

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	POS Critical Illness Insurance Policy	--
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"> Individual Sum Insured -Where each member has a separate sum insured under the policy), <p>Individual Sum Insured is available under the Policy.</p> <p>Sum Insured Options: 2.5L/5L/7.5L/10L/12.5L/15L/17.5L/20L</p>	--

5	Policy Coverage (What the policy covers?) (Policy Clause Number/s	<p>CRITICAL ILLNESS :- The Sum Insured under the section shall become payable, if the Insured Person is detected/ diagnosed for the first time during the policy period as suffering from a Critical Illness or Surgical Procedure defined under the Policy as mentioned below:-</p> <ol style="list-style-type: none"> 1. Cancer of specified severity 2. First Heart Attack of specified severity 3. Open Chest CABG 4. Open Heart Replacement 5. Coma of Specified Severity 6. Kidney Failure requiring regular dialysis 7. Stroke resulting in permanent symptoms 8. Major Organ /Bone Marrow Transplant 9. Motor Neurone Disease with Permanent Symptoms 10. Permanent Paralysis of Limbs 11. Multiple Scelerosis with persisting symptoms <p>A. In the event of a claim, the Critical Illness have to be diagnosed by a Medical Practitioner, supported by radiological, histological and laboratory evidence accepted to Us and to be reconfirmed by a Medical Practitioner appointed by Us.</p> <p>B. We shall compensate You only once in respect of any particular Critical Illness/ Surgical Procedure mentioned as covered in the Schedule.</p> <p>C. Cover under this Policy shall cease upon payment of the compensation on the happening of a Critical Illness and/ or Surgical Procedure and no further payment will be made for any consequent disease or any dependent disease.</p> <p>You should survive for 30 days post diagnosis of such Critical Illness to be able to make a claim under the Policy.</p>	D.1
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6	Exclusions (What the policy does not cover)	<p>1. Cosmetic or plastic Surgery: Code- Excl08 2. Unproven Treatments: Code- Excl16</p> <p>Specific Exclusions</p> <p>3. Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -</p> <p>4. Any skin cancer other than invasive malignant melanoma</p> <p>5. All tumours of the prostate unless histological classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2NOMO</p> <p>6. Papillary micro - carcinoma of the thyroid less than 1 cm in diameter</p> <p>7. Chronic lymphocytic leukaemia less than RAI</p> <p>8. Microcarcinoma of the bladder</p> <p>9. Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T.</p> <p>10. Other acute Coronary Syndromes</p> <p>11. Any type of angina pectoris.</p> <p>12. Angioplasty and/or any other intra-arterial procedures.</p> <p>13. Other acute Coronary Syndromes</p> <p>14. Any type of angina pectoris.</p> <p>15. Angioplasty and/or any other intra-arterial procedures</p>	E.2 to E.26.

21. Any Illness, sickness or disease or procedure, other than specified as Critical Illness/Procedure, as mentioned in the Policy schedule, or
22. Any Critical Illness of which, the signs or symptoms first occurred prior to or within Ninety (90) days following the Policy Issue Date or the last Commencement Date, whichever is later, or
23. Any Critical Illness based on a Diagnosis made by the You or Your Immediate Family Member or anyone who is living in the same household as You or by a herbalists, acupuncturist or other non-traditional health care provider; and
24. Special nursing care, routine health checks or convalescence, Custodial Care, general debility, lethargy, rest cure;
25. Any investigation(s) or treatments not directly related to a Covered Illness or Covered Injury or the conditions or diagnosis necessitating hospital admission;
26. Any payment in case of more than one claim under the Policy during any one period of insurance by which the maximum liability of the Company in that period exceeds the Sum Insured.
27. Payment of compensation in respect of Illness resulting –
 - a. From intentional self-injury, suicide or attempted suicide.
 - b. Due to liquor or drugs or other intoxicants.
 - c. Emotional distress
 - d. Whilst engaging in aviation or ballooning whilst mounting into, dismounting from or travelling in any aircraft or balloon other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
 - e. Directly or indirectly, caused by venereal disease or insanity.
 - f. Arising or resulting from committing any breach of law with criminal intent or participating in an actual or attempted felony, riot, crime, misdemeanour or civil commotion.
 - g. Due to war or ionising radiation or nuclear perils.
 - h. Whilst working in underground mines or explosive mines, electric installation with high tension supply, or as jockey or circus

E.28. to
E.32.

	<p>personnel or any such occupations of similar hazard.</p> <p>i. Congenital Anomalies or any complications or conditions arising therefrom; or</p> <p>28. Circumcision, cosmetic or aesthetic treatments of any description change of life surgery or treatment, plastic surgery (unless necessary for the treatment of Illness or accidental Bodily Injury as a direct result of the Insured Event and performed within 6 months of the same).</p> <p>29. Naval or military operations of the armed forces or air force and participation in operations requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels and the like.</p> <p>30. All kind of Alternate Treatment</p> <p>31. Consequential losses of any kind, be they by way of loss of profit, loss of opportunity, loss of gain, business interruption, market loss or otherwise, or any claims arising out of loss of a pure financial nature such as loss of</p>		
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. 	<ol style="list-style-type: none"> 1. 90 days waiting period (Code- Excl E.21.)- 2. Any Critical Illness of which, the signs or symptoms first occurred prior to or within Ninety (90) days following the Policy Issue Date or the last Commencement Date, whichever is later, or 3. Survival Period D.1. CRITICAL ILLNESS - the Insured Person survives for a minimum period of at least 30 days from the date of diagnosis of such Critical Illness to be able to make a claim under the Policy. 4. Pre-existing diseases: Covered after 36 months (Code- Excl01) 	<p>E.21. D.1. E.1</p>

