

cHOSPITAL CASH INSURANCE PROSPECTUS

1. Who can take the Policy?

The Policy can be taken by an individual to cover himself / herself and his/ her family i.e. spouse, dependent children up to 25 years of age and dependent parents.

2. Eligibility

- Entry-age for you (the proposer) is 18 years and you can opt for this policy up to the age of 70 years.
- Policy renewals will be for your lifetime.
- Entry age for dependent children is 6 months.
- No pre-acceptance medical tests up to **55 years** of age, however, if you are above **55 years**, then, you may require medical tests at our listed diagnostic centers, 50% cost of which will be borne by us in case of accepted proposals.
- **Pre -Medical Tests:** Fasting Sugar Blood, BP report and ECG may be required to be submitted to us on request. Validity period of these test 15 days or less immediately prior to the acceptance of your health proposal under this policy. Any tests carried out older than 15 days prior to acceptance of this proposal would not be considered for acceptance and fresh test of the current date, i.e. the date of proposal would be taken into consideration.

After the medical examination, the coverage under the product would not be refused/ declined but would be amended to exclude the coverage permanently for the ailments/ diseases & its related complications substantiated in pre-policy medical examination. These facts would be disclosed to the customers clearly and the acceptance in writing from the insured would be sought before issuing the policy and in case customer does not accept the condition for permanently excluding the coverage for the related disease, then the company would have an option for denying the coverage. USGI also confirms that no loading and discount in the premium would be extended for these cases fall in the above category.

3. What is covered under the Policy?

The Policy comprises of three sections

Section 1: Hospital Confinement Benefit

A Daily Allowance as below would be payable upon normal hospitalization other than an admission into ICU for a maximum number of days as opted by you when you opt for coverage under this Section. The choice would be given to you to opt for any of the following options

and remittance of premium accordingly.

Benefit Options						
Options	Option I	Option II	Option III	Option IV	Option V	Option VI
Amount per day	Rs 500/- per day	Rs 1000/- per day	Rs 1500/- per day	Rs 2000 per day	Rs 2500 per day	Rs 3000 per day
Maximum Amount per Policy Period	Rs 90,000	Rs 1,80,000	Rs 2,70,000	Rs 3,60,000	Rs 4,50,000	Rs 5,40,000

Section 2: Intensive Care Benefit: The amount chosen by you from the above options will be doubled when you/ your family member during their treatment is admitted in an ICU other than normal hospitalization. Further during the course of treatment, if the hospitalization is for ICU and then shifting to the normal ward then confining therein , then ICU period of stay and normal Hospital Confinement period stay will be counted separately and Benefit will be paid separately as per the eligible amount for these this according to the no of days stayed separately.

Section 3: Convalescence Benefit: A convalescence benefit of Rs 10,000 shall become payable under the policy if your or your covered family member's hospitalization exceeds 21 days and this benefit would not become payable if the Hospital Cash Period is opted for 30 days or more maximum up to 180 days.

You can choose to cover Hospital Cash for a fixed no of 15, 30, 45, 60, 90 or 180 days as per your requirement. Other than the above-mentioned prescribed no of days, the other combination of days cannot be chosen.

4. Additional Benefits under the Policy

- 1. Long Term Policy Discount:** The Policy can be taken for a period of one, two or three years and discount as under would be provided when the policy is bought from us for longer terms by paying premium on a single installment

Duration of policy	Premium to be charged
2 years	2-year premium (Double of the Annual Premium as mentioned below in the Table) paid in advance less 10% discount
3 years	3-year premium in (Three Times of Annual Premium as mentioned below in the Table) paid in advance 15% discount

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Even If the policy is purchased for 2years/3 years at once by paying the premium in one instalment, the Benefits will be applicable only on annual basis of the policy.

- 2. Family discount:** Get Family discount of 5% towards total the total premium of the policy.
- 3. Group Discount:** The purpose of including group in the filed product is to the extent of issuing policy document as group in view of our Bancassurance Business Model where the premium is collected by our Corporate Agent (Bank Partner and its associates) from their customers and remitted to USGI as a one signal amount. In the captioned cases, the policy is issued master policy as Bank Partner Name A/C Various Customer Name, but each Individual & its family member's insured therein is treated as Individual in nature for which the product is filed and individual policy certificate is issued to each customer, hence, we have not made the provision of any Group Discount in the product filed. We further confirm that on individual basis if the family members are covered, we have extended the family member discount and the same would follow if the policy is issued as Group to Bank Partner and its associates.

