SENIOR CITIZEN HEALTH INSURANCE POLICY WORDING

To help You understand Your Policy, the following words and phrases used anywhere within the Policy have specific meanings, which are set out in this section.

A. SCHEDULE

B. PREAMBLE

This Policy is a contract of insurance issued by Universal Sompo General Insurance Company (hereinafter called the `Company') to the proposer mentioned in the schedule (hereinafter called the 'Insured') to cover the person(s) named in the schedule (hereinafter called the 'Insured Persons'). The policy is based on the statements and declaration provided in the proposal Form by the proposer and is subject to receipt of the requisite premium.

C. DEFINITIONS

The terms defined below and at other junctures in the Policy have the meanings ascribed to them wherever they appear in this Policy and, where, the context so requires, references to the singular include references to the plural; references to the male includes the female and references to any statutory enactment includes subsequent changes to the same.

C.1 Accident means a sudden unforeseen and involuntary event caused by external, visible and violent means.

C.2 Age means age of the Insured person on last birthday as on date of commencement of the Policy.

C.3 Ambulance means any vehicle used solely for Your conveyance if You are injured from the Accidental location or Your residential place or Hospital to any Hospital in emergency cases.

C.4 Alternative Treatment means forms of treatments other than treatment "Allopathy" or "modem medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.

C.5 Any One Illness means continuous period of illness and it includes relapse within forty five days from the date of last consultation with the hospital where treatment has been taken

C.6 AYUSH Hospital - An AYUSH Hospital is a healthcare facility wherein medical/surgical/para- surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

a. Central or State Government AYUSH Hospital; or

b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or

c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:

i. Having at least 5 in-patient beds; ii. Having qualified AYUSH Medical Practitioner in charge round the clock; iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;

iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

C.7 AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health
Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:

i. Having qualified registered AYUSH Medical Practitioner(s) in charge; ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;

iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.

C.8 AYUSH Treatment refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems

C.9 Break in Policy means the period of gap that occurs at the end of the existing policy term/installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or grace period.

C.10 Cashless Facility means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the Policy terms and conditions, are directly made to the Network Provider by the insurer to the extent pre- authorization is approved.

C.11 Condition Precedent means a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.

C.12 Company means "Universal Sompo General Insurance Company Limited."

C.13 Cumulative Bonus means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.

C.14 Congenital Anomaly means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

a) **Internal Congenital Anomaly**: means which is not in the visible and accessible parts of the body
b) **External Congenital Anomaly**: means which is in the visible and accessible parts of the body

C.15 Co-payment means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.

C.16 Daily Allowance is the amount specified as such in the Schedule

C.17 Day Care Centre means any institution established for Day Care Treatment of Illness and/or Injuries or a medical setup within a Hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified
Medical Practitioner AND must comply with all minimum criteria as under

- has qualified nursing staff under its employment;
- has qualified Medical Practitioner/s in charge;
- has a fully equipped operation theatre of its own where Surgical Procedures are carried out;
- maintains daily records of patients and will make these accessible to the insurance Company's authorized personnel

C.18 Day Care Treatment means medical treatment, and/or surgical procedure which is:

i. undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
ii. which would have otherwise required hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

C.19 Dental Treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and Surgery.

C.20 Domiciliary Hospitalization means medical treatment for an Illness/disease/Injury which in the normal course would require care and treatment at a Hospital but is actually taken while confined at home under any of the following circumstances:

- the condition of the patient is such that he/she is not in a condition to be removed to a Hospital, or
- the patient takes treatment at home on account of non-availability of room in a Hospital.

Disclosure to information norm means the Policy shall be void and all premium paid thereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

Emergency Care means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health.

C.21 Grace period means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received.

C.22 Hospital means any institution established for in-patient care and Day Care Treatment of Illness and/or Injuries and which has been registered as a Hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- has qualified nursing staff under its employment round the clock;
- has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- has qualified Medical Practitioner(s) in charge round the clock;
- has a fully equipped operation theatre of its own where Surgical Procedures are carried out;
- maintains daily records of patients and makes these accessible to the insurance Company's authorized personnel.

C.23 Hospitalization means admission in a Hospital for a minimum period of 24 consecutive 'In- patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

C.24 Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a medical practitioner.

C.25 Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.

a) **Acute Condition** is a disease, Illness or Injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/Illness/Injury which leads to full recovery.
b) **Chronic condition** is defined as a disease, Illness, or Injury that has one or more of the following characteristics

- it needs on-going or long-term monitoring through consultations, examinations, check-ups, and/or tests
- it needs on-going or long-term control or relief of symptoms
- it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
- it continues indefinitely
- it recurs or is likely to recur.

C.26 Intensive Care Unit means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

C.27 ICU (Intensive Care Unit) Charges means the amount charged by a Hospital towards ICU expenses on a per day basis which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

C.28 In-Patient Care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

C.29 Insured means the individual whose name is specifically appearing in the Schedule herein after referred as “You”/”Your”/”Yours”/”Yourself”.

