Dependent Children.

Grace Period

Means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of



continuity benefits such as waiting periods and coverage of Pre Existing Diseases Coverage is not available for the period for which no premium is received.

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:

- has qualified nursing staff under its employment round the clock,
- has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and 15 inpatient beds in all other places,
- has qualified Medical Practitioner (s) in charge round the clock,
- has a fully equipped operation theatre o f its own where surgical procedures are carried out,
- maintains daily records of patients and will make these accessible to Our authorized personnel.

Hospitalisation

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

Illness

Means a sickness or a disease or pathological condition leading to the impairment of 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.

Insured

Means the individual whose name is specifically appearing in the Schedule/ Certificate of Insurance herein after referred as “You”/”Your”/”Yours”/”Yourself”.



Insured Family Members

Means the individuals whose name is appearing in the Schedule/ Certificate of Insurance and shall include Your Spouse and Dependent Children.

Intensive Care Unit

Means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner 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.

Inpatient Care

Means treatment for which the insured person has to stay in a Hospital for more than 24 hours for a covered event.

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.

Insured Event

Means any event specifically mentioned as covered under this Policy.

Insured Persons

Means person(s) whose name is/ are specifically appearing in the Schedule and are covered under the Policy.

Loss of Use

Means the total paralysis of one or more limbs or loss of hearing of one or both the ears or loss of vision of one or both the eyes which is certified in writing by a Medical Practitioner to be permanent, complete and irreversible.

Medical Advice

Means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

Medical expenses

Means those expenses that an Insured / Insured Family Members 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.

Medically Necessary

Means any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which

- is required for the medical management of the illness or injury suffered by the insured;
- must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;



- must have been prescribed by a Medical Practitioner,
- must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

Medical Practitioner

Means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine 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 and is not a member of Your Family.

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.

Nominee

Means the person(s) nominated by You to receive the insurance benefits under this Policy payable on the death of the Insured.

Non- Network

Means any Hospital, day care centre or other provider that is not part of the Network

Notification of Claim

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.

Physical Separation

Means with respect to the hand, severance of limb at or above wrists, and with respect to the foot, severance of limb at or above the ankle.

Policy

Means the document evidencing the contract of insurance and includes endorsements issued thereto, changing either the scope of cover, terms and conditions, or any other narration made in the Policy. “**Certificate of Insurance**” for the purpose of Policy shall mean and include the certificate issued to You by Us or on Our behalf evidencing Your participation in the Policy.

Policy Period

Means the period commencing at the Policy Period Start Date and ending at the Policy Period End Date, as specifically stated in the Schedule and for which the insurance cover will remain valid

Cover Period

Means the period as specified in the Certificate of Insurance for which you are covered under the Policy and which shall fall within the Policy Period. The Cover Period normally starts on the date of enrolment of Insured within the Policy Period.

Portability



Means transfer by You, an individual health insurance Policy holder (including Family cover) of the credit gained for pre-existing conditions and time bound exclusions if You choose to switch from other insurer to Us.

Pre-Existing Disease

Means 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.

Qualified Nurse

Means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

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.

Renewal

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.

Subrogation

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.

Sum Insured

Means the sum as mentioned in the Schedule against the respective benefit(s) which represents Our maximum liability for any or all claims under this Policy during the Policy Period.

Surgery or Surgical Procedure

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

Unproven/Experimental treatment

Means a treatment, including drug Experimental therapy, which is based on established medical practice in India, is treatment experimental or unproven

Room rent

Means the amount charged by a Hospital for the occupying of a bed on per day (24 hours) basis and shall include associated Medical Expenses.

You/Your/Yours/Yourself

Means the person(s) that We insure and is/are specifically named as Insured in the Schedule.



We/Our/Ours/Us

Means Universal Sompo General Insurance Company Limited.

War

Means war , whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends

SECTION I – PERSONAL ACCIDENT (BASE COVER)

What will We Pay? (Scope of Cover)

We hereby agree, subject to the terms, exclusions and conditions herein contained or otherwise expressed hereon, to pay You (or Your Nominee/ legal heir, as the case may be) a sum as compensation on occurrence of any Insured Event, as specifically described hereunder, under different Benefit(s) arising due to an Injury sustained by You / Your Family Members during the Policy Period but not exceeding the Sum Insured as specified under the respective Benefits under Section A.

1. Benefit 1: Insured Event - Death of the Insured/ Insured Family Members resulting from Accident

We agree, subject to the terms, conditions and exclusions applicable to this Section and the terms, conditions, general exclusions stated in the Policy, to pay such Sum Insured as mentioned against Benefit 1 under Section A of the Policy, on the occurrence of Your/ Your Family Member's death, provided such death results solely and directly from an Injury, within twelve months from the date of Accident resulting in such Injury. Provided that the date of occurrence of the Accident falls within the Policy Period.

2. Benefit 2: Insured Event - Permanent Total Disablement (PTD) of the Insured/ Insured Family Members resulting from Accident

We agree, subject to the terms, conditions and exclusions applicable to this Section and the terms, conditions, general exclusions stated in the Policy, to pay such Sum Insured, as mentioned in the Benefit 2 under Section A of the Policy, on the occurrence of any of the following losses, provide such losses to You/ Your Family Member are total and irrecoverable losses which result solely and directly from an Injury, within twelve months from the date of Accident resulting in such Injury. Provided that the date of occurrence of the Accident falls within the Policy Period.

- (i) Loss of Use of both eyes, or Physical Separation/ Loss of Use of two entire hands or two entire feet, or one entire hand and one entire foot, or of such Loss of Use of one eye and such Physical Separation/ Loss of Use of one entire hand or one entire foot,
- (ii) Physical Separation/ Loss of Use of two hands or two feet, or of one hand and one foot, or of Loss of Use of one eye and Loss of Use of one hand or one foot,
- (iii) If such Injury shall as a direct consequence thereof, permanently, and totally, disable You/ Your Family Member from engaging in any employment or occupation of any description whatsoever



3. Benefit 3: Insured Event - Permanent Partial Disablement (PPD) of the Insured/ Insured Family Members resulting from Accident

We agree, subject to the terms, conditions and exclusions applicable to this Section and the terms, conditions, general exclusions stated in the Policy, to pay such Sum Insured as mentioned against Benefit 3 under Section A in the Schedule to this Policy as applicable to You/ Your Family Members in the manner indicated below, on the occurrence of any of the following losses, provided such losses to You/ Your Family Members are irrecoverable losses and result in Loss of Use or Physical Separation which arises solely and directly from an Injury, within twelve months from the date of Accident resulting in such Injury.

