

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	SUPREME HEALTHCARE POLICY	-
2	Policy Number	<< >>	-
3	Type of Insurance Product/Policy	Indemnity • Indemnity: Where insured losses are covered up to the Sum Insured under the policy.	-
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, 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. <p>*Individual / Floater Sum Insured is available under the Policy.</p> <p>Sum Insured – <<5L - 6CR>></p>	-
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	<p>BASE BENEFITS</p> <p>1. Hospitalization Expenses</p> <p>(i) In-patient Treatment: We will cover medical expenses for hospitalization during the policy period that requires an Insured</p>	3.1.1

Person's hospital admission in a hospital as an inpatient more than 24 hours and was prescribed in writing by the medical Practitioner.

(ii) Day-Care Procedures: The Medical Expenses for any Day Care Procedure where the procedure or Surgery is taken by an inpatient for less than 24 hours in a hospital, as specified in the Policy Schedule.

(iii) Advance Technology Methods: We will cover expenses up to the Sum Insured for treatment taken through specific advanced technology methods, as specified in the policy schedule.

(iv) Pre-Hospitalization: The Medical Expenses incurred in the 60 days immediately prior to the date You were Hospitalized.

(v) Post-Hospitalization: The Medical Expenses incurred in the 180 days immediately after Your date of discharge from Hospital.

(vi) AYUSH Treatment: The Medical Expenses incurred for an In-patient treatment taken under Ayurveda, Unani, Sidha or Homeopathy.

(vii) Domiciliary Treatment: Medical Expenses incurred for availing medical treatment at home which would otherwise have required hospitalization.

(viii) Organ Donor: 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>2) Road Ambulance Cover: 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.</p>	3.1.2
	<p>3) Cumulative Bonus: 50% of Sum Insured per year maximum up to 100% of Sum Insured.</p>	3.1.3
	<p>4) Unlimited Automatic Recharge: The base Sum Insured is reinstated unlimited times during the policy year, and it is valid for that only that policy year. A recharge amount can be utilized for same illness as well as different Illnesses.</p>	3.1.4
	<p>5) Unlimited E-Consultation: We will provide unlimited e-consultations with qualified General Physicians at our network during the Policy Year through any mode of communication (Voice/Video Call /Chat /Email Chat/etc.)</p>	3.1.5
	<p>6) Health Services</p> <p>Health Portal: The insured may access health related information and services such as Doctor on chat, Healthy tips reminder, Digital locker for medical records etc. as available on Company's website.</p>	3.1.6

		<p>Discount Connect: The Insured Person may access Special rates for OPD, Diagnostics, maternity, Pharmacy etc. through Network as available on the Company's website.</p> <p>OPTIONAL BENEFITS</p> <p>1. Smart Select: When opting for this benefit, you will be entitled to a reduction in the total premium, as specified in the policy schedule. 20% Co pay shall be applicable if treatment taken other than listed smart select hospital.</p> <p>2. Room Rent Modification: When opting for this benefit, we will modify the Room Rent / Room Category to Single Private AC room / Twin sharing room as specified in Policy schedule.</p> <p>3. PED wait Period Modification: The applicable waiting period of 36 months for Claims related to Pre-existing diseases shall be modified to specific period as mentioned in the Policy Schedule.</p> <p>4.Named Ailment Wait Period: The applicable waiting period of 24 months for Claims related Names ailments shall be modified to specific period as mentioned in the Policy Schedule.</p> <p>5.Instant Cover: We shall waive off the applicable PED waiting period on Diabetes/ Hypertension/ Hyperlipidemia/ Asthma at the time of issuance of first Policy with us.</p>	
			3.2.1
			3.2.2
			3.2.3
			3.2.4
			3.2.5

