

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	<b>GROUP HOSPITAL CASH POLICY</b>	-
2	Policy Number	<< >>	-
3	Type of Insurance Product/Policy	• Benefit: Where an Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event.	-
4	Sum Insured (Basis) (Along with amount)	<ul style="list-style-type: none"> <li>• Individual Sum Insured -Where each member has a separate sum insured under the policy.</li> <li>or</li> <li>• Floater Sum Insured-Where all members under the policy have a single sum insured limit which may be utilized by any or all members.</li> </ul> <p>*Individual Sum Insured is available under the Policy.</p> <p>Sum Insured Options: -</p> <ul style="list-style-type: none"> <li>i. Minimum Sum Insured of the Policy Rs 100 per day</li> <li>ii. Maximum Sum Insured of the Policy Rs 50,000 per day</li> <li>iii. Per Day Benefit of 100 – 25,000 rupees</li> </ul>	-
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	<p><b>BENEFITS:</b></p> <p>It is mandatory that the Insured Person shall choose at-least one of the following benefits. Choosing at least one cover</p> <ul style="list-style-type: none"> <li>1. Hospital Cash Due to Sickness,</li> <li>2. Hospital Cash Due to Accident Only and</li> <li>3. Hospital Cash Due to Accident &amp; Sickness</li> </ul> <p>out of 3 covers 1 is compulsory.</p>	Section 4, 4.1 to 5.9

**a. Hospital Cash Due to Sickness:** The company will pay to the Insured Person(s) in case of Hospitalization for a Medically Necessary treatment due to any sickness sustained or contracted within the Policy Period, for a continuous period of more than 24 hours. A daily Hospital cash benefit shall be payable for every completed 24 hours of Hospitalization up to the limit subject to Deductible as specified in the Policy Schedule/ Certificate of Insurance.

**b. Hospital Cash Due to Accident Only:** The company will pay to the Insured Person(s) in case of Hospitalization for a continuous period of more than 24 hours for a Medically Necessary treatment due to any accidental bodily Injury sustained or contracted within the Policy Period. A daily Hospital cash benefit shall be payable for every completed 24 hours of Hospitalization up to the limit subject to Deductible as specified in the Policy Schedule / Certificate of Insurance.

**c. Hospital Cash Due to Accident & Sickness:** The company will pay to the Insured Person(s) in case of Hospitalization for a Medically Necessary treatment due to any Accident and/or sickness sustained or contracted within the Policy Period, for a continuous period of more than 24 hours. A daily Hospital cash benefit shall be payable for every completed 24 hours of Hospitalization up to the limit subject to Deductible as specified in the Policy Schedule / Certificate of Insurance.

**OPTIONAL COVERAGE:**

**<<d. Hospital Daily Cash Extension**  
The Company will extend the Coverage up to the limit specified in the Policy Schedule

/ Certificate of Insurance incase an inpatient Insured person once exhausts the limit towards maximum number of days as mentioned in the Policy Schedule / Certificate of Insurance.>>

**<<e. ICU Hospital Cash Benefit**

The company will pay to the Insured Person(s) in case of ICU Hospitalization for a Medically Necessary treatment due to any sickness or accident sustained or contracted within the Policy Period, for a continuous period of more than 24 hours up to the limit specified in the Policy Schedule / Certificate of Insurance. >>

**<<f. Double Benefit:**

The company will pay Double Sum Insured to the Insured Person(s) in case of Hospitalization for a Medically Necessary treatment due to Accident sustained within the Policy Period, for a continuous period of more than 24 hours. A daily Hospital cash benefit shall be payable double the base Sum Insured for every completed 24 hours of Hospitalization.>>

**<<g. Thirty (30) Days Waiting Period Modification:**

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 thereof:

- a) Is waived off Or,
- b) Is modified to 15 days.>>

**<<h. Pre-Existing Disease Waiting Period Modification:**

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, on payment of additional

		<p>premium, waiting period applicable to all Pre-Existing Diseases for each Insured Person before benefits are payable under the Policy is modified to;</p> <ul style="list-style-type: none"> <li>a) Is waived off Or,</li> <li>b) Is modified to 36 months Or,</li> <li>c) Is modified to 24 months Or</li> <li>d) Is modified to 12 months.&gt;&gt;</li> </ul> <p><b>&lt;&lt;i. Companion Benefit Cover:</b> The Company will pay the fixed benefit towards expenses incurred on attendant of the Insured Person(s), accompanying at the Hospital during hospitalization of Insured Person up to the Sum Insured within Policy Period.&gt;&gt;</p> <p><b>&lt;&lt;j. Recovery Benefit:</b> We will additionally pay a lumpsum amount per insured, incase Insured person is hospitalized for a minimum period as specified in the Policy Schedule / Certificate of Insurance. This benefit is payable only once to an Insured Person during Policy Year.&gt;&gt;</p> <p><b>&lt;&lt;k. Maternity (Excl 18) Modification Benefit:</b> We will pay daily fixed benefit amount as specified in the Policy Schedule/ Certificate of Insurance for every completed 24 hours of Hospitalization in case an Insured Person is hospitalized for delivery of a child / Medically Necessary Treatment during pregnancy/ lawful medical termination of pregnancy. The policy is restricted to pay for first 2 deliveries only.</p> <p>Insured Person have an option to choose the reduction/waiver of waiting period as mentioned below</p> <ul style="list-style-type: none"> <li>a) Option 1. Exclusion removal with 9 months waiting period.</li> </ul>	
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		<p>b) Exclusion removal without any maternity waiting period&gt;&gt;</p> <p><b>&lt;&lt;I. Worldwide Hospital Cash:</b> The company will pay an Insured Person in case of Hospitalization for medically necessary treatment taken outside India due to Sickness or Accident within the Policy Period. a daily Hospital cash benefit shall be payable for every completed 24 hours of Hospitalization up to the limit subject to Deductible as specified in the Policy Schedule / Certificate of Insurance.&gt;&gt;</p>	
6	<p>Exclusions (What the policy does not cover)</p>	<p><b>Exclusions</b></p> <ol style="list-style-type: none"> <li>1) Investigation &amp; Evaluation (Code- Excl04)</li> <li>2) Rest Cure, Rehabilitation and Respite Care (Code- Excl05)</li> <li>3) Obesity/ Weight Control (Code- Excl06)</li> <li>4) Change-of-Gender Treatments: (Code- Excl07)</li> <li>5) Cosmetic or plastic Surgery: (Code- Excl08)</li> <li>6) Hazardous or Adventure sports: (Code- Excl09)</li> <li>7) Breach of law: (Code- Excl10)</li> <li>8) Excluded Providers: (Code-Excl11)</li> <li>9) Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12)</li> <li>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)</li> <li>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)</li> <li>12) Refractive Error:(Code- Excl15)</li> </ol>	<p>Section 7, 1 to 20</p>

		<p>13) Unproven Treatments:(Code- Excl16) 14) Sterility and Infertility:(Code- Excl17) 15) Maternity (Code – Excl 18)</p> <p><b>SPECIFIC EXCLUSION:</b></p> <p>1. Treatment taken outside the geographical limits of India (Not applicable if ‘Global Cover’ is opted.) 2. In respect of the existing diseases, disclosed by the insured and mentioned in the policy schedule (based on insured's consent) 3. War (whether declared or not) 4. Nuclear, chemical or biological attack 5. Any expenses incurred on OPD treatment</p>	
7	<p>Waiting Period</p> <ul style="list-style-type: none"> <li>• Time period during which specified diseases/treatments are not covered</li> <li>• It is counted from the beginning of the policy coverage.</li> </ul>	<p><b>1.Pre-Existing Diseases (Excl-01)</b></p> <p>Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with us.</p> <p><b>2.Specific Waiting Period (Excl-02)</b></p> <p>Expenses related to the treatment of the following listed conditions, surgeries/ treatments shall be excluded until the expiry of 24/36 months of continuous coverage, as may be the case after the date of inception of the first policy with the insurer.</p> <p><b>List of specific diseases/procedures</b></p> <p><b>i) 24 Months waiting period</b></p> <ol style="list-style-type: none"> <li>1. All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps</li> <li>2. Benign ear, nose, throat disorders</li> <li>3. Benign prostate hypertrophy</li> <li>4. Cataract and age related eye ailments</li> <li>5. Gastric/ Duodenal Ulcer</li> <li>6. Gout and Rheumatism</li> <li>7. Hernia of all types</li> <li>8. Hydrocele</li> <li>9. Non Infective Arthritis</li> </ol>	Section 6, 1 to 4

10. Piles, Fissures and Fistula in anus
11. Pilonidal sinus, Sinusitis and related disorders
12. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident
13. Skin Disorders
14. Stone in Gall Bladder and Bile duct, excluding malignancy
15. Stones in Urinary system
16. Treatment for Menorrhagia/Fibromyoma, Myoma and Prolapsed uterus
17. Varicose Veins and Varicose Ulcers
18. Renal Failure
19. Puberty and Menopause related Disorders
20. Behavioural and Neuro-Develop
21. HIV Disorders:
  - a. Disorders of adult personality
  - b. Disorders of speech and language including stammering, dyslexia

**ii) 36 Months waiting period**

1. Joint Replacement due to Degenerative Condition
2. Age-related Osteoarthritis & Osteoporosis
3. Treatment of HIV illness, stress or psychological disorders and neurodegenerative disorders.
4. Age Related Macular Degeneration (ARMD)
5. Genetic diseases or disorders

**3. First Thirty (30) Days Waiting Period**

Expenses related to the treatment of any illness within Thirty 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.