Provided that the date of occurrence of the Accident falls within the Policy Period/ Policy Year.

Losses covered	Percentage of Sum Insured
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i. Loss of Use/ Physical Separation:

- | | |
|--------------------|----|
| a. One entire hand | 50 |
| b. One entire foot | 50 |

ii. Loss of Use of one eye 50

iii. Loss of toes – all 20

- | | |
|--|---|
| a. Great both phalanges | 5 |
| b. Great – one phalanx | 2 |
| c. Other than great if more than one toe lost each | 1 |

iv. Loss of Use of both ears 50

v. Loss of Use of one ear 20

vi. Loss of four fingers and thumb of one hand 40

vii. Loss of four fingers 35

viii. Loss of thumb

- | | |
|-------------------|----|
| a. Both phalanges | 25 |
| b. One phalanx | 10 |

ix. Loss of Index finger

- | | |
|--------------------|----|
| a. Three phalanges | 10 |
| b. Two phalanges | 8 |
| c. One phalanx | 4 |

x. Loss of middle finger

- | | |
|--------------------|---|
| a. Three phalanges | 6 |
| b. Two phalanges | 4 |
| c. One phalanx | 2 |

xi. Loss of ring finger

- | | |
|--------------------|---|
| a. Three phalanges | 5 |
| b. Two phalanges | 4 |
| c. One phalanx | 2 |

xii. Loss of little finger

- | | |
|--------------------|---|
| a. Three phalanges | 4 |
|--------------------|---|



b. Two phalanges	3
c. One phalanx	2
xiii. Loss of metacarpus	
a. First or second (additional)	3
b. Third, fourth or fifth (additional)	2
xiv. Any other partial disablement	% as assessed by a panel doctor

Notwithstanding anything to the contrary stated under this Policy the Our total liability for payment of compensation under various benefit(s) under Section A in aggregate shall not exceed the amount mentioned as Sum Insured against each such benefit under Section A in the Schedule to this Policy. On payment of the Sum Insured as referred for any of all the above benefits under Section A such benefits and relevant extensions shall cease to exist.

SECTION B – CRITICAL ILLNESS

What will We pay? (Scope of Cover)

We agree, subject to the terms, conditions and exclusions applicable to this Section and the terms, conditions, general exclusions stated in the Policy, to pay such Sum Insured as mentioned against Benefit under Section B in the Schedule to the Policy, on the diagnosis or undergoing of any of the below mentioned Critical Illnesses and/ or Surgical Procedure that You/ Your Family Member's may suffer from provided that

- In the event of a claim, the Critical Illness have to be diagnosed by a Medical Practitioner, supported by radiological, histological and laboratory evidence accepted to Us and to be reconfirmed by a Medical Practitioner appointed by Us.
- We shall compensate You/ Your Insured Family Member only once in respect of any particular Critical Illness/ Surgical Procedure mentioned as covered in the Schedule.
- Cover under this policy shall cease upon payment of the compensation on the happening of a Critical Illness and/ or Surgical Procedure and no further payment will be made for any consequent disease or any dependent disease.
You should survive for 30 days post diagnosis of such Critical Illness to be able to make a claim under the Policy.

Specified Critical Illnesses and Surgical Procedures

1. Cancer of specified severity

A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded -



- i. Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
- ii. Any skin cancer other than invasive malignant melanoma
- iii. All tumours of the prostate unless histological classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2NOMO
- iv. Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
- v. Chronic lymphocytic leukaemia less than RAI stage 3
- vi. Microcarcinoma of the bladder
- vii. All tumours in the presence of HIV infection.

2. First Heart Attack of specified severity

The first occurrence of myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for this will be evidenced by all of the following criteria:

- i. history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
- ii. new characteristic electrocardiogram changes
- iii. elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

- i. Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T
- ii. Other acute Coronary Syndromes
- iii. Any type of angina pectoris.

3. Open Chest CABG

The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

The following are excluded:

- i. Angioplasty and/or any other intra-arterial procedures
- ii. any key-hole or laser surgery.

4. Open Heart Replacement

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

5. Coma of Specified Severity

A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:



- i. no response to external stimuli continuously for at least 96 hours;
- ii. life support measures are necessary to sustain life; and
- iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

6. *Kidney Failure requiring regular dialysis*

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

7. *Stroke resulting in permanent symptoms*

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

The following are excluded:

- i. Transient ischemic attacks (TIA)
- ii. Traumatic injury of the brain
- iii. Vascular disease affecting only the eye or optic nerve or vestibular functions

8. *Major Organ /Bone Marrow Transplant*

The actual undergoing of a transplant of:

- i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

The following are excluded:

- i. Other stem-cell transplants
- ii. Where only islets of langerhans are transplanted

9. *Permanent Paralysis of Limbs*

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

10. *Motor Neurone Disease with Permanent Symptoms*

Motor neurone disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn



cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

11. Multiple Sclerosis with persisting symptoms

The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following:

- i. investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis;
- ii. there must be current clinical impairment of motor or sensory function, which must
- iii. have persisted for a continuous period of at least 6 months, and well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with at least two clinically documented episodes at least one month apart.

Exclusion

Other causes of neurological damage such as SLE and HIV

What will We not pay for? (Specific Exclusions)

1. Any Illness, sickness or disease , other than specified as Critical Illness, as mentioned in the policy schedule, or
2. Any Critical Illness of which, the signs or symptoms first occurred prior to or within Ninety (90) days following the Policy Issue Date unless credits towards such time bound exclusion has been accrued in similar health insurance Policy from Us or any of the other Indian Insurers
3. Any Critical Illness based on a Diagnosis made by You or Your Family Member or anyone who is living in the same household as You or by a herbalists, acupuncturist or other non-traditional health care provider; and
4. Cosmetic or plastic surgery or any elective surgery or cosmetic procedure that improve physical appearance, surgical and non-surgical treatment of obesity (including morbid obesity) and weight control programs, or treatment of an optional nature.

SECTION C- HOSPITAL CASH

We hereby agree, subject to the terms, exclusions and conditions herein contained or otherwise expressed hereon, to pay You

1. The Daily Allowance, as mentioned in the Schedule, for each continuous and completed period of 24 hours of Hospitalisation for a minimum of X days subject to maximum number of X days as mentioned in the Schedule.
2. Two times the Daily Allowance, subject to maximum of X days as mentioned in the Schedule, for each continuous and completed period of 24 hours required to be spent by You in the Intensive Care Unit of a Hospital during any period of Hospitalisation.



For purpose of avoidance of doubt, it is clarified that, if the claim becomes admissible under above, benefit under point 1 of this Section would not be payable.

