

Annexure – A**CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY**

This document provides key information about your policy. You are also advised to go through your policy document.

Sl No.	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product/Policy	Super Healthcare Insurance	--
2	Policy Number	<< >>	--
3	Type of Insurance Product/Policy	Both Indemnity and Benefit <ul style="list-style-type: none"> • Indemnity: Where insured losses are covered up to the Sum Insured under the policy) • Benefit: Where an Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event. • Both Indemnity and Benefit: (where policy has elements of both the above) 	--
4	Sum Insured (Basis) (Along with amount)	<ul style="list-style-type: none"> • Individual Sum Insured -Where each member has a separate sum insured under the policy), and • Floater Sum Insured-Where all members under the policy have a single sum insured limit which may be utilized by any or all members. Individual & Floater Sum Insured is available under the Policy. <<Sum Insured Options: 1L to 1Cr >>	--
5	Policy Coverage (What the policy covers?) (Policy Clause Number/s)	<p style="text-align: center;">BASE COVER</p> <p>1. Medical Expenses</p> <p>1.1. In-patient Hospitalization Medical Expenses for Hospitalisation above 24 hrs</p> <p>1.2. Day-Care Treatment - Medical Expenses for enlisted Day care treatment</p> <p>1.3. Pre-Hospitalisation- Medical Expenses incurred by insured, immediately before the admission in the Hospital</p> <p>1.4. Post-Hospitalisation- Medical Expenses incurred by insured, immediately after the discharge from Hospital.</p>	Section D.1, D.2 &

		<p>1.5. Organ Donor-Medical Expenses for a successful organ transplant including pre transplant medical test for legitimate donor and harvesting the organ up to the sum insured mention in schedule</p> <p>1.6. In Patient AYUSH Hospitalization- In patient Hospitalization expenses for treatment taken under Ayurveda, Unani, Sidha or Homeopathy, upto the Sum Insured.</p> <p>1.7. Domiciliary Hospitalization- Expenses incurred for medical treatment taken at home which would otherwise have required Hospitalization.</p> <p>2. Ambulance Expenses - Expense incurred per Hospitalisation for utilizing ambulance service for transporting Insured Person to Hospital.</p> <p>3. Maternity & New Born Care Coverage - Medical Expenses associated with the delivery of a child (including complicated deliveries and caesarean costs and Medical expense incurred by insured's new born baby as an in-patient hospitalization).</p> <p>4. Automatic Restoration 100% of the Sum insured once in a policy year</p> <p>5. Bariatric Surgery Cover; Reasonable and customary expenses for Bariatric Surgery</p> <p>6. Emergency Assistance Services:</p> <ul style="list-style-type: none">i. Medical Consultation, Evaluation and Referralii. Medical Monitoring and Case Managementiii. Emergency Medical Evacuationiv. Medical Repatriation (Transportation)v. Compassionate Visit <p>Value Added Benefit</p> <p>Below listed benefits to help the Insured person(s) maintain his/her health and wellness by offering services and incentivizing with rewards.</p> <p>Wellness Services</p> <p>1) Everyday Care</p>	
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		<p>2) Complete Wellness & HealthCare 3) Health Coach 4) Disease Management Program (on payment of additional premium)</p> <p>Renewal Benefits</p> <p>1. Cumulative Bonus The Insured will have an option to opt from:</p> <p>a. Enhancement in Sum Insured: Subject to no claims and continuous renewal of the Policy with us, the Sum Insured under the Policy under Section A “Hospitalisation” shall be increased by 20% subject to maximum of 100%, in case of claim reduced by 20% of Sum Insured.</p> <p>b. Discount in Premium: No Claim Discount will be offered to an Insured Person at the renewal, in the event of no claim made in the policy year. This discount will be offered as per the defined grid mentioned below for every renewal where there is no claim, this will be available for maximum up to 5 years.</p> <p>If a claim is made in any particular year, the discount accrued shall be reduced at the same rate at which it has accrued</p> <p>2. Health Check up The company will provide free medical check-ups to the insured on every renewal, through the empanelled Service Provider. This free health check-up is offered irrespective of the claim history of policyholder. Provided that, the Insured Member(s) have to renew the Policy with the company without any break.</p>	
		OPTIONAL COVER	
		<p>3. Global Care The Company will reimburse for Medical Expenses of the Insured Person incurred outside India but not more than 180 consecutive days up to the sum insured, provided that the diagnosis was made in India and referred by Medical</p>	Section D.3

