

## 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	<b>Universal Sampo General Insurance Company, Group Mashak Rakshak</b>	--
2	Policy Number	<< >>	--
3	Type of Insurance Product/Policy	<ul style="list-style-type: none"> <li>• Benefit: Where an Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event.</li> </ul>	--
4	Sum Insured (Basis) (Along with amount)	<ul style="list-style-type: none"> <li>• Individual Sum Insured -Where each member has a separate sum insured under the policy, and</li> <li>• Floater Sum Insured-Where all members under the policy have a single sum insured limit which may be utilized by any or all members.</li> </ul> <p>&lt;&lt;Individual / Floater&gt;&gt; Sum Insured is available under the Policy.</p> <p>Sum Insured Options:            &lt;&lt; <b>Minimum Sum-Insured – Rs. 10,000</b>&gt;&gt;            &lt;&lt; <b>Maximum Sum-Insured – Rs. 2,00,000</b>&gt;&gt;</p>	--
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	<p><b>Base Benefits</b></p> <p><b>1.Hospitalization Benefit</b></p> <p>Lump sum benefit equal to 100% of the Sum Insured (excluding the amount paid under diagnosis cover, if any) shall be payable on positive diagnosis (through laboratory examination and confirmed by the medical practitioner) of any of the following vector borne disease (s) if you are hospitalized for a minimum period of seventy-two (72) consecutive hours.</p> <ul style="list-style-type: none"> <li>• Dengue fever</li> <li>• Malaria</li> <li>• Filaria (Lymphatic Filariasis)</li> <li>• Kala-azar</li> <li>• Chikungunya</li> </ul>	Section - D

		<ul style="list-style-type: none"> <li>• Japanese Encephalitis</li> <li>• Zika Virus</li> </ul> <p><b>2. Diagnosis Cover</b></p> <p>2% of the sum insured shall be payable on positive diagnosis (through laboratory examination and confirmed by the medical practitioner) of every covered vector borne disease on the first diagnosis during the Cover Period, subject to policy terms and conditions.</p>	
6	Exclusions (What the policy does not cover)	<p><b>1. Standard Exclusions</b></p> <p><b>Unproven Treatments:</b> Code - Excl16</p> <p>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.</p> <p><b>Exclusions specific to Section 4.1:</b></p> <p>i. Domiciliary Hospitalization, Day care OPD treatment.</p> <p>ii. Investigation &amp; Evaluation</p> <p>a) Expenses related to any admission primarily for diagnostics and evaluation purposes.</p> <p>b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment</p> <p>iii. Rest Cure, rehabilitation and respite care</p> <p>Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:</p> <p>a) 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.</p> <p>b) Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.</p> <p>iv. Excluded Providers</p> <p>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 /</p>	Section - E

		<p>notified to the policyholders are not admissible. However, in case of life-threatening situations expenses up to the stage of stabilization are payable but not the complete claim.</p> <p>v. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons.</p> <p>vi. 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.</p>	
7	<p><b>Waiting Period</b></p> <ul style="list-style-type: none"> <li>• Time period during which specified diseases/treatments are not covered</li> <li>• It is counted from the beginning of the policy coverage.</li> </ul>	<p>i. First fifteen-days waiting period: The Company shall not be liable to make any payment under the policy if the covered vector borne disease is diagnosed or hospitalization takes place during first fifteen days (15 days) from the commencement date of this Policy unless insured person is covered under this Policy continuously and without any break in the previous Policy Year.</p> <p>ii. Cooling Off Period: If the Policy is renewed within 30 days from the date of discharge of the previously paid claim for the named insured, 30 days cooling off period shall apply for the same ailment in the renewed Policy. However, there would be no waiting period for other listed vector borne diseases.</p>	Section - E.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>There are no sub-limits under the policy. There is no deductible under the policy. There is no co-payment under the policy.</p>	
9	<p>Claims/Claims Procedures</p>	<p>Details of procedure to be followed for cashless service and reimbursement of claim.</p> <ul style="list-style-type: none"> <li>• Cashless facility: Turn Around Time (TAT) for claims settlement: <ul style="list-style-type: none"> <li>i. TAT for preauthorization of cashless facility - 1 hr</li> <li>ii. TAT for cashless final bill authorization - 3 hrs</li> </ul> </li> </ul> <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>	Section - G

Step III: Fill your details in the 'Cashless Request Form' & submit it to the Hospital Insurance helpdesk.

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](http://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](http://www.universalsompo.com).

iv. Downloading/getting claim form: Available on website: [www.universalsompo.com](http://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](mailto:contactus@universalsompo.com)
- Reimbursement facility:

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

Step I: Visit our Web Portal to register claim or Call our Health Helpline 1800 200 4030 or email us at [contactus@universalsompo.com](mailto:contactus@universalsompo.com) and inform about your claim.

Step II: Visit hospital and undergo your treatment. Settle your hospitalization bill and collect all the documents after discharge from the hospital.

Step III: Fill in Reimbursement Claim Form and submit all original documents to our below mention office for reimbursement.

Universal Sampo General Insurance Company Limited,  
Health Claims Management Office,  
1st Floor C-56- A/13,  
Block- C Sector- 62,  
Noida,  
Uttar Pradesh, Pincode: 201309

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.