However Our total liability, under this Section, for payment of all claims in aggregate for the Policy Period shall not exceed the Sum Insured as stated against Section C of the Schedule.

What will we not Pay? (Specific Exclusions)

1. Period, or for which care, treatment or advice was sought, recommended by or received from a Physician or for which a claim has or could have been made under any earlier policy.
2. Any routine or prescribed medical checkup or examination. Medical Expenses relating to any hospitalisation for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness or accidental Bodily Injury for which hospitalisation is required.
3. Any Sickness that has been classified as an Epidemic by the Central or State Government
4. Convalescence, general debility, nervous or other breakdown, rest cure, congenital diseases or defect or anomaly, sterility, sterilization or infertility (diagnosis and treatment), any sanatoriums, spa or rest cures or long term care or hospitalisation undertaken as a preventive or recuperative measure .

For all Insured Persons, the following conditions will be covered subject **to a waiting period of 24 months** from the date of commencement of coverage. Stones in the urinary system; Stones in biliary system; Surgery on tonsils / adenoids; Uterine Polyps; Any type of breast lumps; Treatment of Spondylosis /Spondylitis - any type; Inter Vertebral Disc Prolapse (IVDP) and such other degenerative disorders; Cataract; Benign prostatic hypertrophy; Hysterectomy / Myomectomy done due to Menorrhagia / fibroids; Fistula in ano; Fissure in ano; Piles; Hernia; Hydrocele; Sinusitis; Knee / hip joint replacement; Chronic Renal Failure(CRF) or end stage renal failure; Any type of Carcinoma / sarcoma / blood cancer; Osteo Arthritis of any joint; Gastric and duodenal Ulcers; Varicocele; Spermatocele; Dilatation and Curettage (D&C); Diabetic Nephropathy and Retinopathy; Mastoidectomy (operation to remove piece of bone behind the ear); Tympanoplasty (Surgery to repair tympanic membrane i.e. eardrum); Gout; Rheumatism; Varicose veins & Varicose ulcers; **Internal congenital anomaly**

5. Any natural peril including but not limited to avalanche, earthquake, volcanic eruptions or any kind of natural hazard.
6. Sickness requiring Hospitalisation within the first 30 days from the commencement date of the Policy Period unless the Policy is renewed without interruption and with the Company or is a renewal of similar existing health insurance policy from any of other Indian insurers and We have accepted Your proposal with portability.
7. The treatment of cataracts, benign prostatic hypertrophy, hysterectomy, Menorrhagia, Fibromyoma, D&C, Endometriosis, Hernia of all types, Hydrocele, fistulae, haemorrhoids, Anal fissure ,stones in the urinary and biliary systems, surgery on ears, tonsils or sinuses, skin and all internal tumours/cysts/nodules/polyps of any kind including breast lumps, gastric or duodenal ulcer, backache, prolapsed intervertebral disc, joint replacement, Gastric or Duodenal ulcer, Arthritis, Varicose



Veins, Varicose Ulcers, Spondylitis during the first two years of commencement of policy unless due credit for the same have been accrued in previous health insurance Policy from us or any of the other Indian Insurers.

GENERAL EXCLUSIONS UNDER THE POLICY

We will not be liable for :-

1. Any payment in case of more than one claim under the Policy during any one period of insurance by which the maximum liability of the Company in that period exceeds the Sum Insured.
2. Pre-existing diseases (unless endorsed otherwise) will not be covered until 48 months of continuous coverage have elapsed, since inception of the first Policy with Us; but:
If the you are presently covered and have been continuously covered without any break under:
 - i. an individual health insurance plan with an Indian insurer for the reimbursement of medical costs for inpatient treatment in a Hospital,
OR
 - ii. any other similar health insurance plan from Us, then, Pre-existing diseases exclusion of the Policy stands deleted and shall be replaced entirely with the following:
 - a) The waiting period for all Pre-existing diseases shall be reduced by the number of Your continuous preceding years of coverage under the previous health insurance policy;
AND
 - b) If the proposed Sum Insured for You is more than the Sum Insured applicable under the previous health insurance policy, then the reduced waiting period shall only apply to the extent of the Sum Insured under the previous health insurance policy.
3. Death or disablement due to child birth or from pregnancy or in consequence thereof.
4. Payment of compensation in respect of injury, disablement or death, hospitalisation resulting -
 - a. From intentional self-injury, suicide or attempted suicide.
 - b. Whilst under the influence of liquor or drugs or other intoxicants.
 - c. Emotional distress
 - d. Whilst engaging in aviation or ballooning whilst mounting into, dismounting from or travelling in any aircraft or balloon other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
 - e. Directly or indirectly, caused by venereal disease, AIDS or insanity.
 - f. Arising or resulting from committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion.
 - g. Whilst engaging in racing, hunting, mountaineering, ice hockey, winter sports and the like.
 - h. Due to war or ionising radiation or nuclear perils.



- i. Whilst working in underground mines or explosive mines, electric installation with high tension supply, or as jockey or circus personnel or any such occupations of similar hazard.
 - j. Congenital anomalies or any complications or conditions arising therefrom; or
5. Any loss resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy (except Ectopic Pregnancy)
 6. Any treatment not performed by a Physician or any treatment of a purely experimental nature.
 7. Circumcision, cosmetic or aesthetic treatments of any description change of life surgery or treatment, plastic surgery (unless necessary for the treatment of Illness or accidental Bodily Injury as a direct result of the insured event and performed within 6 months of the same).
 8. Dental treatment or surgery of any kind unless necessitated by Accidental Bodily Injury.
 9. Hospitalisation for the sole purpose of traction, physiotherapy or any ailment for which hospitalisation is not warranted due to advancement in medical technology
 10. Naval or military operations of the armed forces or airforce and participation in operations requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels and the like.
 11. All kind of Alternate Treatment

CLAIMS PROCEDURE

1. Method of Assessment and Payment of claim

For a Policy with Policy Period greater than one year, the Sum Insured considered for assessment of claim shall be the Sum Insured mentioned against the Policy Year of the occurrence of the Accident or Critical Illnesses or Surgical Procedures.

In the event that a claim becomes payable under the terms of the Policy, We shall make payment by way of cheque or electronic fund transfer or demand draft at Our option.

2. Limitation Period

We shall not be liable for any loss or damage after expiry of 12 months from happening of loss or damage unless claim is subject of pending action of court or arbitration.

