

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	Super Healthcare Insurance	-
2	Policy Number	<< >>	-
3	Type of Insurance Product/Policy	Indemnity Basis • 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: - 1L,1.5L, 2L,3L,5L, 7L, 10L, 15L, 20L, 30L, 50L & 100L	-
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	BASE COVER: - 1) Medical Expenses: - We will pay Insured the Reasonable charges of Medical Expenses incurred due to Hospitalisation, more than the deductible stated in the schedule. In-patient Treatment: We will cover expenses for hospitalization due to disease/illness/Injury during the policy period that requires an Insured Person's admission in a hospital as an inpatient more than 24hrs. Day-Care procedures– The Medical Expenses for any Day Care Procedure where the procedure or Surgery is taken by You as an inpatient for less	D-1,2,3,4

Super Healthcare Insurance

UIN- UNIHLIP21413V022021

than 24 hours in a Hospital or standalone day care center, as per the Annexure - I

Pre-Hospitalization: - The Medical Expenses incurred in the 30/60/90/120 days immediately prior before the date You were Hospitalized subject to opted Plan.

Post-Hospitalization: - The Medical Expenses incurred in the 60/90/120/150 days immediately after Your date of discharge from Hospital subject to opted Plan.

Organ Donor: - We will cover Inpatient Hospitalisation Medical Expenses for a successful organ transplant including pre transplant medical test for legitimate donor and harvesting the organ, up to SI.

AYUSH Benefit: -The Medical Expenses incurred for an In-patient treatment taken under Ayurveda, Unani, Sidha or Homeopathy.

Domiciliary Treatment: - Medical Expenses incurred for availing medical treatment at home which would otherwise have required hospitalization.

Ambulance: - We will cover expenses incurred on transportation of an Insured Person in a registered Ambulance in case of an emergency to a Hospital for admission or from one hospital to another hospital for better medical facilities and treatment, subject to the limit specified in Policy Schedule per Hospitalization.

Maternity and New Born Care Benefit: - As mentioned in the Policy Schedule, we will cover Medical Expenses associated with the delivery of a child including Pre and Post-natal Expenses & New Born Care.

Automatic Restoration: - We will provide a 100% restoration of Base Annual Sum Insured opted by the Insured once in a policy year if the Base Sum Insured and the Cumulative Bonus (if any) is insufficient as a result of previous claims in that policy year.

Bariatric Surgery Cover: - we will pay for reasonable and customary expenses for Bariatric Surgery if the insured as specified in the policy.

Emergency Assistance Services: - We will provide the below services which will be available when the Insured/Insured member(s) is/are more than 150 kms away from their residential address through our appointed Service provider, with prior intimation and acceptance by the Company.

- (i) Medical Consultation, Evaluation and Referral
- (ii) Medical Monitoring and Case Management
- (iii) Emergency Medical Evacuation
- (iv) Medical Repatriation (Transportation) Compassionate Visit.

Dental Treatment (In case of Accident): - We will cover the Medical Expenses of any necessary Dental Treatment taken from a dentist, provided that the Dental Treatment is required as a result of an Accident.

2) VALUE ADDED BENEFITS:

The policyholder can avail the benefits through Mobile application or web portal without any additional cost, subject to terms and conditions of the policy.

Everyday care (OPD Consultation, Diagnostic Services & Pharmacies) Complete wellness & healthcare (Health Risk assessment, Health Screening & Electronic health records), Health Coach, Disease management program (on additional premium), health reward program.

		<p>3) << Optional Cover: Global Cover: - On payment of additional premium, The Company will reimburse for Medical Expenses of the Insured Person incurred outside India but not more than 180 consecutive days up to the sum insured, provided that the diagnosis was made in India and referred by Medical Practitioner for which the insured member(s) travels abroad for treatment.>></p> <p>4) RENEWAL BENEFITS:</p> <p>Cumulative Bonus: - Cumulative Bonus will be provided on claim free renewal of policy by 20% of Base sum insured & can be accumulated Maximum up to 100%</p> <p>Health Check-up: - We will provide free medical check-ups to the insured on every renewal, through the empaneled Service Provider. This free health check-up is offered irrespective of the claim history of policyholder.</p>	
6	<p>Exclusions (What the policy does not cover)</p>	<p>1. Standard 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) 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 	<p>E.1.b.1 -15 E.2</p>