		Practitioner for which the insured member(s) travels abroad for treatment	
6	Exclusions (What the policy does not cover)	<p>A. Investigation & Evaluation (Code- Excl04)</p> <p>B. Rest Cure, Rehabilitation and Respite Care (Code- Excl05)</p> <p>C. Obesity/ Weight Control (Code- Excl06)</p> <p>D. Change-of-Gender Treatments: (Code- Excl07)</p> <p>E. Cosmetic or plastic Surgery: (Code- Excl08)</p> <p>F. Hazardous or Adventure sports: (Code- Excl09)</p> <p>G. Breach of law: (Code- Excl10)</p> <p>H. Excluded Providers: (Code-Excl11)</p> <p>I. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12)</p> <p>J. Treatments received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. (Code- Excl13)</p> <p>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)</p> <p>L. Refractive Error:(Code- Excl15)</p> <p>M. Unproven Treatments:(Code- Excl16)</p> <p>N. Sterility and Infertility: (Code- Excl17)</p> <p>O. Maternity (Code – Excl 18): (Applicable only for Top-up: Plan 1 Super Top-up : Gold Plan)</p> <p>P. Deductible: The Company shall not be liable for the deductible amount as specifically defined in the Schedule. The Company is not liable for any payment unless the medical expenses exceed the deductible.</p> <p>(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing)</p>	Section E.1. & Section E.2
7	Waiting Period • Time period during which specified diseases/treatments are not covered • It is counted from the beginning of	<ol style="list-style-type: none"> 1. 30 days for all illnesses (except accident) in the first year and is not applicable in subsequent renewals. 2. 24 months for specific illness and treatments in the first two years and is not applicable in subsequent renewals. 3. 36/24/12 months for pre- existing diseases ailment or injury. From the date of inception of policy, and is not applicable in subsequent renewals. 	E.1.a Point 1-3

	the policy coverage.	4. 9 months for maternity benefit from the inception of the policy.	
8	<p>Financial limits of coverage</p> <p>i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>ii. Co-payments (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured).</p> <p>iii. Deductible (It is a specified amount: - up to which an insurance company will not pay any claim, and - which will be deducted from total claim amount (if claim amount is more than the specified amount)</p> <p>iv. Any other limit (as applicable)</p>	<p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <p>Deductible as opted by the policyholder.</p>	--
9	Claims/Claims Procedures	<p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <ul style="list-style-type: none"> • Cashless facility: Turn Around Time (TAT) for claims settlement: <ul style="list-style-type: none"> i. TAT for preauthorization of cashless facility - 1 hr ii. TAT for cashless final bill authorization - 3 hrs 	Section H

		<p>Follow below steps to avail Cashless facility through our In house Health Claims Management:</p> <p>Step I: Locate nearest Hospital by visiting our website or web portal or call our Health Helpline 1800 200 4030.</p> <p>Step II: Visit Network hospital and show your Health Serve Card issued by the company along with Valid Photo ID proof and get 'Cashless Request Form' from Insurance helpdesk of the hospital.</p> <p>Step III: Fill your details in the 'Cashless Request Form' & submit it to the Hospital Insurance helpdesk.</p> <p>Step IV: Hospital verifies the patient details and sends duly filled Cashless Request Form to Universal Sampo</p> <p>Step V: Universal Sampo Health team will review and judge the admissibility of the Cashless Request as per Policy Terms & Conditions and the same will be communicated to Insured and Hospital with in 60 mins for Initial Cashless request & 3 hrs for discharge request on their registered mobile number & Email ID respectively.</p> <p>Provide the details/web link for following:</p> <p>i. Network Hospital details: Available on website: www.universalsompo.com.</p> <p>ii. Helpline Number:</p> <p>Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030, Senior Citizen: 1800-267-4030</p> <p>Landline Numbers: (022) 39133700 (Local Charges Apply)</p> <p>iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer: Available on website: www.universalsompo.com.</p> <p>iv. Downloading/getting claim form: Available on website: www.universalsompo.com</p> <ul style="list-style-type: none">• Anywhere Cashless Facility (Non Network Cashless): You can now avail cashless facility from non-network hospitals. <p>To avail the treatment under cashless from non-network hospitals, please find the below steps.</p>	
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10	Policy Servicing	<p>Universal Sampo General Insurance Co. Ltd.</p> <p>Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane Belapur Road, Airoli, Navi Mumbai- 400708</p>	F.1.xv

