Group Health Insurance Policy – Policy Wordings

This policy is an evidence of the contract between You/Policyholder and Universal Sompo General Insurance Company Limited. The information furnished by You/Policyholder in the Proposal form and the declaration signed by You / Policyholder forms the basis of this contract.

The Policy, the Schedule and any Endorsement shall be read together and any word or expression to which a specific meaning has been attached in any part of this Policy or of Schedule shall bear such meaning whenever it may appear.

This Policy witnesses that in consideration of Your/Policyholder having paid the premium for the Policy Period stated in the Schedule or further period of insurance for which We may accept the premium for renewal of this Policy, We undertake that if during the period of insurance or during the continuance of this Policy by renewal You contact any disease or suffer from any Illness or sustain any Bodily Injury through Accident and if such disease or injury shall require, upon the advices of a qualified Medical Practitioner, Hospitalization for medical/surgical treatment in any Nursing Home/Hospital in India, or Domiciliary Hospitalization as defined in the policy, We will pay to You the amount of such expenses as may be reasonably and necessarily incurred in respect thereof as stated in the Schedule but not exceeding the Sum Insured in aggregate in any one period of insurance provided that all the terms, conditions and exceptions of this Policy in so far as they relate to anything to be done or complied with by You have been met.

PART I OF THE POLICY

SCHEDULE:

Agency Details	Agency Name:	Agency Contact No:	Agency Code:
Policy No.			
Period of Insurance	From :__________	AM/PM of: ____________	To: _________________
Name & Address of Policyholder	Dist:___________	State:_____________	Pin Code_____________
Name of Nominee Relationship with Nominee	________________ ________________	DOB:_____________	Gender:_____________
Optional Extension (Critical Illness) Covered	YES ☐	NO ☐	
Maternity Benefit	YES ☐	NO ☐	

Name of Insured Person	Date of Birth	Designation	Sex	Salary Number/ Identification Number	Relationship with Proposer	Basic Sum Insured** (Rs.)	Critical Illness Sum Insured (Rs.)	Pre-Existing Disease	Maternity Sub Limits (Caesarean/ Normal Delivery)

Proposal & Declaration Dated	

TPA Details: The details of the TPA and Our Network Providers and Diagnostic Centres can be found at Our website www.universalsompo.com

5. Type of Policy: Annual Premium

6. Premium Details:

Basic Premium:	(Rs.)	
Extension Premium:	(Rs.)	
Total Premium:	(Rs.)	
Less: Discount (if any):	(Rs.)	
Net Premium:	(Rs.)	
Add: Service Tax* and Education CESS: (as applicable)	(Rs.)	
Total Amount:	(Rs.)	

* Service Tax is subject to change as per change in Tax Laws
** Including Domiciliary Hospitalisation Sum Insured.

Premium Certificate for the purpose of deduction under Section 80 D of Income Tax Act

This is to certify that Shri/ Smt ______________________________ has paid Rs. _____________ (Rupees) by cheque towards premium for Group Health Insurance Policy No. ____________for the period from___________ to _____________vide Collection No.___________ Collection Date_________________

Note: In the event of dishonour of cheque, this policy document automatically stands cancelled from inception, irrespective of whether a separate communication is sent or not.

In witness

For and On Behalf of **Universal Sompo General Insurance Company Limited**

Authorised Signatory

PART II OF THE POLICY

DEFINITION

For the purposes of this Policy and endorsements, if any, the terms mentioned below shall have the meaning set forth:
Where the context so requires, references to the singular shall also include references to the plural and references to any gender shall include references to all genders.

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

Accidental Bodily Injury means any accidental physical bodily harm solely and directly caused by external, violent and visible means which is verified and certified by a Medical Practitioner but does not include any sickness or disease.

Any one illness means continuous Period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.

Adventure Sports means participation in sports activities such as bungee jumping, sky diving, white water canoeing/rafting and engaging in racing, hunting, mountaineering, ice hockey, winter sports and the like.