C.30 Insured Persons means the individual(s) whose name is/are appearing in the Schedule and shall include his/her spouse, dependent children and/ or parents.

C.31 Medical Advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

C.32 Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other Hospitals or doctors in the same locality would have charged for the same medical treatment.

C.33 Medically Necessary Treatment means any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which

- is required for the medical management of the Illness or Injury suffered by the insured;
- must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- must have been prescribed by a Medical Practitioner,
- must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

C.34 Medical Practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence.

C.35 Migration means a facility provided to policyholders (including all members under family cover and group policies), to transfer the credits gained for pre-existing diseases and specific waiting periods from one health insurance policy to another with the same insurer

C.36 Network Provider means Hospitals or health care providers enlisted by an insurer, TPA or jointly by an insurer and TPA to provide medical services to an insured on payment by a cashless facility.

C.37 Non- Network means any Hospital, day care centre or other provider that is not part of the network.

C.38 Nominee means the person(s) nominated by the Insured Person to receive the insurance benefits under this Policy payable on his/her death.

C.39 Notification of Claim is the process of notifying a claim to the insurer or TPA through any of the recognized modes of communication.

C.40 Out-Patient (OPD) Treatment is one in which the Insured visits a clinic / Hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

C.41 Portability means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for, pre-existing diseases and specific waiting periods from one insurer to another insurer.

C.42 Policy means Our contract of insurance with the Insured providing cover as detailed in this document.

C.43 Policy Period means the Policy Period as set out in the Schedule for which the insurance cover will remain valid.

C.44 Policy Year means a year following Policy Period Start Date and its subsequent annual anniversary.

C.45 Pre- Existing Diseases means any condition, ailment, injury or disease:

a) that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer; or
b) for which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy.

C.46 Pre- Hospitalization Medical Expenses means the Medical Expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that: • Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and

- The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

C.47 Post-Hospitalization Medical Expenses means the Medical Expenses incurred during pre- defined number of days immediately after the Insured Person is discharged from the Hospital provided that:

- Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required and
- The inpatient Hospitalization claim for such Hospitalization is admissible by the insurance Company.

C.48 Qualified Nurse means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

C.49 Reasonable and Customary Charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the Illness / Injury involved.

C.50 Room Rent means the amount charged by a Hospital towards Room and Boarding expenses and shall include associated Medical Expenses.

C.51 Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of Grace Period for treating the Renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and all waiting periods.

C.52 Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a Hospital or day care centre by a Medical Practitioner.

C.53 Sum Insured means the sum as mentioned in the Schedule against the respective benefit(s) which represents Our maximum liability for any or all claims under this Policy during the Policy Period.

C.54 Service Providers means any person, institution or organisation that has been empanelled by the Company to provide services to the Insured Person specified in the Policy.

C.55 Schedule means Schedule attached to and forming part of this Policy mentioning the details of the Insured/Insured Persons, the Sum Insured, the period and the limits to which benefits under the Policy would be payable

C.56 Unproven/Experimental Treatment means the treatment including drug experimental therapy, which is not based on established medical practice in India, is treatment experimental or unproven.

C.57 You/Your/Yours/Yourself means the person(s) that We insure and is/are specifically named as Insured in the Schedule.

C.58 We/Our/Ours/Us means Universal Sompo General Insurance Company Limited.

C.59 Waiting Period means a period from the inception of this Policy during which specified diseases/treatments are not covered. On completion of the period, diseases/treatments shall be covered provided the Policy has been continuously renewed without any break.

C.60 War means war, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

D.BENEFITS

SECTION A – HOSPITALISATION (Base Cover)

1. In-patient Treatment

We hereby agree subject to terms, conditions and exclusions herein contained or otherwise expressed hereon that, if during the Policy Period, You require Hospitalization for any Illness or Injury on the written advice of a Medical Practitioner, then We will indemnify the Medical Expenses so incurred by You as per below heads

Hospitalisation Benefits		Limits
A	i) Room, Boarding expenses a 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 or actuals whichever is less per day 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	Anaesthesia, 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

Hospitalization expenses of person donating an organ during the course of organ transplant will also be payable subject to the sub limits under "C" above applicable to you.
However, our total liability under this Policy for payment of any and all Claims in aggregate during each Policy Year of the Policy Period shall not exceed the Sum Insured as stated in the Policy Schedule.

2. Day Care Procedures/ Treatment

We hereby agree subject to terms, conditions and exclusions herein contained or otherwise expressed hereon that, if during the Policy Period, You require Hospitalization as an inpatient for less than 24 hours in a Hospital (but not in the outpatient department of a Hospital) on the written advice of a Medical Practitioner, then We will pay You for the Medical Expenses incurred for undergoing such Day Care Procedure/Treatment or surgery, (as is mentioned in the list of Day Care Procedures/Treatments annexed to this Policy).

However, Our total liability under this cover for payment of any and all Claims in aggregate during each Policy Year of the Policy Period shall not exceed the Sum Insured as stated in the Policy Schedule.

