

Annexure – A
CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

SI No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product/Policy	AROGYA SANJEEVANI POLICY, UNIVERSAL SOMPO GENERAL INSURANCE COMPANY	--
2	Policy Number	<< >>	--
3	Type of Insurance Product/Policy	Indemnity • Indemnity: Where insured losses are covered up to the Sum Insured under the policy)	--
4	Sum Insured (Basis) (Along with amount)	• Individual Sum Insured -Where each member has a separate sum insured under the policy), and • Floater Sum Insured-Where all members under the policy have a single sum insured limit which may be utilized by any or all members. <<Individual / Floater>> Sum Insured is available under the Policy. Sum Insured Options: 50K/1L/2.5L/3L/3.5L/4L/4.5L/5L/5.5L/6L/6.5L/7L/7.5L/8L/8.5L/9L/9.5L/10L	--
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	<p style="text-align: center;">Base Coverage</p> <p>Hospitalization: Expenses incurred on hospitalization for minimum period of 24hours including pre-hospitalization expenses for a period of 30 days and post hospitalization expenses for a period of 60 days.</p> <p>AYUSH Treatment: Expenses incurred on hospitalization under AYUSH Treatment.</p> <p>Cataract Treatment: Expenses incurred for treatment of Cataract, subject to a limit of 25% of Sum Insured or Rs.40,000/-, whichever is lower, per each eye in one policy year.</p> <p>Pre-Hospitalization: Medical Expenses incurred in 30 days before the Hospitalization.</p>	D.1

		<p>Post-Hospitalization: Medical Expenses incurred in 60 days after the hospitalization.</p> <p>Day-Care procedures: Medical Expenses for 547 Day care procedures enlisted in the Policy Document- Annexure 1 are covered up to 50% of Sum Insured, specified in the policy schedule, during the policy period.</p> <p>Expenses incurred on dental treatment and Plastic Surgery: Necessitated due to disease or injury.</p> <p>Ambulance Charges: Expenses on road Ambulance subject to a maximum of Rs.2000/- per hospitalization.</p>	
6	Exclusions (What the policy does not cover)	<ol style="list-style-type: none"> 1. Investigation & Evaluation (Code- Excl04) 2. Rest Cure, Rehabilitation and Respite Care (Code- Excl05) 3. Obesity/ Weight Control (Code- Excl06) 4. Change-of-Gender Treatments: (Code- Excl07) 5. Cosmetic or plastic Surgery: (Code- Excl08) 6. Hazardous or Adventure sports: (Code- Excl09) 7. Breach of law: (Code- Excl10) 8. Excluded Providers: (Code-Excl11) 9. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12) 10. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code- Excl13) 11. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure (Code- Excl14) 12. Refractive Error:(Code- Excl15) 13. Unproven Treatments:(Code- Excl16) 14. Sterility and Infertility:(Code- Excl17) 15. Maternity Expenses (Code – Excl 18) <p>(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing)</p>	E.1.B Excl 4 to Excl 18