3. The steps for lodging the claim shall be as under:



1. Notify Us immediately on occurrence of a claim and in any case within 7 days giving full description of the medical treatment undertaken and the cause
2. Submit the completed and signed claim form, provide all the relevant documents as mentioned below in support of Your claim not later than 30 days from the date of intimation

Claim Documents:

In case of Death

- a. Policy Copy
- b. Post Mortem Report (certified copies) - as applicable
- c. F.I.R. or Death report or Inquest Panchnama (in original or certified copies)-
- d. Spot Panchnama (certified copies)- if applicable
- e. Death certificate (in original or certified copy)
- f. Any other document as may be required by Us

In case of Permanent Total Disablement / Permanent Partial Disablement

- a. Policy Copy
- b. Disability certificate - Authorized Medical Practitioner of the district/ units concerned, (certificate) stating percentage of disablement
- c. F.I.R. and Panchnama wherever applicable (original or certified copies)
- d. Medical report/ Investigation reports like laboratory test, X-rays and reports essential of confirmation of the type and percentage of disability
- e. Original medical bills
- f. Any other document as may be required by Us.

In case of Critical Illnesses and Surgical Procedures

- a. Original Bills or their copies (including but not limited to pharmacy purchase bill, consultation bill, diagnostic bill and any attachments thereto like receipts or prescriptions in support of any amount claimed)
- b. All reports, including but not limited to all medical reports, case histories, investigation reports, treatment papers, discharge summaries.
- c. A precise diagnosis of the treatment for which a claim is made.
- d. A detailed list of the individual medical services and treatments provided and a unit price for each.

In case of Hospital Cash

- a. Photo copy of bills, receipt and discharge certificate/card from the Hospital.
- b. Photocopy of F.I.R. copy in case of an accident.
- c. Complete set of Hospital/medical records

If required, You/ Your Family Member must agree to be examined by a Medical Practitioner of Our choice at Our expense.

We shall settle claim(s), including its rejection, within thirty days of the receipt of the last necessary claim document



Wherever details pertaining to happening of claim are conveyed by You to Us after reasonable period, You shall provide the reasons of such delay to Us and We may on analysis of reasons provided by You, may condone the delay in intimation of claim or delay in providing the required information/documents to Us.

4. Position after claim

We shall have no liability under this Policy, once the Maximum Limit of Liability(Sum Insured), as stated in the Policy Schedule with respect to any of the Sections, is exhausted by You or Your Insured Family Member.

5. Claim Payment:

All admissible claims under this Policy shall be paid by Us within 7 working days from date of acceptance of such a claim. In case of delay in the payment, We shall be liable to pay interest at a rate which is 2% above bank rate prevalent at the beginning of the financial year in which claim is reviewed by Us.

PART III

STANDARD TERMS AND CONDITIONS

1. Notice:

Every notice and communication to the Company required by this policy shall be in writing. Initial notification can be made by telephone

2. Mis-description:

This Policy shall be void and premium paid shall be forfeited to US in the event of misrepresentation, mis-description or non-disclosure of any materials facts sought by us in our proposal form. Non- disclosure shall include non-intimation of any change of circumstances which may affect the insurance cover granted.

3. Contribution and Subrogation:

The contribution and Subrogation clauses shall not be applicable to this Policy.

4. Sum Insured enhancement:

The Sum Insured under the Policy can only be enhanced on renewal subject to approval from underwriter.

5. Fraudulent claims

All benefit under this Policy shall be forfeited and the policy shall be treated as void in case of any fraudulent claims or if any fraudulent means are used by You or anyone acting on Your behalf to obtain any benefit under this Policy.

6. Cancellation/termination

By You

You may terminate this Policy at any time by giving Us written notice, and the Policy shall terminate when such written notice is received. If no claim has been made under the Policy, then We will refund premium in accordance with the table below:

Cancellation Period						
Cover Period	Within 1 month	From 1 month to 3 months	From 3 month to 6 months	From 6 months to 1 year	During 2nd Year	During 3rd Year



1 year	75%	50%	25%	0%	NA	NA
2 year	75%	65%	50%	25%	0%	NA
3 year	75%	70%	60%	45%	11%	0%

By Us

We may at any time terminate this Policy on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by You or any Insured Person or anyone acting on Your behalf or on behalf of an Insured Person upon 30 days notice by sending an endorsement to Your address shown in the Schedule without refund of premium.

7. Arbitration clause

If any dispute or difference shall arise 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 a sole arbitrator to be appointed in writing by the parties to the dispute/difference, or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators.

Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration, as herein before provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

8. Free Look-up period

We shall give You a Free Look Period at the inception of the Policy and:

1. You will be allowed a period of at least 15 days from the date of receipt of the Policy to review the terms and conditions of the Policy and to return the same if not acceptable.
2. If You have not made any claim during the Free Look period, You shall be entitled to
 - a) A refund of the premium paid less any expenses incurred by Us on Your medical examination and the stamp duty charges or;
 - b) where the risk has already commenced and the option of return of the Policy is exercised by You, a deduction towards the proportionate risk premium for period on cover or;
 - c) Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

9. Loading(s) and Discounting(s)

- a. ***Loading based on Occupational Mix:*** A loading of 20% on premium may be applied depending on occupational mix of the occupation of the individual proposed for insurance under the Policy.



Normal Risk:

Bureaucrats, Doctors, Lawyers, Accountants, Architects, Bankers, Consulting Engineers, Teachers, Persons engaged in administrative functions, persons primarily engaged in occupations of similar hazard.

Medium Risk:

Builders, Contractors, Engineers engaged in superintending functions only, Veterinary Doctors, Paid Drivers and Persons engaged in occupations of similar hazard and not engaged in manual labour.

All persons engaged in manual labour (except those falling under heavy risk), cash carrying employees, Garage and Motor Mechanics, Machine Operators, Drivers of Heavy Vehicles, Professional Athletes and Sportsmen and Wood working Machinist and persons engaged in any occupations of similar hazard.

Heavy Risk:

Persons working in underground Mines, Explosive, Magazines, Workers involved in electrical installation with High-tension supply, jockeys, Circus personal, persons engaged in activities like racing on wheels or Horse back, big game hunting, Mountaineering, Winter Sports, Skiing Ice Skating, Ballooning, Hang gliding, River Rafting, Polo playing and persons engaged in occupations/activities of similar hazards.

- b. Loading based on Location:** We may apply a loading up to 10% depending on Your location such as Tier- 1 cities.

We will inform You about the applicable risk loading through a counter offer letter. You have to revert to Us with consent and additional premium (if any) within 15 days of issuance of such counter letter. In case, You neither accept the counter letter from Us nor revert to Us within 15 days, We shall cancel Your application and refund the premium within next 7 days.

