

## 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	Complete Healthcare Insurance	-
2	Policy Number	<< >>	-
3	Type of Insurance Product/Policy	<b>Both Indemnity and Benefit</b> <ul style="list-style-type: none"> <li>• Indemnity: Where insured losses are covered up to the Sum Insured under the policy)</li> <li>• Benefit: Where an Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event.</li> <li>• Both Indemnity and Benefit: (where policy has elements of both the above)</li> </ul>	-
4	Sum Insured (Basis) (Along with amount)	<ul style="list-style-type: none"> <li>• Individual Sum Insured -Where each member has a separate sum insured under the policy), or</li> <li>• Floater Sum Insured-Where all members under the policy have a single sum insured limit which may be utilized by any or all members.</li> </ul> <p>*Individual / Floater Sum Insured is available under the Policy.</p> <p>Sum Insured – &lt;&lt;1 Lac to 50 Lacs&gt;&gt;</p>	-
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	<b>SECTION I: BASE COVER</b> <p><b>In-patient Treatment:</b> 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.</p> <p><b>Day-Care procedures</b>– The Medical Expenses for any Day Care Procedure where the procedure or Surgery is taken by You as an inpatient for less than 24 hours in a Hospital or</p>	C Section I-V

	<p>standalone day care center, as per the Annexure C- 547 Day Care Procedures are covered.</p> <p><b>Pre-Hospitalization:</b> - The Medical Expenses incurred in the 30 days immediately prior before the date You were Hospitalized.</p> <p><b>Post-Hospitalization:</b> - The Medical Expenses incurred in the 60 days immediately after Your date of discharge from Hospital.</p> <p><b>Domiciliary Treatment:</b> - Medical Expenses incurred for availing medical treatment at home which would otherwise have required hospitalization. Covered up to 20% of Sum Insured.</p> <p><b>Organ Donor:</b> - We will cover medical and surgical expenses on harvesting the organ from the donor for organ transplantation where an Insured Person is the recipient.</p> <p><b>Ambulance:</b> - 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. Covered Up to 1% of SI or Rs.1,000 or actuals whichever is less.</p> <p><b>Dental Treatment (In case of Accident):</b> - 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.</p> <p><b>AYUSH Benefit:</b> -The Medical Expenses incurred for an In-patient treatment taken under Ayurveda, Unani, Sidha or Homeopathy.</p> <p><b>Vaccination:</b> - The Medical Expenses incurred for vaccination including inoculation and</p>	
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	<p>immunizations in case of post-bite treatment, as in-patient.</p> <p><b>Out-patient treatment:</b> - We will reimburse expenses incurred on Outpatient Treatment for the Insured Persons as mentioned in the Policy Schedule. Covered up to 1% of SI or actuals whichever is less subject to maximum of Rs 2,500</p> <p><b>Convalescence Benefit:</b> We will additionally pay a lump sum amount as mentioned in the Policy Schedule per insured person in case you are hospitalized for a minimum of 10 consecutive days.</p> <p><b>SECTION II : ADDITIONAL BENEFITS:</b></p> <p><b>Restore Benefit:</b> - If the basic Sum Insured and No Claim Bonus (if any) is exhausted due to claims made and paid during the Policy Year, we will Restore Sum Insured equal to the 100% of Basic Sum Insured for the policy year.</p> <p><b>SECTION III : RENEWAL BENEFITS:</b></p> <p><b>A) Enhancement in Sum Insured</b></p> <p><b>Cumulative Bonus:</b> - Cumulative Bonus will be provided on claim free renewal of policy as specified under policy schedule. 10% in increase in Sum Insured for every claim free year subject to maximum of 50%. The increased Sum Insured shall be decreased by 10% in event of claim but Base Sum Insured shall not be reduced.</p> <p><b>B) Discount in Premium</b></p> <p>No Claim Discount will be offered to an Insured Person at the renewal, in the event of no claim made in the policy year. This discount will be offered as per the Plan opted and where there is no claim, this will be available for maximum up to 5 years.</p>	
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		<p>If a claim is made in any particular year, the discount accrued shall be reduced at the same rate at which it has accrued.</p> <p><b>Health Check up :</b> - Health Checkup Coupons/ Cost of Health Checkup will be provided on claim free renewal of policy as specified under policy schedule as per the opted Plan.</p> <p><b>SECTION IV: VALUE ADDED BENEFITS:</b> - Dial-a-Doctor, Health Educational Library for People(HELP), Second Option, Specialist Consultation with Two follow up session, Wellness Package, 24x7 Customer Service, Newsletter.</p> <p><b>SECTION V: ADD ON COVERS</b></p> <p>&lt;&lt;<b>Personal Accident:</b> - On payment of additional premium, we will pay you the Sum Insured as mentioned in Your Policy Schedule on happening of Accidental Death or Accidental Permanent Total Disablement.&gt;&gt;</p> <p>&lt;&lt;<b>Critical Illness:</b> - On payment of additional premium, we will pay you the Sum Insured as mentioned in Your Policy Schedule in case You are diagnosed as suffering from the covered Critical Illnesses. &gt;&gt;</p> <p>&lt;&lt;<b>Hospital Daily Cash:</b> - On payment of additional premium, a daily cash amount will be payable per day, if You receive treatment as an In-patient &amp; Hospitalisation exceeds 3 days then Rs 200 per day will be paid, maximum up to 7days&gt;&gt;</p> <p>&lt;&lt;<b>Sub limits:</b> - By opting this option, you will get discount in premium subject to sublimit on listed surgical procedures &amp; medical procedure as mentioned in policy schedule. &gt;&gt;</p>	