3. Pre-Hospitalization and Post-Hospitalization Expenses

We hereby agree subject to the terms, conditions and exclusions herein contained or otherwise expressed hereon that, We will compensate You for the relevant Medical Expenses incurred by You in relation to:

- Pre-hospitalization Medical Expenses incurred by You for a 30-day period immediately before Your date of Hospitalization; and
- Post-hospitalization Medical Expenses incurred by You for a 60-day period immediately after the date of discharge from the Hospital, provided that Your Hospitalization falls within the Policy Period and We have accepted Your Claim under "In-patient Treatment" or "Day Care Procedures" section of the Policy.

However, Our total liability under this Policy for payment of any and all Claims in aggregate during each Policy Year of the Policy Period shall not exceed the Sum Insured as stated in the Policy Schedule.

4. Domiciliary Hospitalization

We hereby agree subject to the terms, conditions and exclusions herein contained or otherwise expressed here on that, We will compensate You for expenses incurred on availing medical treatment at home on recommendation of a Medical Practitioner, which would otherwise have required hospitalisation.

The cover under this Section will be available up to a maximum of 50% of Sum Insured opted by You or actual amount incurred whichever is less.However, Our total liability under this Policy for payment of any and all Claims in aggregate during each Policy Year of the Policy Period shall not exceed the Sum Insured as stated in the Policy Schedule.

5. Cost of Health Check-up

We hereby agree subject to the terms, conditions and exclusions herein contained or otherwise expressed here on that, We will provide for payment to You for the charges incurred for medical check-up once in a block of every 3 years up to 1.25% of the average Sum

Insured or the actual charges incurred whichever is less provided there were no claims reported in this Section of the Policy during the said 3 years block period. In case, of floater policies, the above limit of 1.25% of average Sum Insured for the three years is for the two Insured Persons covered under the Policy.

However, Our total liability under this Policy for payment of any and all Claims in aggregate during each Policy Year of the Policy Period shall not exceed the Sum Insured as stated in the Policy Schedule.

6. Daily Allowance

We hereby agree, subject to the terms, exclusions and conditions herein contained or otherwise expressed hereon, to pay You 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 under the Policy.

However, Our total liability under this Policy for payment of any and all Claims in aggregate during each Policy Year of the Policy Period shall not exceed the Sum Insured as stated in the Policy Schedule.

7. Ambulance Charges

We hereby agree, subject to the terms, exclusions and conditions herein contained or otherwise expressed hereon, to reimburse You for the expenses incurred for transportation by ambulance to the nearest Hospital/ Nursing Home for treatment of the disease/ illness/ injury necessitating Your admission to Hospital/ Nursing Home up to 1% of Sum Insured or Rs 1500 or actual amount incurred in such transportation whichever is less.

However, Our total liability under this Policy for payment of any and all Claims in aggregate during each Policy Year of the Policy Period shall not exceed the Sum Insured as stated in the Policy Schedule.

8. Expenses of Accompanying Person

We hereby agree, subject to the terms, exclusions and conditions herein contained or otherwise expressed hereon, to reimburse You for the expenses incurred by the person who is accompanying You at the Hospital/ Nursing Home whilst You are being hospitalized. These expenses comprise of expenses on food, additional bed charges for such accompanying person being charged by the Hospital/ Nursing Home.

The cover under this Section will be available up to a maximum of 1% of Sum Insured opted by You or the actual amount incurred whichever is less.However, Our total liability under this Policy for payment of any and all Claims in aggregate during each Policy Year of the Policy Period shall not exceed the Sum Insured as stated in the Policy Schedule.

9. 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 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.

10. Sublimit

Notwithstanding anything to the contrary in the Policy and 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 below:

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 Verebrae 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. Besides the above mentioned, no other sublimit for any major surgery or procedure shall be applicable under the Policy.

SECTION B – CRITICAL ILLNESS (Optional Cover)

What will We pay? (Scope of Cover-)

We agree, subject to the terms, conditions and exclusions applicable to this Section and the terms, conditions, general exclusions stated in the Policy, to pay such Sum Insured as mentioned against Section B in the Schedule to this Policy, on the occurrence of any of the below mentioned Critical Illnesses and/ or undergoing of the below mentioned Surgical Procedure that You/ Your Spouse may suffer from or undergo provided that

- In the event of a claim, the Critical Illness have to be diagnosed by a Medical Practitioner, supported by radiological, histological and laboratory evidence acceptable to Us and to be reconfirmed by a Medical Practitioner appointed by Us.
- We shall compensate You/ Your Spouse only once in respect of any particular Critical Illness/ Surgical Procedure mentioned as covered in the Schedule.
- Cover under this policy shall cease upon payment of the compensation on the happening of a Critical Illness and/ or undergoing of listed Surgical Procedure and no further payment will be made for any consequent disease or any dependent disease.
- You should survive for 30 days post diagnosis of such Critical Illness to be able to make a claim under the Policy.

Specified Critical Illnesses and Surgical Procedures

1. Cancer of specified severity

A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.

