

SARAL SURAKSHA BIMA - (MICRO INSURANCE)- PROSPECTUS

Policy Coverage

Saral Suraksha Bima (Micro Insurance) undertakes to pay a lump sum amount of as selected by the proposer on happening of an eventuality covered in the policy.

The policy pays one-time payment equal to the Sum Insured on diagnosis of any of the listed five Critical Illnesses, Accidental Death and Permanent Total Disablement resulting from an accident.

Who can be covered under the Policy?

This Policy can be taken by different types of organisations, who render services to persons falling under the low income segment, such as a NGO, a SHG, a Micro Finance Institution(MFI), RBI regulated NBFC-MFIs, District Co-operative Banks licensed by RBI subject to being eligible as per extant norms of RBI, Regional Rural Banks established under Section (3) of Regional Rural Banks Act, 1976 subject to being eligible as per extant norms of RBI, Urban Co-operative banks licensed by RBI subject to being eligible as per extant norms of RBI, Primary Agricultural Co-operative Societies, Other Co-operative Societies registered under any of the Co-operative Societies Acts and Business Correspondents appointed in accordance to the extant RBI Guidelines with any of the Scheduled Commercial Banks.

What is covered under the Policy?

The policy shall pay to you on happening of below mentioned contingencies.

Section 1 - Critical Illness

- a) Stroke resulting in permanent symptoms
- b) Cancer of specified severity
- c) Kidney Failure requiring regular dialysis
- d) Open Chest CABG
- e) Major Organ /Bone Marrow Transplant

Section 2 – Personal Accident

- Accidental Death:

The nominee gets a one-time payment equal to Capital Sum Insured (CSI) if the insured dies in an accident.

- Permanent Total Disablement

The insured is entitled to receive the percentage of the capital sum insured as per the table of benefit if he suffers a permanent and total loss of limbs, sight in an accident.

TABLE OF BENEFITS		% OF CSI
1	Death	100
2	a) Loss of sight (both eyes)	100
	b) Physical separation of or loss of ability to use both hands or both feet	100
	c) Physical separation of or loss of ability to use one hand and/ or any feet	100
	d) Loss of sight of one eye and physical separation of or loss of ability to use either one hand or one foot	100

3	a) Loss of sight of one eye	50
	b) physical separation of or use of ability to use one hand or one foot	50
4	Permanent Total and absolute disablement as certified by a qualified medical practitioner	100

Eligibility

- Entry age for you (the proposer) is 18 years and you can opt for this policy up to the age of 65 years.
- Policy renewals will be for your lifetime.
- Children from 10 years to 25 years can be covered if any one of the Parent is insured under the Policy. Unmarried children can also be covered upto maximum of 25 years of age only. In case child gets married, the child will not be covered on next renewal.

What is not covered under the policy:-

Exclusion specific to Critical Illness

1) 90 days Waiting Period

The Company shall not be liable to make any payment under this Policy in connection with or in respect of any Insured Event, as stated in this Section, arising within the first 90 days of the commencement of the Policy Period. However this exclusion shall not be applicable on continuous renewals.

2) Pre-existing diseases

1. Benefits will not be available for Any condition, whether diagnosed or not, ailment or injury or related condition(s) for which Insured has been diagnosed, received medical treatment, had signs and / or symptoms, prior to inception of Insured's first Policy, until 48 consecutive months have elapsed, after the date of inception of the first Policy with Insurer. It would also mean any direct or indirect complications arising out of pre-existing conditions whether known or unknown to the Insured.
2. This Exclusion shall cease to apply if Insured has maintained the Health Insurance Policy with Insurer for a continuous period of a full 4 years without break from the date of Insured's first Health Insurance Policy with Insurer.

3) Death within 30 days following the diagnosis of the Critical Illness

4) Any Critical Illness which arises or is caused by any one of the following:

- a) Drug addiction, alcoholism, smoking of more than 30 cigarettes/cigars or equivalent intake of tobacco in a day and any complication, consequences arising there from.
- b) Any Insured person suffering from Human T.Cell Lymphotropic Virus Type III (HTLV-III) or Lymphadenopathy Associated Viruses (LAV) or the Mutant derivatives or Variations Deficiency Syndrome or any Syndrome or a condition of similar kind referred to as AIDS. The onus shall always be on Insured Person to show any event was not caused by or did not arise through AIDS or HIV.

Exclusion specific to Personal Accident

- 1) Compensation under more than one of the benefits mentioned in Table of Benefits in respect of same period of disablement.
- 2) Any other payment after a claim under one of the benefits 1,2,3 and 4 mentioned in Table of benefits has been admitted and becomes payable.

- 3) Any payment in case of more than one claim under this section during any one period of Insurance by which our liability in that period would exceed CSI.
- 4) Payment of compensation in respect of injury as consequence of
 - a) Committing or attempting suicide, intentional self-injury
 - b) Whilst under influence of intoxicating liquor
 - c) Drug addiction or alcoholism
 - d) Whilst engaged in any adventurous sports
 - e) Committing any breach of law with criminal intent

General Exclusions under the Policy

We will not pay for any compensation in respect of death, Illness, Injury or disablement of the Insured Person arising out of:

1. War, , rebellion, revolution, terrorism acts, nuclear weapon induced treatment or taking active part in Riot, Strike, Malicious Acts..
2. Participation in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.
3. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission.
4. The radioactive, toxic, explosive or the hazardous properties of any nuclear assembly or nuclear component.

What are the conditions under the Policy?