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		<p><b>&lt;&lt;Treatment Only in Tiered Network:</b> - By opting this option, you will get 5% discount in premium subject to 10% co-payment on claim for Hospitalisation at non-network Hospital. &gt;&gt;</p> <p><b>&lt;&lt;Extension under Pre-Hospitalization:</b> - On payment of additional premium, limit of 30 days will be modified to 90 days for Pre-Hospitalisation. &gt;&gt;</p> <p><b>&lt;&lt;Extension under Post-Hospitalization:</b> - On payment of additional premium, limit of 60 days will be modified to 120 days for Post-Hospitalisation. &gt;&gt;</p> <p><b>&lt;&lt;Coverage for Non-Medical Items:</b> - On payment of additional premium, expenses otherwise not payable as specified under List-I of Annexure A, will be payable up to Rs. 1000/- &gt;&gt;</p> <p><b>&lt;&lt;Condition Waiver Under Restore Benefit:</b> - On payment of additional premium, Condition under Restore Benefit – claims for Dissimilar Illness stands deleted &amp; restore can be availed for similar illness. &gt;&gt;</p> <p><b>&lt;&lt;Pre-Existing Disease Waiting Period Waiver:</b> - On payment of additional premium, Pre-Existing Disease waiting period of 36 months will get modified to 12 months. &gt;&gt;</p> <p><b>&lt;&lt;Outpatient Dental Waiting Period Modification:</b> - On payment of additional premium, 36 months waiting period for Out-patient Dental Treatment will get modified to 24 Months. &gt;&gt;</p> <p><b>&lt;&lt;Emergency Travelling Allowance:</b> - On payment of additional premium, We will reimburse the travelling expenses of Ambulance, Cab or Auto utilized to reach to hospital up to 1% of SI or Rs 1,000 or actuals whichever is less. &gt;&gt;</p> <p><b>&lt;&lt;Second Opinion:</b> - On payment of additional premium, We will reimburse Your expenses</p>	
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	<p>incurred towards a second opinion from Medical Practitioner if an Insured Person is diagnosed with listed ailments in the policy. 1 Consultation in a Policy Year up to Rs. 2500/- &gt;&gt;</p> <p><b>&lt;&lt;Rest Cure, Rehabilitation and Respite Care [Nursing Care] Expenses Extension:</b> - On payment of additional premium, Rest Cure, Rehabilitation and Respite Care [Nursing Care] Expenses will get covered up to Rs. 1000 per day -&gt;&gt;</p> <p><b>&lt;&lt;Obesity/ Weight Control Expenses Extension:</b> - On payment of additional premium, Obesity/ Weight Control Expenses will get covered subject to 24 months waiting period up to Rs.25,000/- &gt;&gt;</p> <p><b>&lt;&lt;Enhanced Organ Donor Expenses:</b> - On payment of additional premium, Pre-Post Hospitalisation Treatment of Organ Donor will get covered if hospitalization claim accepted by us up to Rs 50000/- &gt;&gt;</p> <p><b>&lt;&lt;Premium Waiver:</b> - On payment of additional premium, we agree to waive the renewal premium for fourth (4th) year subject to no claim during the preceding policy years&gt;&gt;</p> <p><b>&lt;&lt;Medically Advised Support Devices:</b> - On payment of additional premium, medically necessary prosthetic or artificial devices or any other medical device prescribed by the Registered Medical Practitioner will be covered up to Rs. 15,000/-&gt;&gt;</p> <p><b>&lt;&lt;Co- Payment:</b> - By opting this option, you will get discount in premium in proportion to the percentage of co-payment opted &lt;10-50%&gt;&gt;</p> <p><b>&lt;&lt;Home Care Treatment:</b> - On payment of additional premium, we will cover expenses for a treatment availed by Insured at home which in normal course would require care and treatment</p>	
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		<p>at a Hospital up to 5% of Base SI or Rs 25,000, whichever is lower&gt;&gt;</p> <p>&lt;&lt;<b>Wellness Benefit:</b> - On payment of additional premium, we will provide the wellness services like Everyday care (OPD Consultation, Diagnostic Services &amp; Pharmacies) Complete wellness &amp; healthcare,(Health Risk assessment, Health Screening &amp; Electronic health records), Health Coach, Disease management program (on additional premium), health reward program&gt;&gt; .</p> <p>&lt;&lt;<b>Emergency Assistance Service:</b> - On payment of additional premium, 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.</p> <p>(i) Medical Consultation, Evaluation and Referral</p> <p>(ii) Medical Monitoring and Case Management</p> <p>(iii) Emergency Medical Evacuation</p> <p>(iv) Medical Repatriation (Transportation) Compassionate Visit.&gt;&gt;</p> <p>&lt;&lt; Health Pay Card &gt;&gt;</p> <p>The Insured person will be offered a Health Pay Card program under the Policy as an exclusive benefit tailored for healthcare needs. The Health Pay Card is a credit card facility provided by our network bank. This card can be used to pay for all types of covered Medical Expenses incurred due sickness/injury within the policy period. The card cannot be used for any other expenses other than Covered Medical expenses.</p>	
6	Exclusions (What the policy does not cover)	<p><b>Standard Exclusions: -</b></p> <ol style="list-style-type: none"> <li>1. Investigation &amp; Evaluation (Code- Excl04)</li> <li>2. Rest Cure, Rehabilitation and Respite Care (Code- Excl05)</li> </ol>	SECTION F

