

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	IOB Health Care Plus Policy	-
2	Policy Number	<< >>	-
3	Type of Insurance Product/Policy	Both Indemnity and Benefit <ul style="list-style-type: none"> • Indemnity: Where insured losses are covered up to the Sum Insured under the policy) • Benefit: Where an Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event. • Both Indemnity and Benefit: (where policy has elements of both the above) 	-
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. • Floater Sum Insured-Where all members under the policy have a single sum insured limit which may be utilized by any or all members. <p>*Individual & Floater Sum Insured is available under the Policy.</p> <p>Sum Insured Options: - 50K,1L,1.5L, 2L, 2.5L, 3L, 3.5L, 4L, 4.5L, 5L</p>	-
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	1. The Medical Expenses incurred on Room, Boarding and Nursing Expense as provided in the Hospital/ Nursing Home 2. The Medical Expenses incurred on Medical Practitioner/ Anesthetist, Consultant fees, Surgeons fees and similar expenses 3. The Medical Expenses incurred on Anesthesia, Blood, Oxygen, Operation Theatre, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, Dialysis,	A. 1-10

		<p>Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs, Cost of Organ harvesting and similar expenses.</p> <p>4. The medical expenses on treatment arising from or traceable to pregnancy, childbirth and expenses on the treatment of the newly born child up to 5% of the sum insured, subject to such treatment not being carried out before the completion of 9 months from the commencement of the policy.</p> <p>5. The Medical Expenses incurred in the 30 days immediately prior before the date You were Hospitalized, provided that any Nursing expenses during Pre-Hospitalization will be considered only if Qualified Nurse is employed on the advice of the attending Medical Practitioner for the duration specified</p> <p>6. The Medical Expenses incurred in the 60 days immediately after Your date of discharge from Hospital provided that any Nursing expenses during Pre Hospitalization will be considered only if Qualified Nurse is employed on the advice of the attending Medical Practitioner for the duration specified</p> <p>7. Cost of Health Checkup: Insured Person shall be entitled for reimbursement of cost of medical checkup once at the end of a block of every three claim free Policies. The reimbursement shall not exceed the amount equal to 1% of the average Basic Sum Insured during the block of four claim free Policies</p> <p>Additional benefits:</p> <p>8. In case of hospitalization of children below 12 years, a lump sum amount of Rs.1000/- as Out of Expenses to any of the parents during the policy period.</p> <p>9. Ambulance charges in connection with any admissible claim limited to Rupees 1000/- per policy period.</p> <p>10. In case of death in hospital, funeral expenses are reimbursed up to Rs.1000/ over and above</p>	
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		the sum insured subject to the original illness/accident claim admitted under the policy.	
6	Exclusions (What the policy does not cover)	<p>Standard Exclusions: -</p> <ul style="list-style-type: none"> A. Investigation & Evaluation (Code- Excl04) B. Rest Cure, Rehabilitation and Respite Care (Code- Excl05) C. Obesity/ Weight Control (Code- Excl06) D. Change-of-Gender Treatments: (Code- Excl07) E. Cosmetic or plastic Surgery: (Code- Excl08) F. Hazardous or Adventure sports: (Code- Excl09) G. Breach of law: (Code- Excl10) H. Excluded Providers: (Code-Excl11) I. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12) J. 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) K. 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) L. Refractive Error:(Code- Excl15) M. Unproven Treatments:(Code- Excl16) N. Sterility and Infertility:(Code- Excl17) O. Treatment taken outside the geographical limits of India P. In respect of the existing diseases, disclosed by the insured and mentioned in 	C.1.b. 1-14 & C.2.1-4

		<p>the policy schedule (based on insured's consent)</p> <p>Q. War (whether declared or not)</p> <p>R. Nuclear, chemical or biological attack</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. 	<p>1. Pre-existing diseases: (Code- Excl01) Covered after 36 months</p> <p>2. Specific Waiting Period (Not applicable for claims arising due to an accident): (Code- Excl02) - surgeries/treatments shall be excluded until the expiry of 12 months of continuous coverage-List of specific diseases/procedures:</p> <ul style="list-style-type: none"> • Cataract • Benign Prostatic Hypertrophy • Myomectomy, Hysterectomy • Hernia, Hydrocele • Fistula in anus, Piles • Arthritis, Gout, Rheumatism • Joint replacement unless due to accident • Sinusitis and related disorders • Stone in the urinary and biliary systems • Dilatation and Curettage • Skin and all internal tumors/ cysts/ nodules/ polyps of any kind, including breast lumps unless malignant, adenoids and hemorrhoids • Dialysis required for renal failure • Surgery on tonsils and sinuses Gastric and duodenal ulcers <p>3. Initial Waiting Period: (Code- Excl03) 30 days for all illnesses (not applicable in case of continuous renewal or accidents)</p> <p>4. Maternity Expenses (Code-Excl18) Nine months waiting period</p>	B.1.a.1-3

