

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 | Group Health Insurance Policy | - |
| 2 | Policy Number | << >> | - |
| 3 | Type of Insurance Product/Policy | Both Indemnity and Benefit <ul style="list-style-type: none"> • Indemnity: Where insured losses are covered up to the Sum Insured under the policy) • Benefit: Where an Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event. • Both Indemnity and Benefit: (where policy has elements of both the above) | - |
| 4 | Sum Insured (Basis) (Along with amount) | <ul style="list-style-type: none"> • Individual Sum Insured -Where each member has a separate sum insured under the policy), or • 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 / Family floater>> Sum Insured both options available under the Policy. Sum Insured Options: - 10,000 to 1,00,00,000 | - |
| 5 | Policy Coverage (What the policy covers?) (Policy Clause Number/s) | Base Covers: Hospitalization: The Company shall indemnify medical expenses incurred for Hospitalization of the Insured Person during the Policy year, up to the Sum Insured specified in the policy Schedule. (Hospitalization | 8,9,10,11 |

for a minimum period of 24 consecutive hours as in-patient shall be admissible)

Domiciliary Hospitalization / Treatment:

The company shall indemnify the Medical Expenses incurred on the Domiciliary Hospitalization/ Treatment of an Insured Person during the Coverage Period which would otherwise have been covered under Hospitalisation provided that if a claim has been accepted under Hospitalisation, a consolidated claim post full recovery, shall be considered and no separate post-hospitalization medical expenses shall be payable.

Day Care Procedures: The day care procedures [listed later and forming part of this document as Day Care Procedures Annexure I] will be covered (Where medically indicated subject to other specific or permanent exclusion mentioned in policy) as part of day care treatment in a hospital up to the limit of SI.

Pre-Hospitalization: The company shall indemnify pre-hospitalization medical expenses incurred, related to an admissible hospitalization requiring inpatient care, for a fixed period as opted for by the insured and as mentioned in policy schedule prior to the date of admissible hospitalization covered under the policy.

Post-Hospitalization: The company shall indemnify post-hospitalization medical expenses incurred, related to an admissible hospitalization requiring inpatient care, for a fixed period from the date of discharge from the hospital as opted for by the insured and as mentioned in policy schedule, following an admissible hospitalization covered under the policy.

Coverage For Modern Treatments Or Procedures:

The following procedures will be covered (wherever medically indicated) either as in patient or as part of day care treatment in a hospital up to the limit specified in the Policy Schedule / Certificate of Insurance against each procedure during the policy period. 1 Oral Chemotherapy 2 Immunotherapy – Monoclonal Antibody to be given as injection 3 Intra vitreal injections 4 Uterine Artery Embolization and

HIFU 5 Balloon Sinuplasty 6 Deep Brain stimulation 7 Robotic Surgeries 8 Stereotactic radio surgeries 9 Bronchial Thermoplasty 10 Vaporisation of the prostate (Green Laser treatment or holmium laser treatment) 11 IONM – (Intra Operative Neuro Monitoring) 12 Stem Cell Therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

Top Up Cover: The Company hereby agrees subject to the terms, conditions and exclusions herein contained or otherwise expressed to pay the Medical Expenses in excess of deductible stated in the Policy Schedule on per admissible claim basis. However, the total liability of the Company under this Policy for payment of any admissible claim during the Policy Period shall not exceed the Sum Insured as stated in the Policy Schedule / Certificate of Insurance.

Super Top Up Cover: The Company hereby agrees subject to the terms, conditions and exclusions herein contained or otherwise expressed to pay the Medical Expenses in excess of deductible stated in the Policy Schedule on per year basis. However, the total liability of the Company under this Policy for payment of any and all admissible Claims in aggregate during the Policy Period shall not exceed the Sum Insured as stated in the Policy Schedule.

Extensions:

Pre-Existing Disease Waiting Period Waiver: Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, on payment of additional premium, waiting period applicable to all Pre-Existing Diseases for each Insured Person before benefits are payable under the Policy is waived off.

Specific Waiting Period Waiver: Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, on payment of additional premium, specific waiting period applicable for any claims in relation to listed conditions, surgeries/treatments as mentioned under Exclusion Code 02: a) Is waived off, Or b) Is modified to 12 months.