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

Break in Policy occurs at the end of the existing Policy term, when the premium due for Renewal on a given Policy is not paid on or before the premium Renewal date or within 30 days thereof.

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 approved.

Company means “Universal Sompo General Insurance Company Limited.”

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

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

Contribution is essentially the right of an insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a rateable proportion of Sum Insured. This clause shall not apply to any Benefit offered on fixed benefit basis.

Co-pay means a cost sharing requirement under a health insurance Policy that provides that the Policyholder/Insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the Sum Insured.

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

Dental Treatment means a treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and Surgery excluding any form of cosmetic Surgery/implants.

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

Day Care Treatment

Day care treatment refers to 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 a hospitalization of more than 24 hours.

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

Dependent Children means a child (natural or legally adopted) up to 23 years of age, who is financially dependent on You and does not have his/her independent sources of income.

Domiciliary Treatment 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 hereon 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 a severe 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.

Family Member means person(s) whose names are specifically appearing in the Schedule and are related to You as spouse, Dependent Children and / or Dependent Parents.

Grace period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a Policy in force without loss of continuity benefits such as waiting periods and coverage of Pre-Existing Diseases. Coverage is not available for the period for which no premium is received.

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

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.

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 Your rehabilitation or for You to be specially trained to cope with it
   - it continues indefinitely
   - it comes back or is likely to come back.

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.

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.

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

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.

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 and 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.

Medical Advise means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

Maternity Expenses shall include:
- Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization).
- Expenses towards lawful medical termination of pregnancy during the Policy Period.

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.

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 license and is not a member of the Insured Person’s Family.

Medically Necessary 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.

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

New Born Baby means baby born during the Policy Period and is aged between 1 day and 90 days, both days inclusive.

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

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

Notification of Claim is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address / telephone number to which it should be notified.

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.

Policy means the document evidencing the contract of insurance and includes endorsements issued thereto, changing either the scope of cover, terms and conditions, or any other narration made in the Policy.

Policy Period means the period commencing at the Policy Period Start Date and ending at the Policy Period End Date, as specifically stated in the Schedule and for which the insurance cover will remain valid. For an individual Insured, references to Policy Period will imply Cover Period wherever applicable.

Cover Period means the period as specified in the Certificate of Insurance for which You/ the Insured, are covered under the Policy and which shall fall within the Policy Period. The Cover Period normally starts on Your date of enrolment in the group and shall cease on earlier of the following

- You cease being part of the group
- The expiry of the Policy Period.
- Exhaustion of Your Sum Insured under the Policy.

Pre- Hospitalization Medical Expenses means the Medical Expenses incurred immediately before the Insured Person is hospitalised, 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.

Pre- Existing Diseases means any condition, ailment or Injury or related condition(s) for which You had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 48 months to prior to the first Policy issued by the insurer.

Portability means transfer by an individual health insurance Policy Holder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.

Post Hospitalization Medical Expenses means the Medical Expenses incurred 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.

Premium means an agreed amount to be paid by the Policyholder to Us in full and in advance for the purpose of coverage under the Policy. The due payment of Premium and observance of all terms and conditions shall be a condition precedent for acceptance of liability by Us under the Policy.

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.

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 .

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 all waiting periods.

Room Rent means the amount charged by a Hospital for the occupancy of a bed on per day (24 hours) basis and shall include associated Medical Expenses.

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

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.

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.

Subrogation means the right of the insurer to assume the rights of the Insured Person to recover expenses paid out under the Policy that may be recovered from any other source.

TPA means the third party administrator that the Company appoints from time to time as specified in the Schedule.

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

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

We/Our/Ours/Us mean Universal Sompo General Insurance Company Limited.

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.

Critical Illness

It means the following major diseases, which You have been diagnosed during the Policy Period to have suffered from and which requires Hospitalisation and are specifically defined as below:

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.

