

Corona Kavach Policy, Universal Sampo General Insurance

Prospectus

Introduction

The Covid-19 pandemic has been quite the most far-reaching event of our times presenting a combination of mass health, financial and environmental crises. As a challenge, it is evolving and its aspects and magnitude remain unpredictable.

Scope, Eligibility and Policy Period

➤ Who can be covered?

- Minimum entry age: 18 years
- Maximum entry age: 65 years
- Dependent children (natural or legally adopted)- day 1 to 25 yrs (If the child above 18 years of age is financially independent, he or she shall be ineligible for coverage in the subsequent renewals)

➤ What Relationships that can be covered under the policy? Self, legally wedded Spouse, Dependent Children, Parents and Parents-in-law.

➤ What are Types of the Policy?

Individual & Floater Sum Insured

➤ What are Sum Insured options available?

Rs. 50,000 (fifty Thousand) to 5,00,000 (Five lakh) (in the multiples of fifty thousand).

➤ What is Category of Cover in the policy?

The cover shall be made available on Indemnity basis only.

➤ What is the policy period?

- Three and half months (3¹/₂ months)
- Six and half months (6¹/₂ months)
- Nine and half months (9¹/₂ months)

➤ Is there any Discounts in the policy?

Health Care Worker: 5% discount in premium.

➤ What are Waiting Periods?

Expenses related to the treatment of Covid within 15 days from the first policy commencement date shall be excluded.

➤ **Coverage:**

- a) Hospitalization expenses- Medical expenses incurred on hospitalization for Covid for minimum period of 24 hours including pre-hospitalization expenses for a period of 15 days and post hospitalization expenses for a period of 30 days.
- b) Ambulance Charges: Expenses on road Ambulance subject to a maximum of Rs.2000/-per hospitalization.
- c) Home Care treatment expenses-Costs of treatment incurred person on by the on availing treatment at home maximum up to 14 days per admission as per policy terms and conditions including pre-hospitalization expenses for a period of 15 days and post hospitalization expenses for a period of 30 days.
- d) AYUSH Coverage- Medical expenses incurred on hospitalization for Covid under AYUSH Treatment
- e) Hospital Daily Cash (Optional Cover)

E. Exclusions

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:

E.1. Standard Exclusions:

a. Waiting Period

1. First Fifteen Days Waiting Period

Expenses related to the treatment of Covid within 15 days from the first policy commencement date shall be excluded.

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:

1. Investigation & Evaluation (Code- Excl04)

Expenses related to any admission primarily for diagnostics and evaluation purposes. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment.

2. Rest Cure, rehabilitation and respite care (Code- Excl05)

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.

E.2. Specific Exclusions:

3. 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 Home care treatment.

4. Unproven Treatments:

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. However, treatment authorized by the government for the treatment of COVID shall be covered.

5. Any claim in relation to Covid where it has been diagnosed prior to Policy Start Date.

6. Any expenses incurred on Day Care treatment and OPD treatment

7. Diagnosis /Treatment outside the geographical limits of India

8. Testing done at a Diagnostic centre which is not authorized by the Government shall not be recognized under this Policy

9. Any expenses incurred in respect of inoculations, vaccinations or other preventive treatment.

10. All covers under this Policy shall cease if the Insured Person travels to any country placed under Travel restriction by the Government of India.

F. General Terms & Clauses

F.1. Standard Terms and Clauses:

1. 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.

2. 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.

3. Multiple Policies

1. In case of multiple policies taken by an insured during a period from the same or one or more insurers to indemnify treatment costs, the policyholder shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer if chosen by the policy holder shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
2. Insured having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies, even if the sum insured is not exhausted. Then the Insurer(s) shall independently settle the claim subject to the terms and conditions of this policy.
3. If the amount to be claimed exceeds the sum insured under a single policy, the policyholder shall have the right to choose insurers from whom he/she wants to claim the balance amount.
4. Where an insured has policies from more than one insurer to cover the same risk on indemnity basis, the insured shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the chosen policy.

4. 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 shall be forfeited.

Any amount already paid against claims made under the policy which are found fraudulent later under this policy 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, 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 policy 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 mis-statement of or suppression of material fact are within the knowledge of the insurer.