	<ol style="list-style-type: none"> <li>3. Obesity/ Weight Control (Code- Excl06)</li> <li>4. Change-of-Gender Treatments: (Code- Excl07)</li> <li>5. Cosmetic or plastic Surgery: (Code- Excl08)</li> <li>6. Hazardous or Adventure sports: (Code- Excl09)</li> <li>7. Breach of law: (Code- Excl10)</li> <li>8. Excluded Providers: (Code-Excl11)</li> <li>9. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12)</li> <li>10. Treatments received in health spas, 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)</li> <li>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)</li> <li>12. Refractive Error:(Code- Excl15)</li> <li>13. Unproven Treatments:(Code- Excl16)</li> <li>14. Sterility and Infertility:(Code- Excl17)</li> </ol> <p><b>SPECIFIC EXCLUSIONS: -</b></p> <ol style="list-style-type: none"> <li>1. War (whether declared or not)</li> <li>2. Nuclear, chemical or biological attack</li> <li>3. Any expenses incurred on OPD treatment.</li> <li>4. Treatment taken outside the geographical limits of India</li> <li>5. In respect of the existing diseases, disclosed by the insured and mentioned in the policy schedule (based on insured's consent)</li> </ol> <p>(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing)</p>	
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7	<p>Waiting Period</p> <ul style="list-style-type: none"> <li>• Time period during which specified diseases/treatments are not covered</li> <li>• It is counted from the beginning of the policy coverage.</li> </ul>	<p><b>1. Initial Waiting Period: (Code- Excl03)</b> 30 days for all illnesses (not applicable in case of continuous renewal or accidents)</p> <p><b>2. Specific Waiting Period (Not applicable for claims arising due to an accident): (Code- Excl02)</b> - surgeries/treatments shall be excluded until the expiry of 12 months of continuous coverage-<b>List of specific diseases/procedures:</b></p> <p><b>i . Illnesses</b> Arthritis if non-infective; calculus diseases of gall bladder and urogenital system; cataract; fissure/fistula in anus, hemorrhoids, pilonidal sinus, gastric and duodenal ulcers; gout and rheumatism; internal tumors, cysts, nodules, polyps including breast lumps (each of any kind unless malignant); osteoarthritis and osteoporosis if age related; polycystic ovarian diseases; sinusitis and related disorders and skin tumors unless malignant.</p> <p><b>ii. Treatments</b> Benign ear, nose and throat (ENT) disorders and surgeries (including but not limited to adenoidectomy, mastoidectomy, tonsillectomy and tympanoplasty); dilatation and curettage (D&amp;C); hysterectomy for menorrhagia or fibromyoma or prolapse of uterus unless necessitated by malignancy; joint replacement; myomectomy for fibroids; Surgery of gallbladder and bile duct unless necessitated by malignancy; Surgery of genito urinary system unless necessitated by malignancy; Surgery of benign prostatic hypertrophy; Surgery of hernia; Surgery of hydrocele; Surgery for prolapsed inter vertebral disk; Surgery of varicose veins and varicose ulcers; Surgery on tonsils and sinuses; Surgery for nasal septum deviation.</p> <p><b>3. Pre-existing diseases: (Code- Excl01)</b></p>	SECTION E
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		<p>Covered after 36 months</p> <p><b>4. Maternity Expenses (Code-Excl18)</b> Thirty-six months waiting period</p> <p><b>5. Outpatient Treatment Waiting Period: -</b> Thirty-six months waiting period</p> <p><b>6. Treatment for Congenital Diseases: -</b> Congenital Internal Diseases (24 months) Congenital External Diseases (36 months)</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 no Sublimit under policy (unless opted)</p> <p>*There is no Co-payment under policy (unless opted)</p> <p>*There is no Deductible applicable under policy,</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> <ul style="list-style-type: none"> <li>• Cashless facility: Turn Around Time (TAT) for claims settlement: <ul style="list-style-type: none"> <li>i. TAT for preauthorization of cashless facility - 1 hr</li> <li>ii. TAT for cashless final bill authorization - 3 hrs</li> </ul> </li> </ul> <p>Follow below steps to avail Cashless facility through our In house Health Claims Management:</p> <p>Step I: Locate nearest Hospital by visiting our website or web portal or call our Health Helpline 1800 200 4030.