Exclusions

- Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
- Any skin cancer other than invasive malignant melanoma.
- All tumours of the prostate unless histological classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2NOMO
- Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
- Chronic lymphocyctic leukaemia less than RAI stage 3
- Microcarcinoma of the bladder
- All tumours in the presence of HIV infection.

2. **Open Chest CABG**

The actual undergoing of open chest Surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of Surgery has to be confirmed by a specialist Medical Practitioner.

Exclusions

- Angioplasty and/or any other intra-arterial procedures
- Any key-hole or laser Surgery.

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. **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.

Exclusion

- Other stem-cell transplants
- Where only islets of langerhans are transplanted

5. **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.

Exclusion

- Transient ischemic attacks (TIA)
- Traumatic Injury of the brain
- Vascular disease affecting only the eye or optic nerve or vestibular functions

SCOPE OF COVER

WHAT WE COVER

Your Hospitalization expenses on advice of a Medical Practitioner when You sustain any injury or contact any disease.

We will pay Reasonable and Customary charges of the following Hospitalization expenses:

1. Room, Boarding and Nursing Expense as provided in the Hospital/Nursing Home subject to following limits.

Sub limits

a) Normal Room expenses: 1.0% of Basic Sum Insured.
b) Sub limit per day for Intensive Care/ Therapeutic Unit expenses: 2% of Basic Sum Insured.
c) Registration Charges of Hospital/ Nursing Home : Actuals

2. Medical Practitioner/ Anesthetist, Consultant fees, Surgeons fees and similar expenses subject to a limit of 25% of Sum Assured.

3. Expenses on Anesthesia, Blood, Oxygen, Operation Theatre, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs, Cost of Organs and similar expenses subject to a limit of 40% Sum Insured .

NB1: Expenses on Vitamins and Tonics only if forming part of treatment as certified by the attending Medical Practitioner.

NB2: Expenses incurred for Domiciliary Hospitalization will be paid up to a maximum aggregate sub-limit of 20% of the Basic Sum Insured

NB3: The Hospitalization expenses incurred for treatment of Any One Illness under agreed package charges of the Hospital/Nursing Home will be restricted to 75% of the Sum Insured (Basic plus Optional Extension, if applicable) or actual whichever is less.

NB4: The hospitalisation treatment of Insured Person as inpatient in the Hospital/Nursing Home for a minimum period of 24 hours for specific treatment like Dialysis, Chemotherapy, Radiotherapy, Eye Surgery, Lithotripsy, Tonsillectomy or D&C shall also be covered under the Policy.

The minimum stay of 24 hours can be waived in other cases also provided that the following conditions are fulfilled:

a) The treatment is such that it necessitates Hospitalisation and procedure involved requires specialised infrastructure facilities available in the Hospital.
Or
b) Due to technological advances, the period of Hospitalisation for the treatment has been reduced to less than 24 hours.

NB5: Cost of Health Check Up: You shall be entitled for reimbursement of cost of medical checkup once at the end of a block of every four claim free Policies. The reimbursement shall not exceed the amount equal to 1% of the average Basic Sum Insured during the block of five claim free Policies.

4. Additional Benefits:
   a) An additional Daily Allowance amount equivalent to 0.1% of the Basic Sum Insured or Rs. 250/- per day whichever is less, for the duration of Hospitalization towards miscellaneous expenses. The maximum amount payable under this extensions is limited to Rs 2500/-
   b) Ambulance charges in connection with any admissible claim limited to 1.0% of the Basic Sum Insured or Rupees 1000/- whichever is less for each claim.

Note

1. Pre-Hospitalisation up to a maximum of 30 days immediately preceding Hospitalisation and Post Hospitalisation expenses up to a maximum of 60 days immediately following Hospitalisation will also be reimbursed along with the aforesaid Hospitalisation expenses subject to the Your overall Sum Insured limit. Any Nursing expenses during Pre and Post Hospitalisation will be considered only if Qualified Nurse is employed on the advice of the attending Medical Practitioner for the duration specified

2. If medical expenses are incurred under two Policy Periods, the total liability shall not exceed the Sum Insured of the Policy during which the Your medical treatment commenced and the entire claim will be considered under that Policy only.

