

Labour Wage Compensation Insurance Policy Prospectus

Labour Wage Compensation Insurance pays up to the Sum Insured is and shall be subject to (a) the terms and conditions of this Policy and (b) the receipt of premium and (c) Disclosure to Information Norm (including by way of the Proposal or Information Summary Sheet) and (d) Policy Schedule/ Certificate of Insurance.

1. ELIGIBILITY

- Minimum Entry Age: 18 Years
Maximum Entry Age: 85 years (above 65 Years will be Underwriting Discretion)
 - Entry Age for Dependent Children- 1 Days to 25 years*
*Dependent Children of Day 01 to 90 days will be Underwriting Discretion
 - Renewals are available for lifelong.
 - Policy offers cover on Individual and Floater Sum Insured basis.
 - This policy can be issued to an individual and/or family
- a) Family member includes.**
- Self
 - Spouse
 - Dependent Children
 - Dependent Parents
- b) Sum Insured & Benefits**
- Minimum Base Cover Sum Insured of the Policy Rs 100 per day
 - Maximum Base Cover Sum Insured of the Policy Rs 5,000,000/-
- c) Eligibility Group Size – 07**
- d) Policy Period:**
- The tenure of the Policy would be 1 year.
- e) Nationality**
- Policy can be issued only to Indian nationals.
 - For nationality other than Indian, underwriting approval would be required. The policy would be issued basis the legality of case and the decision would on case-to-case basis.
- f) Portability**
1. If You were insured continuously and without a break under another Indian group health insurance policy with Us or any other Indian General Insurance company, it is understood and agreed that:
 - a) If You wish to exercise the Portability Benefit, We should have received Your application with complete documentation at least 45 days before the expiry of Your present period of insurance;
 - b) This benefit is available only at the time of renewal of the existing health insurance policy.
 - c) The Portability Benefit shall be applied subject to the following:

- i. Your proposal shall be subject to Our medical underwriting
- ii. Any modification or amendment in the terms and the applicability of the Portability Benefit in accordance with the provisions of the regulations and guidance issued by the Insurance Regulatory and Development Authority as amended from time to time, shall apply as on the date of proposal

2. MANDATORY COVERAGE

Note: It is mandatory that the Insured Person shall choose at-least one of the following benefits.

1. Wage loss compensation allowance Due to Accident Hospitalisation

The company will pay to the Insured Person(s) in case of Hospitalization including ICU 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 towards a wage loss for every completed 24 hours of Hospitalization up to the limit subject to Deductible as specified in the Policy Schedule / Certificate of Insurance.

2. Wage loss compensation allowance Due to Sickness Hospitalisation

The company will pay to the Insured Person(s) in case of Hospitalization including ICU 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 towards a wage loss for every completed 24 hours of Hospitalization up to the limit subject to Deductible as specified in the Policy Schedule / Certificate of Insurance.

3. Wage loss compensation allowance Due to Accident and Sickness Hospitalization

The company will pay to the Insured Person(s) in case of Hospitalization including ICU 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 towards a wage loss for every completed 24 hours of Hospitalization up to the limit subject to Deductible as specified in the Policy Schedule / Certificate of Insurance.

4. Personal Accident

A. Accidental Death

The Company will pay to the Insured person's beneficiary or legal representative the compensation stated in the schedule, including escalation benefits if any, If during the period of insurance an insured person sustains bodily injury which directly and independently of all other causes results in death within twelve (12) months of the date of loss.

a. Disappearance

We will pay the benefit for Loss of Life occurring within policy period if Insured person's body cannot be located within 365 Days after the forced landing, stranding, sinking or wrecking of a conveyance in which the insured person is a passenger or as a result of any Acts of God, in which case it shall be deemed, subject to all other terms and provisions of the Policy, that the insured person shall have suffered loss of life within the meaning of the Policy.

B. Permanent Total Disability (PTD)

We will pay the sum insured including escalation benefit as shown in the policy schedule if injury to you results in you suffering Permanent Total Disability. The injury must occur within the policy period as mentioned in the policy schedule and the functional loss should be within 365 days from the date of accident which caused the injury. This clause is however not applicable for immediate severance cases.