		<p>6.Deductible: On opting these benefits, you will be entitled to a discount on the Premium payable. claim shall be reduced by the Deductible as specified in the Policy Schedule and the Company shall be liable to make payment under the Policy for any Claim only when the Deductible on that Claim is exhausted.</p>	3.2.6
		<p>7.Co Payment: The Insured Person will have an option to bear a Co-payment, as specified in the Policy Schedule, and the Company's liability shall be restricted to the balance amount payable.</p>	3.2.7
		<p>8.Newborn Cover: You can cover your Newborn baby from day 1. (All the applicable waiting period shall stand valid for this benefit.)</p>	3.2.8
		<p>9: Plus Benefit: An additional amount as specified in the Policy Schedule will be available to the Insured Person for all claims (admissible under Base Benefits) during the Policy Year, subject to this will applicable on base cover, Any unutilized amount will not be carried forward to the subsequent Policy Year, can be utilized for any number of claims(during policy year),once base cover exhaust then only this benefit will be applicable.</p>	3.2.9
		<p>10.Cumulative Bonus Super: Up to 100% of Sum Insured per year, maximum up to 500% of Base Sum Insured.</p>	3.2.10

	<p>11. Annual Health Checkup: Health Checkup will be provided on an annual basis on request of Insured with network partner for specified medical test in the policy schedule.</p>	3.2.11
	<p>12. Be – Fit Benefit: The Insured Person, who is above 12 years of age, may avail unlimited visits to the Fitness Centers in a Policy year at the empaneled Fitness center only.</p>	3.2.12
	<p>13. Wellness Benefit:</p> <ul style="list-style-type: none"> a. You will receive a renewal premium discount on completion of targeted steps of Insured above 18 years of age. b. Access to Digital Fitness Coaching c. Access to Artificial Intelligence Fitness Coaching d. Access to Nutritionist/Wellness Coach 	3.2.13
	<p>14. Air Ambulance Cover: The Insured Person up to the amount as specified in Policy Schedule, for the Reasonable and Customary Charges necessarily incurred on availing Air Ambulance services, in India, offered by a hospital or by an Ambulance service provider for the Insured Person's necessary transportation.</p>	3.2.14
	<p>15. Women Care: We shall indemnify the Out-Patient Medical Expenses incurred by the female Insured aged 18 years and above up to the limit specified in the Policy Schedule, through cashless facility towards Diagnosis within the Policy Year for</p>	3.2.15

	Mammography, Cervical cancer Screening, PCOS/PCOD diagnostic tests.	
	<p>16. Mental Health Wellbeing: We shall indemnify the Outpatient Medical Expenses incurred by the Insured Person up to the limit specified in the Policy Schedule, through cashless facility towards Consultation, Counseling and rehabilitation of Acute depression, Obsessive compulsive disorder, Anxiety, Post traumatic stress disorder.</p>	3.2.16
	<p>17. Claim Shield: If a claim has been accepted under this benefit, then the items which are not payable as per List-I under Annexure I related to the claim, will become payable up to applicable Sum Insured.</p>	3.2.17
	<p>18. Inflation Shield: We shall provide additional increase in Sum Insured under Base Policy based on inflation rate in previous calendar year.</p>	3.2.18
	<p>19. Additional Sum Insured for Defined Critical Illnesses: You will be entitled to receive additional Sum Insured for In patient care, when a claim is made due to 15 listed critical illness specified in the policy schedule.</p>	3.2.19
	<p>20. Home Modification: We shall indemnify the relevant expenses incurred during the Policy Year, as specified in the Policy Schedule, for the reasonable and necessary modification of the Insured Person's place of residence.</p>	3.2.20

		21. Nursing Care: We shall indemnify the Insured Person for the expenses incurred up to the limit per day as specified in Policy Schedule incurred towards the hiring of a qualified nurse	3.2.21
6	Exclusions (What the policy does not cover)	Standard Exclusions <ol style="list-style-type: none"> 1. Investigation & Evaluation (Code- Excl04) 2. Rest Cure, Rehabilitation and Respite Care (Code- Excl05) 3. Obesity/ Weight Control (Code- Excl06) 4. Change-of-Gender Treatments (Code- Excl07) 5. Cosmetic or plastic Surgery (Code- Excl08) 6. Hazardous or Adventure sports (Code- Excl09) 7. Breach of law (Code- Excl10) 8. Excluded Providers (Code-Excl11) 9. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12) 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) 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 	4.1 (b) & 4.2