Step V: Outcome of the claim will be communicated within 15 days from date of Submission of claim.

Documents to be submitted: The reimbursement claim is to be supported with the following documents and submitted within the prescribed time limit.

- I. Claim form duly filled and signed by the Insured
- II. Certificate from attending medical practitioner mentioning the first symptoms and date of occurrence of ailment.
- III. All treatment papers of current ailment including previous treatment papers if any.
- IV. Original Discharge Card from the hospital, Indoor Case Papers.
- V. All original medical Investigation reports (viz. X-ray, ECG, Blood test etc).
- VI. Original hospital bill and receipts.
- VII. Original bills of chemist, medical practitioner, medical investigation, etc. supported by the doctor's prescription.

		<p>VIII. NEFT details and Personalized cancelled cheque/ Passbook copy in the name of proposer for electronic fund transfer.</p> <p>IX. Valid Photo ID Proof of the patient.</p> <p>X. For accident Cases: MLC (Medico Legal Certificate)/ FIR (First Information report).</p> <p>XI. Copy of latest valid address proof of proposer like electricity bill, water bill or telephone bill or updated bank statement along with copy of PAN card &amp; Aadhaar Card as per AML/KYC Norms. The above list of documents is indicative. In case of any further document requirement, our team shall contact you on receipt of your claim documents by us</p>	
10	Policy Servicing	<p><b>Universal Sampo General Insurance Co. Ltd.</b></p> <p>Unit No. 601 &amp; 602, 6th Floor, Reliable Tech Park, Thane Belapur Road, Airoli, Navi Mumbai- 400708</p> <p><b>Toll Free Numbers:</b> 1800-22-4030 or 1800-200-4030</p> <p><b>Senior Citizen toll free number:</b> 1800-267-4030</p> <p>E-mail Address: <a href="mailto:contactus@universalsompo.com">contactus@universalsompo.com</a></p> <p>For more details: <a href="http://www.universalsompo.com">www.universalsompo.com</a></p>	
11	Grievances/ Complaints	<p><b>Grievance</b></p> <p><b>Resolving Issue</b></p> <p>Write to : Customer Service Universal Sampo General Insurance Co.Ltd.</p> <p>Unit No. 601 &amp; 602, 6th Floor, Reliable Tech Park, Thane-Belapur Road, Airoli, Navi Mumbai, Maharashtra – 400708</p> <p>Email: <a href="mailto:grievance@universalsompo.com">grievance@universalsompo.com</a></p> <p>For More details, visit - <a href="http://www.universalsompo.com">www.universalsompo.com</a></p> <p>Visit Branch Grievance Redressal Officer (GRO)- Walk into any of our nearest branches and request to meet the GRO. Grievance Redressal Officer</p> <p>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:</p> <p>Customer Service</p> <p>Universal Sampo General Insurance Co.Ltd. Unit No. 601 &amp; 602, 6th Floor, Reliable Tech Park, Thane-Belapur Road, Airoli, Navi Mumbai, Maharashtra – 400708 Email ID: <a href="mailto:GRO@universalsompo.com">GRO@universalsompo.com</a></p>	

		<p><b>Insurance Ombudsman</b>  Bima Bharosa Portal link : <a href="https://bimabharosa.irdai.gov.in/">https://bimabharosa.irdai.gov.in/</a>  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: <a href="https://www.ciains.co.in/Ombudsman">https://www.ciains.co.in/Ombudsman</a>. Information about Insurance Ombudsmen, their jurisdiction and powers is available on the website of the Insurance Regulatory and Development Authority of India (IRDAI) at <a href="http://www.irdai.gov.in">www.irdai.gov.in</a>, or of the General Insurance Council at <a href="https://www.gicouncil.in/">https://www.gicouncil.in/</a> the Consumer Education Website of the IRDAI at <a href="http://www.policyholder.gov.in">http://www.policyholder.gov.in</a> or from any of Offices of the Company.</p>	
12	Things to remember	<ol style="list-style-type: none"> <li>1. <b>Free Look cancellation:</b> 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 <ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period</li> </ol> </li> <li>2. <b>Policy renewal:</b> Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation,</li> </ol>	Section F.1.8, F.1.5, F.1.10, F.1.11, F.2.8, F.1.12

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 a 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 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.***

5. **Moratorium Period:** After completion of Five continuous years under the policy no look back to be applied. This period of Five years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of Five continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits.

		After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.	
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 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 &amp; or Congenital Diseases/Disorder birth defect.</p> <p>You can reach out to us for disclosure of Material Information-</p> <p><b>Universal Sampo General Insurance Co. Ltd.</b></p> <p>Unit No. 601 &amp; 602, 6th Floor, Reliable Tech Park, Thane Belapur Road, Airoli, Navi Mumbai- 400708</p> <p><b>Toll Free Numbers:</b> 1800-22-4030 or 1800-200-4030</p> <p><b>Senior Citizen toll free number:</b> 1800-267-4030</p> <p>E-mail Address: <a href="mailto:contactus@universalsompo.com">contactus@universalsompo.com</a></p> <p>For more details: <a href="http://www.universalsompo.com">www.universalsompo.com</a></p>	--

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.
- iii. The insurer shall obtain confirmation from the policyholder regarding receipt of the Customer Information Sheet.