4. 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. A Policyholder has the choice to port his/ her policies from one Insurer to another. The policyholder is entitled to transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, specific waiting periods, waiting period for pre-existing disease, Moratorium period etc. from the Existing Insurer to the Acquiring Insurer in the previous policy.

5. Free Look-up period

A period of 30 days (from the date of receipt of the policy document) is available to the policyholder to review the terms and conditions of the policy. If he/she is not satisfied with any of the terms and conditions, he/she has the option to cancel his/her policy. This option is available in case of policies with a term of one year or more.

6. Conditions under the Policy

- 1. Premium** The premium under the Policy shall be as under – **Annual Policy for One Year**

Hospital Cash - Premium Chart- Annual Premium

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Coverage Per Day	Proposer Age	15 Days	30 Days	45 Days	60 Days	90 Days	180 Days
Rs. 500/-	0.6 - 25 Years	188	375	563	750	1125	2250
	26 - 40 Years	263	525	788	1050	1575	3150
	41 - 50 Years	375	750	1125	1500	2250	4500
	51 - 60 Years	413	825	1238	1650	2475	4950
	61- 70 Years	450	900	1350	1800	2700	5400
	71-80* Years	750	1500	2250	3000	4500	9000
	> 80* Years	900	1800	2700	3600	5400	10800
Rs. 1000/-	0.6 - 25 Years	390	762	1134	1500	2250	4500
	26 - 40 Years	540	1062	1598	2100	3150	6300
	41 - 50 Years	765	1530	2264	3000	4500	9000
	51 - 60 Years	833	1665	2489	3300	4950	9900
	61- 70 Years	915	1809	2790	3600	5400	10800
	71-80* Years	1545	3015	4658	6000	9000	18000
	> 80* Years	1875	3660	5513	7200	10800	21600
Rs. 1500/-	0.6 - 25 Years	567	1140	1688	2300	3375	6750
	26 - 40 Years	794	1605	2363	3240	4725	9450
	41 - 50 Years	1136	2280	3375	4635	6750	13500
	51 - 60 Years	1245	2505	3713	5040	7425	14850
	61- 70 Years	1359	2835	4050	5511	8100	16200
	71-80* Years	2310	4770	6750	9201	13500	27000
	> 80* Years	2727	5517	8100	11012	16200	32400
Rs. 2000/-	0.6 - 25 Years	750	1500	2340	3000	4464	9000
	26 - 40 Years	1050	2100	3321	4200	6298	12600
	41 - 50 Years	1500	3000	4662	6000	8998	18000
	51 - 60 Years	1650	3300	4968	6600	10098	19800
	61- 70 Years	1800	3600	5480	7200	10822	21600
	71-80* Years	3000	6000	9080	12000	18048	36000
	> 80* Years	3600	7200	10879	14400	21956	43200

Rs. 2,500/-	0.6 - 25 Years	938	1875	2813	3750	5625	11250
	26 - 40 Years	1313	2625	3938	5250	7875	15750
	41 - 50 Years	1875	3750	5625	7500	11250	22500
	51 - 60 Years	2063	4125	6188	8250	12375	24750
	61- 70 Years	2250	4500	6750	9000	13500	27000
	71-80* Years	3750	7500	11250	15000	22500	45000
	> 80* Years	4500	9000	13500	18000	27000	54000
Rs.3,000/-	0.6 - 25 Years	1110	2295	3375	4500	6885	13500
	26 - 40 Years	1605	3195	4725	6300	9585	18900
	41 - 50 Years	2266	4545	6750	9000	13635	27000
	51 - 60 Years	2510	4995	7425	9900	14985	29700
	61- 70 Years	2731	5445	8100	10800	16335	32400
	71-80* Years	4541	9045	13500	18000	27135	54000
	> 80* Years	5515	10845	16200	21600	32535	64800

Note

1) Premium Amount (in INR) excluding Service Tax and Cess 12.36% 2) Premium of the Policy may be revised subject to approval from IRDA.

3) **Tax Benefit:** Avail of tax benefit under section 80D of Income Tax Act on the applicable premium (Tax Benefit are subject to change as per change in Tax Laws) 4) * premium for renewals only.

