

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	GROUP HOSPITAL CASH POLICY	-
2	Policy Number	<< >>	-
3	Type of Insurance Product/Policy	<ul style="list-style-type: none"> 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 Sum Insured is available under the Policy.</p> <p>Sum Insured Options: -</p> <ul style="list-style-type: none"> i. Minimum Sum Insured of the Policy Rs 100 per day ii. Maximum Sum Insured of the Policy Rs 50,000 per day iii. Per Day Benefit of 100 – 25,000 rupees 	-
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	<p>BENEFITS:</p> <p>It is mandatory that the Insured Person shall choose at-least one of the following benefits. Choosing at least one cover</p> <ul style="list-style-type: none"> 1. Hospital Cash Due to Sickness, 2. Hospital Cash Due to Accident Only and 3. Hospital Cash Due to Accident & Sickness <p>out of 3 covers 1 is compulsory.</p> <p>a. Hospital Cash Due to Sickness: The company will pay to the Insured Person(s) in case of Hospitalization for a Medically Necessary treatment due to any sickness sustained or contracted within the Policy Period, for a continuous period of more than 24 hours. A daily Hospital cash benefit shall be payable for every</p>	Section 4, 4.1 to 5.9

completed 24 hours of Hospitalization up to the limit subject to Deductible as specified in the Policy Schedule/ Certificate of Insurance.

b. Hospital Cash Due to Accident Only:

The company will pay to the Insured Person(s) in case of Hospitalization for a continuous period of more than 24 hours for a Medically Necessary treatment due to any accidental bodily Injury sustained or contracted within the Policy Period. A daily Hospital cash benefit shall be payable for every completed 24 hours of Hospitalization up to the limit subject to Deductible as specified in the Policy Schedule / Certificate of Insurance.

c. Hospital Cash Due to Accident & Sickness:

The company will pay to the Insured Person(s) in case of Hospitalization for a Medically Necessary treatment due to any Accident and/or sickness sustained or contracted within the Policy Period, for a
a continuous period of more than 24 hours. A daily Hospital cash benefit shall be payable for every completed 24 hours of Hospitalization up to the limit subject to Deductible as specified in the Policy Schedule / Certificate of Insurance.

OPTIONAL COVERAGE:

d. Hospital Daily Cash Extension

The Company will extend the Coverage up to the limit specified in the Policy Schedule / Certificate of Insurance incase an inpatient Insured person once exhausts the limit towards maximum number of days as mentioned in the Policy Schedule / Certificate of Insurance.>>

e. ICU Hospital Cash Benefit

The company will pay to the Insured Person(s) in case of ICU Hospitalization for a Medically Necessary treatment due to any sickness or accident sustained or contracted within the Policy Period, for a continuous period of more than 24 hours up to the limit specified in the Policy Schedule / Certificate of Insurance. >>

f. Double Benefit:

The company will pay Double Sum Insured to the Insured Person(s) in case of Hospitalization for a

Medically Necessary treatment due to Accident sustained within the Policy Period, for a continuous period of more than 24 hours. A daily Hospital cash benefit shall be payable double the base Sum Insured for every completed 24 hours of Hospitalization.>>

g. Thirty (30) Days Waiting Period Modification:

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, on payment of additional premium, 30 days waiting period applicable for any claims in relation to a Hospitalization of the Insured Person including any Medical Expenses incurred thereof:

- a) Is waived off Or,
- b) Is modified to 15 days.>>

h. Pre-Existing Disease Waiting Period Modification:

Notwithstanding anything to the contrary in the Policy, it is hereby declared and agreed that, on payment of additional premium, waiting period applicable to all Pre-Existing Diseases for each Insured Person before benefits are payable under the Policy is modified to;

- a) Is waived off Or,
- b) Is modified to 36 months Or,
- c) Is modified to 24 months Or
- d) Is modified to 12 months.>>

i. Companion Benefit Cover:

The Company will pay the fixed benefit towards expenses incurred on attendant of the Insured Person(s), accompanying at the Hospital during hospitalization of Insured Person up to the Sum Insured within Policy Period.>>

j. Recovery Benefit:

We will additionally pay a lumpsum amount per insured, incase Insured person is hospitalized for a minimum period as specified in the Policy Schedule / Certificate of Insurance. This benefit is payable only once to an Insured Person during Policy Year.>>

k. Maternity (Excl 18) Modification Benefit:

We will pay daily fixed benefit amount as specified in the Policy Schedule/ Certificate of Insurance for every completed 24 hours of Hospitalization in case an Insured Person is hospitalized for delivery of a