</p> <p>Step II: Visit Network hospital and show your Health Serve Card issued by the company along with Valid Photo ID proof and get 'Cashless Request Form' from Insurance helpdesk of the hospital.</p> <p>Step III: Fill your details in the 'Cashless Request Form' &amp; submit it to the Hospital Insurance helpdesk.</p> <p>Step IV: Hospital verifies the patient details and sends duly filled Cashless Request Form to Universal Sampo</p> <p>Step V: Universal Sampo Health team will review and judge the admissibility of the Cashless Request as per Policy Terms &amp; Conditions and the same will be communicated to Insured and Hospital with in 60 mins for Initial Cashless request &amp; 3 hrs for discharge request on their registered mobile number &amp; Email ID respectively.</p> <p>Provide the details/web link for following: i. Network Hospital details: Available on website: <a href="http://www.universalsampo.com">www.universalsampo.com</a>.</p>	SECTION G
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		<p>ii. Helpline Number:</p> <p>Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030, Senior Citizen: 1800-267-4030</p> <p>Landline Numbers: (022) 39133700 (Local Charges Apply)</p> <p>iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer: Available on website: <a href="http://www.universalsompo.com">www.universalsompo.com</a>.</p> <p>iv. Downloading/getting claim form: Available on website: <a href="http://www.universalsompo.com">www.universalsompo.com</a></p> <ul style="list-style-type: none"> <li>Anywhere Cashless Facility (Non Network Cashless):</li> </ul> <p>You can now avail cashless facility from non-network hospitals.</p> <p>To avail the treatment under cashless from non-network hospitals, please find the below steps.</p> <p>Prior Intimation is required for processing cashless from non-network hospitals:</p> <ul style="list-style-type: none"> <li>➤ Inform us (Toll Free Helpline – 1800 200 4030) minimum 48 hours before admission for planned hospitalization and with 24 hours of admission for emergency hospitalization across India.</li> <li>➤ Mail us at <a href="mailto:healthserve@universalsompo.com">healthserve@universalsompo.com</a></li> <li>• Reimbursement facility:</li> </ul> <p>Follow below steps to avail reimbursement facility through our In house Health Claims Management:</p> <p>Step I: Visit our Web Portal to register claim or Call our Health Helpline 1800 200 4030 or email us at <a href="mailto:healthserve@universalsompo.com">healthserve@universalsompo.com</a> and inform about your claim.</p> <p>Step II: Visit hospital and undergo your treatment. Settle your hospitalization bill and collect all the documents after discharge from the hospital.</p>	
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		<p>Step III: Fill in Reimbursement Claim Form and submit all original documents to our below mention office for reimbursement.  Universal Sampo General Insurance Company Limited,  Health Claims Management Office,  1st FloorC-56- A/13,  Block- C Sector- 62,  Noida,  Uttar Pradesh, Pincode: 201309</p> <p>Step IV: On receipt of document your claim will processed as per Terms &amp; Conditions of policy and the same will be communicated over SMS &amp; Email.</p> <p>Step V: Outcome of the claim will be communicated within 15 days from date of Submission of claim.</p>	
10	Policy Servicing	<p><b>Universal Sampo General Insurance Co. Ltd.</b></p> <p>Unit No. 601 &amp; 602, 6th Floor, Reliable Tech Park, Thane Belapur Road, Airoli, Navi Mumbai-400708</p> <p><b>Toll Free Numbers:</b> 1800-22-4030 or 1800-200-4030</p> <p><b>Senior Citizen toll free number:</b> 1800-267-4030</p> <p>E-mail Address: <a href="mailto:contactus@universalsampo.com">contactus@universalsampo.com</a></p> <p>For more details: <a href="http://www.universalsampo.com">www.universalsampo.com</a></p>	SECTION H
11	Grievances/ Complaints	<p><b>Grievances:</b></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><b>Step 1: Contact Us</b></p> <p><b>Write us at:</b></p>	SECTION H