5. Moratorium

After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the

enhanced limits. The accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium period.

6. Renewal

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

7. Portability

The insured person will have the option to port the policy to other insurers as per IRDAI guidelines related to portability at least 30 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/ Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability. A Policyholder has the choice to port his/her policies from one Insurer to another. The policyholder is entitled to transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, specific waiting periods, waiting period for pre-existing disease, Moratorium period etc. from the Existing Insurer to the Acquiring Insurer in the previous policy.

8. Migration

In case of migration of one policy to another with the same Insurer, the policyholder (including all members under family cover and group insurance policies) can transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting periods, waiting period for pre-existing diseases, Moratorium period etc. in the previous policy to the migrated policy. We will underwrite the proposal in case of migration, if the insured is not continuously covered for 36 months.

9. Freelook Period

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

10. Cancellation of indemnity based health insurance policy by the policyholder

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

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

11. Grace period for payment of premium

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

12. 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.

13. Redressal of Grievance

Resolving Issue

Write to:

Customer Service Universal Sampo General Insurance Co.Ltd.

Unit No. 601 & 602, 6th Floor, Reliable Tech Park,

Thane-Belapur Road, Airoli, Navi Mumbai,

Maharashtra – 400708

Email: grievance@universalsampo.com

For More details, visit – www.universalsampo.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

Insurance Ombudsman

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

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

The updated contact details of the Insurance Ombudsman offices can be referred to by clicking on the Insurance ombudsman official site: <https://www.cioins.co.in/Ombudsman>.

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

Note: Please refer the Contact details of the Insurance Ombudsman mentioned in Annexure B.

F.2. Specific Terms and Conditions:

1. Automatic change in Coverage under the policy

The coverage for the Insured Person(s) shall automatically terminate:

In the case of demise of the insured person. However the cover shall continue for the remaining Insured Persons till the end of Policy Period. The other insured persons may also apply to renew the policy. In case, the other insured person is minor, the policy shall be renewed only through any one of his/her natural guardian or guardian appointed by court. All relevant particulars in respect of such person (including his/her relationship with the insured person) must be submitted to the company along with the application. Provided no claim has been made, and termination takes place on account of death of the insured person, pro-rata refund of premium of the deceased insured person for the balance period of the policy will be effective.

2. Territorial Jurisdiction

All disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the Policy shall be determined by the Indian court and according to Indian law.

3. Endorsements (Changes in Policy)

- i. This policy constitutes the complete contract of insurance. This Policy cannot be modified by anyone (including an insurance agent or broker) except the company. Any change made by the company shall be evidenced by a written endorsement signed and stamped.
- ii. The policyholder may be changed only at the time of renewal. The new policyholder must be the legal heir/immediate family member. Such change would be subject to acceptance by the company and payment of premium (if any). The renewed Policy shall be treated as having been renewed without break.

4. Terms and conditions of the Policy

The terms and conditions contained herein and in the Policy Schedule shall be deemed to form part of the Policy and shall be read together as one document.

5. Records to be maintained

The Insured Person shall keep an accurate record containing all relevant medical records and shall allow the Company or its representatives to inspect such records. The Policyholder or Insured Person shall furnish such information as the Company may require for settlement of any claim under the Policy, within reasonable time limit and within the time limit specified in the Policy.

6. Notice & Communication

- I. Any notice, direction, instruction or any other communication related to the Policy should be made in writing.
- II. Such communication shall be sent to the address of the Company or through any other electronic modes specified in the Policy Schedule.
- III. The Company shall communicate to the Insured at the address or through any other electronic mode mentioned in the schedule.

7. Territorial Limit

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

G. Claim Procedure

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 Sampo.

Step V: Universal Sampo Health team will review and judge the admissibility of the Cashless Request as per Policy Terms & Conditions and the same will be communicated to Insured and Hospital within 60 mins for Initial Cashless request & 3 hours for discharge request on their registered mobile number & Email ID respectively.

You can now avail cashless facility from non-network hospitals.

To avail the treatment under cashless from non-network hospitals, please find the below steps.