<p>7</p>	<p>Waiting Period</p> <ul style="list-style-type: none"> • Time period during which specified diseases/treatments are not covered • It is counted from the beginning of the policy coverage. 	<p>1. Initial Waiting Period: (Code- Excl03) 30 days for all illnesses (Waiting Period not applicable in case of continuous renewal or accidents)</p> <p>2. Specific Waiting Period (waiting period not applicable for claims arising due to an accident): (Code- Excl02)</p> <ul style="list-style-type: none"> • 24 months for following diseases/procedures- <ol style="list-style-type: none"> 1. Benign ENT disorders 2. Tonsillectomy 3. Adenoidectomy 4. Mastoidectomy 5. Tympanoplasty 6. Hysterectomy 7. All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps 8. Benign prostate hypertrophy 9. Cataract and age related eye ailments 10. Gastric/ Duodenal Ulcer 11. Gout and Rheumatism 12. Hernia of all types 13. Hydrocele 14. Non Infective Arthritis 15. Piles, Fissures and Fistula in anus 16. Pilonidal sinus, Sinusitis and related disorders 17. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident 18. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy. 19. Varicose Veins and Varicose Ulcers 20. Internal Congenital Anomalies • 48 months for following diseases/procedures <ol style="list-style-type: none"> 1. Treatment for joint replacement unless arising from accident. 2. Age-related Osteoarthritis & Osteoporosis <p>3. Pre-existing diseases: (Code- Excl01) Covered after 48 months</p>	<p>E.1.a Excl 1- Excl 3</p>
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8	<p>Financial limits of coverage</p> <p>i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>ii. Co-payments (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured).</p> <p>iii. Deductible (It is a specified amount: - up to which an insurance company will not pay any claim, and - which will be deducted from total claim amount (if claim amount is more than the specified amount)</p> <p>iv. Any other limit (as applicable)</p>	<p>Sub Limit -The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <p>Cataract: Maximum of 25% of SI or Rs.40,000 per eye Modern Treatment: Maximum up to 50% of SI</p> <p>Co-Payment - In case of a claim, this policy requires you to share the following costs: Expenses exceeding the following Sub-limits 5% on each and every claim applicable under the Policy</p> <p>Deductible - Is not applicable under this Policy.</p>	Section H
9	<p>Claims/Claims Procedures</p>	<p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <p>Procedure for Cashless claims:</p> <p>Treatment may be taken in a network provider and is subject to pre-authorization by the Company or its authorized TPA.</p> <p>Cashless request form available with the network provider and TPA shall be completed and sent to the Company/TPA for authorization.</p> <p>The Company/ TPA upon getting cashless request form and related medical information from the insured person/ network provider will issue pre-authorization letter to the hospital after verification.</p>	Section G

At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.

The Company / TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details.

In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim documents to the Company / TPA for reimbursement.

SI No	Type of Claim	Prescribed Time limit
1.	Pre - Authorization for Cashless facility	2 hours from the time of receipt of complete Documents
2.	Cashless Final Bill Authorization	2 hours from the time of receipt of complete Documents

Procedure for reimbursement of claims:

For reimbursement of claims the insured person may submit the necessary documents to Company within the prescribed time limit as specified hereunder.

SI No	Type of Claim	Prescribed Time limit
1.	Reimbursement of hospitalization, day care and pre-hospitalization expenses	Within thirty days of date of discharge from hospital
2.	Reimbursement of post hospitalization expenses	Within fifteen days from completion of post hospitalization treatment

		<p>Notification of Claim Notice with full particulars shall be sent to the Company as under:</p> <ul style="list-style-type: none"> i Within 24 hours from the date of emergency hospitalization required or before the Insured Person's discharge from Hospital, whichever is earlier. ii At least 48 hours prior to admission in Hospital in case of a planned Hospitalization. <p>Provide the details/web link for following:</p> <ul style="list-style-type: none"> i. Network Hospital details: Available on website: www.universalsompo.com. ii. Helpline Number: <p>Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030, Senior Citizen: 1800-267-4030</p> <p>Landline Numbers: (022) 39133700 (Local Charges Apply)</p> <ul style="list-style-type: none"> iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer: Available on website: www.universalsompo.com. iv. Downloading/getting claim form: Available on website: www.universalsompo.com. 	
10	Policy Servicing	<p>Universal Sampo General Insurance Co. Ltd.</p> <p>Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Cloud City Campus; Gut No-31, Mouje Elthan, Thane- Belapur Road, Airoli, Navi Mumbai- 400708</p> <p>Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030</p> <p>Landline Numbers: (022) 39133700 (Local Charges Apply)</p> <p>E-mail Address: contactus@universalsompo.com.</p> <p>Note: Please include Your Policy number for any communication with us.</p>	F.1.15
11	Grievances/ Complaints	<p>Grievances: If You have a grievance about any matter relating to the Policy, or Our decision on any matter, or the claim, You can address Your grievance as follows:</p> <p>1. Company's Grievance Redressal Officer You can send Your grievance in writing by post or email to Our Grievance Redressal Officer at the following address:</p>	F.1.15

Grievance cell

Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Cloud City Campus; Gut No-31, Mouje Elthan, Thane- Belapur Road, Airoli, Navi Mumbai- 400708.