2. Open Chest CABG

The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

3. Kidney Failure requiring regular dialysis

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

4. Stroke resulting in permanent symptoms

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolization from an extra cranial source. Diagnosis has to be confirmed by a specialist Medical Practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

5. Major Organ /Bone Marrow Transplant

The actual undergoing of a transplant of:

- One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist Medical Practitioner.

6. Multiple Sclerosis with persisting symptoms

I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and

ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

E. EXCLUSIONS:

E.1. Specific Exclusions:

a) Waiting Period:

The Company shall not be liable to make any payment under the policy in connection with or in respect of following expenses till the expiry of waiting period mentioned below:

1. Pre-Existing Diseases (Code- Excl01)

a) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

b) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.

c) Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

2. Specific Waiting Period: (Code- Excl02)

a) Expenses related to the treatment of the following listed conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage, as may be the case after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.

b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.

c) If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.

d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.

e) If the Insured Person is continuously covered without any break under the policy, then waiting period for the same would be reduced to the extent of prior coverage.

List of specific diseases/procedures:

- Cataract
- Benign Prostatic Hypertrophy
- Myomectomy, Hysterectomy unless because of malignancy
- All types of Hernia, Hydrocele
- Fissures and/or Fistula in anus, hemorrhoids/piles
- Arthritis, gout, rheumatism and spinal disorders
- Sinusitis and related disorders
- Stones in the urinary and billiary 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

3. First Thirty Days Waiting Period (Code- Excl03)

i Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered. **ii** This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.

iii The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

b) **Exclusions:**

The Company shall not be liable to make any payment under the policy, in respect of any expenses incurred in connection with or in respect of:

A. Investigation & Evaluation(Code- Excl04)

a) Expenses related to any admission primarily for diagnostics and evaluation purposes.

b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment

B. Rest Cure, Rehabilitation and Respite Care (Code- Excl05)

a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

i Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons. **ii** Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

C. Obesity/ Weight Control (Code- Excl06)

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

1) Surgery to be conducted is upon the advice of the Doctor

2) The surgery/Procedure conducted should be supported by clinical protocols

3) The member has to be 18 years of age or older and

4) Body Mass Index (BMI);

- **a)** greater than or equal to 40 or
- **b)** greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
  - **i.** Obesity-related cardiomyopathy
  - **ii.** Coronary heart disease

iii. Severe Sleep Apnea **iv.** Uncontrolled Type2 Diabetes

D. Change-of-Gender Treatments: (Code- Excl07)

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

E. Cosmetic or plastic Surgery: (Code- Excl08)

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

F. Hazardous or Adventure sports: (Code- Excl09)

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

G. Breach of law: (Code- Excl10)

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

H. Excluded Providers: (Code-Excl11)

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

I. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.**(Code- Excl12)**

J. Treatments received in heath 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)

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

M. Unproven Treatments:(Code- Excl16)

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. any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

N. Sterility and Infertility: (Code- Excl17)

Expenses related to sterility and infertility. This includes:

(i) Any type of contraception, sterilization

(ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI

(iii) Gestational Surrogacy

(iv) Reversal of sterilization

O. Maternity Expenses (Code – Excl 18):

i Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;

ii expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

E.2. <u>Specific Exclusions:</u>

1. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 and CIN-3.
2. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
3. Malignant melanoma that has not caused invasion beyond the epidermis;
4. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
5. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
6. Chronic lymphocytic leukaemia less than RAI stage 3
7. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
8. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM

Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

9. Angioplasty and/or any other intra-arterial procedures
10. Transient ischemic attacks (TIA)
11. Traumatic Injury of the brain
12. Vascular disease affecting only the eye or optic nerve or vestibular functions
13. Other stem-cell transplants
14. Where only islets of langerhans are transplanted
15. Any Illness, sickness or disease , other than specified as Critical Illness, as mentioned in the policy schedule, or
16. Any Critical Illness of which, the signs or symptoms first occurred prior to or within Ninety (90) days following the Policy Issue Date or the last Commencement Date, whichever is later, or
17. 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.
18. Treatment taken outside the geographical limits of India
19. In respect of the existing diseases, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), policyholder is not entitled to get the coverage for specified ICD codes.
20. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.
21. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:

- Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.
- Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
- Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death

F. GENERAL CONDITIONS AND CLAUSES:

F.1. Standard General Terms and Clauses:

i. Disclosure of Information

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, misdescription or non-disclosure of any material fact by the policyholder.

ii. Condition Precedent to Admission of Liability

The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.

iii. Claim Settlement (provision for Penal Interest)

i **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.

iv. Complete Discharge

Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

v. Multiple Policies

i. In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person 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 chosen by the insured person 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. Insured person 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 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, the insured person shall have the right to choose insurer from whom he/she wants to claim the balance amount.