Prior Intimation is required for processing cashless from non-network hospitals:

- Inform us (Toll Free Helpline – 1800 200 4030) minimum 48 hours before admission for planned hospitalization and with 24 hours of admission for emergency hospitalization across India.
- Mail us at contactus@universalsampo.com

2. Procedure for reimbursement of claims:

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

Step I: Visit our Web Portal to register claim or Call our Health Helpline 1800 200 4030 or email us at contactus@universalsampo.com and inform about your claim.

Step II: Visit hospital and undergo your treatment. Settle your hospitalization bill and collect all the documents after discharge from the hospital.

Step III: Fill in Reimbursement Claim Form and submit all original documents to our below mention office for reimbursement.

Universal Sampo General Insurance Company Limited,
Health Claims Management Office,
1st Floor C-56- A/13,
Block- C Sector- 62,
Noida, Uttar Pradesh, Pincode: 201309

Step IV: On receipt of document your claim will processed as per Terms & Conditions of policy and the same will be communicated over SMS & Email.

Step V: Outcome of the claim will be communicated within 15 days from date of Submission of claim.

3. Documents to be submitted:

The reimbursement claim is to be supported with the following documents and submitted within the prescribed time limit.

- I. Claim form duly filled and signed by the Insured

- II. 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.
4. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person.

4. Claim Settlement (provision for Penal Interest)

- i The Company shall settle or reject a claim, as the case may be, within 15 days from the date of submission of the claim.
- ii In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt date of receipt of intimation to till the date of payment.
- iii However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest in any case not later than 15 days from the date of submission of claim.
- iv In case of delay beyond stipulated 15 days the company shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of intimation to till the date of payment.

5. Services Offered by TPA (To be stated where TPA is involved)

Servicing of claims, i.e., claim admissions and assessments, under this Policy by way of pre-authorization

of cashless treatment or processing of claims other than cashless claims or both, as per the underlying terms

and conditions of the policy.

The services offered by a TPA shall not include i.

Claim settlement and claim rejection;

ii. Any services directly to any insured person or to any other person unless such service is in accordance

with the terms and conditions of the Agreement entered into with the Company

6. Payment of Claim

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

H. Table of Benefits

Name	Corona Kavach Policy, Universal Sampo General Insurance Company
Product Type	Individual/ Floater
Category of Cover	Indemnity/Benefit
Sum insured	Rs 50,000/- (Fifty Thousand) to 5,00,000/- (Five Lakh) (in the multiples of fifty thousand) On Individual basis – SI shall apply to each individual family member On Floater basis – SI shall apply to the entire family
Policy Period	Three and Half Months (3½ months), Six Half Months (6½ months), Nine Half Months (9½ months) including waiting period.
Eligibility	Policy can be availed by persons between the age of 18 years up to 65 years, as Proposer. Proposer with higher age can obtain policy for family, without covering self. Policy can be availed for Self and the following family members i. legally wedded spouse. ii. Parents and Parents-in-law. iii. Dependent Children (i.e. natural or legally adopted) between the day 1 of age to 25 years. If the child above 18 years of age is financially independent, he or she shall be ineligible for coverage in the subsequent renewals
Pre Hospitalization	For 15days prior to the date of hospitalization / home care treatment
Post Hospitalization	For 30days from the date of discharge from the hospital / completion of home care treatment
Sub-limits	Hospital Daily Cash: 0.5% of Sum Insured per day subject to maximum of 15 days in a policy period for every insured member Home Care Treatment: Maximum up to 14 days per incident

AYUSH	Medical Expenses incurred for Inpatient Care treatment for Covid under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines shall be covered up to sum insured during each Policy Period as specified in the policy schedule.
Home Care Treatment Expenses	The Company shall indemnify costs of treatment incurred by the Insured person on availing treatment at home for Covid on Positive diagnosis of Covid in a government authorized diagnostic centre maximum up to 14 days per incident, which in the normal course would require care and treatment at a hospital but is actually taken while confined at home subject to policy terms and conditions.