Initial Waiting Period for Hospitalization Waiver:

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, on payment of additional premium, 30 days waiting period applicable for any claims in relation to a Hospitalization of the Insured Person including any Medical Expenses incurred there of: a) Is waived off. Or, b) Is modified to 15 days.

Obesity/ Weight Control Expenses Extension:

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, on payment of additional premium, Exclusion Code 06 is deleted. For the purpose of this extension, expenses related to the surgical treatment of obesity are included under the scope of cover up to the limit specified in Policy Schedule.

Change-of-Gender Treatments Expenses

Extension: Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, on payment of additional premium, Exclusion Code 07 stands deleted.

For the purpose of this extension, expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex are included under the scope of cover up to the limit specified in Policy Schedule.

Cosmetic or Plastic Surgery Expenses Extension:

Notwithstanding anything to the contrary in the Policy it is hereby declared and agreed that, on payment of additional premium, Exclusion Code 08 stands deleted.

For the purpose of this extension, expenses for cosmetic or plastic surgery or any treatment to change appearance other than for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured are included under the scope of cover up to the limit specified in Policy Schedule.

Hazardous or Adventure Sports Expenses

Extension: Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, on payment of additional premium, Exclusion Code 09 stands deleted.

For the purpose of this extension, expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving, are included under the scope of cover up to the limit specified in Policy Schedule.

Sterility and Infertility Treatment Expenses

Extension: Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, on payment of additional premium, Exclusion Code 17 stands deleted.

For the purpose of this extension expenses related to sterility and infertility which include: • Any type of contraception, sterilization • Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI • Gestational Surrogacy • Reversal of sterilization are included under the scope of cover up to the limit specified in Policy Schedule.

Maternity Expenses Extension with Baby-Day-One

Cover: Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, on payment of additional premium, Exclusion Serial No 2.E.15 / Exclusion Code 18 stands deleted. a) Without waiting period. Or, b) With waiting period of 9 months. For the purpose of this extension, i Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy; ii Expenses towards miscarriage and the related lawful medical termination of pregnancy during the policy period. are included under the scope of cover up to the limit specified in Policy Schedule.

OPD Expenses Extension: Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, on payment of additional premium, Specific Exclusion ().1 stand deleted. For the purpose of this extension, medical expenses [excluding expenses related to pregnancy and child-birth] incurred by the Insured as an Outpatient are included under the scope of cover up to the limit specified in Policy Schedule.

Maternity OPD Expenses Extension:

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, on payment of additional premium, Specific Exclusion (.).1 stands deleted. For the purpose of this extension, maternity-related medical expenses incurred by the Insured as an Outpatient are included under the scope of cover up to the limit specified in Policy Schedule subject to the Insured opting for Cover Maternity Expenses Extension with Baby-Day-One Cover.

Global Coverage: The Company will reimburse for Medical Expenses of the Insured Person incurred outside India for not more than 180 consecutive days up to the sum insured, provided that a] the diagnosis was made in India and referred by Medical Practitioner for which the insured member(s) travels abroad for treatment and b] prior approval from the Company is taken before travelling abroad for treatment.

Non-medical Expenses Cover: Notwithstanding anything to the contrary contained in the Policy, it is hereby declared and agreed that, on payment of additional premium, expenses otherwise not payable as specified under List-I of Annexure A mentioned shall be considered and paid by the Company.

Restoration Condition Waiver: Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, on payment of additional premium, Restoration of Sum Insured (10.6) - stands modified to "The restored Sum Insured can only be used for all future claims within the same policy year, related to the illness/disease/injury for which a claim has been paid in that policy year for the same Insured member(s)"

Add-Ons:

Critical Illness: On payment of additional premium, We will pay the Critical Illness [CI] Sum Insured for the chosen CI Plan as a lump sum in addition to pay-out under this Policy provided that: a) The Insured Person is first diagnosed as suffering from a Critical Illness during the Policy Period, and the Insured Person survives at-least 30 days following such

diagnosis, b) This benefit is payable once during the Policy Period and would terminate on the occurrence of the first Critical Illness. The Insured Person shall receive the sum insured as per applicable guidelines post which the benefit will cease and coverage under this benefit would not be renewed any further. However the other insured members (if any) will continue to be covered under this benefit if opted. c) This benefit is offered only on Individual Sum Insured basis.

