

SENIOR CITIZEN HEALTH INSURANCE POLICY

PROSPECTUS

1. Who can take the Policy?

The Policy can be taken by a Senior Citizen who is above 60 years of age for covering himself/herself and his/her spouse.

2. Eligibility

The following conditions shall apply for seeking coverage under the Policy

- a. You must be above 60 years of age on last birthday for taking a policy.
- b. Must be a permanent resident of India
- c. There is no maximum entry age for you and your spouse. The renewals under the Policy shall, however, be provided for lifetime.

Medical Examination

We may ask You or Your spouse (if proposed for insurance under the Policy) to undergo below mentioned medical tests for purpose of consideration of Your proposal

S. No	List of Medical tests	Sum Insured limits
1	Complete Blood Sugar, Urine, Routine Blood Group, ESR, Fasting Blood, Glucose, S Cholesterol, SGPT, Creatinine	Rs 1,00,000
2	Complete Blood Sugar, Urine, Routine Blood Group, ESR, Fasting Blood, Glucose, S Cholesterol, SGPT, Creatinine, ECG	Rs 2,00,000 and Rs 3,00,000
3	Complete Blood Sugar, Urine, Routine Blood Group, ESR, Fasting Blood, Glucose, S Cholesterol, SGPT, Creatinine, ECG, Lipid Profile, Stress test or 2D Echo, Kidney Function Test Complete Physical test by a physician	Rs 4,00,000 and Rs. 5,00,000

It is agreed and understood that details in the table above, including the list of medical tests is indicative and we reserve the right to add, to modify or amend these details.

If your proposal is accepted by us, then 50% of the costs incurred in conducting the above mentioned medical tests shall be reimbursed by Us.

We may waive Medical Examination for You or Your spouse under the Policy

- If You or Your spouse have been continuously covered under a health insurance policy from Us or any other insurers for a period of three years and have had no claims under the policy

You shall immediately notify us in writing of any material change in the risk and cause at your own expense. If there is change in your health status known to you, you shall intimate about the same to us.

3. What is covered under the Policy?

The Policy comprises of below two sections

Section – A- Hospitalisation

This Section is mandatory to be taken under the Policy.

The following benefits shall become payable under this section. The cover shall be available to both the Insured and his/ her spouse if covered under the Policy.

Benefits under Section A

- **Inpatient Treatment:-** The Policy shall cover you for expenses incurred subject to limits as per below for each and every day of hospitalization under the policy.

Hospitalisation Benefits		Limits
A	(i) Room, Boarding expenses as provided by the Hospital/Nursing Home (ii) If admitted in IC Unit	i) Up to 1% of Sum Insured or actuals whichever is less per day ii) Up to 2% of Sum Insured per day or actuals whichever is less Overall limit: 25% of the S.I. per illness/injury or actuals whichever is less
B	Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees, Nursing Expenses	Up to 25% of Sum Insured per illness/ Injury or actuals whichever is less
C	Anesthesia, Blood, Oxygen, OT charges, Surgical appliances (any disposable surgical consumables subject to upper limit of 7% of Sum Insured), Medicines, drugs, Diagnostic material & X-Ray, Dialysis, Chemotherapy, Radiotherapy, cost of pacemaker, artificial limbs, Cost of stent & implants	Up to 50% of Sum Insured per illness/Injury or actuals whichever is less

- **Day Care Procedures/ Surgeries:-** Specified Procedures / Surgeries requiring less than 24 hours of hospitalization would be covered under the Policy. (Please see annexure for complete details)
- **Pre- Hospitalisation:-** Relevant medical expenses incurred 30 days prior to your being hospitalized shall be covered under the Policy.
- **Post-Hospitalisation:-** Relevant medical expenses incurred 60 days after your being discharged from hospital shall be covered under the Policy.