Notices and Claims

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

- **Address: Universal Sampo General Insurance Co. Ltd**
- Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Cloud City Campus; Gut No-31, Thane-Belapur Road, Airoli, Navi Mumbai- 400708
- Toll Free Numbers: 1800 267 4030**
- **E-mail Address: contactus@universalsampo.com**

Insurance Act 1938, Section 41- Prohibition of Rebates

1. No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind or risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus or tables of the Insurer.
2. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten Lakhs rupees.

Premium (without GST)

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

Age of the Members Insured (in number of Completed years)	Coverage Opted on Individual Basis covering each member of the family separately (at a single point in time)		Coverage opted on Individual Basis covering multiple members of the family a under single policy (Sum Insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured (Only one sum insured is available for the entire family)			
	Premiu m (Rs.)	Sum Insured (Rs.)	Premiu m (Rs.)	Discoun t (Rs.), if any	Premiu m after discount (Rs.)	Sum Insured (Rs.)	Premium or consolidate d premium for all members of family (Rs.)	Floater discount (Rs.), if any	Premiu m after discount (Rs.)	Sum Insured (Rs.)
41	2,504	5,00,000	2,504	0	0	5,00,000	2,504	1,002	4,006	5,00,000
35	2,504	5,00,000	2,504			5,00,000	2,504			5,00,000
* Illustration - 2 Adult members (Self & Spouse), Policy period of 9½ months	Total Premium for all members of the family is Rs. 5,008/- , when each member covered seperately. Sum Insured available for each Individual is Rs. 5,00,000/-		Total Premium for all members of the family is Rs. 5008/-, when they are covered under single policy. Sum Insured available for each family member is Rs. 5,00,000/-				Total Premium when policy opted for family floater basis is Rs. 4006/-, Sum Insured of Rs. 5,00,000/- is available for entire family.			

* Premium exclusive of GST

Policy Period: 3 Months 15 days

Age Band	Sum Insured (in Rs. Lacs)									
	0.5	1	1.5	2	2.5	3	3.5	4	4.5	5
Up to 17 years	85	167	229	260	311	362	465	516	567	619
18 years - 55 years	122	239	327	371	444	518	664	737	811	884
56 years - 65 years	195	383	523	594	711	828	1,062	1,180	1,297	1,414
Above 65 years	366	717	981	1,113	1,333	1,553	1,992	2,212	2,432	2,652

Policy Period: 6 Months 15 days

Age Band	Sum Insured (in Rs. Lacs)									
	0.5	1	1.5	2	2.5	3	3.5	4	4.5	5

Up to 17 years	171	335	458	519	622	725	930	1,032	1,135	1,237
18 years - 55 years	244	478	654	742	888	1,035	1,328	1,475	1,621	1,768
56 years - 65 years	390	765	1,046	1,187	1,422	1,656	2,125	2,359	2,594	2,828
Above 65 years	731	1,434	1,962	2,226	2,665	3,105	3,984	4,424	4,863	5,303

Policy Period: 9 Months 15 day

Age Band	Sum Insured (in Rs. Lacs)									
	0.5	1	1.5	2	2.5	3	3.5	4	4.5	5
Up to 17 years	242	474	649	736	881	1,026	1,317	1,462	1,608	1,753
18 years - 55 years	345	677	927	1,051	1,259	1,466	1,881	2,089	2,297	2,504
56 years - 65 years	552	1,084	1,482	1,682	2,014	2,346	3,010	3,342	3,675	4,007
Above 65 years	1,036	2,032	2,780	3,153	3,776	4,399	5,644	6,267	6,890	7,513

Disclaimer: The above is descriptive only. The actual terms and conditions can be found in the policy document. Insureds are advised to read the policy document completely for a full description of the terms and conditions of coverage and the exclusions relating thereto.

Registered & Corp Office: Universal Sampo General Insurance Company Ltd. 8th Floor & 9th Floor (South Side), Commerz International Business Park, Oberoi Garden City, Off Western Express Highway, Goregaon East, Mumbai 400063, Toll free no: 1800-22-4030/1800-200-4030, IRDAI Reg no: 134, CIN# U66010MH2007PLC166770 E-mail: contactus@universalsampo.com, website link www.universalsampo.com