Additional Ambulance Charges: The company will pay the ambulance expenses incurred for Ambulance Expenses up to the maximum amount as specified in Policy Schedule per valid hospitalization claim for transferring the Insured member(s) to the nearest Hospital with adequate facilities, if a claim is accepted under In-patient hospitalization.

Corporate Buffer: The Company will provide additional Sum Insured specified in the Policy Schedule available to the Insured Members of the Policy who have exhausted their Sum Insured for the Policy Year. This Sum Insured will be available at the Group level on a Float basis as per the conditions specified in the Policy Schedule, provided that: a) Any Benefit accrued under this cover cannot be carried forward to the subsequent Coverage Period. b) All other terms, exclusions and conditions contained in the Policy or endorsed thereon remains unchanged.

Organ Donor Expenses: The Company will pay the in-patient Hospitalization Medical Expenses for a successful organ transplant including pre-transplant medical tests for legitimate donor and for harvesting the organ up to the sum insured mentioned in policy schedule.

Daily Cash Cover: If an Insured Person requires Hospitalization due to an Illness or Injury, We will pay the daily benefit amount subject to deductible as specified against this Benefit in the Policy Schedule. This benefit will be payable provided that: a) Our liability to make any payment under this benefit shall commence only after a continuous and completed 24 hours of Hospitalization of the Insured Person for each claim. b) This Benefit shall not be payable in respect of the Insured Person for more than the

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| | | <p>maximum number of days specified in the Policy Schedule for each Coverage Period.</p> <p>Restoration of Sum Insured: The Company will provide a 100% restoration of Sum Insured opted by the Insured once in a policy year, if the opted Sum Insured is exhausted or rendered insufficient as a result of previous claims in that policy year.</p> <p>Wellness Benefits: The Company covers below listed benefits to help the Insured person(s) maintain his/her health and wellness by offering services and incentivizing with rewards. Below benefit are provided under wellness-</p> <ol style="list-style-type: none"> 1. Everyday Care - The insured person can avail discounts on outpatient consultation, pharmaceuticals and diagnostics tests through our empanelled Network providers. It includes i. OPD Consultation, ii. Diagnostic Services, iii. Pharmacies. 2. Complete Wellness & Healthcare - The Company offers a comprehensive program to maintain the health and overall wellbeing of the insured person. It includes i. Health Risk Assessment (HRA), ii. Electronic Health Records, iii. Health Screening. 3. Health Coach: The insured person will be assigned a dedicated Health Coach who will take care of the complete wellbeing of the Insured Person(s). <p>Emergency Assistance Services: The company will provide the below services which will be available when the Insured/Insured member(s) is/are more than 150 kilometers away from their residential address as provided in the Proposal Form. The services would be provided by the company or through an appointed Service provider, with prior intimation and acceptance by the Company. This benefit includes- a) Medical Consultation, Evaluation and Referral, b) Medical Monitoring and Case Management- A team of doctors, nurses, and other medically, c) Emergency Medical Evacuation, d) Medical Repatriation (Transportation), e) Compassionate Visit, f) Care of Minor Child (ren), g) Return of Mortal Remains, h) Foreign Hospital Admission Assistance, i) Prescription Assistance, j) Interpreter & Legal Referrals, k) Lost Luggage &</p> | |
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Document Assistance, l) Pre-trip Information, m) Mobile App Services.

Accident Benefit Cover: If during the period of insurance an insured person sustains any bodily injury or affliction because of Accident, which solely and directly causes any of the contingencies opted for as cover.

- 1) Death/Disappearance- Up to opted Capital Sum Insured [CSI]
- 2) Permanent Total Disablement [PTD] - As opted for by the Insured at inception of policy Percentage of CSI.
- 3) Permanent Partial Disablement [PPD]- As opted for by the Insured at inception of policy Percentage of CSI for specified bodily Injury that results in total, irrevocable, absolute and continuous loss or impairment of a body part or sensory organ under policy.
- 4) Temporary Total Disablement [TTD]- Per week benefit not exceeding the Capital Sum Insured as mentioned in the Schedule.