We will pay provided such disability has continued for a period of 365 days and is total, continuous and permanent at the end of this period, the sum less any other amount paid or payable under Permanent Partial Disability sections of this policy, if the said coverage is offered under this policy as the result of the same accident. If the Insured Person suffers more than one below mentioned loss as a result of the same accident, our liability shall be restricted to the sum insured mentioned on the policy schedule.

For the purpose of this cover, Permanent Total Disability shall mean either of the following:

- Loss of sight of both eyes
- Physical Separation of or the loss of ability to use both hands or both feet
- Physical Separation of or the loss of ability to use one hand and one foot
- Loss of sight of one eye and the physical separation of or the loss of ability to use either one hand or one foot.

C. Permanent Partial Disability

When as the result of Injury occurring during the policy period and commencing within 365 Days from the date of the Accident, you suffer a Permanent Partial Disability, We will pay, provided such disability has continued for a period of 12 consecutive months and is continuous and Permanent, at the end of this period, a percentage of the Sum Insured shown in the Policy Schedule if Injury to You results in one of the losses shown in the Scale below less any other amount paid or payable under the Permanent Total Disability section of this Policy as the result of the same Accident.

- i. When more than one form of disability results from one Accident, we add the percentages from each together. However, we will not pay more than 100% of the Sum Insured shown in the Policy Schedule. If claim is payable for loss or loss of use of a whole member of the body, a claim for parts of that member cannot also be made.

Nature of loss	% of Accidental Death Sum Insured
1. Loss of an arm above elbow joint	75%

2. Loss of an arm beneath the elbow joint	65%
3. Loss of a hand at the wrist	40%
4. Loss of four fingers and thumb of one hand	30%
5. Loss of four fingers	20%
6. Loss of Thumb	10%
7. Loss of Index Finger only	10%
8. Loss of middle finger only	5%
9. Loss of ring finger only	5%
10. Loss of little finger only	4%
11. Loss of leg above mid- thigh	50%
12. Loss of leg upto mid thigh	50%
13. Loss of a leg above mid calf	40%
14. Loss of a foot at the ankle	30%
15. Loss of all Toes	25%
16. Loss of Great Toe only	5%
17. Other than great Toe, if more than one toe lost, each	1%
18. Loss of an eye	50%
19. Loss of hearing of one ear	25%
20. Loss of hearing of both ears	50%
21. Loss of sense of smell	5%
22. Loss of sense of Taste	5%
23. Any other permanent partial disability prescribed by Medical Practitioner	As assessed by Medical Practitioner appointed by us and not exceeding 75%

Upon payment of sum insured under the benefits 1-3 in the table below, the cover for that insured member would terminate and there shall be no further liability under the policy.

3. OPTIONAL COVERAGE

1. ICU Benefit – Max 10 Days

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. A daily Hospital cash benefit shall be payable for every completed 24 hours of Hospitalization up to the limit specified in the Policy Schedule / Certificate of Insurance.

2. Fractures (Broken Bones) / Burns

The Company will pay, If during the period of insurance an insured person sustains bodily injury which directly and independently of all other causes results in a fracture, dislocation or burns, subject to the following conditions.

- i. The Sum Insured applicable for this coverage is as mentioned in Policy Schedule
- ii. Fractures of the specific bones mentioned in the below table are covered
- iii. Dislocation of specific joints mentioned in the below table are covered
- iv. Only thermal, electrical and chemical burns are covered
- v. There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

List of Fractures and Burns

A. Hip or Pelvis (excluding Thigh or coccyx)

	Loss	% of Sum Insured for Fracture/ Burns
1.	Multiple Fractures at least one Open compound and one complete involving 2 different bones	100%
2.	Multiple Fractures at least one Open compound	50%
3.	Multiple fractures, at least one closed Compound	30%
4.	Multiple Fractures at least one Complete fracture	20%
5.	At least one Complete Fracture	10%

