

GROUP HOSPITAL CASH POLICY - PROSPECTUS

Group Hospital Cash Insurance pays up to the Sum Insured is and shall be subject to (a) the terms and conditions of this Policy and (b) the receipt of premium and (c) Disclosure to Information Norm (including by way of the Proposal or Information Summary Sheet) and (d) Policy Schedule/ Certificate of Insurance.

1. ELIGIBILITY

- Minimum Entry Age: 18 Years
- Maximum Entry Age: 100 years (above 65 Years will be Underwriting Discretion)
- Entry Age for Dependent Children- 1 Days to 25 years*
- *Dependent Children of Day 01 to 90 days will be Underwriting Discretion
- Renewals are available for lifelong.
- Policy offers cover on Individual and Floater Sum Insured basis.
- This policy can be issued to an individual and/or family

a) Family member includes.

- Self
- Spouse
- Dependent Children
- Dependent Parents

b) Sum Insured & Benefits

- Minimum Base Cover Sum Insured of the Policy Rs 100 per day
- Maximum Base Cover Sum Insured of the Policy Rs 25,000 per day

c) Eligibility Group Size – 07

d) Policy Period:

- The tenure of the Policy would be 1 year.
- For Loan-Linked Policy, Policy Tenure would be 1 to 5 Years

e) Nationality

- Policy can be issued only to Indian nationals.
- For nationality other than Indian, underwriting approval would be required. The policy would be issued basis the legality of case and the decision would on case-to-case basis.

f) 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

2. MANDATORY COVERAGE

Note: It is mandatory that the Insured Person shall choose at-least one of the following benefits.

1. Hospital Cash Due to Sickness

The company will pay to the Insured Person(s) in case of Hospitalization including ICU 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 completed 24 hours of Hospitalization up to the limit subject to Deductible as specified in the Policy Schedule / Certificate of Insurance.

2. Hospital Cash Due to Accident Only

The company will pay to the Insured Person(s) in case of Hospitalization including ICU 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.

3. Hospital Cash Due to Accident & Sickness

The company will pay to the Insured Person(s) in case of Hospitalization including ICU hospitalization for a Medically Necessary treatment due to any Accident and/or 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 completed 24 hours of Hospitalization up to the limit subject to Deductible as specified in the Policy Schedule / Certificate of Insurance.

3. OPTIONAL COVERAGE

1. 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 and the Medical Practitioner further require Insured person to continue as an in-patient,. Provided there is an admissible claim under any of the Cover from Section 4. Base Cover

Special Condition - The cover can be opted only when any of the Base Cover 1. Hospital Cash Due to Sickness and/or 2. Hospital Cash Due to Accident Only or 3. Hospital Cash due to Accident & Sickness are taken under the Policy.

2. 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. A daily Hospital cash benefit shall be payable for every completed 24 hours of Hospitalization up to the limit specified in the Policy Schedule / Certificate of Insurance.

Special Condition - The cover can be opted only when any of the Base Cover 1. Hospital Cash Due to Sickness and/or 2. Hospital Cash Due to Accident Only or 3. Hospital Cash due to Accident & Sickness are taken under the Policy.

3. 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.

Special Condition –

The cover can be opted only when any of the Base Cover 2. Hospital Cash Due to Accident Only or 3. Hospital Cash due to Accident & Sickness are taken under the Policy.

The maximum Sum Insured payable under the Policy would be 200% of Base SI

4. 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:
Is waived off

Or,

Is modified to 15 days.

The Insured will have the choice of choosing between **5.(a) or 5.(b)**

5. 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,

Is modified to 24 months

Or

Is modified to 12 months

The Insured will have the choice of choosing between **5.(a) or 5.(b) or 5.(c) or 5.(d)**

Please Note: Waiting period is specifically shown in the Policy Schedule / Certificate of Insurance

6. 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.

Condition:

1. Claim for Hospitalization in respect of the Insured Person has been accepted;
2. Insured Person's attendant should be his/her Family.

7. Recovery Benefit:

We will additionally pay a lumpsum amount per insured, in case 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.

8. 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 child / Medically Necessary Treatment during pregnancy/ lawful medical termination of pregnancy. Policy is restricted to pay for first 2 deliveries only.

- This benefit is subject to maternity waiting period of 3 Years and deductibles as specified in the Policy Schedule/Certificate of Insurance.
- We will not cover ectopic pregnancy under this benefit (although it shall be covered under base cover)
- We will not pay for Daily Cash benefit under Base cover above, if the claim is admissible under this Section.

Insured Person have an option to choose the reduction/waiver of waiting period as mentioned below.

Option 1. Exclusion removal with 9 months waiting period –

On availing this option, 9 month waiting period for Maternity Hospital Cash will be applicable. We are not liable to make any payment in respect of Maternity Expenses within 9 months from the date of Inception of the first Policy. We will reduce waiting period for Maternity Hospital Cash benefit from 3 years to 9 months

Option 2. Exclusion removal without any maternity waiting period –

On availing this option, daily cash benefit for hospitalization in case of maternity will be covered without any waiting period.

Standard Exclusion (Excl-18) - Maternity stands modified/deleted.

9. 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.

4. WAITING PERIOD

- 1. Pre-Existing Diseases** - 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.
- 2. Specific Waiting Period** - 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. This exclusion shall not be applicable for claims arising due to an accident.

i. 24 Months waiting period – Applicable for below surgeries.