Dental Treatment Cover:

The Company will reimburse the medical expenses related to dental treatment and cost of denture incurred by the Insured during the Policy Period. This benefit shall be limited to maximum amount as mentioned in Policy Schedule. The 24-hour hospitalization requirement under the policy will stand waived for this cover.

Medically Advised Support Devices: The Company will reimburse the charges incurred by Insured during the Policy Period on account of procuring medically necessary prosthetic or artificial devices or any other medical device prescribed by the Registered Medical Practitioner as arising due to Hospitalisation. This benefit shall be limited to maximum amount as mentioned in Policy Schedule.

Benefit Cover for Pandemic/Epidemic Diseases (including COVID-19): The Company will pay the Sum Insured as a lump sum amount mentioned in the Policy Schedule in case the Insured Person is diagnosed as suffering from the Pandemic / Epidemic diseases provided it occurs or manifests itself during the policy period as a first incidence.

External Congenital Ailment Cover: The Company will indemnify the medical expenses incurred by the Insured Person for External Congenital Disease or Defects or anomalies up to the maximum amount as mentioned in Policy Schedule.

Cost of Health Check up: The Company will reimburse the expenses incurred for the preventive health check-ups for Insured Person specified in the Policy Schedule / Certificate of Insurance.

Hospital Cash to Parents: The Company will pay In case of Hospitalization of Children up to Age 12 years, Cash allowance of per day subject to a maximum limit as specified in Policy Schedule, will be given to Parent Insured Person.

Funeral Expenses: The Company will pay In case of death of any of the insured persons following hospitalization with valid claim under the Policy, Funeral expenses of upto Sum Insured will be paid under the Policy. This amount will be over and above base Sum Insured under the Policy.

No Claim Bonus: The company will increase the Base Annual Sum Insured by 10% at the end of the Policy Year if the Policy is renewed with Us.

Second Opinion: The Company will reimburse expenses incurred by Insured Person towards a second opinion from Network Medical Practitioner if an Insured Person is diagnosed with the below mentioned Illnesses during the Policy Period.

Home Care Treatment:
The Company will reimburse the cost incurred towards Home Care Treatment up to the sum insured mentioned in the Policy Schedule. Home Care Treatment means a treatment availed by the Insured Person at home which in normal course would require care and treatment at a Hospital, but it is actually taken at home for Pandemic Disease.

Loss of Income: The Company will pay to an Insured Person for loss of Income if they cannot engage in their primary occupation and lose their source of income due to an Illness or Injury during the Policy Period and amount as specified in the Policy Schedule / Certificate of insurance

EMI Protection: The Company will pay an amount as specified in the Policy Schedule / Certificate of insurance, equal to the EMI Amount which is due on the Insured's outstanding Loan in the number of months immediately following the date of such occurrence where Insured Person undergoes Medically Necessary hospitalization during the Policy Period.

Errors & Omission: The Company will consider number of lives as specified and subject to conditions mentioned in Policy Schedule / Certificate of Insurance to add in Mid Term of the Policy on account of Error & Omissions, Subject to availability of the Premium.

BENEFIT RESTRICTION OPTION:

Only Accidental Hospitalization Cover:

The Company will pay reasonable and customary charges that are medically necessary and incurred by you in respect of an admissible claims for Hospitalisation as well as the related Extensions and Add-ons will be available only for injury [as per definition by IRDAI] during the policy period.

Only Illness Hospitalization Cover:

The Company will pay reasonable and customary charges that are medically necessary and incurred by you in respect of an admissible claims for Hospitalisation as well as the related Extensions and Add-ons will be available only for illness [as per definition IRDAI] during the policy period.