A. Sum Insured & Premium rate

The minimum sum insured available under each section is Rs.10,000 and maximum sum insured available under each section is Rs.1,00,000. The premium rate for Critical Illness and Personal Accident shall be 0.17% and 0.14% respectively.

*Applicable GST is subject to change as per change in Tax Laws.

B. Policy Term

The policy can be issued for a period of one year only and premium under the policy shall be payable in advance in a single installment.

C. Cancellation By Insured

The Insured may also cancel this Policy by giving fifteen (15) days' notice in writing to the Company, for the cancellation of this Policy, in which case the Company shall from the date of receipt of the notice cancel the Policy and retain the premium for the period his Policy has been in force at the Company's short period scale

Expired Period	Premium Retained
Upto 1 month	25% of the Annual Premium
Above 1 month and upto 3 months	50% of Annual Premium
Above 3 months and upto 6 months	75% of annual premium

Above 6 months

100% of annual premium

By Company

The Company may at any time cancel this Policy on the grounds of mis-representation, fraud, non-disclosure of material facts as sought to be declared on the Proposal Form or non-cooperation by the Insured/ Policyholder, by giving fifteen (15) days' notice in writing by registered post / acknowledgement due post to the Insured at his last known address in which case this Policy shall be null and void and premium paid shall be forfeited to the Company.

D. Terms of Renewal-

This Policy may be renewed by mutual consent every year and in such event, the renewal premium shall be paid to Company on or before the date of expiry of the Policy or of the subsequent renewal thereof. Also Company may exercise option not to renew the policy on grounds of fraud misrepresentation, or suppression of any material fact either at the time taking the Policy. A Grace Period of 30 days is allowed for renewal of the Policy. This will be counted from the day immediately following the premium due date during which a payment can be made to renew or continue the Micro Insurance Policy in force without loss of continuity benefits such as waiting periods and coverage of Pre-existing condition / Diseases. The continuity of coverage for all the covers under the expiring policy will be subject to receiving appropriate premium for the same. Coverage is not available for the period for which no premium is received and Company has no liability for the claims arising during this period.

E. Nomination

The Policy has provision of nomination, In absence of Your declaring Nomination at the time of Proposal, then all benefits accrued under the Policy if any, shall be given to Your legal heir/ dependents.

F. Notices and Claims

Any notice, direction or instruction given under this Policy shall be in writing, and sent to:

Universal Sampo General Insurance Co. Ltd.

Express IT Park, Plot No. EL - 94, T.T.C. Industrial Area, M.I.D.C., Mahape, Navi Mumbai-400710

Toll Free Numbers: 1800-200-5142

Landline Numbers: +91 22 39635200

E-mail Address: contactus@universalsampo.com.

Fax Numbers: 1800-200-9134

Note: Please include your policy number for any communication with us.

Claims Procedure

- i. Upon happening of any accident and/or injury which may give rise to a claim under this Policy.
 - a) Your representative shall give the notice to Our customer care toll free numbers immediately and also intimate in writing to USGI office.
 - b) All certificates, information and evidence from a Medical Practitioner or otherwise required by Us shall be provided.
- ii. The Company reserves its rights to condone the delay on merit for delayed claims, where the delay is genuine and proved to be for reasons beyond the control of the insured/claimant.
- iii. On receipt of intimation regarding a claim under the Policy, We are entitled to carry out examination and ascertain details and in the event of Death get the post-mortem examination done in respect of deceased person.
- iv. Following documents shall be required in the event of a Claim.

Critical illness Claims:

- i. Certificate from the attending Doctor of the Insured confirming,
 - a) Name of the Insured;
 - b) Name, date of occurrence and medical details of the Insured Event
 - c) Confirmation that the Insured Event does not relate to any Pre-Existing Illness or an Illness or Injury which existed within the first 90 days of commencement of Policy Period.
- ii. Duly completed claim form;
- iii. Original Discharge Certificate/ Card from the hospital/ Doctor;
- iv. Original investigation test reports, & indoor case papers if required.

Death Claims:

- a) Duly filled up claim form
- b) Death Certificate and Original FIR
- c) Original Panchnama
- d) Post mortem report

Permanent Total Disablement Claims:

- a) Duly filled original Claim Form
- b) Claim Intimation
- c) FIR – Attested or Original
- d) Final Police Report / Original Panchnama
- e) Certificate of from government hospital doctor confirming the nature and degree of disability
- f) Discharge summary of the treating hospital clearly indicating the Hospital Registration No.
- g) Diagnostic reports
- h) Photograph of the injured reflecting disablement

Company's obligations

1. Company shall settle claim(s), including its rejection, within 30 (thirty days) of the receipt of the last necessary claim document
2. Company shall have no liability under this Policy, once the Sum Insured (Maximum Limit of Liability) with respect to any of the Sections, is exhausted by Insured.
3. All admissible claim(s) under this Policy shall be paid by Company within 7 working days from date of acceptance of such a claim. In case of delay in the payment, Insurer shall be liable to pay interest at a rate which is 2% above bank rate prevalent at the beginning of the financial year in which claim is reviewed by Company.
4. The company shall condone delay on merit for delayed claims where the delay is proved to be beyond Insured's control.

Claim Intimation

In the event, please intimate IMMEDIATELY to our customer care at Toll Free Numbers on 1800-200-5142 or on chargeable numbers at +91 22 39635200 or email at contactus@universalsampo.com.

Statutory Warning: No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out 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 part of the commission payable or any rebate of the premium shown on the policy nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebates as may be allowed in accordance with the published prospectuses or tables of the Insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to Ten Lakh Rupees

*****END*****