E. EXCLUSIONS:

E.1. Specific Exclusions:

We shall not be liable to make any payment for any claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

1. Pre-existing diseases will not be covered until 36 months of continuous coverage have elapsed, since inception of the first Policy with Us; but:

If You are presently covered and have been continuously covered without any break under:

- i) an individual health insurance plan with an Indian insurer for the reimbursement of medical costs for inpatient treatment in a hospital,
OR
- ii) any other similar health insurance plan from Us, then, Pre-existing diseases exclusion of the Policy stands deleted and shall be replaced entirely with the following:

- a) The waiting period for all Pre-existing diseases shall be reduced by the number of Your continuous preceding years of coverage under the previous health insurance policy.
- AND
- b) If the proposed Sum Insured for You is more than the Sum Insured applicable under the previous health insurance policy (other than as a result of the application of Cumulative Bonus), then the reduced waiting period shall only apply to the extent of the Sum Insured under the previous health insurance policy.
2. Treatment of following diseases within the first one year from the commencement of the Policy, will not be payable:
- Cataract
 - Benign Prostatic Hypertrophy
 - Myomectomy, Hysterectomy unless because of malignancy
 - Hernia, Hydrocele
 - Fistula in anus, Piles
 - Arthritis, gout, rheumatism
 - Joint replacements unless due to accident
 - Sinusitis and related disorders
 - Stones in the urinary and biliary systems
 - Dilatation and curettage
 - Skin and all internal tumors/cysts/nodules/polyps of any kind including breast lumps unless malignant/ adenoids and hemorrhoids
 - Dialysis required for chronic renal failure
 - Surgery on tonsils and sinuses
 - Gastric and Duodenal ulcers

However, the waiting period of 1 year will not apply if You were insured continuously and without interruption for at least 1 year under any other Indian insurer's similar health insurance policy from us or any of the Indian insurers.

You will be given the Portability credit of the waiting period based on the number of years of continuous and uninterrupted insurance cover

- i. Any sickness that has been classified as an Epidemic by the Central or State Government.
- ii. Payment of compensation in respect of injury, hospitalisation resulting -
 - a. From intentional self-injury, suicide or attempted suicide.
 - b. Self-exposure to needless perils except in an attempt to save human life.
 - c. Whilst under the influence of liquor or drugs or other intoxicants.
 - d. Emotional distress
 - e. Whilst engaging in aviation or ballooning whilst mounting into, dismounting from or travelling in any aircraft or balloon other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
 - f. Directly or indirectly, caused by venereal disease.

- e. Arising or resulting from committing any breach of law with criminal intent or participating in an actual or attempted felony, riot, crime, misdemeanor or civil commotion.
- f. Whilst engaging in racing, hunting, mountaineering, ice hockey, winter sports and the like.
- g. Due to war or ionizing radiation or nuclear perils.
- h. Whilst working in underground mines or explosive mines, electric installation with high tension supply, or as jockey or circus personnel or any such occupations of similar hazard.
- i. Any loss resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy (except Ectopic Pregnancy).
- j. Any treatment not performed by a Physician or any treatment of a purely experimental nature.
- k. Circumcision, cosmetic or aesthetic treatments of any description change of life surgery or treatment, plastic surgery (unless necessary for the treatment of illness or accidental Bodily Injury as a direct result of the insured event and performed within 6 months of the same).
- l. Dental treatment or surgery of any kind unless necessitated by Accidental Bodily Injury.
- m. Hospitalisation for the sole purpose of traction, physiotherapy or any ailment for which hospitalisation is not warranted due to advancement in medical technology.
- n. Naval or military operations of the armed forces or air force and participation in operations requiring the use of arms or which are ordered by military authorities for combating terrorists, rebels and the like.

B. GENERAL TERMS AND CLAUSES:

F.1. Specific General Terms and Clauses:

1. Fraudulent claims

If any claim is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by You or anyone acting on Your behalf to obtain any benefit under this Policy, or if a claim is made and rejected and no court action or suit is commenced within twelve months after such rejection or, in case of arbitration taking place as provided therein, within twelve (12) calendar months after the Arbitrator or Arbitrators have made their award, all benefits under this Policy shall be forfeited.

2. Cancellation

The policyholder may cancel his/her policy at any time during the term, by giving 7 days notice in writing. The Insurer shall

- a. refund proportionate premium for unexpired policy period, if the term of policy upto one year and there is no claim (s) made during the policy period.
- b. refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.