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: In case of a claim, this policy requires you to share the following costs: Expenses exceeding the following Sub-limits.</p> <p>*There is no Sublimit under policy *There is no Co-payment under policy *There is no Deductible applicable under policy</p>	
9	<p>Claims/Claims Procedures</p>	<p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <p>Procedure for Cashless claims:</p> <p>Treatment may be taken in a network provider and is subject to pre-authorization by the Company or its authorized TPA.</p> <p>Cashless request form available with the network provider and TPA shall be completed and sent to the Company/TPA for authorization.</p> <p>The Company/ TPA upon getting cashless request form and related medical information from the insured person/ network provider will issue pre-authorization letter to the hospital after verification.</p> <p>At the time of discharge, the insured person has to verify and <u>sign the discharge papers, pay for non-medical and</u></p>	G

inadmissible expenses.

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

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

SI N	Type of Claim	Prescribed Time limit
1.	Pre – Authorization for Cashless facility	1 hour from the time of receipt of complete Documents
2.	Cashless Final Bill Authorization	3 hours from the time of receipt of complete Documents

Procedure for reimbursement of claims:

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

SI N	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

Notification of Claim

Notice with full particulars shall be sent to the Company as under:

		<p>i Within 24 hours from the date of emergency hospitalization required or before the Insured Person's discharge from Hospital, whichever is earlier. ii At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.</p> <p>Provide the details/web link for following: i. Network Hospital details: Available on website: www.universalsompo.com.</p> <p>ii. Helpline Number: Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030, Senior Citizen: 1800-267-4030</p> <p>.Hospitals which are blacklisted or from where no claims will be accepted by insurer: Available on website: www.universalsompo.com.</p> <p>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) E-mail Address: contactus@universalsompo.com.</p> <p>3) 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 Note: Please include Your Policy number for</p>	

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>Step 1: Contact Us</p> <p>Write us at: Customer Service Universal Sampo Insurance Co. Ltd Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane- Belapur Road, Airoli, Navi Mumbai, Maharashtra – 400708</p> <p>E- mail Address contactus@universalsompo.com</p> <p>For more details: Toll Free Numbers: 1800-22-4030 or 1800-200-4030 Senior Citizen toll free number: 1800-267-4030</p> <p>Step 2: Grievance Cell</p> <p>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>Customer Service Universal Sampo General Insurance Co. Ltd. Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane- Belapur Road, Airoli, Navi Mumbai, Maharashtra – 400708</p> <p>E- mail Address: grievance@universalsompo.com</p> <p>For more details: www.universalsompo.com</p> <p>Visit Branch Grievance Redressal Officer (GRO) - Walk into any of our nearest branches and request to meet the GRO.</p> <ul style="list-style-type: none"> • 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. 	F.1.8.
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- 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, 6th Floor, Reliable
Tech Park, Thane- Belapur Road, Airoli,
Navi Mumbai, Maharashtra – 400708**

E- mail Address:

gro@universalsompo.com

For more details:

www.universalsompo.com

For updated details of grievance officer, kindly refer the link
<https://www.universalsompo.com/resourse-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 Development Authority of India (IRDAI) at www.irdai.gov.in, or of the General Insurance

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

The updated contact details of the Insurance Ombudsman offices can be referred by clicking on the Insurance ombudsman official site:

<https://www.ciains.co.in/Ombudsman>.

Note: Grievance may also be lodged at IRDAI-

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

12 Things to remember

1. Free Look cancellation: You may cancel the insurance policy if you do not want it, within 30 days from the beginning of the policy to review the terms and conditions of the policy, and to return the same if not acceptable.

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy. If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

- i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
- ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period

F.1.4

F.1.5.

2. Policy renewal: Except on grounds of fraud, or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.

F.1.5.

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

Migration: The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company as per the IRDAI guidelines on Migration 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 any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration. The insurer may underwrite the proposal in case of migration, if the insured is not continuously covered for 36 months.

Portability

The insured person will have the option to port the policy to other insurers as per IRDAI guidelines related to portability at least 30 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

4. **Change in Sum Insured:** Sum Insured can be enhanced only upon renewal, subject to Our underwriter's approval
5. **Moratorium Period:** After completion of Sixty continuous months under the policy, no look back is to be applied. This period of Sixty months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and, subsequently, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would, however, be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.

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.</p> <p>Please disclose pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p>Disclosure of other material information during the policy period.</p> <p style="text-align: center;">Universal Sampo General Insurance Co. Ltd.</p>	--
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- Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Cloud City Campus; Thane- Belapur Road, Airoli, Navi Mumbai- 400708
- Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030

E-mail Address: contactus@universalsompo.com

Declaration by the Policy Holder

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

Place:

Date:

(Signature of the PolicyHolder)

Note:

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