B. Thigh or Heel

1.	Multiple Fractures at least one Open compound and one complete involving 2 different Bones	80%
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2.	Multiple Fractures at least one Open compound	40%
3.	Multiple fractures, at least one closed Compound	25%
4.	Multiple Fractures at least one Complete fracture	15%
5.	At least one Complete fracture	7%

C. Lower leg, clavicle, Ankle, elbows, upper or lower arm (including wrist but excluding Colles- type fractures)

1.	Multiple Fractures at least one Open compound and one complete involving 2 different Bones	60%
2.	Multiple Fractures at least one Open compound	35%
3.	Multiple fractures, at least one closed Compound	20%
4.	Multiple Fractures at least one Complete fracture	10%
5.	At least one Complete fracture	5%

D. Skull

1.	Multiple Fractures of the skull needing surgical Intervention	50%
2.	Multiple Fractures of the skull not needing surgical Intervention	25%

E. Colles type fracture of the lower arm

1.	Open Compound fracture	30%
2.	Closed Compound fracture	15%

F. Shoulder blade, knee cap, sternum, hand (excluding fingers and wrist), foot (excluding toes or heel)

1.	Open Compound fracture	30%
2.	Closed Compound fracture	15%

G. Spinal Column (Vertebrae but excluding coccyx)

1.	All compression fractures	45%
2.	All spinous, transverse process of pedicle fractures	40%
3.	Fracture leading to permanent neurological damage	35%
4.	All other vertebral fractures	15%

H. Loss % of Sum Insured for Fracture/ Burns

1.	Multiple Fractures at least one Open compound and one complete involving 2 different Bones	100%
2.	Multiple Fractures at least one Open compound	50%
3.	Multiple fractures, at least one closed Compound	30%
4.	Multiple Fractures at least one Complete fracture	20%
5.	At least one Complete fracture	10%

I. Lower Jaw

1.	Multiple fractures, at least one Open compound	20%
2.	Multiple fractures, at least one Closed compound	12%
3.	Multiple fractures, at least one complete	7%
4.	All other fractures	3%

J. Rib or ribs, cheekbone, coccyx, upper jaw, nose, toe or toes, finger or fingers

1.	Multiple fractures, at least one Open compound	15%
2.	Multiple fractures, at least one Closed compound	10%
3.	Multiple fractures, at least one complete	7%
4.	All other fractures	3%

K. Burns- 2nd or 3rd degree burns on

1.	at least 27% of body surface	100%
2.	at least 18% of body surface	50%
3.	at least 9% of body surface	25%
4.	at least 4.5% of body surface	10%

L. Dislocations requiring surgery under anesthesia*

1.	Spine or back, diagnosed by X-ray (excluding slipped disc)	25%
2.	Hip	25%
3.	Knee	20%
4.	Wrist or Elbow	15%

5.	Ankle, shoulder blade or Collarbone	10%
6.	Fingers, toes or jaw	5%

* limit of one payment for each of (1) to (6) in any twelve consecutive months.

M. Internal Injuries

1.	Internal injuries resulting in open abdominal or thoracic surgery excluding hernia	30%
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“Open Fracture” is a fracture where the broken bone(s) penetrate(s) & comes out of the skin.
“Closed Fracture” is a fracture where the broken bone(s) do(es) not penetrate & comes out of the skin.

3. Ambulance Cost

The Company will pay expenses incurred on transportation of Insured Person in a registered ambulance to a Hospital for an admission, in case of an Emergency or from one hospital to another hospital for better medical facilities and treatment, subject to the limit specified in Policy Schedule per Hospitalization.

Special Condition - Coverage is available only if a claim under any of the Base Coverage is triggered.

4. Comatose Benefit – Accident Only

The Company will pay to Insured Person 10% of the Accidental Death Sum Insured up to Rs 5 lacs whichever is lesser for the benefit, If during the period of insurance an insured person sustains bodily injury which directly and independently of all other causes results him being in a Comatose State causing permanent neurological deficit within 30 days from the date of injury, subject to the following conditions:

- The state of unconsciousness should correspond to a Glasgow Coma Scale (GCS) score of 3 (No motor response, No verbal response, No eye opening)
- A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
 - a. no response to external stimuli continuously for at least 96 hours;
 - b. life support measures are necessary to sustain life; and
 - c. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

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

Special Condition - Coverage is available only if Base Coverage 2.4 Personal Accident is opted under the Policy.