Tire 1: Kolkata Chennai Delhi Hyderabad Bangalore Mumbai

Tire 2: Agra Ahmedabad Aligarh Allahabad Amravati Amritsar Asansol Aurangabad Bareilly Belgaum Bhiwandi Bhopal Bhubaneswar Bikaner Chandigarh Coimbatore Cuttack Dehradun Dhanba Durg-Bhilai Nagar Faridabad Ghaziabad Gorakhpur Guntur Guwahati Gwalior Hubli-Dharwad Indore Jabalpur Jaipur Jalandhar Jammu Jamnagar Jamshedpur Jodhpur Kanpur Kozhikode Kochi Kolhapur Kota Lucknow Ludhiana Madurai Mangalore Meerut Moradabad Mysore Nagpur Nashik Patna Pondicherry Pune Raipur Rajkot Ranchi Salem Solapur Srinagar Sutat Thiruvanthapuram Tiruchirappalli Tiruppur Vadodara Varanasi Vijayawada Visakhapatnam Warangal

Tire 3: All other cities.

- c. Long Term Policy discount:** Policy term of one to three years available under individual policies. A long term policy discount as under shall be applicable to individual policies.

Number of Years	Discount
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2 year policy	2 year premium in advance less 10.0% discount
3 year policy	3 year premium in advance less 15.0%

- d. Family discount:** A family discount as under would be offered under when more than one family member is covered under a single policy

Number of Family Members	Discount
Self	None
Self + Spouse	5%
Self + Spouse + 1 Child	7.5%
Self + Spouse + 2 Children	10%

Maximum discount inclusive of all the discounting factors shall not exceed more than 40%

10. Renewal

- a. Your Policy shall ordinarily be renewable for lifetime except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by You/ any of the Insured Persons
- b. The Renewal of a Policy sought by You shall not be denied arbitrarily. If denied, We shall provide You with cogent reasons for such denial of Renewal.
- c. We shall provide for a mechanism to condone a delay in Renewal up to 30 days from the due date of Renewal without deeming such condonation as a Break in Policy. However coverage shall not be available for such period.
- d. If You move into a higher age band, the premium will increase at the next Renewal. However, this Policy will not be subject to any alteration in premium rates generally introduced until the next Renewal.
- e. If the Policy is not renewed within the Grace Period then We may agree to issue a fresh Policy subject to Our underwriting criteria and no continuing benefits shall be available from the expired Policy. .
- f. All premiums are payable in advance of any cover under this Policy being provided.
- g. The basic premium applicable under the Policy may be revised at a later stage subject to approval from IRDA.

Please note: This Policy is in force for the Policy Period in Your Policy Schedule and is renewable subject to the terms provided at the time of each Renewal. We, however, are not bound to give notice that the Policy due for Renewal. Unless renewed as herein provided, this Policy shall terminate at the expiration of the period for which premium has been paid.

11. Portability

1. If You were insured continuously and without a break under another Indian retail similar health insurance policy covering critical illness risks with Us or any other Indian General Insurance company, it is understood and agreed that:
 - a) If You wish to exercise the Portability Benefit, We should have received Your application with complete documentation at least 45 days before the expiry of Your present period of insurance;



- b) This benefit is available only at the time of renewal of the existing similar health insurance policy.
- c) The Portability Benefit shall be applied subject to the following:
 - i) Your proposal shall be subject to Our medical underwriting
 - ii) We reserve the right to modify or amend the terms and the applicability of the Portability Benefit in accordance with the provisions of the regulations and guidance issued by the Insurance Regulatory and Development Authority as amended from time to time.

12. Three Months' notice:

We shall give you notice in the event We may decide to revise, modify or withdraw the product. Such notice shall be given to You at least three months prior the date when such modification or revision or withdrawal comes into effect. We also promise You that

- i. In case of modification or revision, the notice given to You shall detail the reasons for such revision or modification, in particular the reason for an increase in premium (if any) and the quantum of such increase.
- ii. The product shall be withdrawn only after due approval from the Insurance Regulatory and Development Authority. However, if You do not respond to Our intimation in case of such withdrawal, the Policy shall be withdrawn on the Renewal date and We shall provide You with an option to migrate to a substitute product offered by Us, subject to portability conditions.

13. Nominee

You can at the inception or at any time before the expiry of the Policy, make a nomination for the purpose of payment of claims under the Policy in the event of death.

Any change of nomination shall be communicated to us in writing and such change shall be effective only when an endorsement on the Policy is made by Us.

In case of any Insured Person other than You under the Policy, for the purpose of payment of claims in the event of death, the default nominee would be You.

14. Substitute Product

In case we may decide to withdraw this product under which this Policy is issued to you or where the maximum renewable age under the Policy has been reached, we shall provide you with an option to buy a substitute health insurance Policy from us on individuals

You will be given the Portability credit based on the number of years of continuous and uninterrupted insurance cover under this Policy towards the waiting periods in the new substitute health insurance Policy issued by Us on individuals.

15. Notices and Claims

Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile to:

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



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Toll Free Numbers: 1 - 800 - 224030 (For MTNL/BSNL Users) or 1 - 800 – 2004030

Landline Numbers: (022) - 27639800 or (022) - 39133700 (Local Charges Apply)

E-mail Address: contactus@universalsompo.com. Fax Numbers: (022) 39171419

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

Claims 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 1-800-22-4030 (for MTNL/BSNL users) or 1-800-200-4030 (other users) or on chargeable numbers at +91-22-27639800/+91-22-39133700 or 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.

16. Grievances

In case You are aggrieved in any way, You may register a grievance or Complaint by visiting our website or write to us on contactus@universalsompo.com.

You may also contact the Branch from where You have bought the policy or the Complaints Coordinator who can be reached at Our Registered Office.

You may also contact on our - Toll Free Numbers: 1 - 800 - 224030 (For MTNL/BSNL Users) or 1 - 800 – 2004030 or on chargeable numbers at +91-22-27639800/+91-22-39133700.; and also send us fax at: (022) 39171419

- You can also visit our Company website and click under links [Grievance Notification](#)
- You can also send direct mail to the concerned authorities at rajivkumar@universalsompo.com

If the issue still remains unresolved, You may, subject to vested jurisdiction, approach Insurance Ombudsman for the redressal of Your grievance.