WHAT WE EXCLUDE

1. Pre-existing diseases exclusion:
   Benefits will not be available for any condition, ailment or injury or related condition(s) for which Insured has been diagnosed, received medical treatment, had signs and / symptoms , prior to inception of Insured Person's first group health policy, until 48 consecutive months have elapsed, after the date of inception of first group health policy with Us.
   This exclusion shall cease to apply if Insured Person has maintained this Health Insurance Policy with Insurer for a continuous period of full 4 years, without break from the date of Insured's first group Health Insurance Policy with Insurer.
   This Exclusion shall also apply to the extent of the amount by which the limit of indemnity has been increased if the Policy is a renewal of the Health Insurance Policy with Insurer without break in cover.

2. Exclusions applicable to first 30 days of cover from commencement of Policy:
   We shall not be liable to make any payment under this Policy in connection with or in respect of Insured Person's hospitalisation due to sickness/illness, as stated in this section, arising within 30 days of the commencement of the Period of Insurance. However, this exclusion shall not apply to hospitalisation for an Accidental Bodily Injury occurring during the Policy Period. This exclusion shall apply also to the extent of the amount by which the limit of indemnity has been increased if the Policy is a renewal Policy with Us without break in cover.

3. Hospitalization expense incurred in the first year of operation of the insurance cover on treatment of the following Diseases:
   - Cataract
   - Benign Prostatic Hypertrophy
   - Myomectomy, Hysterectomy
   - Hernia, Hydrocele
   - Fistula in anus, Piles
   - Arthritis, Gout, Rheumatism
   - Joint replacement unless due to accident
   - Sinusitis and related disorders

- Stone in the urinary and biliary systems
- Dilatation and Curettage
- Skin and all internal tumors/ cysts/ nodules/ polyps of any kind, including breast lumps unless malignant, adenoids and hemorrhoids
- Dialysis required for rental failure
- Surgery on tonsils and sinuses
- Gastric and duodenal ulcers

This exclusion shall apply also to the extent of the amount by which the limit of indemnity has been increased if the Policy is renewal Policy with Us without break-in-cover.

4. Injury or Illnesses directly or indirectly caused by or arising from or attributable to War, invasion, riot, strike, terrorism, act of foreign enemy, War like operation (whether War be declared or not).
5. Circumcision unless necessary for the treatment of an Illness not otherwise excluded or required as a result of accidental bodily injury; vaccination, inoculation, cosmetic or aesthetic treatment of any description(including any complications arising thereof), plastic surgery except those relating to treatment of Injury or Disease .
6. Cost of spectacles and contact lens or hearing aids.
7. Dental treatment or surgery of any kind.
8. Convalescence, general debility, run down condition or rest cure, congenital external disease or defects or anomalies, sterility, venereal disease, intentional self injury and use of intoxicating drugs/alcohols.
9. Any expense on treatment related to HIV, AIDS and all related medical conditions.
10. Expenses on Diagnostic, X-Ray, or Laboratory examinations unless related to the treatment of Disease or Injury falling within ambit of Hospitalisation or Domiciliary Hospitalisation claim.
11. Expenses on treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of these, including caesarean section and any infertility, sub fertility or assisted conception treatment.
12. Injury or Diseases directly or indirectly caused by or contributed to by nuclear weapons/material.
13. Any expense on Your treatment as an outpatient in a Hospital.
14. Any expense on Naturopathy, non-allopathic treatment and/or any treatments not approved by Indian Medical council. Any expense related to Disease/Injury suffered whilst engaged in adventurous sports.
15. Any Expense of any treatment related to Human T-Cell Lymphotropic Viruses types III (III-LB-III) or Lymphadinopathy Associated viruses (LAV) or the Mutant derivatives or Variations Deficiency Syndrome.
16. External medical equipment of any kind used at home as post hospitalisation care like wheelchairs, crutches, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous peritoneal ambulatory dialysis (C.P.A.D) and oxygen concentrator for bronchial asthamatic condition, etc.
17. Any expense under Domiciliary Hospitalisation for
    - Pre and Post Hospitalisation treatment
    - Any treatment not exceeding three days.
    - Treatment of following diseases:
      i) Asthma
      ii) Bronchitis
      iii) Chronic Nephritis and Nephritic Syndrome
      iv) Diarrhoea and all type of Dysenteries including Gastro-enteritis