	<p>hospitalization claim or day care procedure (Code- Excl14)</p> <p>12. Refractive Error (Code- Excl15)</p> <p>13. Unproven Treatments (Code- Excl16)</p> <p>14. Sterility and Infertility (Code- Excl17)</p> <p>15. Maternity (Code- Excl18)</p> <p>SPECIFIC EXCLUSIONS</p> <p>1. Any item or condition or treatment specified in List of Non-Medical Items</p> <p>2. Taking part or is supposed to participate in a naval, military, air force operation or aviation in a professional or semi-professional nature.</p> <p>3. Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind of self-medication.</p> <p>4. Charges incurred in connection with routine eye examinations and ear examinations, dentures, artificial teeth and all other similar external appliances and / or devices whether for diagnosis or treatment.</p> <p>5. Any expenses incurred on external prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walkers, glucometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome and oxygen concentrator for asthmatic condition, cost of cochlear implants and related surgery.</p> <p>6. Alopecia wigs and/or toupee and all hair or hair fall treatment and products.</p> <p>7. Screening, counseling or treatment of any external Congenital Anomaly, Illness or</p>	
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	<p>defects or anomalies or treatment relating to external birth defects.</p> <p>8. Treatment of mental retardation, arrested or incomplete development of mind of a person, subnormal intelligence or mental intellectual disability.</p> <p>9. Circumcision unless necessary for treatment of an illness or as may be necessitated due to an Accident.</p> <p>10. All preventive care (except eligible and entitled for Benefit: 'Annual Health Check-up'), Vaccination including Inoculation and Immunizations (except in case of post-bite treatment) and tonics.</p> <p>11. Expenses incurred for Artificial life maintenance, including life support machine use, post confirmation of vegetative state or brain dead by treating medical practitioner where such treatment will not result in recovery or restoration of the previous state of health under any circumstances.</p> <p>12. Non-Allopathic Treatment, Hydrotherapy, Acupuncture, Reflexology, Chiropractic treatment or treatment related to any unrecognized systems of medicine.</p> <p>13. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.</p> <p>14. Act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane or illness or Injury attributable to consumption, use, misuse or abuse of tobacco, intoxicating drugs, alcohol or hallucinogens.</p>	
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	<p>15. Any charges incurred to procure documents related to treatment or Illness pertaining to any period of Hospitalization or Illness.</p> <p>16. Personal comfort and convenience items or services including but not limited to T.V. (wherever specifically charged separately), charges for access to cosmetics, hygiene articles, body care products and bath additives, as well as similar incidental services and supplies.</p> <p>17. Expenses related to any kind of RMO charges, Service charge, Surcharge, night charges levied by the hospital under whatever head or transportation charges by visiting consultant.</p> <p>18. Nuclear, chemical or biological attack</p> <p>19. Impairment of an Insured Person's intellectual faculties by abuse of stimulants or depressants unless prescribed by a medical practitioner.</p> <p>20. Any treatment taken in a clinic, rest home, convalescent home for the addicted, detoxification center, sanatorium, home for the aged, remodeling clinic or similar institutions.</p> <p>21. Remicade, Avastin or similar injectable treatment which is undergone other than as a part of InPatient Care Hospitalisation or Day Care Hospitalisation is excluded.</p> <p>22. Expenses related to any kind of Advance Technology Methods other than mentioned in the Clause 3.1.1(iii).</p> <p>23. Hormone replacement therapy.</p> <p>24. Any Illness or Injury attributable to consumption, use, misuse or abuse of</p>
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		<p>tobacco, intoxicating drugs, alcohol, hallucinogens, smoking.</p> <p>25. Any treatment or part of treatment or any expenses incurred under this Policy that is not reasonable and customary and/or not medically necessary.</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. Initial Waiting Period: (Code- Excl03) 30 days for all illnesses (not applicable in case of continuous renewal or accidents)</p> <p>2. Specific Waiting Period (Not applicable for claims arising due to an accident): (Code- Excl02) – 24 months for Named Ailments</p> <p>3. Pre-existing diseases: (Code- Excl01) Covered after 36 months</p>	4.1.a
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</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 (unless opted)</p>	-

	will not pay any claim, and - which will be deducted from total claim amount (if claim amount is more than the specified amount) iv. Any other limit (as applicable)		
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> <p>For Cashless Service: The company extends the Cashless facility as a mode to indemnify the medical expenses incurred by the Insured Person may please log on to the company's website.</p> <p>For Reimbursement Service: Under Reimbursement Facility, all the information and documentation specified in policy terms & condition shall be submitted to the company at Insured Person's own expense, immediately and in any events with in 30 days of Insured Person's discharge from hospital.</p> <p>Claim Intimation: If any illness is diagnosed or discovered or any Injury is suffered or any other contingency occur which has resulted in a claim or may result in a claim under the policy, the company shall be notified with full particulars within 48 hours (emergency hospitalization) and 48 hours prior to planned date of admission (Planned</p>	6.1

