

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	Swarn Gramin Bima Yojana	-
2	Policy Number	<< >>	-
3	Type of Insurance Product/Policy	Benefit basis • 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)	• Individual Sum Insured -Where each member has a separate sum insured under the policy), or • 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 / Family floater>> Sum Insured both options available under the Policy. Sum Insured Options: << >>	-
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	Base Covers: Personal Accident: We agree, subject to the terms, conditions and exclusions applicable to this Section and the terms, conditions, general exclusions stated in the Policy, to pay such Sum Insured as mentioned against Benefit 1 under Section A of the Policy, on the occurrence of Your/ Your Family Member's death, provided such death results solely and directly from an Injury, within	9,10,11,12,14

twelve months from the date of Accident resulting in such Injury. Provided that the date of occurrence of the Accident falls within the Policy Period.

Permanent Total Disablement:

We agree, subject to the terms, conditions and exclusions applicable to this Section and the terms, conditions, general exclusions stated in the Policy, to pay such Sum Insured, as mentioned in the Benefit 2 under Section A of the Policy, on the occurrence of any of the following losses, provide such losses to You/ Your Family Member are total and irrecoverable losses which result solely and directly from an Injury, within twelve months from the date of Accident resulting in such Injury. Provided that the date of occurrence of the Accident falls within the Policy Period

Permanent Total Disablement:

We agree, subject to the terms, conditions and exclusions applicable to this Section and the terms, conditions, general exclusions stated in the Policy, to pay such Sum Insured as mentioned against Benefit 3 under Section A in the Schedule to this Policy as applicable to You/ Your Family Members in the manner indicated below, on the occurrence of any of the following losses, provided such losses to You/ Your Family Members are irrecoverable losses and result in Loss of Use or Physical Separation which arises solely and directly from an Injury, within twelve months from the date of Accident resulting in such Injury

Critical Illness

We agree, subject to the terms, conditions and exclusions applicable to this Section and the terms, conditions, general exclusions stated in the Policy, to pay such Sum Insured as mentioned against Benefit under Section B in the Schedule to the Policy, on the diagnosis or undergoing of any of the mentioned Critical Illnesses and/ or Surgical Procedure

		<p>Critical Illness We hereby agree, subject to the terms, exclusions and conditions herein contained or otherwise expressed hereon, to pay You</p> <ol style="list-style-type: none"> 1. The Daily Allowance, as mentioned in the Schedule, for each continuous and completed period of 24 hours of Hospitalisation for a minimum of X days subject to maximum number of X days as mentioned in the Schedule. 2. Two times the Daily Allowance, subject to maximum of X days as mentioned in the Schedule, for each continuous and completed period of 24 hours required to be spent by You in the Intensive Care Unit of a Hospital during any period of Hospitalisation. For purpose of avoidance of doubt, it is clarified that, if the claim becomes admissible under above, benefit under point 1 of this Section would not be payable. 	
6	Exclusions (What the policy does not cover)	<ol style="list-style-type: none"> 1. Any Illness, sickness or disease , other than specified as Critical Illness, as mentioned in the policy schedule, or 2. Any Critical Illness of which, the signs or symptoms first occurred prior to or within Ninety (90) days following the Policy Issue Date unless credits towards such time bound exclusion has been accrued in similar health insurance Policy from Us or any of the other Indian Insurers 3. Any Critical Illness based on a Diagnosis made by You or Your 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 4. Cosmetic or plastic surgery or any elective surgery or cosmetic procedure that improve physical appearance, surgical and non-surgical treatment of obesity (including morbid obesity) and weight control programs, or treatment of an optional nature. <p>(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing).</p>	14 to 17
7	Waiting Period • Time period during	.	12.a.1,2,3

	<p>which specified diseases/treatments are not covered</p> <ul style="list-style-type: none"> • It is counted from the beginning of the policy coverage. 	<p>1. Specific Waiting Period (Excl-02): Expenses related to the treatment of the following listed conditions, surgeries/ treatments shall be excluded until the expiry of 24 months of continuous coverage, as may be the case after the date of inception of the first policy with the insurer.</p> <p>2. First Thirty (30) Days Waiting Period: Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.</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:</p> <p>*There is Sublimit under policy – applicable with respective benefit as mentioned in policy schedule, If Opted</p> <p>*There is no Co-payment under policy – applicable with respective benefit as mentioned in policy schedule, If Opted</p> <p>*There is no Deductible under policy - applicable with respective benefit as mentioned in policy schedule, If Opted</p>	-

<p>9</p>	<p>Claims/Claims Procedures</p>	<p>Claims Procedures:</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> <p>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.</p> <p>iv At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.</p> <p>v The Company / TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details.</p> <p>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.</p> <p>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.</p> <p>1. Reimbursement of hospitalization, day care and pre-hospitalization expenses- Within thirty days of date of discharge from hospital</p> <p>2. Reimbursement of post hospitalization Expenses - Within fifteen days from completion of post hospitalization treatment</p> <p>3. Notification of Claim Notice with full particulars shall be sent to the Company as under:</p>	<p>G. 1-5</p>
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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.

3. 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.

4. Claim Settlement (provision for Penal Interest):

i) The Company shall settle or reject a claim, as the case may be, within 15 days from the date of submission of the claim.

ii) In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt date of receipt of intimation to till the date of payment.

		<p>i) However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest in any case not later than 15 days from the date of submission of claim.</p> <p>ii) In case of delay beyond stipulated 15 days the company shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of intimation to till the date of payment.</p> <p>6. Payment of Claim: All claims under the policy shall be payable in Indian currency only</p>	
10	Policy Servicing	<p>Universal Sampo General Insurance Co. Ltd</p> <p>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>Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030</p> <p>E-mail Address: contactus@universalsompo.com.</p> <p>Note: Please include Your Policy number for any communication with us.</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>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</p>	F.1.11

Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Cloud City Campus; Gut No-31, Mouje Elthan, Thane- Belapur Road, Airoli, Navi Mumbai- 400708.

OR

Send an e Mail at grievance@universalsampo.com

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

2. Consumer Affairs Department of IRDAI

- 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.
- 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 Development Authority of India (IRDAI), Consumer Affairs Department - Grievance Redressal Cell, Sy.No.115/1, Financial District, Nanakramguda, Gachibowli, Hyderabad- 500032.
- c. You can visit the portal <http://www.policyholder.gov.in> for more details.

3. Insurance Ombudsman

You can approach the Insurance Ombudsman depending on the nature of grievance and financial implication, if any. Information about

		<p>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.cioins.co.in/Ombudsman to view the Updated list of Insurance Ombudsmen</p>	
12	Things to remember	<p>1. Free Look cancellation: Not Applicable</p> <p>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.</p> <p>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</p> <p>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</p>	<p>F.1.6,7 E.a.1.b,c & E.a.2.b</p>

		<p>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 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>6. Moratorium Period: N.A</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>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>	

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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.