v) Diabetes Mellitus
vi) Epilepsy
vii) Hypertension
viii) Influenza, Cough and Cold
ix) All types of Psychiatric or Psychosomatic Disorders
x) Pyrexia of unknown origin for less than 15 days
xi) Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharingitis
xii) Arthritis, Gout and Rheumatism
xiii) Dental Treatment or Surgery

CLAIMS PROCEDURE

I. Reimbursement

1. The Insured Person shall, without any delay consult a Medical Practitioner and follow the advice of the treatment recommended, take reasonable steps to minimize the quantum of any claim that might be made under this Policy and intimation to this effect can be forwarded to Us accordingly.
2. In respect of post hospitalisation claims, the claims must be lodged within 15 days from the completion of post hospitalisation treatment subject to maximum of 90 days from the date of discharge from Hospital.
3. If required, You/Your Family Member must agree to be examined by a Medical Practitioner of Our choice at Our expense.
3. You shall submit all Claim Documents as required by Us.
4. On receipt of intimation from You/ Insured Person regarding a claim under the Policy, We shall be entitled to carry out examination and obtain information on any alleged injury or disease requiring Hospitalisation of the Insured Person, if and when We may reasonably require.

II. Cashless

We will provide You with User guide and identity card when You intimate Us at 48 hours prior for seeking a cashless claims authorisation from Us. The User guide provided to You shall have following details:

- Contact details of all our offices
- Website address of a Third Party Administrator
- List of Network Providers with their contact details
- Procedure for availing cashless benefits at Network Providers
- Claims submission guidelines

III. Intimation of Claims

In the event of Accidental Bodily Injury or disease/ Illness first occurring or manifesting itself during the Policy Period and causing Your/ Insured Person's Hospitalisation, a hospitalisation benefit shall be payable as per Policy conditions, that may result in a claim as per Policy terms and conditions, then as a Condition Precedent to Our liability,

You must,

1. Notify Us immediately on occurrence of a claim and in any case within 7 days giving full description of the medical treatment undertaken and the cause.
2. The notification can be sent to Us through various modes like email/ telephone/ fax/ in person/ letter of any other suitable mode.
3. Submit the completed and signed claim form, provide all the relevant documents as mentioned below in support of Your claim not later than 30 days from the date of intimation for

hospitalisation claims and not later than 90 days from date of intimation for post-hospitalisation claims.

Claim Documents:

a. Duly filled in Claim Form signed by You

b. Original Bills or their copies (including but not limited to pharmacy purchase bill, consultation bill, diagnostic bill and any attachments thereto like receipts or prescriptions in support of any amount claimed)

c. All reports, including but not limited to all medical reports, case histories, investigation reports, treatment papers, discharge summaries, post-mortem report if so conducted in the event of death.

d. A precise diagnosis of the treatment for which a claim is made.

e. A detailed list of the individual medical services and treatments provided and a unit price for each.