		<p>child / Medically Necessary Treatment during pregnancy/ lawful medical termination of pregnancy. The policy is restricted to pay for first 2 deliveries only.</p> <p>Insured Person have an option to choose the reduction/waiver of waiting period as mentioned below</p> <p>a) Option 1. Exclusion removal with 9 months waiting period.</p> <p>b) Exclusion removal without any maternity waiting period>></p> <p>I. Worldwide Hospital Cash: The company will pay an Insured Person in case of Hospitalization for medically necessary treatment taken outside India due to Sickness or Accident within the Policy Period. a daily Hospital cash benefit shall be payable for every completed 24 hours of Hospitalization up to the limit subject to Deductible as specified in the Policy Schedule / Certificate of Insurance.>></p>	
6	<p>Exclusions (What the policy does not cover)</p>	<p>Exclusions</p> <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 heath 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) 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) 12)Refractive Error:(Code- Excl15) 	<p>Section 7, 1 to 20</p>

		<p>13) Unproven Treatments:(Code- Excl16) 14) Sterility and Infertility:(Code- Excl17) 15) Maternity (Code – Excl 18)</p> <p>SPECIFIC EXCLUSION:</p> <ol style="list-style-type: none"> 1. Treatment taken outside the geographical limits of India (Not applicable if ‘Global Cover’ is opted.) 2. In respect of the existing diseases, disclosed by the insured and mentioned in the policy schedule (based on insured's consent) 3. War (whether declared or not) 4. Nuclear, chemical or biological attack 5. Any expenses incurred on 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. 	<p>1.Pre-Existing Diseases (Excl-01)</p> <p>Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with us.</p> <p>2.Specific Waiting Period (Excl-02)</p> <p>Expenses related to the treatment of the following listed conditions, surgeries/ treatments shall be excluded until the expiry of 24/36 months of continuous coverage, as may be the case after the date of inception of the first policy with the insurer.</p> <p>List of specific diseases/procedures</p> <p>i) 24 Months waiting period</p> <ol style="list-style-type: none"> 1. All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps 2. Benign ear, nose, throat disorders 3. Benign prostate hypertrophy 4. Cataract and age related eye ailments 5. Gastric/ Duodenal Ulcer 6. Gout and Rheumatism 7. Hernia of all types 8. Hydrocele 9. Non Infective Arthritis 10. Piles, Fissures and Fistula in anus 11. Pilonidal sinus, Sinusitis and related disorders 12. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident 13. Skin Disorders 	Section 6, 1 to 4

14. Stone in Gall Bladder and Bile duct, excluding malignancy
15. Stones in Urinary system
16. Treatment for Menorrhagia/Fibromyoma, Myoma and Prolapsed uterus
17. Varicose Veins and Varicose Ulcers
18. Renal Failure
19. Puberty and Menopause related Disorders
20. Behavioural and Neuro-Develop
21. HIV Disorders:
 - a. Disorders of adult personality
 - b. Disorders of speech and language including stammering, dyslexia

ii) 36 Months waiting period

1. Joint Replacement due to Degenerative Condition
2. Age-related Osteoarthritis & Osteoporosis
3. Treatment of HIV illness, stress or psychological disorders and neurodegenerative disorders.
4. Age Related Macular Degeneration (ARMD)
5. Genetic diseases or disorders

3. First Thirty (30) Days Waiting Period

Expenses related to the treatment of any illness within Thirty 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.

4. Maternity Waiting period

36 months waiting period applicable in case an Insured Person is hospitalized for delivery of a child / Medically Necessary Treatment during pregnancy/ lawful medical termination of pregnancy.

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 Sublimit under policy – For Benefits other than Death & Permanent Total Disablement will have Sublimit under policy as specified under policy schedule.</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"> 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>	F.2.10

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 Resolving Issue Write 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 Email: grievance@universalsompo.com For More details, visit - www.universalsompo.com 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 Sampo 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.cioins.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>	F.1.12
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</p>	Section 8

porting/migrating the policy. If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

- 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

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

		<p>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> <p>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.</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 Sampo General Insurance Co. Ltd.</p> <p>Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane Belapur Road, Airoli, Navi Mumbai- 400708</p>	

This is an Internal document.



		Toll Free Numbers: 1800-22-4030 or 1800-200-4030 Senior Citizen toll free number: 1800-267-4030 E-mail Address: contactus@universalsompo.com For more details: www.universalsompo.com	
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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.