

Annexure - A

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

This document provides key information about your policy. You are also advised to go through your policy document.

SI No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product/Policy	Covid -19 Group Health 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. 	-
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 & Family floater Sum Insured both options available under the Policy.</p> <p>Sum Insured Options: - <<50,000 to 5,00,000>></p>	-
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	<p>Base Covers:</p> <p>1.Covid-19 Hospitalization Cover</p> <p>The Company shall indemnify medical expenses incurred for Hospitalization of the Insured Person during the Policy year, up to the Sum Insured specified in the policy Schedule. (Hospitalization for a minimum period of 24 consecutive hours as in-patient shall be admissible)</p> <p>2.AYUSH Treatment</p>	D.A.1-6, D.B.i-iii

The Company shall indemnify medical expenses incurred for inpatient care treatment for Covid-19 on Positive diagnosis of COVID-19 through a government approved diagnostic test in a government authorized diagnostic center including the expenses incurred on treatment of any comorbidity along with the treatment for Covid-19 under Ayurveda, yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during each Policy Year up to the limit of sum insured as specified in the policy schedule in any AYUSH Hospital.

3.Pre-Hospitalization

The company shall indemnify pre-hospitalization medical expenses incurred, related to an admissible hospitalization requiring inpatient care, for a fixed period of 15 days prior to the date of admissible hospitalization covered under the policy.

4.Post-hospitalization

The company shall indemnify post hospitalization medical expenses incurred, related to an admissible hospitalization requiring inpatient care, for a fixed period of 30 days from the date of discharge from the hospital, following an admissible hospitalization covered under the policy.

5.Home Care Treatment Expenses

Home Care Treatment means Treatment availed by the Insured Person at home for Covid 19 on positive diagnosis of Covid 19 in a government authorized diagnostic Centre, which in normal course would require care and treatment at a hospital but is actually taken at home.

6.Ambulance Charges

Subject to a maximum of Rs.2000/- per hospitalization for the Ambulance services offered by a Hospital or by an Ambulance service provider, provided that the Ambulance is availed only in relation to Covid-19 Hospitalization for which the Company has accepted a claim under section This also includes the cost of the transportation of the Insured Person from a Hospital to the another Hospital as prescribed by a Medical Practitioner.

		<p>Add-On Covers</p> <p>1.Out-Patient Treatment</p> <p>The Company shall pay the Insured Person up to the limit as stated in the Schedule and not exceeding 2% of the Sum Insured on the Insured Person for medical expenses (for Consultations, Prescribed Diagnostics and Prescribed Pharmacy) incurred by the Insured as an Outpatient. The payout under this section will be within the limit of liability as per the basis sum insured on the Insured Person.</p> <p>2.Hospital Cash Cover</p> <p>The Company shall pay the Insured Person up to the limit as stated in the Schedule and not exceeding 0.5% of the SI on the Insured Person per day for each 24 hours of continuous hospitalization for which the Company has accepted a claim under Hospitalization Cover and AYUSH Cover respectively, the benefit shall be payable maximum up to 15 days during a policy period in respect of every insured person.</p> <p>3. Restricted Contingency Cover</p> <p>Notwithstanding anything herein to the contrary, the Company, under this add-on, allows the Group Administrator the flexible option of choosing/deleting any of the base covers at inception. Base cover - Covid-19 Hospitalization Cover has to be compulsorily chosen and cannot be deleted. Subject otherwise to terms and conditions of the policy.</p>	
6	Exclusions (What the policy does not cover)	<p>Standard Exclusions:</p> <ol style="list-style-type: none"> 1) Investigation & Evaluation (Code- Excl04) 2) Rest Cure, Rehabilitation and Respite Care (Code- Excl05) 3) Dietary supplements and substances (Code- Excl14) 4) Unproven Treatments:(Code- Excl16) <p>Specific Exclusions:</p> <ol style="list-style-type: none"> 1. Diagnosis /Treatment outside the geographical limits of India 	E.1.a.1-4 E.2.b.3-8