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>* Sublimit under policy: - Maternity benefit is limited to actual expenses subject to a maximum of 5% of the Sum Insured</p> <p>*Personal Accident Cover: Spouse: - 50% of Sum Insured, Child: - above 12years 20% of Sum Insured & up to 12 years 10% of Sum Insured</p> <p>*Co-payment under policy: - 20% co-pay shall be applicable on each and every claim of Insured above 55 years of Age.</p> <p>*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</p>	D

insured person/ network provider will issue pre-authorization letter to the hospital after verification.

At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and 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 No	Type of Claim	Prescribed Time limit
1.	Pre – Authorization for Cashless facility	1 hours 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 No	Type of Claim	Prescribed Time limit
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		<table><tr><td>1.</td><td>Reimbursement of hospitalization, day care and pre-hospitalization expenses</td><td>Within thirty days of date of discharge from hospital</td></tr><tr><td>2.</td><td>Reimbursement of post hospitalization expenses</td><td>Within fifteen days from completion of post hospitalization treatment</td></tr></table> <p>Notification of Claim Notice with full particulars shall be sent to the Company as under:</p> <p>i Within 24 hours from the date of emergency hospitalization required or before the Insured Person's discharge from Hospital, whichever is earlier.</p> <p>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:</p> <p>i. Network Hospital details: Available on website: www.universalsompo.com.</p> <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>iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer: Available on website: www.universalsompo.com.</p> <p>iv. Downloading/getting claim form: Available on website: www.universalsompo.com.</p>	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	
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							
10	Policy Servicing	<p>Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030</p> <p>1) E-mail Address: contactus@universalsompo.com.</p> <p>2) Address for postal communication:</p>							

		<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>Note: Please include Your Policy number for any communication with us.</p>	
11	Grievances/ Complaints	<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:</p> <p>Customer Service Universal Sampo</p> <p>E- mail Address</p> <p>General Insurance Co. Ltd.</p> <p>contactus@universalsompo.com</p> <p>Unit No. 601 & 602, 6th Floor, Reliable</p> <p>For more details:</p> <p>Tech Park, Thane- Belapur Road, Airoli,</p> <p>www.universalsompo.com</p> <p>Navi Mumbai, Maharashtra – 400708</p> <p>Toll Free Numbers: 1800-22-4030 or</p> <p>1800-200-4030</p> <p>Senior Citizen toll free number: 1800-267-</p> <p>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</p> <p>E- mail Address:</p> <p>Insurance Co. Ltd.</p> <p>grievance@universalsompo.com</p>	E.1.XV

**Unit No. 601 & 602, 6th Floor, Reliable
Tech Park, Thane- Belapur Road, Airoli,
For more details:
Navi Mumbai, Maharashtra – 400708
www.universalsompo.com**

Visit Branch Grievance Redressal Officer (GRO) -

Walk into any of our nearest branches and request to meet the GRO.

- 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.
- 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
E- mail Address:
Insurance Co. Ltd.
gro@universalsompo.com**

**Unit No. 601 & 602, 6th Floor, Reliable
Tech Park, Thane- Belapur Road, Airoli,
For more details:**

Navi Mumbai, Maharashtra – 400708

www.universalsompo.com

For updated details of grievance officer, kindly refer the link <https://www.universalsompo.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, 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.cioins.co.in/Ombudsman>.

Note: Grievance may also be lodged at IRDAI-
<https://bimabharosa.irdai.gov.in/>.

Note: Please refer the Contact details of the Insurance Ombudsman mentioned in Annexure B.

12	Things to remember	<p>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.</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"> 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 <p>2. Policy renewal: The policy shall ordinarily be renewable except on grounds of established fraud or non- disclosure or misrepresentation by the insured person.</p> <ul style="list-style-type: none"> i. The Company will endeavour to give notice for renewal. ii. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years 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 	E.1.viii,ix,x,xii,xiv E.a.1-3
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Break in Policy. Coverage is not available during the grace period.

IV. No loading shall apply on renewals based on individual claims experience.

3. 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

4. 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.

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>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.</p> <p>6. 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 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.</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>	

		<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>	
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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:

- 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