5. Animal Attack Cover

The Company will pay Sum Insured as mentioned in the Policy Schedule / Certificate of Insurance for Medical Expenses of Insured Person if he is Hospitalised for seventy-two (72)

continuous hours due to Injury as the result of an attack by any four (4) limbed Animal that is not an insect or reptile during the Policy / Cover Period.

6. 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.

The Insured will have the choice of choosing between **a)** or **b)**

7. Accidental Hospitalization

If any Insured Person suffers an Accident during the Policy Period that requires Insured Person's Hospitalization as an inpatient in a hospital as defined in the policy, then we will in addition reimburse the Medical Expenses incurred for the in-patient treatment up to the Accidental Hospitalization limit as specified in the policy schedule subject to the following conditions.

- i. The period of hospitalization shall exceed 24 consecutive hours
- ii. Any Hospitalization arising out of an existing disability prior to the first inception of this Policy is excluded
- iii. Expenses incurred during the period of admission only are payable. The limits for accidental Hospitalization are capped at 10% of the Sum Insured.
- iv. Non-payable items shall not be payable.

Special Condition - Coverage is available only if Base Coverage 2.4 Personal Accident is opted under the Policy.

8. Child Education Benefit

The Company will in addition pay a fixed sum towards child education expenses for a year in case of death. The benefit is payable for each child who has not reached the age of 23 years and is enrolled as a full-time student in an educational institution recognized by the Government of India. The amount payable per child per year will be lower of:

- Actual tuition fees or
- Sum Insured.

9. Loan Shield

The Company will pay the amount towards a loan outstanding as on the date of accident up to sum insured in case of Accidental Death of the Insured Person subject to the following conditions.

- i. The outstanding loan amount would not include any arrears, penalties, or penal interest.
- ii. The loan has to be in the name of the insured and from a bank or a housing finance company licensed by the appropriate authority.

- iii. Loans from unorganized lending institutions are excluded
- iv. If the member has more than one loan outstanding, the cumulative amount of all the loans together would be considered.

Special Condition - Coverage is available only if Base Coverage 2.4 Personal Accident is opted under the Policy.

10. Assault

The Company will pay, If an Insured Person sustains Bodily Injury that results in Death, Permanent Total Disablement or Permanent Partial Disablement, as a result of or arising from Assault after the applicable waiting Period from commencement of first Policy with Us, we will pay Sum Insured or percentage of Sum Insured

Special Condition - Coverage is available only if Base Coverage 2.4 Personal Accident is opted under the Policy.

11. Temporary Total Disability

The Company will pay a weekly benefit amount as mentioned in the policy schedule during a period of continuous Temporary Total Disability of an Insured Person resulting from Injury provided that:

- i. such period of disability commences within the policy period mentioned in the Policy Schedule after the date of the Accident causing such Injury; and
- ii. the maximum period for which such amount shall be payable for any one such period of disability shall not exceed the maximum of no of weeks stated in Policy Schedule / Certificate of Insurance.
- iii. Consequent to payment of any such benefit, the sum insured shall reduce accordingly by this amount for the insured member for any other claims arising out of same accident.

Special Condition - Coverage is available only if Base Coverage 2.4 Personal Accident is opted under the Policy.

12. Funeral Expense

The Company will pay in addition to base Sum Insured, a fixed amount towards funeral expenses including transporting the mortal remains of the Insured Person from the place of the Accident or the Hospital to his residence up to the Sum Insured mentioned in Policy Schedule/ Certificate of Insurance.

13. Exclusion Removal

Specific Exclusion 7.2.6 and / or 7.2.7 stand deleted with addition of this optional cover.

4. WAITING PERIOD

1. Pre-Existing Diseases –

- a) Expenses related to the treatment of a 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.

- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.

Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

2. Specific Waiting Period –

- a) 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. This exclusion shall not be applicable for claims arising due to an accident.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.
- d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e) If the Insured Person is continuously covered without any break under the policy, then waiting period for the same would be reduced to the extent of prior coverage.

i. 24 Months waiting period – Applicable for below surgenries.