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

vi. Fraud

If any claim made by the insured person, 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 the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the insured person or by his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

a) the suggestion, as a fact of that which is not true and which the insured person does not believe to be true;
b) the active concealment of a fact by the insured person having knowledge or belief of the fact;
c) any other act fitted to deceive; and
d) any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

vii. Cancellation

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

viii. 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 at least 30 days before the policy renewal date as per 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

ix. 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.

x. Renewal of Policy

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

i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
iii. iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
iv. 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.
v. No loading shall apply on renewals based on individual claims experience.

xi. 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.

xii. Moratorium Period

After completion of Sixty continuous months under this policy no look back would be applied. This period of Sixty months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of Sixty continuous months would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no claim under this policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments as per the policy contract.

xiii. Possibility of Revision of Terms of the Policy Including the Premium Rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.

xiv. 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

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;

xv. Redressal of Grievance

If You have a grievance about any matter relating to the Policy, or Our decision on any matter, or the claim, you can address Your grievance as follows:

Step 1: Contact us

Write us at:

Customer Service Universal Sompo General Insurance Co. Ltd.
Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane- Belapur Road, Airoli, Navi Mumbai, Maharashtra – 400708

E- mail Address
contactus@universalsompo.com
For more details:
www.universalsompo.com
Toll Free Numbers: 1800-22-4030 or 1800-200-4030
Senior Citizen toll free number: 1800-267-4030

Step 2: Grievance Cell

If the resolution you received, does not meet your expectations, you can directly write to our Grievance Id. After examining the matter, the final response would be conveyed within two weeks from the date of receipt of your complaint on this email id.

Customer Service Universal Sompo General Insurance Co. Ltd.
Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane- Belapur Road, Airoli, Navi Mumbai, Maharashtra - 400708

E- mail Address:
grievance@universalsompo.com

For more details:
www.universalsompo.com

Visit Branch Grievance Redressal Officer (GRO) - Walk into any of our nearest branches and request to meet the GRO.

- We will acknowledge receipt of your concern Immediately
- Seek and obtain further details, if any, from the complainant (permitted only once) Within one week
- Within 2 weeks of receiving your grievance, we will respond to you with the best solution.

- We shall regard the complaint as closed in case on non-receipt of reply from the complainant Within 8 weeks from the date of registration of the grievance

Step 3: Chief Grievance Redressal Officer

In case, you are not satisfied with the decision/resolution of the above office or have not received any response within 15 working days, you may write or email to:

Customer Service Universal Sompo General Insurance Co. Ltd.
Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane- Belapur Road, Airoli, Navi Mumbai, Maharashtra – 400708

E- mail Address:
gro@universalsompo.com

For more details:
www.universalsompo.com

For updated details of grievance officer, kindly refer the link https://www.universalsompo.com/resourse-grievance-redressal

Step 4: Insurance Ombudsman

Bima Bharosa Portal link: https://bimabharosa.irdai.gov.in/

You can approach the Insurance Ombudsman depending on the nature of grievance and financial implication, if any.

Information about Insurance Ombudsmen, their jurisdiction and powers is available on the website of the Insurance Regulatory and Development Authority of India (IRDAI) at www.irdai.gov.in, or of the General Insurance Council at https://www.gicouncil.in/, the Consumer Education Website of the IRDAI at http://www.policyholder.gov.in, or from any of Our Offices.

The updated contact details of the Insurance Ombudsman offices can be referred by clicking on the Insurance ombudsman official site**: https://www.cioins.co.in/Ombudsman.**
Note: Grievance may also be lodged at IRDAI- **https://bimabharosa.irdai.gov.in/.**

xvi. Nomination:

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

G. CLAIMS PROCEDURE

G.1 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 FloorC-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

G.4 Payment of Claim

All claims under the policy shall be payable in Indian currency only,

G.5 Position after claim

i. In cases of claim under Section A- Hospitalization ,

For Individual Policies: We shall reduce the Sum Insured in respect of Insured Person to whom such sum shall become payable, by the amount admissible under the claim and paid by Us.

For floater Policies: the floater Sum Insured shall be reduced by the amount admissible and paid by Us irrespective of which of the Insured Person(s) claimed under the Policy.

ii. In case of a claim under Section B- Critical Illness cover, on admissibility and payment of a claim by Us, We shall delete the name of the Insured Person in respect of whom such sums shall become payable by passing an endorsement to this effect and that person shall be no longer be covered under the Section B- Critical Illness cover and consequently no further benefit under the section shall accrue to such Insured Person. We shall however, continue to cover the said Insured Person for the risks covered under Section A- Hospitalisation

iii. We shall have no liability under the Policy, once the Sum Insured (Maximum Limit of Liability), as stated in the Policy Schedule with respect to any of the Sections, is exhausted by You or Your Spouse

H. DISCOUNT AND LOADING

1. **Long Term Policy Discount**- 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 in payment of premium is available to you if you choose to opt for a long term 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

2. **Family discount:** A family discount of 10% shall be applicable on hospitalisation premium when an individual opts for covering his/ her 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.
3. **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/NCR, Mumbai, Bengaluru, Chennai, Pune, Hyderabad, Kolkata, Ahmedabad.
4. **Health status loading:** We may load premium up to 100% as under the policy depending on 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%

5. **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 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.

6. 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 on basis of Your medical conditions/ health status declaration in the Proposal Form.

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 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.