The updated details are also available on: http://www.irdaindia.org/ins_ombusman.htm

The details of Insurance Ombudsman are available below:

Office of the Ombudsman	Contact Details
AHMEDABAD	2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, AHMEDABAD-380 014 . Tel.:- 079-27546840 ; Fax : 079-27546142; Email ins.omb@rediffmail.com
BHOPAL	Janak Vihar Complex, 2 nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, BHOPAL(M.P.)-462 023 . Tel.:- 0755-2569201; Fax : 0755-2769203; Email bimalokpalbhopal@airtelmail.in

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BHUBANESHWAR	62, Forest Park, BHUBANESHWAR-751 009 . Tel:- 0674-2596455; Fax : 0674-2596429; Email ioobbsr@dataone.in
CHANDIGARH	S.C.O. No.101-103, 2nd Floor, Batra Building. Sector 17-D, CHANDIGARH-160 017 . Tel:- 0172-2706468; Fax : 0172-2708274; Email ombchd@yahoo.co.in
CHENNAI	Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018 . Tel:- 044-24333668 /5284; Fax : 044-24333664 ;Email insombud@md4.vsnl.net.in
NEW DELHI	2/2 A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002 . Tel:- 011-23239633; Fax : 011-23230858; Email iobdelraj@rediffmail.com
GUWAHATI	“Jeevan Nivesh”, 5 th Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM) . Tel:- 0361-2132204/5; Fax : 0361 2732937; Email ombudsmanghy@rediffmail.com
HYDERABAD	6-2-46, 1 st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004 . Tel : 040-65504123; Fax: 040-23376599; Email insombudhyd@gmail.com
ERNAKULAM	2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015 . Tel : 0484-2358759; Fax : 0484-2359336; Email iokochi@asianetindia.com
KOLKATA	North British Bldg., 29, N.S. Road, 4 th Floor, KOLKATA-700 001 . Tel : 033-22134866; Fax : 033-22134868; Email iombsbpa@bsnl.in
LUCKNOW	Jeevan Bhawan, Phase-2, 6 th Floor, Nawal Kishore Road, Hazaratganj, LUCKNOW-226001 . Tel: 0522 -2231331; Email insombudsman@rediffmail.com
MUMBAI	3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), MUMBAI-400 054 . Tel : 022-26106928; Fax : 022-26106052; Email ombudsmanmumbai@gmail.com

ENDORSEMENT/ EXTENSION WORDINGS**Extension 1: Cover for Pre-existing diseases**

In consideration of the payment of additional premium, it is hereby declared and agreed that notwithstanding anything to the contrary contained in the policy, We will extend the liability to pay You/ Your Family Member the benefits incurred under Section B- Critical Illness and Section C- Hospital Cash of the Policy in connection with any diseases which were pre-existing at the time of proposal.

Subject otherwise to the terms and conditions of the Policy.

List of Expenses Generally Excluded ("Non-Medical") in Hospital Indemnity Policy -		
Serial No	TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS	
1	HAIR REMOVAL CREAM	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BRUSH	Not Payable

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8	COSY TOWEL	Not Payable
9	HAND WASH	Not Payable
10	MOISTURISER PASTE BRUSH	Not Payable
11	POWDER	Not Payable
12	RAZOR	Payable
13	SHOE COVER	Not Payable
14	BEAUTY SERVICES	Not Payable
15	BELTS/ BRACES	Essential and should be paid at least specifically for cases who have undergone surgery of thoracic or lumbar spine
16	BUDS	Not Payable
17	BARBER CHARGES	Not Payable
18	CAPS	Not Payable
19	COLD PACK/HOT PACK	Not Payable
20	CARRY BAGS	Not Payable
21	CRADLE CHARGES	Not Payable
22	COMB	Not Payable
23	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable
24	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
25	EYE PAD	Not Payable
26	EYE SHEILD	Not Payable
27	EMAIL / INTERNET CHARGES	Not Payable
28	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	Not Payable
29	FOOT COVER	Not Payable
30	GOWN	Not Payable
31	LEGGINGS	Essential in bariatric and varicose vein surgery and may be considered for at least these conditions where surgery itself is payable.
32	LAUNDRY CHARGES	Not Payable
33	MINERAL WATER	Not Payable
34	OIL CHARGES	Not Payable
35	SANITARY PAD	Not Payable
36	SLIPPERS	Not Payable
37	TELEPHONE CHARGES	Not Payable
38	TISSUE PAPER	Not Payable
39	TOOTH PASTE	Not Payable
40	TOOTH BRUSH	Not Payable
41	GUEST SERVICES	Not Payable
42	BED PAN	Not Payable
43	BED UNDER PAD CHARGES	Not Payable
44	CAMERA COVER	Not Payable
45	CLINIPLAST	Not Payable
46	CREPE BANDAGE	Not Payable/ Payable by the patient



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47	CURAPORE	Not Payable
48	DIAPER OF ANY TYPE	Not Payable
49	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by Insurer/TPA then payable)
50	EYELET COLLAR	Not Payable
51	FACE MASK	Not Payable
52	FLEXI MASK	Not Payable
53	GAUSE SOFT	Not Payable
54	GAUZE	Not Payable
55	HAND HOLDER	Not Payable
56	HANSAPLAST/ ADHESIVE BANDAGES	Not Payable
57	INFANT FOOD	Not Payable
58	SLINGS	Reasonable costs for one sling in case of upper arm fractures may be considered
ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES		
59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Exclusion in policy unless otherwise specified
60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Exclusion in policy unless otherwise specified
61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Exclusion in policy unless otherwise specified
62	HORMONE REPLACEMENT THERAPY	Exclusion in policy unless otherwise specified
63	HOME VISIT CHARGES	Exclusion in policy unless otherwise specified
64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Exclusion in policy unless otherwise specified
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY	Exclusion in policy unless otherwise specified
66	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Exclusion in policy unless otherwise specified
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Exclusion in policy unless otherwise specified
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Exclusion in policy unless otherwise specified
69	DONOR SCREENING CHARGES	Exclusion in policy unless otherwise specified
70	ADMISSION/REGISTRATION CHARGES	Exclusion in policy unless otherwise specified
71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Exclusion in policy unless otherwise specified
72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable - Exclusion in policy unless otherwise specified
73	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not payable as per HIV/AIDS exclusion
74	STEM CELL IMPLANTATION/ SURGERY AND STORAGE	Not Payable except Bone Marrow Transplantation where covered by policy
ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS		
75	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not payable separately
76	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.
77	MICROSCOPE COVER	Payable under OT Charges, not payable separately
78	SURGICAL BLADES,HARMONIC	Payable under OT Charges, not payable separately