1. All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps	11. Pilonidal sinus, Sinusitis and related disorders
2. Benign ear, nose, throat disorders	12. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident
3. Benign prostate hypertrophy	13. Skin Disorders
4. Cataract and age related eye ailments	14. Stone in Gall Bladder and Bile duct, excluding malignancy
5. Gastric/ Duodenal Ulcer	15. Stones in Urinary system
6. Gout and Rheumatism	16. Treatment for Menorrhagia/Fibromyoma, Myoma and Prolapsed uterus
7. Hernia of all types	17. Varicose Veins and Varicose Ulcers
8. Hydrocele	18. Renal Failure
9. Non Infective Arthritis	19. Puberty and Menopause related Disorders
10. Piles, Fissures and Fistula in anus	20. Behavioural and Neuro-Develop
	20. HIV Disorders:
	a. Disorders of adult personality
	b. Disorders of speech and language including stammering, dyslexia

ii. 48 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 –

- a. 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.
- b. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.

The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

4. EXCLUSIONS

The Company shall not be liable for Hospital Cash Amount under this policy if the hospitalization is directly or indirectly for;

Standard Exclusions:

The Company shall not be liable for Hospital Cash Amount under this policy if the hospitalization is directly or indirectly for;

1. Investigation & Evaluation(Code- Excl04)

- a. Expenses related to any admission primarily for diagnostics and evaluation purposes.
- b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment

2. Rest Cure, Rehabilitation and Respite Care (Code- Excl05)

Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

- i. Custodial care either at home or in a nursing facility for personal care such as helpwith activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
- ii. Any services for people who are terminally ill to address physical, social, emotionaland spiritual needs.

3. Obesity/ Weight Control (Code- Excl06)

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

- 1) Surgery to be conducted is upon the advice of the Doctor
- 2) The surgery/Procedure conducted should be supported by clinical protocols
- 3) The member has to be 18 years of age or older and
- 4) Body Mass Index (BMI);
 - a) greater than or equal to 40 or
 - b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type2 Diabetes
4. **Change-of-Gender Treatments: (Code- Excl07)**
Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
5. **Cosmetic or plastic Surgery: (Code- Excl08)**
Expenses for cosmetic or plastic surgery or any treatment to change appearance unless 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. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
6. **Hazardous or Adventure sports: (Code- Excl09)**
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.
7. **Breach of law: (Code- Excl10)**
Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
8. **Excluded Providers: (Code-Excl11)**
Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life-threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.
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)

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.

13. Unproven Treatments:(Code- Excl16)

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

14. Sterility and Infertility:(Code- Excl17)

Expenses related to sterility and infertility. This includes:

- (i) Any type of contraception, sterilization
- (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- (iii) Gestational Surrogacy
- (iv) Reversal of sterilization

15. Maternity – (Excl-18)

- i Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
- ii expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

7.2. Specific Exclusions:

- 1. 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.
- 2. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:
 - a) Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any illness, incapacitating disablement or death.
 - b) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.

- c) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or' biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.
- 3. Any expenses incurred on OPD treatment.
- 4. Treatment taken outside the geographical limits of India.
- 5. 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.
- 6. Act of Terrorism
- 7. Attack / injury due to Naxalites

5. CANCELLATION

Termination

- a. We may cancel each Certificate of Insurance at any time on grounds of misrepresentation, non-disclosure of material facts or non-cooperation of the insured by giving you 15 Days written notice delivered to You, or mailed to Your last address as shown by Our records, stating when such cancellation shall be effective.
- b. Each Certificate of Insurance will get cancelled on the earliest of the following dates: i. The date You or We cancel the Certificate of Insurance ii. The member opts out of the scheme iii. Foreclosure/closure of loan availed (wherever applicable)
- c. In the event of cancellation for misrepresentation, fraud, non-disclosure of material facts, the policy shall stand cancelled ab-initio and there will be no refund of premium.
- d. In the event the policy is cancelled for non-cooperation of the insured or if you cancel the Policy, the premium shall be computed in accordance with Our short period rate table for the period the Policy has been in force, provided no claim has occurred up to the date of cancellation.
- e. You may cancel this Policy at any time by sending fifteen (15) days' notice stating the intended cancellation date. In the event of such Cancellation, We shall retain premium for the period this Policy has been in force in accordance with the short-period rate table below. However, You will not be entitled for a refund if the sum of claims paid and outstanding under the policy as on the date of cancellation request is greater than 20% of the premium paid.