7. Region of Cover

We shall pay for treatment confined to the Hospitals in India only. All benefits under the Policy shall be come payable when incurred in India.

8. 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.

ANNEXURE-A

List I — Items for which coverage is not available in the policy

List of Expenses Generally Excluded ("Non-Medical") in Hospital Indemnity Policy -		
Serial no	Toiletries/ cosmetics/ personal comfort or convenience items	
1.	HAIR REMOVAL CREAM	Not Payable
2.	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable
3.	BABY FOOD	Not Payable
4.	BABY UTILITES CHARGES	Not Payable
5.	BABY SET	Not Payable
6.	BABY BOTTLES	Not Payable
7.	BRUSH	Not Payable
8.	COSY TOWEL	Not Payable
9.	HAND WASH	Not Payable
10.	MOISTURISER PASTE BRUSH	Not Payable
11.	POWDER	Not Payable
12.	RAZOR	Payable
13.	SHOE COVER	Not Payable
14.	BEAUTY SERVICES	Not Payable

15.	BELTS/ BRACES	Essential and should be paid at least specifically for cases who have undergone surgery of thoracic or lumbar spine
16.	BUDS	Not Payable
17.	BARBER CHARGES	Not Payable
18.	CAPS	Not Payable
19.	COLD PACK/HOT PACK	Not Payable
20.	CARRY BAGS	Not Payable
21.	CRADLE CHARGES	Not Payable
22.	COMB	Not Payable
23.	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable
24.	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
25.	EYE PAD	Not Payable
26.	EYE SHEILD	Not Payable
27.	EMAIL / INTERNET CHARGES	Not Payable
28.	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)	Not Payable
29.	FOOT COVER	Not Payable
30.	GOWN	Not Payable
31.	LEGGINGS	Essential in bariatric and varicose vein surgery and may be

		considered for at least these conditions where surgery itself is payable.
32.	LAUNDRY CHARGES	Not Payable
33.	MINERAL WATER	Not Payable
34.	OIL CHARGES	Not Payable
35.	SANITARY PAD	Not Payable
36.	SLIPPERS	Not Payable
37.	TELEPHONE CHARGES	Not Payable
38.	TISSUE PAPER	Not Payable
39.	TOOTH PASTE	Not Payable
40.	TOOTH BRUSH	Not Payable
41.	GUEST SERVICES	Not Payable
42.	BED PAN	Not Payable
43.	BED UNDER PAD CHARGES	Not Payable
44.	CAMERA COVER	Not Payable
45.	CLINIPLAST	Not Payable
46.	CREPE BANDAGE	Not Payable/ Payable by the patient
47.	CURAPORE	Not Payable
48.	DIAPER OF ANY TYPE	Not Payable
49.	DVD, CD CHARGES	Not Payable (However if CD is specifically sought by Insurer/TPA then payable)
50.	EYELET COLLAR	Not Payable
51.	FACE MASK	Not Payable
52.	FLEXI MASK	Not Payable
53.	GAUSE SOFT	Not Payable
54.	GAUZE	Not Payable
55.	HAND HOLDER	Not Payable
56.	HANSAPLAST/ ADHESIVE BANDAGES	Not Payable
57.	INFANT FOOD	Not Payable
58.	SLINGS	Reasonable costs for one sling in case of upper arm fractures may be considered
Items specifically excluded in the policies		
59.	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Exclusion in unless policy otherwise specified

60.	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Exclusion in unless policy otherwise specified
61.	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Exclusion in unless policy otherwise specified
62.	HORMONE REPLACEMENT THERAPY	Exclusion in unless policy otherwise specified
63.	HOME VISIT CHARGES	Exclusion in unless policy otherwise specified
64.	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Exclusion in unless policy otherwise specified
65.	OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY	Exclusion in policy unless otherwise specified
66.	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Exclusion in unless policy otherwise specified
67.	DONOR SCREENING CHARGES	Exclusion in unless policy otherwise specified
68.	ADMISSION/REGISTRATION CHARGES	Exclusion in unless policy otherwise specified
69.	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Exclusion in unless policy otherwise specified
70.	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable - Exclusion in policy unless otherwise specified
Items which form part of hospital services where separate consumables are not payable but the service is		
71.	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not payable separately

72.	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.
73.	MICROSCOPE COVER	Payable under OT Charges, not payable separately
74.	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Payable under OT Charges, not payable separately
75.	SURGICAL DRILL	Payable under OT Charges, not payable separately
76.	EYE KIT	Payable under OT Charges, not payable separately
77.	EYE DRAPE	Payable under OT Charges, not payable separately
78.	X-RAY FILM	Payable under Radiology Charges, not as consumable
79.	SPUTUM CUP	Payable under Investigation Charges, not as consumable
80.	BOYLES APPARATUS CHARGES	Part of OT Charges, not separately
81.	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
82.	ANTISEPTIC OR DISINFECTANT LOTIONS	Not Payable-Part of Dressing Charges
83.	BAND AIDS, BANDAGES, STERLILE INJECTIONS, NEEDLES, SYRINGES	Not Payable - Part of Dressing charges
84.	COTTON	Not Payable-Part of Dressing Charges
85.	COTTON BANDAGE	Not Payable- Part of Dressing Charges
86.	MICROPORE/ SURGICAL TAPE	Not Payable-Payable by the patient when prescribed, otherwise included as Dressing
		Charges
87.	BLADE	Not Payable
88.	APRON	Not Payable -Part of Hospital Services/ Disposable linen to be part of OT/ICU chatges