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	SCALPEL,SHAVER	
79	SURGICAL DRILL	Payable under OT Charges, not payable separately
80	EYE KIT	Payable under OT Charges, not payable separately
81	EYE DRAPE	Payable under OT Charges, not payable separately
82	X-RAY FILM	Payable under Radiology Charges, not as consumable
83	SPUTUM CUP	Payable under Investigation Charges, not as consumable
84	BOYLES APPARATUS CHARGES	Part of OT Charges, not separately
85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
86	ANTISEPTIC OR DISINFECTANT LOTIONS	Not Payable-Part of Dressing Charges
87	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	Not Payable - Part of Dressing charges
88	COTTON	Not Payable-Part of Dressing Charges
89	COTTON BANDAGE	Not Payable- Part of Dressing Charges
90	MICROPORE/ SURGICAL TAPE	Not Payable-Payable by the patient when prescribed, otherwise included as Dressing Charges
91	BLADE	Not Payable
92	APRON	Not Payable -Part of Hospital Services/ Disposable linen to be part of OT/ICU charges
93	TORNIQUET	Not Payable (service is charged by hospitals, consumables cannot be separately charged)
94	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
95	URINE CONTAINER	Not Payable
ELEMENTS OF ROOM CHARGE		
96	LUXURY TAX	Actual tax levied by government is payable. Part of room charge for sub limits
97	HVAC	Part of room charge not payable separately
98	HOUSE KEEPING CHARGES	Part of room charge not payable separately
99	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
100	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
101	SURCHARGES	Part of Room Charge, Not payable separately
102	ATTENDANT CHARGES	Not Payable - Part of Room Charges
103	IM IV INJECTION CHARGES	Part of nursing charges, not payable
104	CLEAN SHEET	Part of Laundry/Housekeeping not payable separately
105	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
106	BLANKET/WARMER BLANKET	Not Payable- part of room charges
ADMINISTRATIVE OR NON-MEDICAL CHARGES		
107	ADMISSION KIT	Not Payable
108	BIRTH CERTIFICATE	Not Payable
109	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
110	CERTIFICATE CHARGES	Not Payable
111	COURIER CHARGES	Not Payable

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112	CONVENYANCE CHARGES	Not Payable
113	DIABETIC CHART CHARGES	Not Payable
114	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
115	DISCHARGE PROCEDURE CHARGES	Not Payable
116	DAILY CHART CHARGES	Not Payable
117	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
118	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
119	FILE OPENING CHARGES	Not Payable
120	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
121	MEDICAL CERTIFICATE	Not Payable
122	MAINTAINANCE CHARGES	Not Payable
123	MEDICAL RECORDS	Not Payable
124	PREPARATION CHARGES	Not Payable
125	PHOTOCOPIES CHARGES	Not Payable
126	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
127	WASHING CHARGES	Not Payable
128	MEDICINE BOX	Not Payable
129	MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable
130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
EXTERNAL DURABLE DEVICES		
131	WALKING AIDS CHARGES	Not Payable
132	BIPAP MACHINE	Not Payable
133	COMMODE	Not Payable
134	CPAP/ CAPD EQUIPMENTS	Device not payable
135	INFUSION PUMP - COST	Device not payable
136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
137	PULSEOXYMETER CHARGES	Device not payable
138	SPACER	Not Payable
139	SPIROMETRE	Device not payable
140	SPO2 PROBE	Not Payable
141	NEBULIZER KIT	Not Payable
142	STEAM INHALER	Not Payable
143	ARMSLING	Not Payable
144	THERMOMETER	Not Payable (paid by patient)
145	CERVICAL COLLAR	Not Payable
146	SPLINT	Not Payable
147	DIABETIC FOOT WEAR	Not Payable
148	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable
149	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable



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Annexure V

150	LUMBO SACRAL BELT	Essential and should be paid at least specifically for cases who have undergone surgery of lumbar spine.
151	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia/quadruplegia for any reason and at reasonable cost of approximately Rs 200/ day
152	AMBULANCE COLLAR	Not Payable
153	AMBULANCE EQUIPMENT	Not Payable
154	MICROSHEILD	Not Payable
155	ABDOMINAL BINDER	Essential and should be paid at least specifically for cases who have undergone surgery of lumbar spine.
ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION		
156	BETADINE \ HYDROGEN PEROXIDE\SPIRIT\DETTOL\SAVLON\ DISINFECTANTS ETC	Payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital
157	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalization nursing charges not Payable
158	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES	Patient Diet provided by hospital is payable
159	SUGAR FREE TABLETS	Payable -Sugar free variants of admissible medicines are not excluded
160	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)	Payable when prescribed
161	DIGESTION GELS	Payable when prescribed
162	ECG ELECTRODES	Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.
163	GLOVES	Sterilized Gloves payable / unsterilized gloves not payable
164	HIV KIT	Payable - payable Pre operative screening
165	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
166	LOZENGES	Payable when prescribed
167	MOUTH PAINT	Payable when prescribed
168	NEBULISATION KIT	If used during hospitalization is payable reasonably
169	NOVARAPID	Payable when prescribed
170	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
171	ZYTEE GEL	Payable when prescribed
172	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite Vaccination Payable
PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE		
173	AHD	Not Payable - Part of Hospital's internal Cost
174	ALCOHOL SWABES	Not Payable - Part of Hospital's internal Cost
175	SCRUB SOLUTION/STERILLIUM	Not Payable - Part of Hospital's internal Cost
OTHERS		
176	VACCINE CHARGES FOR BABY	Not Payable



177	AESTHETIC TREATMENT / SURGERY	Not Payable
178	TPA CHARGES	Not Payable
179	VISCO BELT CHARGES	Not Payable
180	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
181	EXAMINATION GLOVES	Not payable
182	KIDNEY TRAY	Not Payable
183	MASK	Not Payable
184	OUNCE GLASS	Not Payable
185	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable, except for telemedicine consultations where covered by policy
186	OXYGEN MASK	Not Payable
187	PAPER GLOVES	Not Payable
188	PELVIC TRACTION BELT	Should be payable in case of PIVD requiring traction as this is generally not reused
189	REFERAL DOCTOR'S FEES	Not Payable
190	ACCU CHECK (Glucometry/ Strips)	Not payable pre hospitilisation or post hospitalisation / Reports and Charts required/ Device not payable
191	PAN CAN	Not Payable
192	SOFNET	Not Payable
193	TROLLY COVER	Not Payable
194	UROMETER, URINE JUG	Not Payable
195	AMBULANCE	Payable-Ambulance from home to hospital or inter hospital shifts is payable/ RTA as specific requirement is payable
196	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
197	URINE BAG	Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs
198	SOFTOVAC	Not Payable
199	STOCKINGS	Essential for case like CABG etc. where it should be paid.