		<p>hospitalization) from the date of occurrence of event.</p> <p>Turn Around Time (TAT) for claims settlement:</p> <ul style="list-style-type: none"> i. TAT for preauthorization of cashless facility: 1 hours ii. TAT for cashless final bill authorization :3 hours <p>Provide the details/web link for following:</p> <ul style="list-style-type: none"> i. Network Hospital details: Available on website: www.universalsompo.com. ii. Helpline Number: <p>Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030, Senior Citizen: 1800-267-4030</p> <ul style="list-style-type: none"> iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer: Available on website: www.universalsompo.com. iv. Downloading/getting claim form: Available on website: www.universalsompo.com. 	
10	Policy Servicing	<p>1)Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030</p> <p>2)E-mail Address: contactus@universalsompo.com.</p> <p>3)Address for postal communication: Universal Sampo General Insurance Co. Ltd.</p> <p>Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Cloud City Campus; Gut No-31, Mouje</p>	

		<p>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 to us at: 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: contactus@universalsampo.com</p> <p>For more details: www.universalsampo.com</p> <p>Toll Free Numbers: 1800-22-4030 OR 1800-200-4030</p> <p>Senior Citizens toll free number: 1800-267-4030</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>	5.16

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:

grievance@universalsompo.com

For more details:

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 within 3 business days.
- Within 2 weeks of receiving your grievance, we will respond to you with the best solution.
- We shall regard the complaint as closed if we do not receive a reply within 8 weeks from the date of our response.

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@universalsompo.com

For more details:

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

		<p>http://www.policyholder.gov.in, 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: https://www.cioins.co.in/Ombudsman.</p> <p>Note: Grievance may also be lodged at IRDAI- https://bimabharosa.irdai.gov.in/.</p> <p>Note: Kindly Refer Section 5.16 of Policy wording for the contact details of Ombudsman offices</p>	
12	Things to remember	<p>1. Free Look cancellation: 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. The Insured Person shall be allowed free look period of Thirty days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.</p> <p>If the Insured has not made any claim during the Free Look Period, the Insured shall be entitled to</p> <p>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</p> <p>ii. Where the risk has already commenced and the option of return of the policy is</p>	<p>5.15</p> <p>5.10</p> <p>5.8</p> <p>5.9</p> <p>5.24</p> <p>5.12</p>

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.

2. Policy renewal: The policy shall ordinarily be renewable except on grounds of established fraud, non- disclosure or misrepresentation by the Insured Person.

i. The Company will endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.

ii. Renewal shall not be denied on the ground that the Insured Person had made a claim or claims in the preceding policy years.

iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.

iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days for Half Yearly and Quarterly mode of payment and grace period of 15 days for monthly mode of payment to maintain continuity of benefits without break in policy. If the premium is paid in installments during the policy period, coverage will be available during such Grace period.

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

3. Migration and Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.

Migration: The Insured Person will have the option to migrate the policy to other health insurance products/plans offered by the Company 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.

Portability: The Insured Person will have the option to port the policy to other insurers 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. Alterations in the Policy: This Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing

		<p>by the Company, which approval shall be evidenced by a written endorsement signed and stamped by the Company. However, change or alteration with respect to increase/decrease of the Sum Insured shall be permissible only at the time of renewal of the Policy.</p> <p>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 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 all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p>Disclosure of Information: The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact by the policyholder.</p>	5.1 & 5.18

	<p>Material Change: It is a condition precedent to the Company's liability under the Policy that the Policyholder shall immediately notify the Company in writing of any material change in the risk on account of change in nature of occupation or business or current residing address at his own expense. The Company may adjust the scope of cover and / or the premium paid or payable/reject the claim, accordingly.</p> <p>You can reach out at us for disclosure of Material Information-</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 <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:

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.