**4. Maternity Waiting period**

36 months waiting period applicable in case an Insured Person is hospitalized for delivery of a child / Medically Necessary Treatment during

		pregnancy/ lawful medical termination of pregnancy.	
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 – For Benefits other than Death &amp; Permanent Total Disablement will have Sublimit under policy as specified under policy schedule.</p> <p>*There is no Co-payment under policy.</p> <p>*There is no Deductible under policy.</p>	-
9	<p>Claims/Claims Procedures</p>	<p><b>Claims Procedures:</b> <b>Claim Intimation</b></p> <p>Claim intimation can be done online on our Health Serve Web Portal or by calling at our toll free number 1800 200 4030 or by emailing us at <a href="mailto:healthserve@universalsompo.com">healthserve@universalsompo.com</a>.</p> <p>i Within 24 hours from the date of emergency hospitalization required ii At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.</p> <p><b>Reimbursement Process</b></p>	F.2.10



Follow below steps to avail reimbursement facility through our In house Health Claims Management:

Step I: Visit our Web Portal to register claim or Call our Health Helpline 1800 200 4030 or email us at [healthserve@universalsompo.com](mailto:healthserve@universalsompo.com) and inform about your claim.

Step II: Visit hospital and undergo your treatment. Settle your hospitalization bill and collect all the documents after discharge from the hospital.

Step III: Fill in Reimbursement Claim Form and submit all original documents to our below mention office for reimbursement.

Universal Sampo General Insurance Company Limited,  
Health Claims Management Office,  
1st Floor C-56- A/13,  
Block- C Sector- 62,  
Noida,  
Uttar Pradesh, Pincode: 201309

Step IV: On receipt of document your claim will processed as per Terms & Conditions of policy and the same will be communicated over SMS & Email.

Step V: Outcome of the claim will be communicated within 15 days from date of Submission of claim

#### [Document submission check list](#)

For speedy processing for your claim, please ensure the submission of all required documents within specified time.

- I. Claim form duly filled and signed by the Insured
- II. Certificate from attending medical practitioner mentioning the first symptoms and date of occurrence of ailment.

		<p>III.All treatment papers of current ailment including previous treatment papers if any.</p> <p>IV.Attested copy of claim documents along with settlement letter from Primary Insurer in case original documents submitted to another Insurer.</p> <p>V.Discharge Card from the hospital, Indoor Case Papers.</p> <p>VI.All medical Investigation reports (viz. X-ray, ECG, Blood test etc).</p> <p>VII.Hospital bill and receipts.</p> <p>VIII.Bills of chemist, medical practitioner, medical investigation, etc. supported by the doctor's prescription.</p> <p>IX.NEFT details and Personalized cancelled cheque/ Passbook copy in the name of proposer for electronic fund transfer.</p> <p>X.Valid Photo ID Proof of the patient.</p> <p>XI.For accident Cases: MLC (Medico Legal Certificate) / FIR (First Information report).</p> <p>XII.Copy of latest valid address proof of proposer like electricity bill, water bill or telephone bill or updated bank statement along with copy of PAN card &amp; Aadhaar Card as per AML/KYC Norms.</p> <p>The above list of documents is indicative. In case of any further document requirement, Our Health Serve team will contact you on receipt of your claim documents by us.</p>	
10	Policy Servicing	<p><b>Universal Sampo General Insurance Co. Ltd.</b> Unit No. 601 &amp; 602, 6th Floor, Reliable Tech Park, Thane- Belapur Road, Airoli, Navi Mumbai-400708 Toll Free Numbers: 1800-22-4030 or 1800-200-4030 Senior Citizen toll free number: 1800-267-4030</p>	