OR

Send an e Mail at grievance@universalsompo.com

For details of grievance officer, kindly refer the link www.universalsompo.com.

2. Consumer Affairs Department of IRDAI

- a. In case it is not resolved within 15 days or if You are unhappy with the resolution You can approach the Grievance Redressal Cell of the Consumer Affairs Department of IRDAI by calling Toll Free Number **155255 (or) 1800 4254 732** or sending an e-mail to complaints@irdai.gov.in. You can also make use of IRDAI's online portal - Integrated Grievance Management System (IGMS) by registering Your complaint at igms.irda.gov.in.
- b. You can send a letter to IRDAI with Your complaint on a Complaint Registration Form available [by clicking here](#). You must fill and send the Complaint Registration Form along with any documents by post or courier to General Manager, Insurance Regulatory and Development Authority of India (IRDAI), Consumer Affairs Department - Grievance Redressal Cell, Sy.No.115/1, Financial District, Nanakramguda, Gachibowli, Hyderabad- 500032.
- c. You can visit the portal <http://www.policyholder.gov.in> for more details.

3. Insurance Ombudsman

You can approach the Insurance Ombudsman depending on the nature of grievance and financial implication, if any. Information about Insurance Ombudsmen, their jurisdiction and powers is available on the website of the Insurance Regulatory and Development Authority of India (IRDAI) at www.irdai.gov.in, or of the General Insurance Council at www.generalinsurancecouncil.org.in, the Consumer

		<p>Education Website of the IRDAI at http://www.policyholder.gov.in, or from any of Our Offices.</p> <p>Please https://www.cioins.co.in/Ombudsman to view the Updated list of Insurance Ombudsmen</p>	
12	Things to remember	<p>1. Free Look cancellation: You may cancel the insurance policy if you do not want it, within 15 days from the beginning of the policy to review the terms and conditions of the policy, and to return the same if not acceptable. The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy. If the insured has not made any claim during the Free Look Period, the insured shall be entitled to</p> <ul style="list-style-type: none"> i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period <p>2. Policy renewal: Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.</p> <ul style="list-style-type: none"> i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal. ii. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years iii. At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period to maintain continuity of benefits without Break in Policy. Coverage is not available during the grace period. 	<p>F.1.12, F.1.9, F.1.7&8, F.2.9, F.1.13</p>

iv. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.

3. Migration and Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.

Migration: The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company by applying for migration of the Policy at least 30 days before the policy renewal date as per the IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration. . For Detailed Guidelines on Migration, kindly refer the link www.universalsompo.com

Portability: The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability For Detailed Guidelines on Portability, kindly refer the link www.universalsompo.com

4. Change in Sum Insured: Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh **only for the enhanced portion of the sum insured.**

5. Moratorium Period: After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of

		<p>the first policy and subsequently completion of eight continuous years would be applicable from date of enhancement sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.</p>	
13	Your Obligations	<p>Please disclose in the proposal form all the diseases, conditions which you are aware at the time of buying the policy. Please disclose pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. Disclosure of other material information during the policy period.</p> <p style="text-align: center;">Universal Sampo General Insurance Co. Ltd.</p> <ul style="list-style-type: none"> ➤ Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Cloud City Campus; Gut No-31, Mouje Elthan, Thane- Belapur Road, Airoli, Navi Mumbai- 400708 ➤ Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030 ➤ Landline Numbers: (022) 39133700 (Local Charges Apply) ➤ E-mail Address: contactus@universalsompo.com 	--

Declaration by the Policy Holder

I have read the above and confirm having noted the details.

Place: _____
Date: _____

(Signature of the PolicyHolder)

Note:

- i. Weblink to Access product related documents: [Universal Sampo | Resources Downloads](#)
- ii. In case of any conflict, the terms & conditions mentioned in the policy document shall prevail.