89.	TORNIQUET	Not Payable (service is charged by hospitals, consumables cannot be separately charged)
90.	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
91.	URINE CONTAINER	Not Payable
ELEMENTS OF ROOM CHARGE		
92.	LUXURY TAX	Actual tax levied by government is payable. Part of room charge for sub limits
93.	HVAC	Part of room charge not payable separately
94.	HOUSE KEEPING CHARGES	Part of room charge not payable separately
95.	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
96.	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
97.	SURCHARGES	Part of Room Charge, Not payable separately
98.	ATTENDANT CHARGES	Not Payable - Part of Room Charges
99.	IM IV INJECTION CHARGES	Part of nursing charges, not payable
100.	CLEAN SHEET	Part of Laundry/Housekeeping not payable separately
101.	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
102.	BLANKET/WARMER BLANKET	Not Payable- part of room charges
ADMINISTRATIVE OR NON-MEDICAL CHARGES		
103.	ADMISSION KIT	Not Payable
104.	BIRTH CERTIFICATE	Not Payable
105.	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
106.	CERTIFICATE CHARGES	Not Payable
107.	COURIER CHARGES	Not Payable
108.	CONVENYANCE CHARGES	Not Payable
109.	DIABETIC CHART CHARGES	Not Payable
110.	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
111.	DISCHARGE PROCEDURE CHARGES	Not Payable

112.	DAILY CHART CHARGES	Not Payable
113.	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
114.	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
115.	FILE OPENING CHARGES	Not Payable
116.	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
117.	MEDICAL CERTIFICATE	Not Payable
118.	MAINTAINANCE CHARGES	Not Payable
119.	MEDICAL RECORDS	Not Payable
120.	PREPARATION CHARGES	Not Payable
121.	PHOTOCOPIES CHARGES	Not Payable
122.	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
123.	WASHING CHARGES	Not Payable
124.	MEDICINE BOX	Not Payable
125.	MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable
126.	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
EXTERNAL DURABLE DEVICES		
127.	WALKING AIDS CHARGES	Not Payable
128.	BIPAP MACHINE	Not Payable
129.	COMMODE	Not Payable
130.	CPAP/ CAPD EQUIPMENTS	Device not payable
131.	INFUSION PUMP - COST	Device not payable
132.	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
133.	PULSEOXYMETER CHARGES	Device not payable
134.	SPACER	Not Payable
135.	SPIROMETRE	Device not payable
136.	SPO2 PROBE	Not Payable
137.	NEBULIZER KIT	Not Payable
138.	STEAM INHALER	Not Payable
139.	ARMSLING	Not Payable
140.	THERMOMETER	Not Payable (paid by patient)
141.	CERVICAL COLLAR	Not Payable
142.	SPLINT	Not Payable
143.	DIABETIC FOOT WEAR	Not Payable
144.	KNEE BRACES (LONG/ SHORT/ HINGED)	Not Payable

145.	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
146.	LUMBO SACRAL BELT	Essential and should be paid at least specifically for cases who have undergone surgery of lumbar spine.
147.	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia/quadriplegia for any reason and at reasonable cost of approximately Rs 200/ day
148.	AMBULANCE COLLAR	Not Payable
149.	AMBULANCE EQUIPMENT	Not Payable
150.	MICROSHEILD	Not Payable
151.	ABDOMINAL BINDER	Essential and should be paid at least specifically for cases who have undergone surgery of lumbar spine.
ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION		
152.	BETADINE \ HYDROGEN PEROXIDE\SPIRIT\\DETTOL\SAVLON\ DISINFECTANTS ETC	Payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital
153.	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalization nursing charges not Payable
154.	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES	Patient Diet provided by hospital is payable
155.	SUGAR FREE TABLETS	Payable -Sugar free variants of admissible medicines are not excluded
156.	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)	Payable when prescribed
157.	DIGESTION GELS	Payable when prescribed

158.	ECG ELECTRODES	Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.
159.	GLOVES	Sterilized Gloves payable / unsterilized gloves not payable
160.	HIV KIT	Payable - payable Pre-operative screening
161.	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
162.	LOZENGES	Payable when prescribed
163.	MOUTH PAINT	Payable when prescribed
164.	NEBULISATION KIT	If used during hospitalization is payable reasonably
165.	NOVARAPID	Payable when prescribed
166.	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
167.	ZYTEE GEL	Payable when prescribed
168.	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite Vaccination Payable
PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE		
169.	AHD	Not Payable - Part of Hospital's internal Cost
170.	ALCOHOL SWABES	Not Payable - Part of Hospital's internal Cost
171.	SCRUB SOLUTION/STERILLIUM	Not Payable - Part of Hospital's internal Cost
OTHERS		
172.	VACCINE CHARGES FOR BABY	Not Payable