		<ol style="list-style-type: none"> 2. Testing done at a Diagnostic centre which is not authorized by the Government shall not be recognized under this Policy 3. Any expenses incurred in respect of inoculations, vaccinations or other preventive treatment. 4. All covers under this Policy shall cease if the Insured Person travels to any country placed under Travel restriction by the Government of India. 5. Biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion: Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death. 6. Any expenses incurred on Day Care treatment and OPD treatment. 	
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. 	<ol style="list-style-type: none"> 1. First Fourteen Days Waiting Period: Expenses related to the treatment of Covid-19 within 14 days from the first policy commencement date shall be excluded. Each Insured Person shall be separately subject to the waiting period provision from his/her respective date of enrolment in the policy. 2. Waiting Period for Insured Persons Undertaking International Travel: In addition to the above, in case of persons undertaking international travel, expenses related to the treatment of Covid-19 within 14 days from of their date of return to India shall be excluded. 	E.2.a.1-2

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</p> <p>*There is No Co-payment under policy</p> <p>*There is no Deductible 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> <ul style="list-style-type: none"> • Cashless facility: Turn Around Time (TAT) for claims settlement: <ol style="list-style-type: none"> i. TAT for preauthorization of cashless facility - 1 hr ii. 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>	G. 1-5

Step IV: Hospital verifies the patient details and sends duly filled Cashless Request Form to Universal Sampo

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.

Provide the details/web link for following:

- i. Network Hospital details: Available on website: www.universalsompo.com.
- ii. 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)

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

- Anywhere Cashless Facility (Non Network Cashless):

You can now avail cashless facility from non-network hospitals.

To avail the treatment under cashless from non-network hospitals, please find the below steps.

Prior Intimation is required for processing cashless from non-network hospitals:

- 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.
- Mail us at Contactus@universalsompo.com
- Reimbursement facility:

Follow below steps to avail reimbursement facility through our In house Health Claims Management:

		<p>Step I: Visit our Web Portal to register claim or Call our Health Helpline 1800 200 4030 or email us at Contactus@universalsompo.com 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> <p>Step III: Fill in Reimbursement Claim Form and submit all original documents to our below mention office for reimbursement. Universal Sompo 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 & Conditions of policy and the same will be communicated over SMS & 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>Universal Sompo General Insurance Co. Ltd.</p> <p>Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane Belapur Road, Airoli, Navi Mumbai- 400708</p> <p>Toll Free Numbers: 1800-22-4030 or 1800-200-4030</p> <p>Senior Citizen toll free number: 1800-267-4030</p> <p>E-mail Address: contactus@universalsompo.com</p> <p>For more details: www.universalsompo.com</p>	
11	Grievances/ Complaints	<p>Grievance</p> <p>Resolving Issue Write to : Customer Service Universal Sompo General Insurance Co.Ltd. Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane-Belapur Road, Airoli, Navi Mumbai, Maharashtra – 400708 Email: grievance@universalsompo.com For More details, visit - www.universalsompo.com</p>	F.1.9

		<p>Visit Branch Grievance Redressal Officer (GRO)- Walk into any of our nearest branches and request to meet the GRO. Grievance Redressal Officer In case, the customer is not satisfied with the decision/resolution of the above office or have not received any response, he/she may write or email/mail to: Customer Service Universal Sompo General Insurance Co.Ltd. Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane-Belapur Road, Airoli, Navi Mumbai, Maharashtra – 400708 Email ID: GRO@universalsompo.com</p> <p>Insurance Ombudsman Bima Bharosa Portal link : https://bimabharosa.irdai.gov.in/ The customer can approach the Insurance Ombudsman depending on the nature of grievance and financial implication, if any. 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. 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 Offices of the Company.</p>	
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. 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> <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>	Section F

- 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

2. Policy renewal: The policy is ordinarily renewable, except on grounds of established fraud, moral hazard, non-disclosure, misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.

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 the 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 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.

4. Change in Sum Insured: Sum Insured can be changed (increased/decreased) only at the time of

		<p>renewal or at any time, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.</p> <p>5. Moratorium Period: After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits. The accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium period.</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. Disclosure of other material information during the policy period.</p> <p>Disclose any Material Information about Your Current/Recent Medical History, Past Medical History, Hospitalization History, Accidental Injury history, Any Surgical Procedure history & or Congenital Diseases/Disorder birth defect.</p> <p>You can reach out at us for disclosure of Material Information-</p> <p>Universal Sompo General Insurance Co. Ltd. Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane Belapur Road, Airoli, Navi Mumbai- 400708 Toll Free Numbers: 1800-22-4030 or 1800-200-4030 Senior Citizen toll free number: 1800-267-4030 E-mail Address: contactus@universalsompo.com</p> <p>➤ For more details: www.universalsompo.com</p>	

This is an Internal document.



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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.