		<p><b>Customer Service Universal Sampo Insurance Co. Ltd</b> Unit No. 601 &amp; 602, 6<sup>th</sup> Floor, Reliable Tech Park, Thane- Belapur Road, Airoli, Navi Mumbai, Maharashtra – 400708</p> <p><b>E- mail Address</b> <a href="mailto:contactus@universalsompo.com">contactus@universalsompo.com</a></p> <p><b>For more details:</b> <b>Toll Free Numbers:</b> 1800-22-4030 or 1800-200-4030 <b>Senior Citizen toll free number:</b> 1800-267-4030</p> <p><b>Step 2: Grievance Cell</b></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><b>Customer Service Universal Sampo General Insurance Co. Ltd.</b> Unit No. 601 &amp; 602, 6<sup>th</sup> Floor, Reliable Tech Park, Thane- Belapur Road, Airoli, Navi Mumbai, Maharashtra – 400708</p> <p><b>E- mail Address:</b> <a href="mailto:grievance@universalsompo.com">grievance@universalsompo.com</a></p> <p><b>For more details:</b> <a href="http://www.universalsompo.com">www.universalsompo.com</a></p> <p><b>Visit Branch Grievance Redressal Officer (GRO) -</b> Walk into any of our nearest branches and request to meet the GRO.</p> <ul style="list-style-type: none"> <li>• We will acknowledge receipt of your concern Immediately</li> <li>• Seek and obtain further details, if any, from the complainant (permitted only once) Within one week</li> </ul>	
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- Within 2 weeks of receiving your grievance, we will respond to you with the best solution.
- 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, 6<sup>th</sup> Floor, Reliable  
Tech Park, Thane- Belapur Road, Airoli,  
Navi Mumbai, Maharashtra – 400708**