List II — Items that are to be subsumed into Room Charges

173.	AESTHETIC TREATMENT / SURGERY	Not Payable
174.	TPA CHARGES	Not Payable
175.	VISCO BELT CHARGES	Not Payable
176.	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
177.	EXAMINATION GLOVES	Not payable
178.	KIDNEY TRAY	Not Payable
179.	MASK	Not Payable
180.	OUNCE GLASS	Not Payable
181.	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable, except for telemedicine consultations where covered by policy
182.	OXYGEN MASK	Not Payable
183.	PAPER GLOVES	Not Payable
184.	PELVIC TRACTION BELT	Should be payable in case of PIVD requiring traction as this is generally not reused
185.	REFERAL DOCTOR'S FEES	Not Payable
186.	ACCU CHECK (Glucometery/ Strips)	Not payable pre hospitilasation or post hospitalisation / Reports and Charts required/ Device not payable
187.	PAN CAN	Not Payable
188.	SOFNET	Not Payable
189.	TROLLY COVER	Not Payable
190.	UROMETER, URINE JUG	Not Payable
191.	AMBULANCE	Payable-Ambulance from home to hospital or inter hospital shifts is payable/ RTA as specific requirement is payable
192.	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
193.	URINE BAG	Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs
194.	SOFTOVAC	Not Payable
195.	STOCKINGS	Essential for case like CABG etc. Where it should be paid.

Sl No	**Item**
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER

4	CAPS
5	CRADLE CHARGES
6	COMB

7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

List III — Items that are to be subsumed into Procedure Charges

SI No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL,SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

List IV — Items that are to be subsumed into costs of treatment

SI No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP— COST
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES – DIETICIAN CHARGES- DIET CHARGES

10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION/STERILLIUM
17	Glucometer& Strips
18	URINE BAG

ANNEXURE B

The contact details of the Insurance Ombudsman offices are as below-

Areas of Jurisdiction	Office of the Insurance Ombudsman
Gujarat, Dadra & Nagar Haveli, Daman and Diu	**AHMEDABAD** Shri Collu Vikas Rao Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201/02 Email: bimalokpal.ahmedabad@cioins.co.in
Karnataka.	**BENGALURU** Mr Vipin Anand Insurance Ombudsman 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: bimalokpal.bengaluru@cioins.co.in
Madhya Pradesh Chattisgarh.	**BHOPAL** Shri R. M. Singh Insurance Ombudsman 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: bimalokpal.bhopal@cioins.co.in
Odisha	**BHUBANESHWAR** Shri Manoj Kumar Parida Insurance Ombudsman Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455/2596429/2596003 Email: bimalokpal.bhubaneswar@cioins.co.in
Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir,Ladakh & Chandigarh.	**CHANDIGARH** Mr Atul Jerath Insurance Ombudsman Office Of The Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172-2706468 Email: bimalokpal.chandigarh@cioins.co.in
Tamil Nadu, PuducherryTown and Karaikal (which are part of Puducherry).	**CHENNAI** Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in
Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.	**DELHI** Insurance Ombudsman Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002.

	Tel.: 011 - 46013992/23213504/23232481 Email: bimalokpal.delhi@cioins.co.in
Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	**GUWAHATI** 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: bimalokpal.guwahati@cioins.co.in
Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.	**HYDERABAD** 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 - 500 004. Tel.: 040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325 Email: bimalokpal.hyderabad@cioins.co.in
Rajasthan.	JAIPUR Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141- 2740363 Email: bimalokpal.jaipur@cioins.co.in
Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry	**KOCHI** 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: bimalokpal.ernakulam@cioins.co.in

West Bengal, Sikkim, Andaman & Nicobar Islands.	**KOLKATA** Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in
Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, 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, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.	**LUCKNOW** 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: bimalokpal.lucknow@cioins.co.in
Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane)	**MUMBAI** 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: bimalokpal.mumbai@cioins.co.in

State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.	**NOIDA** 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: bimalokpal.noida@cioins.co.in
Bihar, Jharkhand.	**PATNA** Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in
Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region)	**PUNE** 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: bimalokpal.pune@cioins.co.in

EXTENSION WORDINGS

Extension: Floater Benefit:

Floater Benefit means that the aggregate Sum Insured under Section A, as specified in the Policy Schedule, is available to You or Your spouse, as covered under this Policy at the Policy Period Start Date, for any Claim made in aggregate during each Policy Year of the Policy Period.

It is hereby declared and agreed that notwithstanding anything to the contrary in the Policy, We will pay You or Your spouse, for any Claim subject to the Sum Insured, made in aggregate by You or Your spouse under the Floater Benefit, provided such Claim is admissible under the Policy.

Subject otherwise to the terms, conditions and exclusions of the Policy.

Registered & Corp Office: Universal Sompo 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@universalsompo.com, website link www.universalsompo.com