Limited Hospitalization Cover: In-patient Hospitalisation Benefit has been modified as below:

- i. Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home – With a per day upper limit up to 5% of Sum Insured
- ii. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses - With a per day upper limit up to 10% of Sum Insured

Restricted Contingency Cover:

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| | | <p>The Company will pay reasonable and customary charges that are medically necessary and incurred by you in respect of an admissible claims for Hospitalisation as well as the related Extensions and Add-ons will be available only for the named illness during the policy period.</p> <p>Capped Compensation Cover: The Company will pay reasonable and customary charges that are medically necessary and incurred by you in respect of an admissible claims for Hospitalisation subject to the disease-wise agreed capped percentage or maximum amount as specified in schedule.</p> <p>Co-payment: each and every claim under the Policy shall be subject to an agreed Co-payment in percentage of admissible and payable claim amount as specified in the schedule as per the terms and conditions of the Policy. The amount payable shall be after deduction of the co-payment.</p> <p>Voluntary Excess: The Insured/Claimant shall bear the first opted amount (in Indian Rupees) of each and every claim under Hospitalisation for which the Insured is to be indemnified by this policy, the voluntary excess shall apply per event per insured person.</p> <p>Reimbursement Only Cover: It is hereby declared and agreed that payment of hospitalization claims under the policy shall be through the reimbursement mode and cashless facility shall neither be sought nor extended.</p> | |
| 6 | Exclusions (What the policy does not cover) | <p>Exclusions: -</p> <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) | 12.1-15, 12. E.2.1-30, 12. I-XIII |

- 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 spas, 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 (Code – Excl 18)

SPECIFIC EXCLUSION:

1. Any expenses incurred on OPD treatment.
2. Treatment taken outside the geographical limits of India.
3. In respect of the existing diseases, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), policyholder is not entitled to get the coverage for specified ICD codes.
4. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or noninvasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN-2 and CIN-3.
5. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
6. Malignant melanoma that has not caused invasion beyond the epidermis;
7. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
8. All Thyroid cancers histologically classified as T1N0M0

(TNM Classification) or below; 9. Chronic lymphocytic leukaemia less than RAI stage 3
 10. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification, 11. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs; 12. All tumors in the presence of HIV infection. 13. Other acute Coronary Syndrome
 14. Any type of angina pectoris 15. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.
 16. Angioplasty and/or any other intra-arterial procedures 17. Transient ischemic attacks (TIA)
 18. Traumatic injury of the brain 19. Vascular disease affecting only the eye or optic nerve or vestibular functions. 20. Other stem-cell transplants 21. Where only islets of langerhans are transplanted 22. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse. 23. Other causes of neurological damage such as SLE and HIV. 24. Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord. 26. Traumatic Injury of the aorta. 27. Parkinson's disease secondary to drug and/or alcohol abuse. 28. Any kind of Psychological counselling, cognitive / family / group / behaviour / palliative therapy, or other kinds of psychotherapy for which Hospitalisation is not necessary shall not be covered. 29. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds. 30. Nuclear, chemical or biological attack or weapons.

Exclusions Applicable to Accident Benefit Cover:

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| | | <p>I. Disease, illness, sickness, ill-health, infection and ailment of all kinds unless proximately caused by accident II. Suicide or attempted Suicide, intentional self-inflicted injury, acts of selfdestruction whether the Insured Person is medically sane or insane. III. Any Pre-existing condition or any complication arising from the same. IV. Pregnancy or childbirth or any consequence thereof. V. Consequential losses of any kind or actual or alleged legal liability VI. Certification by a Medical Practitioner who shares the same residence as the Insured Person or who is a member of the Insured Person’s Family. VII. Foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), participation in any naval, military or airforce operation, civil war, public defense, rebellion, revolution, insurrection, military or usurped power. VIII. Medical or surgical treatment except as necessary solely and directly as a result of an Accident. IX. Any change of profession after inception of the Policy which results in the enhancement of Our risk under the Policy, if not accepted and endorsed by Us. X. The Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion with criminal intent. XI. Use, abuse or a consequence or influence of an abuse of any substance, intoxicant, drug, alcohol or hallucinogen. XII. Insured Persons whilst engaging in any Adventure Sports and activities unless otherwise specifically modified by the Policy. XIII. Ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.</p> | |
| 7 | <p>Waiting Period • Time period during</p> | <p>1. Pre-Existing Diseases (Excl-01): Expenses related to the treatment of a</p> | 12.a.1,2,3 |