3. Free Look-up period

A period of 30 days (from the date of receipt of the policy document) is available to the policyholder to review the terms and conditions of the policy. If he/she is not satisfied with any of the terms and conditions, he/she has the option to cancel his/her policy. This option is available in case of policies with a term of one year or more.

4. Renewal

- i. A health insurance policy is renewable provided the product is not withdrawn, except in case of established fraud or non-disclosure or misrepresentation by the Insured. If the product is withdrawn, the policyholder shall be provided with suitable options to migrate to another product.
- ii. An Insurer shall not deny the renewal on the ground that the policyholder had made a claim (s) in the preceding policy years.
- iii. An Insurer shall not resort to fresh underwriting unless there is an increase in sum insured. In case increase in sum insured is requested by the policyholder, the Insurer may underwrite only to the extent of increased sum insured.

5. Material change

You shall immediately notify Us in writing of any material change in the risk and cause at Your own expense.

6. Claims in Two Policy Period

If the claim event falls within two policy periods, the claims shall be paid taking into consideration the available sum insured in the two policy periods, including the deductibles for each policy period. Such eligible claim amount to be payable to the insured shall be reduced to the extent of premium to be received for the renewal/ due date of premium of health insurance policy, if not received earlier.

It has been agreed between the parties that any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to be adjudicated or interpreted in accordance with Indian Laws and only competent Indian courts shall have the exclusive jurisdiction to try all or any matters arising hereunder. The matter shall be determined or adjudicated in accordance with the law and practice of such Court.

7. Migration

In case of migration of one policy to another with the same Insurer, the policyholder (including all members under family cover and group insurance policies) can transfer the credits gained

to the extent of the Sum Insured, No Claim Bonus, Specific Waiting periods, waiting period for pre-existing diseases, Moratorium period etc. in the previous policy to the migrated policy. We will underwrite the proposal in case of migration, if the insured is not continuously covered for 36 months.

8. 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. A Policyholder has the choice to port his/ her policies from one Insurer to another. The policyholder is entitled to transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, specific waiting periods, waiting period for pre-existing disease, Moratorium period etc from the Existing Insurer to the Acquiring Insurer in the previous policy.

9. Nomination

The Policy has provision of nomination, in absence of Insured's declaring Nomination at the time of proposal, then all benefits accrued under the Policy if any, shall be given to the legal heir/ dependents.

10. Moratorium

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 a 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.

11. Grace period for payment of premium

- a) The grace period of fifteen days (where premium is paid on a monthly instalment) and thirty days (where premium is paid in quarterly/half-yearly/annual instalments) is available on the premium due date, to pay the premium.
- b) If the policy is renewed during grace period, all the credits (sum insured, No Claim Bonus, Specific Waiting periods, waiting periods for pre-existing diseases, Moratorium period etc.) accrued under the policy shall be protected. The same is applicable for both Indemnity and Benefit products.
- c) If the premium is paid in instalments during the policy period, coverage will be available for the grace period also.

11. Three Month Notice: We shall give You notice in the event We may decide to revise, modify or withdraw the product. Such notice shall be given to You at least three months prior the date when such modification or revision or withdrawal comes into effect. We shall adhere to the following:

- i. In case of modification or revision, the notice given to You shall detail the reasons for such revision or modification, in particular the reason for an increase in premium (if any) and the quantum of such increase.
- ii. The product shall be withdrawn only after due approval from the Insurance Regulatory and Development Authority. However, if You do not respond to Our intimation in case of such withdrawal, the Policy shall be withdrawn on the renewal date and We shall provide You with an option to migrate to a substitute product offered by Us, subject to portability conditions.

12. Notices and Claims

Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile to:

Universal Sampo General Insurance Co. Ltd.

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

Email Address: contactus@universalsompo.com.

Note: Please include your policy number for any communication with us.

Claims Disclaimer

In the unfortunate event of any loss or damage to the insured property resulting into a claim on this policy, please intimate the mishap IMMEDIATELY to our Call Centre at Toll Free Numbers on 1-800-22- 4030 (for MTNL/BSNL users) or 1-800-200-4030 (other users) or on chargeable numbers at +91-22- 41659800/+91-22-41659900 or email at contactus@universalsompo.com. Please note that no delay should be allowed to occur in notifying a claim on the policy as the same may prejudice liability. In case of any discrepancy, complaint or grievance, please feel free to contact us within 15 days of receipt of the Policy.

