

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.

Sl No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product/Policy	Senior Citizen Health Insurance Policy	--
2	Policy Number	<< >>	--
3	Type of Insurance Product/Policy	Both Indemnity and Benefit <ul style="list-style-type: none"> • Indemnity: Where insured losses are covered up to the Sum Insured under the policy) • Benefit: Where an Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event. • Both Indemnity and Benefit: (where policy has elements of both the above) 	--
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), and • Floater Sum Insured-Where all members under the policy have a single sum insured limit which may be utilized by any or all members. Individual & Floater Sum Insured is available under the Policy. <<Sum Insured Options: 1L/2L/3L/4L/5L>>	--
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	<p style="text-align: center;">BASE COVER</p> <p>Section A: Hospitalisation</p> <ol style="list-style-type: none"> 1. Inpatient Treatment: Room rent up to 1% SI or actual whichever is less, up to 2% of SI or actual whichever is less for ICU, Surgeon, Anaesthesia etc up to 25% of SI per illness/injury or actual whichever is less, Blood, Oxygen, Organ Donor up to 50% of SI or actual whichever is less. 2. Day Care Procedures/Treatment: Specified Procedures/Surgeries requiring less than 24 hours of hospitalization as listed in Annexure of Policy Wordings would be covered under the Policy. 3. Pre-hospitalization and Post Hospitalization Expenses: Pre-hospitalisation (treatment prior to admission in hospital) of 30 days and Post-hospitalisation (treatment after discharge from hospital) within 60 days from date of discharge shall be covered under the Policy. 4. Domiciliary Hospitalization: 	Section A Point 1-10

		<p>Expenses incurred on availing medical treatment at home which otherwise would have required hospitalisation is covered up to 50% of SI or actual whichever is less.</p> <p>5. Cost of Health Check-up: Charges incurred for medical check-up will be covered up to 1.25% of SI or actual whichever is less subject to every block of 3 claims free year</p> <p>6. Daily Allowance: 0.1% of SI or actual whichever is less for each and every day of hospitalisation or Rs 250 whichever is less subject to maximum of Rs 2500 under the Policy</p> <p>7. Ambulance charges: 1% of SI or 1500 or actual whichever is less for expenses incurred towards availing ambulance</p> <p>8. Expenses of accompanying person: Expenses up to 1% of SI or actual whichever is less shall be covered for the person accompanying you while you are hospitalized</p> <p>9. Cumulative Bonus: The Insured will have an option to opt from:</p> <p>a. Enhancement in Sum Insured: Subject to no claims and continuous renewal of the Policy with us, the Sum Insured under the Policy under Section A "Hospitalisation" shall be increased by 5% subject to maximum of 50%, in case of claim reduced by 5% of Sum Insured.</p> <p>b. Discount in Premium: No Claim Discount will be offered to an Insured Person at the renewal, in the event of no claim made in the policy year. This discount will be offered as per the defined grid mentioned below for every renewal where there is no claim, this will be available for maximum up to 10 years. If a claim is made in any particular year, the discount accrued shall be reduced at the same rate at which it has accrued.</p> <p>10. Sublimit: Subject to the Sum Insured Our maximum liability to make payment for the Medical Expenses incurred during any Hospitalisation (including its related Pre and Post Hospitalization expenses if applicable) due to the below mentioned Surgeries / Medical Procedures or any medical treatment pertaining to an Illness / Injury shall be limited as per the table provided in policy wording.</p>	
		OPTIONAL COVER	
		<< Section B: Critical Illnesses	Section B Point 1-6

		<p>Diagnosis or undergoing of below mentioned Critical Illnesses or Surgical Procedures</p> <ul style="list-style-type: none"> • Cancer of specified severity • Open Chest CABG • Kidney Failure requiring regular dialysis • Stroke resulting in permanent symptoms • Major Organ /Bone Marrow Transplant • Multiple Sclerosis with persisting symptoms>> 	
6	Exclusions (What the policy does not cover)	<p>A. Investigation & Evaluation (Code- Excl04) B. Rest Cure, Rehabilitation and Respite Care (Code- Excl05) C. Obesity/ Weight Control (Code- Excl06) D. Change-of-Gender Treatments: (Code- Excl07) E. Cosmetic or plastic Surgery: (Code- Excl08) F. Hazardous or Adventure sports: (Code- Excl09) G. Breach of law: (Code- Excl10) H. Excluded Providers: (Code-Excl11) I. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12) J. 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. (Code- Excl13) K. 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) L. Refractive Error:(Code- Excl15) M. Unproven Treatments:(Code- Excl16) N. Sterility and Infertility: (Code- Excl17) O. Maternity Expenses (Code – Excl 18) (Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing)</p>	Section E.1.b – Point A-O
7	Waiting Period • Time period during which specified diseases/treatments are not covered • It is counted from the beginning of the policy coverage.	<p>1. First Thirty Days Waiting Period: (Code- Excl03) 30 days for all illnesses (not applicable in case of continuous renewal or accidents)</p> <p>2. Specific Waiting Period (Not applicable for claims arising due to an accident): (Code- Excl02) - 24 months for following diseases/procedures-</p> <ul style="list-style-type: none"> • Cataract • Benign Prostatic Hypertrophy • Myomectomy, Hysterectomy unless because of malignancy • All types of Hernia, Hydrocele • Fissures and/or Fistula in anus, hemorrhoids/piles 	E.1.a Point 1-3