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| <p>which specified diseases/treatments are not covered</p> <ul style="list-style-type: none"> • It is counted from the beginning of the policy coverage. | <p>pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with us.</p> <p>2. Specific Waiting Period (Excl-02): Expenses related to the treatment of the following listed conditions, surgeries/ treatments shall be excluded until the expiry of 24/48 months of continuous coverage, as may be the case after the date of inception of the first policy with the insurer.</p> <p>List of specific diseases/procedures-</p> <p>i.) 24 Months waiting period: 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</p> <p>ii.) 48 Months waiting period 1. Treatment for Joint Replacement due to Degenerative Condition 2. Age-related Osteoarthritis & Osteoporosis.</p> <p>3. First Thirty (30) Days Waiting Period: Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except</p> | |
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| | | claims arising due to an accident, provided the same are covered. | |
| 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>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <p>*There is Sublimit under policy – applicable with respective benefit as mentioned in policy schedule, If Opted</p> <p>*There is no Co-payment under policy – applicable with respective benefit as mentioned in policy schedule, If Opted</p> <p>*There is no Deductible under policy - applicable with respective benefit as mentioned in policy schedule, If Opted</p> | - |
| 9 | Claims/Claims Procedures | <p>Claims Procedures:</p> <p>1. Procedure for Cashless claims:</p> <p>i Treatment may be taken in a network provider and is subject to pre authorization by the Company or its authorized TPA.</p> <p>ii Cashless request form available with the network provider and TPA shall be completed and sent to the Company/TPA for authorization.</p> <p>iii The Company/ TPA upon getting cashless request form and related medical</p> | G. 1-5 |

information from the insured person/ network provider will issue pre-authorization letter to the hospital after verification.

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

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

vi 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.

2. 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.

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

3. Notification of Claim Notice with full particulars shall be sent to the Company as under:

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.

4. **Documents to be submitted:** The reimbursement claim is to be supported with the following documents and submitted within the prescribed time limit. i Duly Completed claim form ii Photo Identity proof of the patient iii Medical practitioner's prescription advising

admission iv Original bills with itemized break-up v Payment receipts vi Discharge summary including complete medical history of the patient along with other details. vii Investigation/ Diagnostic test reports etc. supported by the prescription from attending medical practitioner viii OT notes or Surgeon's certificate giving details of the operation performed (for surgical cases). ix Sticker/Invoice of the Implants, wherever applicable. x MLR(Medico Legal Report copy if carried out and FIR (First information report) if registered, where ever applicable. xi NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque xii KYC (Identity proof with Address) of the proposer, where claim liability is above Rs 1 Lakh as per AML Guidelines xiii Legal heir/succession certificate , wherever applicable xiv Any other relevant document required by Company/TPA for assessment of the claim.

5. Claim Settlement (provision for Penal Interest):

i The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document. ii In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate. iii However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle the claim within 45 days from the date of receipt of last necessary document. iv In case of delay beyond stipulated 45 days the company shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

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| | | 6. Payment of Claim: All claims under the policy shall be payable in Indian currency only | |
| 10 | Policy Servicing | | |
| 11 | Grievances/ Complaints | <p>Grievances:</p> <p>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: 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.</p> <p>OR</p> <p>Send an e Mail at grievance@universalsompo.com</p> <p>For details of grievance officer, kindly refer the link www.universalsompo.com.</p> <p>2. Consumer Affairs Department of IRDAI</p> <p>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.</p> | F.1.11 |

- 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 Education Website of the IRDAI at <http://www.policyholder.gov.in>, or from any of Our Offices.

Please <https://www.cioins.co.in/Ombudsman> to view the Updated list of Insurance Ombudsmen

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| 12 | Things to remember | <p>1. Free Look cancellation: Not Applicable</p> <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> <p>3. 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 IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under a 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</p> <p>4. 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 of Health Insurance policies.</p> <p>5. 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</p> | F.1.6,7 E.a.1.b,c & E.a.2.b |
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| | | <p>period if any shall start afresh only for the enhanced portion of the sum insured.</p> <p>6. Moratorium Period: N.A</p> <p>.</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>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) <p>E-mail Address: contactus@universalsampo.com</p> | |

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.