- **Domiciliary Hospitalisation:** - expenses incurred on availing medical treatment at home which otherwise would have required hospitalisation. The Sum Insured under this benefit shall be limited to 50% of SI or the actual amount incurred whichever is less under the Policy.
- **Cost of Health Check-up:** - the charges incurred for medical check-up once in a block of every 3 claims free years up to 1.25% of the average Sum Insured or the actual amount incurred whichever is less. In case of floater policies, the limit of 1.25% shall be for the two family members covered under the Policy.
- **Daily Allowance:-** 0.1% of Sum Insured or Rs 250 whichever is less, as a Daily Allowance, for each continuous and completed period of 24 hours of Hospitalisation subject to a maximum of Rs 2500 shall be covered under the Policy.
- **Ambulance Charges:** - Ambulance charges incurred for engaging an ambulance for transferring yourself to a hospital to the extent of 1% of SI or Rs. 1500 or the actual amount incurred in such transportation shall be payable under the Policy.
- **Expenses of accompanying person:** - Expenses incurred up to 1% of Sum Insured or the actual amount incurred whichever is less for the person accompanying you shall be payable under the policy. **Sublimits under the Policy:**

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
Spine and Vertebrae related	Rs 40,000
Cellulites/ Abscess	Rs 15,000

For the purpose of applicability of the said sub-limits, multiple Hospitalizations pertaining to the same Illness or medical procedure / surgery occurring within a period of 45 days from the date of discharge of the first Hospitalization shall be considered as one Hospitalization.

No other sublimits for any major surgery or procedure other than the ones mentioned above shall be applicable under the policy.

Section B- Critical Illness (Optional)

You also have the option of covering listed Critical Illnesses and/ or Surgical Procedures under the Policy.

On diagnosis or undergoing of below mentioned Critical Illness or Surgical Procedure, the Sum Insured opted under this section shall become payable under the Policy. The Sum Insured under this section shall be in addition to hospitalisation sum insured.

- 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

Provided that, we will not cover

1. Any Illness, sickness or disease , other than the above specified Critical Illness.
2. Any Critical Illness of which, the signs or symptoms first occurred prior to or within Ninety (90) days following the Policy Issue Date unless due credit for such time bound exclusion has been accrued in previous similar health insurance policy from us or any of Indian insurers.
3. Any Critical Illness based on a diagnosis made by you or your immediate family member or anyone who is living in the same household as you or by a herbalists, acupuncturist or other non- traditional health care provider.

Extensions/ Endorsement under the Policy

Floater Benefit: With this extension, the Sum Insured under the mandatory section A- Hospitalisation shall be available on floater basis.

Additional Benefits under the Policy

- 1) Cumulative Bonus :

The Insured will have an option to opt from:

- a. Enhancement in Sum Insured: Cumulative Bonus will be increased by 5% in respect of each claim free policy year(where no claims are reported), provided the policy is renewed with the company without a break subject to maximum of 50% of the sum insured under the current policy year. If a claim is made in any particular year, the cumulative bonus accrued shall be reduced at the same rate at which it has accrued. However, sum insured will be maintained and will not be reduced in the policy year.

Or

- 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 in Policy Wording 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.

2. **Long Term Policy:** Policy terms 1 year to 3 years are available under the policy. The following discounts will be offered if the Policy is taken by paying the appropriate premium for 2 years/ 3 years at once. No installment facility is available for payment of premium under the Policy.

Duration of policy	Premium to be charged
2 years	2 year premium in advance less 10% discount
3 years	3 year premium in advance less 15% discount

3. **Family discount:** A family discount of 10% shall be applicable on hospitalisation premium when you opt for covering your spouse under the policy on individual Sum Insured basis. This discount shall not be applicable when your Spouse is covered under the Policy on Floater Sum Insured basis.
4. **Sum Insureds Options:** The Policy provides Sum Insured starting from 1 Lakh to 5 Lakhs Rupees for each section Hospitalisation and Critical Illness.
5. **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.

6. **Free Look Period:**

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

- a. 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
- b. 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
- c. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

7. Conditions under the Policy Options available to you

1. You can opt for any Sum Insured under both the sections of the Policy, in other words, the Sum Insured under both the sections need not be identical.
2. You may choose to cover your spouse under individual Sum Insured basis or on floater basis. When you choose to cover your spouse under the Policy on individual SI under the Policy, we shall provide you a discount of 10% on your total hospitalisation premium.
3. The cover under Section B- Critical Illness shall be available only on individual Sum Insured.

8. Claim Intimation

In the event of claim please intimate IMMEDIATELY to our Customer Care at Toll Free Numbers on 1800-200-5142 (other users) or on chargeable numbers at (022)-39635200.or email at contactclaims@universalsompo.com.