		<p><b>E-mail</b> <a href="mailto:contactus@universalsompo.com">contactus@universalsompo.com</a> <b>For more details:</b> <a href="http://www.universalsompo.com">www.universalsompo.com</a></p> <p><b>Address:</b></p> <p><b>Note:</b> Please include Your Policy number for any communication with us.</p>	
11	Grievances/ Complaints	<p><b>Grievances:</b> 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><b>Step 1: Contact Us</b> <b>Write us at:</b> <b>Customer Service Universal Sampo Insurance Co. Ltd</b> <b>Unit No. 601 &amp; 602, 6<sup>th</sup> Floor, Reliable Tech Park, Thane- Belapur Road, Airoli, Navi Mumbai, Maharashtra – 400708</b></p> <p><b>E- mail Address</b> <a href="mailto:contactus@universalsompo.com">contactus@universalsompo.com</a> <b>For more details:</b> <b>Toll Free Numbers: 1800-22-4030 or 1800-200-4030</b> <b>Senior Citizen toll free number: 1800-267-4030</b></p> <p><b>Step 2: Grievance Cell</b> If the resolution you received, does not meet your expectations, you can directly write to our Grievance Id. After examining the matter, the final response would be conveyed within two weeks from the date of receipt of your complaint on this email id.</p> <p><b>Customer Service Universal Sampo General Insurance Co. Ltd.</b> <b>Unit No. 601 &amp; 602, 6<sup>th</sup> Floor, Reliable Tech Park, Thane- Belapur Road, Airoli, Navi Mumbai, Maharashtra – 400708</b> <b>E- mail Address:</b> <a href="mailto:grievance@universalsompo.com">grievance@universalsompo.com</a> <b>For more details:</b> <a href="http://www.universalsompo.com">www.universalsompo.com</a></p>	F.1.12

**Visit Branch Grievance Redressal Officer (GRO) -** Walk into any of our nearest branches and request to meet the GRO.

- We will acknowledge receipt of your concern Immediately
- Seek and obtain further details, if any, from the complainant (permitted only once) Within one week
- Within 2 weeks of receiving your grievance, we will respond to you with the best solution.
- We shall regard the complaint as closed incase on non-receipt of reply from the complainant Within 8 weeks from the date of registration of the grievance

**Step 3: Chief Grievance Redressal Officer**

In case, you are not satisfied with the decision/resolution of the above office or have not received any response within 15 working days, you may write or email to:

**Customer Service Universal Sampo  
General  
Insurance Co. Ltd.**

**Unit No. 601 & 602, 6<sup>th</sup> Floor, Reliable  
Tech Park, Thane- Belapur Road, Airoli,  
Navi Mumbai, Maharashtra – 400708**

**E- mail Address:**

[gro@universalsompo.com](mailto:gro@universalsompo.com)

**For more details:**

[www.universalsompo.com](http://www.universalsompo.com)

For updated details of grievance officer, kindly refer the link

<https://www.universalsompo.com/resource-grievance-redressal>

**Step 4: Insurance Ombudsman**

**Bima Bharosa Portal link:**

<https://bimabharosa.irdai.gov.in/>

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

		<p>Development Authority of India (IRDAI) at <a href="http://www.irdai.gov.in">www.irdai.gov.in</a>, or of the General Insurance Council at <a href="https://www.gicouncil.in/">https://www.gicouncil.in/</a>, the Consumer Education Website of the IRDAI at <a href="http://www.policyholder.gov.in">http://www.policyholder.gov.in</a>, or from any of Our Offices.</p> <p>The updated contact details of the Insurance Ombudsman offices can be referred by clicking on the Insurance ombudsman official site: <a href="https://www.ciains.co.in/Ombudsman">https://www.ciains.co.in/Ombudsman</a>.</p> <p><b>Note:</b> Grievance may also be lodged at IRDAI- <a href="https://bimabharosa.irdai.gov.in/">https://bimabharosa.irdai.gov.in/</a>.</p>	
12	Things to remember	<p><b>1. Records to be maintained:</b> The Insured Person shall keep an accurate record containing all relevant medical records and shall allow the Company or its representatives to inspect such records. The Policyholder or Insured Person shall furnish such information as the Company may require for settlement of any claim under the Policy, within reasonable time limit and within the time limit specified in the Policy.</p> <p><b>2. Policy renewal:</b> Except on grounds of established fraud or non-disclosure or misrepresentation moral hazard or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn. No loading shall apply on renewals based on individual claims experience</p> <p><b>3. Migration:</b> The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company 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</p>	Section 8

		<p>insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration. The insurer may underwrite the proposal in case of migration, if the insured is not continuously covered for 36 months</p> <p><b>4. Material Change:</b> The Insured shall notify the Company in writing of any material change in the risk in relation to the declaration made in the proposal form or medical examination report at each Renewal and the Company may, adjust the scope of cover and / or premium, if necessary, accordingly.</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;"><b>Universal Sampo General Insurance Co. Ltd.</b></p> <ul style="list-style-type: none"> <li>➤ Unit No. 601 &amp; 602, 6th Floor, Reliable Tech Park, , Thane- Belapur Road, Airoli, Navi Mumbai- 400708</li> <li>➤ Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030</li> <li>➤ Senior Citizen toll free number: 1800-267-4030</li> </ul> <p>E-mail <span style="float: right;">Address:</span> contactus@universalsompo.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.