13. Grievances

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

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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@universalsampo.com

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 to 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.

Note: Grievance may also be lodged at IRDAI- <https://bimabharosa.irdai.gov.in/>.

F.2. Specific Terms and Conditions:

1. Discount(s) under the Policy Long term discount:

We shall provide long term policy discount as under when Policy is bought from Us for period greater than an year by payment of premium in a single installment.

Number of Years	Discount
2-year policy	2-year premium (Double of the Annual Premium as mentioned below in the Table) paid in advance less 10% discount
3-year policy	3-year premium in (Three Times of Annual Premium as mentioned below in the Table) paid in advance less 15% discount

Even If the policy is purchased for 2 years/ 3 years at once by paying the premium in one instalment, the Benefits will be applicable only on annual basis of the policy

Family discount:

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We shall provide a discount of 5% on the total premium of the policy including the family members.

Group Discount: The purpose of including group in the filed product is to the extent of issuing policy document as group in view of our Bancassurance Business Model where the premium is being collected by our Corporate Agent (Bank Partner and its associates) from their customers and remitted to USGI as a one signal amount. In the captioned cases, the policy is issued master policy as Bank Partner Name A/C Various Customer Name, but each Individual & its family member's insured therein is treated as Individual in nature for which the product is filed, and individual policy certificate is issued to each customer, hence, we have not made the provision of any Group Discount in the product filed. We further confirm that on individual basis if the family members are covered, we have extended the family member discount and the same would follow if the policy is issued as Group to Bank Partner and its associates.

2. **Contribution:** The conditions of contribution shall not apply to this Policy.
3. **Subrogation:** You shall do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by Us for the purpose of enforcing and/or securing any civil or criminal rights and remedies or obtaining relief or indemnity from any other party to which We are or would become entitled upon Us making reimbursement under this Policy, whether such acts or things shall be or become necessary or required before or after Our payment. You shall not prejudice these subrogation rights in any manner and shall provide Us with whatever assistance or cooperation is required to enforce such rights. Any recovery We make pursuant to this clause shall first be applied to the amounts paid or payable by Us under this Policy and Our costs and expenses of effecting a recovery, where after We shall pay any balance remaining to You.
4. **Sum Insured Enhancement** – Sum Insured can be enhanced only upon renewal, subject to
 - a) No claim under the previous policy with Us
 - b) Our underwriter's approval.
5. **TPA and Our Network Providers:** For assisting you during claims related services, we have engaged a Third-Party Administrator and we have also tied-up with a lot of hospitals all over India for securing you a cashless claims processing if you so desire.

The details of the TPA and the list of such hospitals empanelled by us (the Network Providers) can be found at our website www.universalsompo.com

CLAIMS PROCEDURE

1. Procedure for Cashless claims:

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

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Step I: Locate nearest Hospital by visiting our website or web portal or call our Health Helpline 1800 200 4030.

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.

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 within 60 mins for Initial Cashless request & 3 hours for discharge request on their registered mobile number & Email ID respectively.

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@universalsampo.com

2. Procedure for reimbursement of claims:

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@universalsampo.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.

3. 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. All treatment papers of current ailment including previous treatment papers if any.
- III. Original Discharge Card from the hospital, Indoor Case Papers.
- IV. All original medical Investigation reports (viz. X-ray, ECG, Blood test etc).
- V. Original hospital bill and receipts.
- VI. Original bills of chemist, medical practitioner, medical investigation, etc. supported by the doctor's prescription.
- VII. Valid Photo ID Proof of the patient.
- VIII. For accident Cases: MLC (Medico Legal Certificate)/ FIR (First Information report).
- IX. 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 & 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.

Note:

1. Documentation consistent with Telemedicine Practice Guidelines [2020] circulated by the Medical Council of India shall also be allowed under this policy along with the ones involving standard, in-person consultation with a medical practitioner.
2. The company shall only accept bills/ invoices/ medical treatment related documents only in the Insured Person's name for whom the claim is submitted
3. In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to satisfaction of the Company
4. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person

4. Claim Settlement (provision for Interest)

- i The Company shall settle or reject a claim, as the case may be, within 15 days from the date of submission of the claim.
- ii In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt date of receipt of intimation to till the date of payment.
- iii However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest in any case not later than 15 days from the date of submission of claim.