Day Care Procedure

Day Care Procedures will include following Day Care Surgeries & Day Care Treatments

icrosurgical operations on the middle ear

1. Stapedotomy
2. Stapedectomy
3. Revision of a stapedectomy
4. Other operations on the auditory ossicles
5. Myringoplasty (Type -I Tympanoplasty)
6. Tympanoplasty (closure of an eardrum perforation/reconstruction of the auditory ossicles)
7. Revision of a tympanoplasty
8. Other microsurgical operations on the middle ear

Other operations on the middle & internal ear

9. Myringotomy
10. Removal of a tympanic drain
11. Incision of the mastoid process and middle ear



12. Mastoidectomy
13. Reconstruction of the middle ear
14. Other excisions of the middle and inner ear
15. Fenestration of the inner ear
16. Revision of a fenestration of the inner ear
17. Incision (opening) and destruction (elimination) of the inner ear
18. Other operations on the middle and inner ear

Operations on the nose & the nasal sinuses

19. Excision and destruction of diseased tissue of the nose
20. Operations on the turbinates (nasal concha)
21. Other operations on the nose
22. Nasal sinus aspiration

Operations on the eyes

23. Incision of tear glands
24. Other operations on the tear ducts
25. Incision of diseased eyelids
26. Excision and destruction of diseased tissue of the eyelid
27. Operations on the canthus and epicanthus
28. Corrective surgery for entropion and ectropion
29. Corrective surgery for blepharoptosis
30. Removal of a foreign body from the conjunctiva
31. Removal of a foreign body from the cornea
32. Incision of the cornea
33. Operations for pterygium
34. Other operations on the cornea
35. Removal of a foreign body from the lens of the eye
36. Removal of a foreign body from the posterior chamber of the eye
37. Removal of a foreign body from the orbit and eyeball
38. Operation of cataract

Operation of cataract Operations on the skin & subcutaneous tissues

39. Incision of a pilonidal sinus
40. Other incisions of the skin and subcutaneous tissues
41. Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues
42. Local excision of diseased tissue of the skin and subcutaneous tissues
43. Other excisions of the skin and subcutaneous tissues
44. Simple restoration of surface continuity of the skin and subcutaneous tissues
45. Free skin transplantation, donor site
46. Free skin transplantation, recipient site
47. Revision of skin plasty
48. Other restoration and reconstruction of the skin and subcutaneous tissues
49. Chemosurgery to the skin
50. Destruction of diseased tissue in the skin and subcutaneous tissues

Operations on the tongue

51. Incision, excision and destruction of diseased tissue of the tongue
52. Partial glossectomy
53. Glossectomy
54. Reconstruction of the tongue
55. Other operations on the tongue

Operations on the salivary glands & salivary ducts

56. Incision and lancing of a salivary gland and a salivary duct
57. Excision of diseased tissue of a salivary gland and a salivary duct
58. Resection of a salivary gland
59. Reconstruction of a salivary gland and a salivary duct



60. Other operations on the salivary glands and salivary ducts

Other operations on the mouth & face

61. External incision and drainage in the region of the mouth, jaw and face
62. Incision of the hard and soft palate
63. Excision and destruction of diseased hard and soft palate
64. Incision, excision and destruction in the mouth
65. Plastic surgery to the floor of the mouth
66. Palatoplasty
67. Other operations in the mouth

Operations on the tonsils & adenoids

68. Transoral incision and drainage of a pharyngeal abscess
69. Tonsillectomy without adenoidectomy
70. Tonsillectomy with adenoidectomy
71. Excision and destruction of a lingual tonsil
72. Other operations on the tonsils and adenoids
73. Trauma surgery and orthopaedics
74. Incision on bone, septic and aseptic
75. Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis
76. Suture and other operations on tendons and tendon sheath
77. Reduction of dislocation under GA
78. Arthroscopic knee aspiration

Operations on the breast

79. Incision of the breast
80. Operations on the nipple

Operations on the digestive tract

81. Incision and excision of tissue in the perianal region
82. Surgical treatment of anal fistulas
83. Surgical treatment of haemorrhoids
84. Division of the anal sphincter (sphincterotomy)
85. Other operations on the anus
86. Ultrasound guided aspirations
87. Sclerotherapy

Operations on the female sexual organs

88. Incision of the ovary
89. Insufflation of the Fallopian tubes
90. Other operations on the Fallopian tube
91. Dilatation of the cervical canal
92. Conisation of the uterine cervix
93. Other operations on the uterine cervix
94. Incision of the uterus (hysterotomy)
95. Therapeutic curettage
96. Culdotomy
97. Incision of the vagina
98. Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas
99. Incision of the vulva
100. Operations on Bartholin's glands (cyst)

Operations on the prostate & seminal vesicles

101. Incision of the prostate
102. Transurethral excision and destruction of prostate tissue
103. Transurethral and percutaneous destruction of prostate tissue
104. Open surgical excision and destruction of prostate tissue
105. Radical prostatovesiculectomy
106. Other excision and destruction of prostate tissue



- 107. Operations on the seminal vesicles
- 108. Incision and excision of periprostatic tissue
- 109. Other operations on the prostate

Operations on the scrotum & tunica vaginalis testis

- 110. Incision of the scrotum and tunica vaginalis testis
- 111. Operation on a testicular hydrocele
- 112. Excision and destruction of diseased scrotal tissue
- 113. Plastic reconstruction of the scrotum and tunica vaginalis testis
- 114. Other operations on the scrotum and tunica vaginalis testis

Operations on the testes

- 115. Incision of the testes
- 116. Excision and destruction of diseased tissue of the testes
- 117. Unilateral orchidectomy
- 118. Bilateral orchidectomy
- 119. Orchidopexy
- 120. Abdominal exploration in cryptorchidism
- 121. Surgical repositioning of an abdominal testis
- 122. Reconstruction of the testis
- 123. Implantation, exchange and removal of a testicular prosthesis
- 124. Other operations on the testis

Operations on the spermatic cord, epididymis and ductus deferens

- 125. Surgical treatment of a varicocele and a hydrocele of the spermatic cord
- 126. Excision in the area of the epididymis
- 127. Epididymectomy
- 128. Reconstruction of the spermatic cord
- 129. Reconstruction of the ductus deferens and epididymis
- 130. Other operations on the spermatic cord, epididymis and ductus deferens

Operations on the penis

- 131. Operations on the foreskin
- 132. Local excision and destruction of diseased tissue of the penis
- 133. Amputation of the penis
- 134. Plastic reconstruction of the penis
- 135. Other operations on the penis

Operations on the urinary system

- 136. Cystoscopic removal of stones

Other Operations

- 137. Lithotripsy
- 138. Coronary angiography
- 139. Haemodialysis
- 140. Radiotherapy for Cancer
- 141. Cancer Chemotherapy