



Ref: IRDAI/HLT/REG/CIR/038/03/2021

Date: 1<sup>st</sup> March 2021

To

All General and Health insurers (except ECGC and AIC)

**Re: Communications on basic information on health insurance policies to the policyholders**

1. Attention is drawn to the provisions of Regulation 12 of IRDAI (Protection of Policyholders' interests) Regulations, 2017 specifying therein minimum information to be provided as part of health insurance policy. While the policy document is forwarded with relevant information, in order to continue the relationship with policyholders and to ensure information flow, it is considered important to periodically notify the policyholders certain relevant and key details relating to health insurance coverage available to the policyholders.
2. In order to ensure flow of relevant information to policyholders the following norms are specified:
  - i) All the general and health insurers as part of policy servicing, shall communicate the following basic information about the health insurance policy to the policyholders:
    - a. Name of Product and policy number,
    - b. Extent of coverage available by way of available Sum Insured and Cumulative Bonus,
    - c. Number of insured people covered under policy,
    - d. Policy period,
    - e. Number and amount of claim settled (under relevant period), if any,
    - f. Balance Sum Insured and Accrued cumulative bonus available, if any,
    - g. Due date of renewal and premium payment frequency,
    - h. Premium amount due on renewal (to be specified at the time of renewal)
    - i. Grace Period (within 5 days after renewal due date)
    - j. Contact details (for any query or other issues) of customer support service of Insurer, Toll Free No. or e-mail Id etc.
  - ii) The above information shall be communicated by insurers to all the policyholders twice in a year, i.e, 6 months after issuance of policy and at least 1 month prior to the renewal due date. However, in case of a multiyear

policy, the information can be shared with a frequency of 6 months from the date of issuance of policy.

- iii) In addition to the above, in the event settlement of any claim under a health insurance policy, the insurer shall also communicate the details of balance sum insured along with the cumulative bonus available, if any, to the policyholder. This shall be notified to the policyholders within 15 days of settlement of claim.
- iv) The insurer may choose any mode of communication (message, e-mail, letter etc) for the purpose of notifying the above referred information. The sample messages / communications that all the insurers to notify to the policyholders is placed at Annexure-1 for illustration purpose only. Insurers can improve on the same while refraining from making the message complex, unintelligible or too long with unnecessary information. These norms are applicable to all individual (both indemnity and benefit based) health insurance policies.

3. All the insurance companies shall comply with the instructions issued in this circular at the earliest and not later than 1st June 2021.

4. This has the approval of the competent authority.

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**DV S Ramesh,**  
**General Manager(Health)**

Annexure-1

**Sample-1:** Your policy no XXXXXXXXXXXX for Sum insured Rs. XXXX.XX Cumulative Bonus Rs. XXXXX.XX Claims in FY 2020-21 of Rs. XXXX.XX Next premium due on xx/xx/xxxx (140 character)

**Sample-2:** Your policy no XXXXXXXXXXXX. Renewal Premium due on XX/XX/XXXX. Pay in time to avoid lapsation. Premium can be paid online at [XXXXXXXXXXXX@XXXXX.com](mailto:XXXXXXXXXXXX@XXXXX.com) (124 characters without link)

**Sample-3:** Your policy no XXXXXXXXXXXX. Nominee name: No nomination (OR) XXXXXXXX. Contact your branch in case you wish to update nominee details/propose nomination immediately (if no nomination)