<ul style="list-style-type: none"> • Benign ENT disorders • Tonsillectomy • Adenoidectomy • Mastoidectomy • Tympanoplasty • Hysterectomy • All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps • Benign prostate hypertrophy • Cataract and age related eye ailments • Gastric/ Duodenal Ulcer 	<ul style="list-style-type: none"> • Gout and Rheumatism • Hernia of all types • Hydrocele • Non Infective Arthritis • Piles, Fissures and Fistula in anus • Pilonidal sinus, Sinusitis and related disorders • Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident • Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy.
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ii.36 Months waiting period

1. Treatment for joint replacement unless arising from accident
2. Age-related Osteoarthritis & Osteoporosis

0. First Thirty (30) Days Waiting Period –

- i. 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.
- ii. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.

5. EXCLUSIONS

The Company shall not be liable for Hospital Cash Amount under this policy if the hospitalization is directly or indirectly for;

1. Investigation & Evaluation

- a) Expenses related to any admission primarily for diagnostics and evaluation purposes.
- b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment

2. Rest Cure, rehabilitation and respite care

- a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - ii. Any services for people who are terminally ill to address physical, social,

3. Obesity/ Weight Control

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

- 1) Surgery to be conducted is upon the advice of the Doctor
- 2) The surgery/Procedure conducted should be supported by clinical protocols
- 3) The member has to be 18 years of age or older and
- 4) Body Mass Index (BMI);

- a. greater than or equal to 40 or
- b. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type2 Diabetes

4. Change-of-Gender treatments:

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

5. Maternity Waiting period (applicable only if optional cover “Maternity Hospital Cash Benefit” is opted) – 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.

6. Cosmetic or plastic Surgery:

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

7. Hazardous or Adventure sports:

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

8. Breach of law:

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

9. Excluded Providers:

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

10. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.

11. 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.

12. 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

13. Refractive Error:

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.

14. Unproven Treatments:

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

15. Sterility and Infertility:

Expenses related to sterility and infertility. This includes:

- i. Any type of contraception, sterilization
- ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- iii. technologies such as IVF, ZIFT, GIFT, ICSI
 - a) Gestational Surrogacy
 - b) Reversal of sterilization

16. Maternity Expenses :

- i. Maternity Waiting period (applicable only if optional cover “Maternity Hospital Cash Benefit” is opted)
- ii. 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.

17. 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.

18. Nuclear, chemical or 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:

- a) Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.
- b) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
- c) 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.

19. Any expenses incurred on Domiciliary Hospitalization and OPD treatment

20. Treatment taken outside the geographical limits of India

21. In respect of the existing diseases, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), policyholder is not entitled to get the coverage for specified ICD codes.

6. CANCELLATION:

- The Insured may cancel this Policy by giving 7 days' written notice, and in such an event, the Company shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below
 - 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
 - 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
- **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.

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

LOADING AND DISCOUNT

Group size discount: The discount is given in lieu of the saving on expenses in large group policies. Group size based discount is as follows:

Up to 50 persons	0.0%
51 – 100 persons	2.5%
101 – 200 persons	5.0%
201 – 500 persons	7.5%
501 – 1000 persons	10.0%
1001 – 1500 persons	12.5%
1501 – 2500 persons	15.0%
2501 – 5000 persons	17.5%
Above 5000 persons	20.0%

Direct Policy Discount: 12% discount on the applicable premium for customers approaching the Company directly without any intermediary. The discount passes on the expense savings following a direct mode of policy issuance without any intermediation to customer.

Long Term Policy discount:

The policy may be sold for the term of 1/2/3/4/5 years for credit linked policies. A discount is being offered for multi-year policy. The discount aims to incentivize the time value of money, savings in annual policy set up costs and opportunity cost for new business procurement.

Underwriting Discretion

Underwriting Discretion up to the effect of $[+/-]$ 10% shall only be used by Chief Underwriting Officer or his designated person to allow for the factors not covered in the calculated rates and to allow for client's portfolio size and other commercial considerations.

A] Pricing will be as per the benefit-wise rating tables shared in Actuarial Technical Note

Based on the relative exposure propensities of the groups, underwriting will have the discretion to vary the pricing up to $[+/-]$ 10%.

This in addition to the loading/discount parameter

B] Group Policies would be experience rated where sufficient statistically credible experience is available and for the groups, where experience is not available, the experience of similar groups would be referred to.

If statistically credible information is not available/fully credible or the characteristics of the proposed group are entirely different from the groups whose experience is available, then the Base Premium would be based on rates as mentioned in the relevant sections of this technical note which will be suitably adjusted based on partial credible group experience.

7. GRIEVANCES:

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:

Step 1: Contact us

Write 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

E- mail Address

contactus@universalsampo.com

For more details:

www.universalsampo.com

Toll Free Numbers: 1800-22-4030 or

1800-200-4030

Senior Citizen toll free number: 1800-267-

4030

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.

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 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 in case 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 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 <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/>.

8. Section 41 of Insurance Act 1938 (Prohibition of Rebates):

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the prospectus or tables of the insurers.
2. Any person making default in complying with the provision of this section shall be punishable with fine which may extend to Rupees Ten Lakh Rupees.

DISCLAIMER: THE ABOVE IS DESCRIPTIVE ONLY. THE ACTUAL TERMS AND CONDITIONS CAN BE FOUND IN THE POLICY DOCUMENT.

Registered & Corp Office: Registered & Corp Office: Universal Sampo General Insurance Company Ltd. 8th Floor & 9th Floor (South Side), Commerz International Business Park, Oberoi Garden City, Off Western Express Highway, Goregaon East, Mumbai 400063, Toll free no: 1800-22-4030/1800-200-4030, IRDAI Reg no: 134, CIN# U66010MH2007PLC166770 E-mail: contactus@universalsampo.com, website link www.universalsampo.com