IV. Claims Processing

1. We shall settle claim(s) as per Policy terms and conditions, including its rejection, within thirty days of the receipt of the last necessary claim document
2. We shall not be liable for any claim after expiry of 12 months of the happening of the medical contingency under which the claim was filed unless such claim is subject of pending action of court or arbitration.
3. We shall have no liability under this Policy, once the Sum Insured (Maximum Limit of Indemnity) with respect to any of the Sections, is exhausted by You or Your Insured Family Member.
4. All admissible claims under this Policy shall be paid by Us within 7 working days from date of acceptance of such a claim. In case of delay in the payment, We shall be liable to pay interest at a rate which is 2% above bank rate prevalent at the beginning of the financial year in which claim is reviewed by Us.
5. We shall condone delay on merit for delayed claims where the delay is proved to be beyond Your control

PART III OF THE POLICY

STANDARD TERMS AND CONDITIONS:

1. Notice

Every notice and communication to the Company required by this Policy shall be in writing. Initial notification can be made by telephone

2. Mis-description

This Policy shall be void and premium paid shall be forfeited to Us in the event of misrepresentation, mis description or non-disclosure of any materials facts by You. Non- disclosure shall include non-intimation of any circumstances which may affect the insurance cover granted.

3. Fraudulent claims

If any claim 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 You or anyone acting on Your behalf to obtain any benefit under this Policy, or if a claim is made and rejected and no court action or suit is commenced within twelve months after such rejection or, in case of arbitration taking place as provided therein, within twelve (12) calendar months after the Arbitrator or Arbitrators have made their award, all benefits under this Policy shall be forfeited.

4. Cancellation/termination

By You

You may cancel this Policy by sending a written notice to Us. Retention premium for the period We were on risk will be calculated based on following short period table and the balance will be refunded to You subject to the condition that no claim has been preferred on Us:

Period of Risk	Rate of premium to be charged
Upto 1 month	25% of annual premium
Upto 3 months	50% of annual premium
Upto 6 months	75% of annual premium
Above 6 months	100% of annual premium

By Us

We may cancel this Policy by sending 15 days' notice in writing by recorded delivery to You at Your last known address. You will then be entitled to a pro-rata refund of premium for the un-expired period of this Policy from the date of cancellation, which We are liable to pay on demand.

5. Discount under the Policy

We shall provide group discount as per below when the number of persons covered under the Policy exceeds 25.Group Discount will not be reviewed during the currency of the policy, even if the size of the group exceeds the next slab.

Number of Persons covered	Applicable discount
Upto 25 persons	No discount
Between 25 and 50 persons	5% on total premium
Between 51 and 100 persons	10% on total premium
Between 101 and 300 persons	15% on total premium
Between 301 and 400 persons	20% on total premium
Between 401 and 500 persons	25% on total premium
Over 500 persons	35% on total premium

6. Arbitration clause

If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to the dispute/difference, or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators.

Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration, as herein before provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

7. Free Look-up period

We shall give You a Free Look Period at the inception of the Policy and:

1. You will be allowed a period of at least 15 days from the date of receipt of the Policy to review the terms and conditions of the Policy and to return the same if not acceptable.
2. If You have not made any claim during the Free Look period, You shall be entitled to
   a) A refund of the premium paid less any expenses incurred by Us on Your medical examination and the stamp duty charges or;

b) where the risk has already commenced and the option of return of the Policy is exercised by You, a deduction towards the proportionate risk premium for period on cover or;

c) Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period

Please Note: Free look up period shall not be offered to policies with term less than one year.

8. Renewal

a. Your Policy shall ordinarily be renewable till You are 70 years of age except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by You.
b. The Renewal of a Policy sought by You shall not be denied arbitrarily. If denied, We shall provide You with cogent reasons for such denial of Renewal.
c. We shall not deny the Renewal of the Policy on the ground that You had made a claim or claims in the previous or earlier years.
d. We shall provide for a mechanism to condone a delay in Renewal up to 30 days from the due date of Renewal without deeming such condonation as a Break in Policy. However coverage shall not be available for such period.
e. The basic premium applicable under the Policy may be revised at a later stage subject to approval from IRDA.