- iv In case of delay beyond stipulated 15 days the company shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of intimation to till the date of payment.

5. Payment of Claim

All claims under the policy shall be payable in Indian currency only. On payment of 100% of sum insured the policy will be terminated.

The updated details are also available on: http://www.irdaindia.org/ins_ombusman.htm

The details of Insurance Ombudsman are available below:

Office Details	Jurisdiction of Office Union Territory, District)
AHMEDABAD Shri K.Vinayak Rao Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02 Email: oiio.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU Ms Neerja Kapu Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: oiio.bengaluru@cioins.co.in	Karnataka
BHOPAL Shri Ajay Kumar Office of the Insurance Ombudsman, 1st floor, " Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Arera Hills Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202/ 2769203 Email: oiio.bhopal@cioins.co.in	Madhya Pradesh, Chattisgarh.
BHUBANESHWAR Shri Ajay Kumar Office of the Insurance Ombudsman, 62, Forest park, Bhubaneshwar – 751 009. Tel.: 0674 - 2596461 /2596455/ 2596429 /	Odisha

<p>2596003 Email: oio.bhubaneswar@cioins.co.in</p>	
<p>CHANDIGARH Ms Alka Jha Office of the Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017 Tel.: 0172-2706468 Email: oio.chandigarh@cioins.co.in</p>	<p>Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.</p>
<p>CHENNAI Shri K.Vinayak Rao Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: oio.chennai@cioins.co.in</p>	<p>Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).</p>
<p>DELHI Ms Sunita Sharma Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 – 46013992 / 23213504 /23232481 Email: oio.delhi@cioins.co.in</p>	<p>Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh</p>
<p>GUWAHATI Shri Ajay Kumar Sharma Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Near Pan Bazar, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 / 2631307 Email: oio.guwahati@cioins.co.in</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p>HYDERABAD Ms G Shobha Reddy Insurance Ombudsman Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp.Hyundai Showroom , A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.</p>

<p>004. Tel.: 040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325 Email: io.hyderabad@cioins.co.in</p>	
<p>JAIPUR Shri Satyajeet Rajan Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141- 2740363 Email: io.jaipur@cioins.co.in</p>	<p>Rajasthan.</p>
<p>KOCHI Shri Pradeep Kumar Jain Insurance Ombudsman Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash, LIC Building, Opp to Maharaja's College Ground, M.G. Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: io.ernakulam@cioins.co.in</p>	<p>Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.</p>
<p>KOLKATA Shri Ajay Kumar Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: io.kolkata@cioins.co.in</p>	<p>West Bengal, Sikkim, Andaman & Nicobar Islands.</p>
<p>LUCKNOW Shri Ajay Kumar Sharma Insurance Ombudsman Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: io.lucknow@cioins.co.in</p>	<p>Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria,</p>

	Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI Ms Sarojini S Dikhale Insurance Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: io.mumbai@cioins.co.in	List of wards under Mumbai Metropolitan Region excluding wards in Mumbai – i.e. M/E, M/W, N, S and T covered under Office of Insurance Ombudsman Thane and areas of Navi Mumbai.
NOIDA Ms Alka Jha Insurance Ombudsman Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: io.noida@cioins.co.in	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA Ms Neerja Kapur Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: io.patna@cioins.co.in	Bihar, Jharkhand.
PUNE Shri Sunil Jain Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No. s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: io.pune@cioins.co.in	State of Goa and State of Maharashtra excluding areas of Navi Mumbai, Thane district, Palghar District, Raigad district & Mumbai Metropolitan Region
THANE Shri Umesh Sinha Insurance Ombudsman	Area of Navi Mumbai, Thane District, Raigad District, Palghar District and wards of Mumbai , M/East, M/West, N, S and T."

**Office of the Insurance Ombudsman,
2nd Floor, Jeevan Chintamani Building,
Vasantrao Naik Mahamarg,
Thane (West)
Thane – 400604
Tel.: 022-20812868/69
Email: oiio.thane@cioins.co.in**

INSURANCE ACT 1938 SECTION 41- Prohibition of Rebates

No person shall allow or offer to allow either directly or indirectly, as an inducement to any person to take out 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 the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakhs rupees

Please note: The prospectus contains only an indication of cover offered, for complete details on terms, conditions, coverages and exclusions please get in touch with us or our agent and read policy wordings carefully before concluding a sale. Insurance is a subject matter of solicitation.

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