		<ul style="list-style-type: none"> • Arthritis, gout, rheumatism and spinal disorder • Sinusitis and related disorders • Stones in the urinary and biliary systems • Dilatation and curettage , Endometriosis • All types of Skin and internal tumors/ cysts /nodules/ polyps of any kind including breast lumps unless malignant • Dialysis required for chronic renal failure • Surgery on tonsils, adenoids and sinuses • Gastric and Duodenal erosions & ulcers • Deviated Nasal Septum • Varicose Veins/ Varicose Ulcers • Joint replacements unless due to accident. <p>3. Pre-existing diseases: (Code- Excl01) Covered after 36 months</p>																			
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> <ul style="list-style-type: none"> • Co-pay of 10% is applicable on all admissible hospitalization claims under the Policy • Co-pay of 20% shall be applicable on all claims, admissible under Section A- Hospitalisation, arising out of any pre-existing diseases under the policy including for roll-over cases • Co-pay of 15% shall be applicable on all Day Care Procedures/ Surgeries claims • No co-pay shall be applicable for “packaged” charges by hospital <p>In case of a claim, this policy requires you to share the following costs: Expenses exceeding the following Sub-limits</p> <table border="1" data-bbox="474 1335 1321 1856"> <tr> <td>Cataract per eye</td> <td>Rs 10,000</td> </tr> <tr> <td>Other Eye Surgery</td> <td>Rs 15,000</td> </tr> <tr> <td>Surgeries for Tumor/ Cysts/ Nodule/ Polyp</td> <td>Rs 20,000</td> </tr> <tr> <td>Stone in Urinary System</td> <td>Rs 20,000</td> </tr> <tr> <td>Hernia Related</td> <td>Rs 20,000</td> </tr> <tr> <td>Appendisectomy</td> <td>Rs 20,000</td> </tr> <tr> <td>Knee Ligament Reconstruction Surgery</td> <td>Rs 40,000</td> </tr> <tr> <td>Hysterectomy</td> <td>Rs 20,000</td> </tr> <tr> <td>Fissures/ Piles/ Fistula</td> <td>Rs 15,000</td> </tr> </table>	Cataract per eye	Rs 10,000	Other Eye Surgery	Rs 15,000	Surgeries for Tumor/ Cysts/ Nodule/ Polyp	Rs 20,000	Stone in Urinary System	Rs 20,000	Hernia Related	Rs 20,000	Appendisectomy	Rs 20,000	Knee Ligament Reconstruction Surgery	Rs 40,000	Hysterectomy	Rs 20,000	Fissures/ Piles/ Fistula	Rs 15,000	--
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9	Claims/Claims Procedures	<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> <p>Step IV: Hospital verifies the patient details and sends duly filled Cashless Request Form to Universal Sampo</p> <p>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.</p> <p>Provide the details/web link for following:</p> <ol style="list-style-type: none"> Network Hospital details: Available on website: www.universalsompo.com. Helpline Number: 	--					

		<p>Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030, Senior Citizen: 1800-267-4030</p> <p>Landline Numbers: (022) 39133700 (Local Charges Apply)</p> <p>iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer: Available on website: www.universalsompo.com.</p> <p>iv. Downloading/getting claim form: Available on website: www.universalsompo.com</p> <ul style="list-style-type: none"> • Anywhere Cashless Facility (Non Network Cashless): You can now avail cashless facility from non-network hospitals. <p>To avail the treatment under cashless from non-network hospitals, please find the below steps.</p> <p>Prior Intimation is required for processing cashless from non-network hospitals:</p> <ul style="list-style-type: none"> ➤ 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: <p>Follow below steps to avail reimbursement facility through our In house Health Claims Management:</p> <p>Step I: Visit our Web Portal to register claim or Call our Health Helpline 1800 200 4030 or email us at healthserve@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 Sampo General Insurance Company Limited, Health Claims Management Office, 1st Floor C-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>	
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		Step V: Outcome of the claim will be communicated within 15 days from date of Submission of claim.	
10	Policy Servicing	<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> <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>	F.1.xv
11	Grievances/ Complaints	<p>Grievance Resolving Issue</p> <p>Write to: Customer Service Universal Sampo General Insurance Co.Ltd.</p> <p>Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane-Belapur Road, Airoli, Navi Mumbai, Maharashtra – 400708</p> <p>Email: grievance@universalsompo.com</p> <p>For More details, visit - www.universalsompo.com</p> <p>Visit Branch Grievance Redressal Officer (GRO)- Walk into any of our nearest branches and request to meet the GRO.</p> <p>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 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</p> <p>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</p>	F.1.xv

		<p>on the website of the Insurance Regulatory and Development Authority of India (IRDAI) at www.irdai.gov.in, or of the General Insurance Council at https://www.gicouncil.in/ the Consumer Education Website of the IRDAI at http://www.policyholder.gov.in or from any of Offices of the Company.</p>	
12	Things to remember	<p>1. Free Look cancellation: You may cancel the insurance policy if you do not want it, within 30 days from the beginning of the policy to review the terms and conditions of the policy, and to return the same if not acceptable. The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy. If the insured has not made any claim during the Free Look Period, the insured shall be entitled to</p> <ul style="list-style-type: none"> 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 <p>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.</p> <p>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.</p> <p>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.</p> <p>Portability: The insured person will have the option to port the policy to other insurers as per IRDAI guidelines related to</p>	<p>F.1.xiv, F.1.x, F.1.viii, F.1.ix, H.8, F.1.xii.</p>

		<p>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.</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, Hospitalisation 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> <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>	--

Declaration by the Policy Holder

I have read the above and confirm having noted the details.

Place:

Date: _____

(Signature of the PolicyHolder)

Note:

i. For Product related documents including Customer Information Sheet, kindly refer to the below link :

<https://www.universalsompo.com/resources-downloads>

ii. In case of any conflict, the terms & conditions mentioned in the policy document shall prevail.