Please note

This Policy is in force for the Policy Period in Your Policy Schedule and is renewable subject to the terms provided at the time of each Renewal.We, however, are not bound to give notice that the Policy due for Renewal. Unless renewed as herein provided, this Policy shall terminate at the expiration of the period for which premium has been paid.

The premium for renewals shall be subject to discount when Policy witnesses favourable claims ratio as under:

Incurred Claim Ratio under the Group Policy	Discount Percentage (%)
Up to 20 %	25
21 % - 35 %	15
36 % - 50 %	10
51 % - 60 %	5

The premium for renewals shall be subject to loading when Policy witnesses adverse claims ratio as under:

Incurred Claim Ratio under the Group Policy	Loading Percentage (%)
Between 80 % and 100 %	25
Between 101 % and 125 %	55
Between 126 % and 150 %	90
Between 151 % and 175 %	120
Between 176 % and 200 %	150
Over 200 %	Cover to be reviewed

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.

Please note We shall issue Policy only after getting Your consent

9. Contribution

If at the time of a claim there is another insurance Policy or other contract in the Your name which covers You for the same expense or loss, We will only pay Our proportionate share of the loss. Our Proportionate share will be calculated by determining the percentage Our Policy maximum bears to the total amount of insurance in force as to the loss.

10. Multiple Policies

i. If two or more policies are taken by You during the period for which You are covered under this Policy from one or more insurers, the contribution clause shall not be applicable where the cover/ benefit offered:
   - is fixed in nature
   - does not have any relation to the treatment costs;

ii. We also agree that even if, You are covered under multiple policies providing benefits which is fixed in nature, We shall make the claim payments independent of payments received under other similar polices in respect of the covered event.

iii. We agree that even if two or more policies are taken by You during the time for which You are covered under this Policy from one or more insurers for indemnification of Your Hospitalisation treatment costs, We shall not apply the Contribution clause and You shall have the following rights
   - You may choose to get the settlement of claim from Us as long as the claim is within the limits of and according to terms and conditions of the Policy
   - If the amount to be claimed exceeds the Sum Insured under a single Policy after consideration of the deductible and co-pay, You shall have the right to choose any insurers including Us by whom You wish Your claim to be settled. In such cases, We shall settle the claim with contribution clause
   - Except for the covers based on benefit basis, in case if You have taken policies from Us and one or more insurers to cover the same risk on indemnity basis , You shall only be indemnified the hospitalisation costs in accordance with the terms and condition of the Policy.

11. Subrogation

You shall do or concur in doing or permit to be done all such acts and things that may be necessary or reasonably required by Us for the purpose of enforcing and/or securing any civil or criminal rights and remedies or obtaining relief or indemnity from any other party to which We are or would become entitled upon Us making reimbursement under this Policy, whether such acts or things shall be or become necessary or required before or after Our payment. You shall not prejudice these subrogation rights in any manner and shall provide Us with whatever assistance or cooperation is required to enforce such rights. Any recovery We make pursuant to this clause shall first be applied to the amounts paid or payable by Us under this Policy and Our costs and expenses of effecting a recovery, where after We shall pay any balance remaining to You.

12. Continuity

In the event of the Policy under which You are a covered member and which is being discontinued or not renewed or You have reached the exit age under the Policy or You leave the group on account of resignation/termination or otherwise, You have the option of taking substitute health insurance policy from Us on individual basis without any benefit of continuity of cover for any additional benefits that You may have enjoyed under the group policy and for which additional premium has been charged. In such an event, all the waiting periods as stipulated under the substitute health insurance policy will be applicable with due adjustment for the uninterrupted period in completed years for which You were covered under the Group Health Insurance Policy issued by Us. However, any such benefit would be restricted to the maximum of Your eligibility of Sum Insured under the substitute health insurance policy or the Sum Insured enjoyed by You under the Group Health policy whichever is lower. Also, all the underwriting rules and regulations of our substitute health insurance policy would be applicable for acceptance of such risk.