The premium details for the above options under the Policy is given below

Premium for Hospitalization (Individual Plan/ 1 Adult)

Age Band	Sum Insured				
	100,000	200,000	300,000	400,000	500,000
60-65 years	4,794	9,702	14,842	17,816	20,733
66-70 years	5,943	12,031	18,404	22,091	25,708
71-75 years	6,376	12,904	19,741	23,695	27,575
76-80 years	7,843	15,872	24,279	29,146	33,915
80-85 years	8,391	16,982	25,980	31,185	36,290
86-90 years	10,321	20,888	31,954	38,358	44,636

	Sum Insured				
Age Band	100,000	200,000	300,000	400,000	500,000
60-65 years	9,108	18,434	28,200	33,850	39,392
66-70 years	11,292	22,858	34,968	41,973	48,845
71-75 years	12,114	24,518	37,507	45,021	52,392
76-80 years	14,902	30,157	46,130	55,377	64,439
80-85 years	15,943	32,265	49,362	59,252	68,951
86-90 years	19,610	39,687	60,712	72,880	84,808
> 90 years	23,531	47,625	72,855	87,456	101,770
> 90 years	12,385	25,066	38,345	46,030	53,563

Premium for Hospitalization (1+ 1 Adult Plan on Individual Sum Insured basis)

Premium for Critical Illness Insurance (Applicable for each Insured person on Individual SI basis only)

	Sum insured				
Age Band	100,000	200,000	300,000	400,000	500,000
60-65 years	1,961	3,922	5,883	7,844	9,806
66-70 years	2,432	4,864	7,295	9,727	12,159
71-75 years	2,608	5,216	7,825	10,433	13,041
76-80 years	3,209	6,417	9,626	12,834	16,043
80-85 years	3,434	6,867	10,301	13,734	17,168
86-90 years	4,222	8,444	12,666	16,888	21,110
> 90 years	5,067	10,134	15,201	20,268	25,335

Note

1. Rates are excluding GST as applicable)

2. All premium rates are annual & rates are in Rupees.
3. The Hospitalisation premium can be opted for the spouse either on Individual SI basis or floater basis
4. The cover for optional Section B- Critical Illness shall be available on individual Sum Insured basis only
5. Avail of tax benefit under section 80D of Income Tax Act, 1961 on the premium payable under the Policy (Tax benefits are subject to change as per change in Tax Laws)

9. Cancellation Terms

The Insured may cancel this Policy by giving 7 days' written notice, and in such an event, the Company shall refund premium 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

10. Co-pay

Co-Payment means a cost-sharing requirement applicable under this Policy in which you shall bear the percentage of the admissible claim amount which is specified in the table below. A CoPayment does not reduce or otherwise affect the Sum Insured. This is applicable for all roll-over cases (cases of portability) as well.

Admissible on all hospitalisation claims under the Policy	10% shall apply
Arising out of pre-existing diseases (including for roll-over cases)	20% shall apply except for claims arising under Section B- Critical Illness
Day Care Procedures	15% shall apply
Packaged Charges by Hospital	No co-pay shall be applicable on packaged charges by Hospital

11. Renewal Terms:

The policy shall ordinarily be renewable except on grounds of established fraud or non disclosure or misrepresentation by the insured person.

1. The Company shall endeavour to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
2. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.

3. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
4. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
5. No loading shall apply on renewals based on individual claims experience.

12. 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.

13. 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 empaneled by us (the Network Providers) can be found at our website www.universalsompo.com

14. Withdrawal of Policy

- I.** In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
- II.** Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break.
 - i. an option to migrate to a substitute product offered by Us, subject to portability conditions.

15. Multiple Policies

- i.** In case of multiple policies taken by an insured during a period from the same or one or more insurers to indemnify treatment costs, the policyholder shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer if chosen by the policy holder shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
- ii.** Policyholder having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies, even if the sum insured is not exhausted. Then the Insurer(s) shall independently settle the claim subject to the terms and conditions of this policy.
- iii.** If the amount to be claimed exceeds the sum insured under a single policy after, the policyholder shall have the right to choose insurers from whom he/she wants to claim the balance amount.