		<p>Toll Free Numbers: 1800-22-4030 or 1800-200-4030</p> <p>Senior Citizen toll free number: 1800-267-4030</p> <p>E-mail Address: contactus@universalsompo.com</p> <p>For more details: www.universalsompo.com</p>	
11	Grievances/ Complaints	<p>Grievance Resolving Issue</p> <p>Write to: Customer Service Universal Sampo General Insurance Co.Ltd. Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane-Belapur Road, Airoli, Navi Mumbai, Maharashtra – 400708 Email: grievance@universalsompo.com For More details, visit - www.universalsompo.com Visit Branch Grievance Redressal Officer (GRO)- Walk into any of our nearest branches and request to meet the GRO. Grievance Redressal Officer In case, the customer is not satisfied with the decision/resolution of the above office or have not received any response, he/she may write or email/mail to: Customer Service Universal Sampo General Insurance Co.Ltd. Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane-Belapur Road, Airoli, Navi Mumbai, Maharashtra – 400708 Email ID: GRO@universalsompo.com</p> <p>Insurance Ombudsman</p> <p>Bima Bharosa Portal link : https://bimabharosa.irdai.gov.in/ The customer can approach the Insurance Ombudsman depending on the nature of grievance and financial implication, if any. The updated contact details of the Insurance Ombudsman offices can be referred by clicking on the Insurance ombudsman official site: https://www.ciains.co.in/Ombudsman. Information about Insurance Ombudsmen, their jurisdiction and powers is available on the website of the Insurance Regulatory and Development Authority of India (IRDAI) at www.irdai.gov.in, or of the General Insurance Council at https://www.gicouncil.in/ the Consumer Education Website of the IRDAI at http://www.policyholder.gov.in or from any of Offices of the Company.</p>	F.14

<p>12</p>	<p>Things to remember</p>	<p>1. Free Look cancellation: You may cancel the insurance policy if you do not want it, within 30 days from the beginning of the policy to review the terms and conditions of the policy, and to return the same if not acceptable. The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy. If the insured has not made any claim during the Free Look Period, the insured shall be entitled to</p> <ul style="list-style-type: none"> i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period <p>2. Policy renewal: The policy is ordinarily renewable, except on grounds of established fraud, moral hazard, non-disclosure, misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.</p> <p>3. Migration and Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.</p> <p>Migration: The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company as per the IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration. The insurer may underwrite the proposal in case of migration, if the insured is not continuously covered for 36 months.</p>	<p>Section F</p>
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13	Your Obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p>Disclosure of other material information during the policy period.</p> <p>Disclose any Material Information about Your Current/Recent Medical History, Past Medical History, Hospitalisation History, Accidental Injury history, Any Surgical Procedure history & or Congenital Diseases/Disorder birth defect.</p>	--

	<p>You can reach out at us for disclosure of Material Information-</p> <p>Universal Sampo General Insurance Co. Ltd.</p> <p>Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Thane Belapur Road, Airoli, Navi Mumbai- 400708</p> <p>Toll Free Numbers: 1800-22-4030 or 1800-200-4030</p> <p>Senior Citizen toll free number: 1800-267-4030</p> <p>E-mail Address: contactus@universalsompo.com</p> <p>➤ For more details: www.universalsompo.com</p>	
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Declaration by the Policy Holder

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

Place:

Date: _____

(Signature of the PolicyHolder)

Note:

- i. For Product related documents including Customer Information Sheet, kindly refer to the below link: : <https://www.universalsompo.com/resources-downloads>
- ii. In case of any conflict, the terms & conditions mentioned in the policy document shall prevail.