

CUSTOMER INFORMATION SHEET
Description is illustrative and not exhaustive

S No.	Title	Description	Policy Clause No.
1	Product Name	Super Healthcare Insurance	
2	What am I covered for	<p>1. Medical Expenses</p> <p>1.1. In-patient Hospitalization Medical Expenses for Hospitalisation above 24 hrs</p> <p>1.2. Day-Care Treatment - Medical Expenses for enlisted Day care treatment</p> <p>1.3. Pre-Hospitalisation- Medical Expenses incurred by insured, immediately before the admission in the Hospital</p> <p>1.4. Post-Hospitalisation- Medical Expenses incurred by insured, immediately after the discharge from Hospital.</p> <p>1.5. Organ Donor-Medical Expenses for a successful organ transplant including pre transplant medical test for legitimate donor and harvesting the organ up to the sum insured mention in schedule</p> <p>1.6. In Patient AYUSH Hospitalization- In-patient Hospitalization expenses for treatment taken under Ayurveda, Unani, Sidha or Homeopathy, Upto the Sum Insured.</p> <p>1.7. Domiciliary Hospitalization- Expenses incurred for medical treatment taken at home which would otherwise have required Hospitalization.</p> <p>2. Ambulance Expenses - Expense incurred per Hospitalisation for utilizing ambulance service for transporting Insured Person to Hospital.</p> <p>3. Maternity & New Born Care Coverage - Medical Expenses associated with the delivery of a child (including complicated deliveries and caesarean costs and Medical expense incurred by insured's new born baby as an in-patient hospitalization).</p> <p>4. Automatic Restoration 100% of the Sum insured once in a policy year</p>	Section A-Point 1 to 6

		<p>5. Bariatric Surgery Cover; Reasonable and customary expenses for Bariatric Surgery</p> <p>6. Emergency Assistance Services:</p> <ul style="list-style-type: none"> i. Medical Consultation, Evaluation and Referral ii. Medical Monitoring and Case Management iii. Emergency Medical Evacuation iv. Medical Repatriation (Transportation) v. Compassionate Visit 	
3	Value Added Benefit	<p>Below listed benefits to help the Insured person(s) maintain his/her health and wellness by offering services and incentivizing with rewards.</p> <p>Wellness Services</p> <ul style="list-style-type: none"> 1) Everyday Care 2) Complete Wellness & HealthCare 3) Health Coach 4) Disease Management Program (on payment of additional premium) 	Section B – Point 1-4
4	What are the major exclusions in the policy:	<p>A. Investigation & Evaluation(Code- Excl04)</p> <p>B. Rest Cure, Rehabilitation and Respite Care (Code- Excl05)</p> <p>C. Obesity/ Weight Control (Code- Excl06) (Not Applicable for Super Top-up: Diamond & Platinum)</p> <p>D. Change-of-Gender Treatments: (Code- Excl07)</p> <p>E. Cosmetic or plastic Surgery: (Code- Excl08)</p> <p>F. Hazardous or Adventure sports: (Code- Excl09)</p> <p>G. Breach of law: (Code- Excl10)</p> <p>H. Excluded Providers: (Code-Excl11)</p> <p>I. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.(Code- Excl12)</p> <p>J. Treatments received in health hydros, 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)</p> <p>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)</p> <p>L. Refractive Error:(Code- Excl15)</p> <p>M. Unproven Treatments:(Code- Excl16)</p>	Section F- Point A to T

		<p>N. Sterility and Infertility: (Code- Excl17)</p> <p>O. Maternity Expenses (Code – Excl 18): (Applicable only for Top- up : Plan 1 Super Top-up : Gold Plan)</p> <p>R. Treatment taken outside the geographical limits of India (Not applicable if ‘Global Cover’ is opted.)</p> <p>T. Deductible: The Company shall not be liable for the deductible amount as specifically defined in the Schedule. The Company is not liable for any payment unless the medical expenses exceed the deductible.</p> <p>(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing)</p>	
5	Waiting Period	<ol style="list-style-type: none"> 30 days for all illnesses (except accident) in the first year and is not applicable in subsequent renewals. 24 months for specific illness and treatments in the first two years and is not applicable in subsequent renewals. 36/24/12 months for pre- existing diseases ailment or injury. From the date of inception of policy, and is not applicable in subsequent renewals. 9 months for maternity benefit from the inception of the policy. 	Section E- Point 1 to 4
6	Payment Basis	<ul style="list-style-type: none"> The claims will be settled on Indemnity basis payment- for Hospitalization under Medical Expenses The claims will be settled on Indemnity basis payment- for optional cover Global Care, 	
7	Loss Sharing	<ul style="list-style-type: none"> Deductible as opted by the policyholder. 	
8	Renewal Conditions	<ol style="list-style-type: none"> The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period. 	Section I- Point “X”

		<p>iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.</p> <p>v. No loading shall apply on renewals based on individual claims experience.</p>	
9	Renewal Benefits	<p>1. a) Enhancement is sum Insured Cumulative Bonus- If you have made no claim under the policy including for the optional benefits, then, we shall increase your sum insured by 20% subject to maximum of 100%.</p> <p>Or</p> <p>Discount in premium: 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. 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>2. Free Health Check-Ups - For every renewal, we will provide free health check-up for insured member in our empanelled hospitals/diagnostic center.</p>	Section D- Point 1 to 2
10	Cancellation	<p>The Insured may cancel this Policy by giving 7 days' written notice, and in such an event, the Company shall refund premium for the unexpired Policy Period as per the rates detailed below.</p> <p>a) If no claim has been made during the policy period, a proportionate refund of the premium will be issued based on the number of unexpired days. The date of cancellation request will be considered as expiry date of coverage</p> <p>b) If the claim has been made in the current policy year, the premium for the remaining policy year(s) will be refunded on cancellation</p>	Section I- Point "vii"

11	Claims	<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"> • Cashless facility: <p>Turn Around Time (TAT) for claims settlement:</p> <ol style="list-style-type: none"> TAT for preauthorization of cashless facility - 1 hr TAT for cashless final bill authorization - 3 hrs <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' & 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 & Conditions and the same will be communicated to Insured and Hospital with in 60 mins for Initial Cashless request & 3 hrs for discharge request on their registered mobile number & Email ID respectively.</p> <p>Provide the details/web link for following:</p> <ol style="list-style-type: none"> Network Hospital details: Available on website: www.universalsampo.com. Helpline Number: Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030, Senior Citizen: 1800-267-4030 Landline Numbers: (022) 39133700 (Local Charges Apply) 	27
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12	Policy Servicing/ Grievances/Com plaints	<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 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 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 	Section H – Point “8”

		<ul style="list-style-type: none"> • 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 <p>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@universalsampo.com For more details: www.universalsampo.com</p> <p>For updated details of grievance officer, kindly refer the link https://www.universalsampo.com/resource-grievance-redressal</p> <p>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.</p>	
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13	Insured's Rights	<p>Free Look: You have a period of 30 days from the date of receipt of the first policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation.</p> <p>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.</p> <p>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.</p>	Section I – Point “viii,ixxi v”
14	Insured's Obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy.</p> <p>Universal Sampo General Insurance Co. Ltd. Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane- Belapur Road, Airoli, Navi Mumbai-400708</p>	

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Legal Disclaimer Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.

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