- iv. Where an insured has policies from more than one insurer to cover the same risk on indemnity basis, the insured shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the chosen policy.

Region of cover:

All medical treatment for the purpose of this insurance will have to be taken in India only.

16. Loadings under the Policy:

- a) **Loading based on location:** We may load premium up by 10% if you are a resident of any one for the Tier 1 cities viz. Delhi, Mumbai, Bengaluru, Chennai, Hyderabad, Kolkata.
- b) **Health status loading:** We shall load premium up to 100% under the Policy as under depending on the your health status

Health Status Indicators					
S.N.	Health Indicators		Normal	Borderline Level	High
1	Blood Sugar Levels		99 mg and lower	100-125 mg	126 mg and higher
2	Blood Pressure	Systolic	Below 130	130-139	140 or higher
		Diastolic	Below 80	80-89	90 or higher
3	Cholesterol Level (mg/dL)		Below 200	200-239	240 or higher
4	Body Mass Index		18.5-24.9	25-29.9	30 or higher
5	Any disease co-existing with any of the above				

Health Status Loading	Loading
For Normal conditions and no co-existing disease at time of proposal	Nil
For any One Borderline Level Condition	20%
For any One Borderline condition with a co-existing disease or any Two Borderline Level conditions	30%
For any Two Borderline Level Condition with a co-existing disease	40%
For all three Borderline Level Condition	50%
For any one High condition or all three Borderline Level Conditions with a co-existing disease	60%
For two or more high conditions	100%

- c) **Floater extension loading:** A loading of 40% shall be applied on premium for Section A-Hospitalisation when the cover under section A of the policy is extended to spouse of the primary insured. Sum Insured under the section, then shall be available on floater basis.

We will inform you about the applicable risk loading(s) through a counter offer letter. You have to revert to us with consent and additional premium (if any) within 15 days of

issuance of such counter letter. In case, you neither accept the counter letter from us nor revert to us within 15 days, we shall cancel your application and refund the premium within next 7 days.

What is not covered under the Policy?

- 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 hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code- Excl13)
- 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)

Claims Procedure

Procedure for Cashless claims:

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

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 Sompo

Step V: Universal Sompo 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.

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 healthserve@universalsompo.com

G.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 healthserve@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 Sompo 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.

G.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. 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.
- VIII. NEFT details and Personalized cancelled cheque/ Passbook copy in the name of proposer for electronic fund transfer.
- IX. Valid Photo ID Proof of the patient.
- X. For accident Cases: MLC (Medico Legal Certificate) / FIR (First Information report).
- 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 & 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
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

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. Universal Sampo General Insurance Co. Ltd., Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane- Belapur Road, Airoli, Navi Mumbai- 400708 Toll Free Numbers: 1800-200-5142 (For MTNL/BSNL users) or 1800-200-4030.

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 of 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.

Benefit Illustration in respect of policies offered on Individual and family floater basis

Age of the Members Insured (in number of Completed years)	Coverage Opted on Individual Basis covering each member of the family		Coverage opted on Individual Basis covering multiple members of the family a under single policy (Sum Insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured (Only one sum insured is available for the entire family)			
	Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Discount (Rs.), if any	Premium after discount (Rs.)	Sum Insured (Rs.)	Premium or consolidated premium for all members of family (Rs.)	Floater discount (Rs.), if any	Premium after discount (Rs.)	Sum Insured (Rs.)
70	23,371	5,00,000	44,405	0	44,405	5,00,000	32,719	0	32,719	5,00,000
66	23,371	5,00,000				5,00,000				

<p>* Illustration- 2 Adult members (Self & Spouse), Policy period of 1 year</p>	<p>Total Premium for all members of the family is Rs. 46,742/-, when each member covered separately. Sum Insured available for each Individual is Rs. 5,00,000/-</p>	<p>Total Premium for all members of the family is Rs. 44,405/-, when they are covered under single policy. Sum Insured available for each family member is Rs. 5,00,000/-</p>	<p>Total Premium when policy opted for family floater basis is Rs. 32,719 /-, Sum Insured of Rs. 5,00,000/- is available for entire family.</p>
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Registered & Corp Office: Universal Sampo General Insurance Company Ltd. 8th Floor & 9th Floor
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