		<p>admission is arranged wholly or partly for domestic reasons. (Code- Excl13)</p> <p>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)</p> <p>12) Refractive Error:(Code- Excl15)</p> <p>13) Unproven Treatments:(Code- Excl16)</p> <p>14) Sterility and Infertility:(Code- Excl17)</p> <p>15) Maternity (Code – Excl 18): (Applicable only for Top-up : Plan 1 Super Top-up : Gold Plan)</p> <p>2. SPECIFIC EXCLUSIONS: -</p> <ol style="list-style-type: none"> 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 	
7	<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.Pre-existing diseases: (Code- Excl01) Covered after 36/24/12 months subject to opted Plan.</p> <p>2. Specific Waiting Period (Not applicable for claims arising due to an accident): (Code- Excl02) - surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage-for List of specific diseases/procedures as mentioned in policy.</p> <p>3. Initial Waiting Period: (Code- Excl03) 30 days for all illnesses (Waiting period not applicable in case of continuous renewal or accidents)</p>	E.1.a.1-4

		4. Maternity Expenses (Code-Excl18) Nine months waiting period	
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 - Maternity Expenses Including New Born Baby 50K/75K subject to opted plan as mentioned on policy schedule.</p> <p>Bariatric Surgery 3L/ 5L Subject to opted plan</p> <p>*There is no Co-payment under policy.</p> <p>* Deductible applicable under policy as opted from 50K, 1L, 2L, 3L, 4L, 5L, 6L ,7L ,8L ,9L ,10L, 15L, 20L, 30L, 40L</p>	-
9	Claims/Claims Procedures	<p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</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>	H- 1,2,3,7,8,9

- iii 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.
- 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.

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

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.

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

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.

2. Claim applicability based on opted plan:-

- I. For Top Up - Plan 1, Plan 2 and Plan 3, the Deductible (as mentioned in the Policy Schedule) shall be applicable per claim basis, incepting during each policy year under the policy. In case of more than one claim during the Policy period, each claim shall be separately assessed except in case of relapse within 45 (Forty Five) days, as defined under Any One Illness, this will be applicable for Individual Policy as well as for Family Floater Policy.
- II. For Super Top Up – Gold, Diamond and Platinum, the Deductible (as mentioned in the Policy Schedule) shall be applied to aggregate of amount of all eligible claims as per policy terms and conditions that are

		<p>related to hospitalisation/s of insured person in case of Individual Policy or all insured persons in case of Floater Policy, within the same policy year. 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.</p> <p>Provide the details/web link for following: i. Network Hospital details: Available on website: www.universalsompo.com. ii. Helpline Number: Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030, Senior Citizen: 1800-267-4030 Landline Numbers: (022) 39133700 (Local Charges Apply) 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.</p>	
10	Policy Servicing	<p>1) Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030 2) Landline Numbers: (022) 39133700 (Local Charges Apply) 3) E-mail Address: contactus@universalsompo.com. 4) Address for postal communication: Universal Sampo General Insurance Co. Ltd. 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>Note: Please include Your Policy number for any communication with us.</p>	

<p>11</p>	<p>Grievances/ Complaints</p>	<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> <p>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</p>	<p>F.1 XV</p>
-----------	-----------------------------------	--	---------------

		<p>Development Authority of India (IRDAI), Consumer Affairs Department - Grievance Redressal Cell, Sy.No.115/1, Financial District, Nanakramguda, Gachibowli, Hyderabad- 500032.</p> <p>c. You can visit the portal http://www.policyholder.gov.in for more details.</p> <p>3. Insurance Ombudsman</p> <p>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.</p> <p>Please https://www.ciains.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.</p> <p>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> <p>i. a refund of the premium paid less any expenses incurred by the Company on medical examination</p>	F.1. vii,viii,ix,x,xii,xiv,

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

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.

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

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

		<p>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 period if any shall start afresh only for the enhanced portion of the sum insured.</p> <p>You may seek enhancement of Sum Insured in writing before payment of premium for renewal, which may be granted at Our discretion. Before granting such request for enhancement of Sum Insured, we have the right to have You examined by a Medical Practitioner authorized by Us or the TPA. Our consent for enhancement of Sum Insured is dependent on the recommendation of the Medical Practitioner and subject to limits as stated by the Company. Enhancement of Sum Insured will not be considered for: In respect of any enhancement of Sum Insured, exclusions code – Excl01, Excl02 and Excl03 would apply to the additional Sum Insured from such date.</p> <p>6. 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 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	Please disclose in the proposal form all the diseases, conditions which you are aware at the time of buying the policy.	

		<p>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. Disclose any Material Information about Your Current/Recent Medical History, Past Medical History, Hospitalisation History, Accidental Injury history, Any Surgical Procedure history & or Congenital Diseases/Disorder birth defect.</p> <p>You can reach out at us for disclosure of Material Information-</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.