**E- mail Address:**

[gro@universalsampo.com](mailto:gro@universalsampo.com)

**For more details:**

[www.universalsampo.com](http://www.universalsampo.com)

For updated details of grievance officer, kindly refer the link

<https://www.universalsampo.com/resource-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](http://www.irdai.gov.in), or of the General Insurance

		<p>Council at <a href="https://www.gicouncil.in/">https://www.gicouncil.in/</a>, the Consumer Education Website of the IRDAI at <a href="http://www.policyholder.gov.in">http://www.policyholder.gov.in</a>, or from any of Our Offices.</p> <p>The updated contact details of the Insurance Ombudsman offices can be referred by clicking on the Insurance ombudsman official site: <a href="https://www.cioins.co.in/Ombudsman">https://www.cioins.co.in/Ombudsman</a>.</p> <p><b>Note:</b> Grievance may also be lodged at IRDAI- <a href="https://bimabharosa.irdai.gov.in/">https://bimabharosa.irdai.gov.in/</a>.</p> <p><b>Note:</b> Please refer the Contact details of the Insurance Ombudsman mentioned in Policy wordings under Annexure B section.</p>	
12	Things to remember	<p><b>1. Free Look cancellation:</b> 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.</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> <ul style="list-style-type: none"> <li>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</li> <li>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</li> <li>iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period</li> </ul> <p><b>2. Policy renewal:</b></p>	SECTION H



	<p>The policy shall ordinarily be renewable except on grounds of established fraud, non-disclosure or misrepresentation by the insured person.</p> <p>i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.</p> <p>ii. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years</p> <p>iii. At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period to maintain continuity of benefits without Break in Policy. Coverage is not available during the grace period.</p> <p>iv. No loading shall apply on renewals based on individual claims experience.</p> <p><b>3. Migration and Portability:</b> When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.</p> <p><b>Migration:</b> 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.</p> <p><b>Portability:</b> 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</p>	
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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 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.**

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.

**5. Moratorium Period:** After completion of sixty continuous months under the policy no look back 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 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.	
13	Your Obligations	<p>Please disclose all 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>Disclose any Material Information about Your Current/Recent Medical History, Past Medical History, Hospitalisation History, Accidental Injury history, Any Surgical Procedure history &amp; or Congenital Diseases/Disorder birth defect.</p> <p>You can reach out at us for disclosure of Material Information-</p> <p><b>Universal Sampo General Insurance Co. Ltd.</b></p> <p>Unit No. 601 &amp; 602, 6th Floor, Reliable Tech Park, Thane Belapur Road, Airoli, Navi Mumbai-400708</p> <p><b>Toll Free Numbers:</b> 1800-22-4030 or 1800-200-4030</p> <p><b>Senior Citizen toll free number:</b> 1800-267-4030</p> <p>E-mail Address: <a href="mailto:contactus@universalsampo.com">contactus@universalsampo.com</a></p> <p>For more details: <a href="http://www.universalsampo.com">www.universalsampo.com</a></p>	

Declaration by the Policy Holder  
I have read the above and confirm having noted the details.  
Place:

Date: \_\_\_\_\_

(Signature of the Policy Holder)

Note:

- i. For Product related documents including Customer Information Sheet, kindly refer to the below link: : <https://www.universalsompo.com/resources-downloads>
- ii. In case of any conflict, the terms & conditions mentioned in the policy document shall prevail.