Cancellation Table

If no claim has been made under the Policy/Certificate of Insurance, then We will refund premium in accordance with the short rate table below:

Refund of Premium in %	
Timing of Cancellation	Percentage of premium to be refunded
Up to 30 days	75.00%
31 to 90 days	50.00%

3 to 6 months	25.00%
6 to 12 months	0.00%

6. DISCOUNTS AND LOADINGS

Group size discount: The discount is given in lieu of the saving on expenses in large group policies. Group size-based discount is as follows:

Group Size	Group Discount
Up to 50 persons	0.0%
51 – 100 persons	2.5%
101 – 200 persons	5.0%
201 – 500 persons	7.5%
501 – 1000 persons	10.0%
1001 – 1500 persons	12.5%
1501 – 2500 persons	15.0%
2501 – 5000 persons	17.5%
Above 5000 persons	20.0%

Direct Policy Discount: 12% discount on the applicable premium for customers approaching the Company directly without any intermediary. The discount passes on the expense savings following a direct mode of policy issuance without any intermediation to customer.

Underwriting Discretion

Underwriting Discretion up to the effect of [+/-] 10% shall only be used by Chief Underwriting Officer or his designated person to allow for the factors not covered in the calculated rates and to allow for client's portfolio size and other commercial considerations.

A] Pricing will be as per the benefit-wise rating tables shared in Actuarial Technical Note

Based on the relative exposure propensities of the groups, underwriting will have the discretion to vary the pricing up to [+/-] 10%.

This in addition to the loading/discount parameter

B] Group Policies would be experience rated where sufficient statistically credible experience is available and for the groups, where experience is not available, the experience of similar groups would be referred to.

If statistically credible information is not available/fully credible or the characteristics of the proposed group are entirely different from the groups whose experience is available, then the Base Premium would be based on rates as mentioned in the relevant sections of this technical note which will be suitably adjusted based on partial credible group experience.

7. GRIEVANCES

Grievance - In case of any grievance relating to servicing the Policy, the insured person may submit in writing to the Policy issuing office or regional office for redressal.

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

Or can write to us on:

Universal Sompo General Insurance Co. Ltd.

Unit no 601-602 A & B Wing 6th Floor Reliable Tech Park ,

Cloud City Campus, Gut No 31, Mouje, Eltham, Thane Belapur road, Airoli, Navi Mumbai 400708

Website: www.universalsompo.com Toll free: 1800-200-5142

Landline Numbers: (022)- 41659800 Fax : (022) 39171419

E-mail: contactus@universalsompo.com

IRDAI Integrated Grievance Management System – <https://igms.irda.gov.in/>

Insurance Ombudsman - The insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance. The contact details of the Insurance Ombudsman offices have been provided as Annexure-B.

8. Section 41 of Insurance Act 1938 (Prohibition of Rebates)

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the prospectus or tables of the insurers.
2. Any person making default in complying with the provision of this section shall be punishable with fine which may extend to Rupees Ten Lakh Rupees.

IRDAI Regulation no 12 - This policy is subject to regulation 12 of IRDAI (Protection of Policyholder's Interests) Regulation, 2017.

DISCLAIMER: THE ABOVE IS DESCRIPTIVE ONLY. THE ACTUAL TERMS AND CONDITIONS CAN BE FOUND IN THE POLICY DOCUMENT. INSURED'S ARE ADVISED TO READ THE POLICY DOCUMENT COMPLETELY FOR A FULL DESCRIPTION OF THE TERMS AND CONDITIONS OF COVERAGE AND THE EXCLUSIONS RELATING THERETO.