In case, where the Company may decide to withdraw Group Health Insurance Policy after prior approval from the Authority, option shall be available to You to migrate to nearest substitute product offered by the Company. The children, who have attended the maximum age under eligibility, can opt for nearest substitute health product offered by the Company on individual basis .Continuity

benefits in all such cases shall be carried to the individual health insurance policy as per provisions mentioned above.

13. Nomination

The Policy has provision of nomination, in absence of Your/ Insured Person declaring Nomination at the time of proposal, then all benefits accrued under the Policy if any, shall be given to Your/ Insured Person's legal heir/ dependants.

14. Sum Insured Enhancement

We shall allow you to enhance Your Sum Insured only upon Renewal, subject to Our underwriter's approval.

15. Geographical Limit:

The geographical scope of this Policy will be India and all claims shall be payable in Indian currency.

16. 3 Month Notice

We shall give You notice in the event We may decide to revise, modify or withdraw the product. Such notice shall be given to You at least three months prior the date when such modification or revision or withdrawal comes into effect. We also promise You that

i. In case of modification or revision, the notice given to You shall detail the reasons for such revision or modification, in particular the reason for an increase in premium (if any) and the quantum of such increase.
ii. The product shall be withdrawn only after due approval from the Insurance Regulatory and Development Authority. However, if You do not respond to Our intimation in case of such withdrawal, the Policy shall be withdrawn on the Renewal date and We shall provide You/ Insured Person with an option to migrate to a substitute product offered by Us on individual basis, subject to portability conditions.

17. Notices and Claims

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

Universal Sompo General Insurance Co. Ltd.
Express IT Park, Plot No. EL - 94, T.T.C. Industrial Area, M.I.D.C., Mahape, Navi Mumbai-400710
Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1–800-2004030

Landline Numbers: (022)-27639800 or (022)-39133700 (Local Charges Apply)

E-mail Address: contactus@universalsompo.com

Fax Numbers: (022)3917149

Note: Please include your policy number for any communication with us.

Claims Disclaimer

In the unfortunate event of any loss or damage to the insured property resulting into a claim on this policy, please intimate the mishap IMMEDIATELY to our Call Centre at Toll Free Numbers on 1-800-22-4030 (for MTNL/BSNL users) or 1-800-200-4030 (other users) or on chargeable numbers at +91-22-27639800/+91-22-39133700. Please note that no delay should be allowed to occur in notifying a claim on the policy as the same may prejudice liability.

In case of any discrepancy, complaint or grievance, please feel free to contact us within 15 days of receipt of the Policy.

18. Grievances

In case You are aggrieved in any way, You may register a grievance or Complaint by visiting our website or write to us on contactus@universalsompo.com.

You may also contact the Branch from where You have bought the policy or the Complaints Coordinator who can be reached at Our Registered Office.

You may also contact on our- Toll Free Numbers: 1-800-224030 (For MTNL/BSNL Users) or 1-800-2004030 or on chargeable numbers at +91-22-27639800/+91-22-39133700.; and also send us fax at: (022) 39171419

- You can also visit our Company website and click under links Grievance Notification
- You can also send direct mail to the concerned authorities at-rajivkumar@universalsompo.com

If the issue still remains unresolved, You may, subject to vested jurisdiction, approach Insurance Ombudsman for the redressal of Your grievance.

The details of Insurance Ombudsman are available below and are also available on http://www.irdaindia.org/ins_ombusman.htm

Office of the Ombudsman	Contact Details
AHMEDABAD	2nd Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, **AHMEDABAD-380 014.** Tel:079-27546840; Fax: 079-27546142; Email: ins.omb@rediffmail.com
BHOPAL	Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, **BHOPAL (M.P.)-462 023.** Tel: 0755-2569201; Fax:0755-2769203;Email: bimalokpalbhopal@airtelmail.in
BHUBANESHWAR	62, Forest Park, **BHUBANESHWAR-751 009.** Tel: 0674-2596455; Fax:0674-2596429; Email iooblsr@dataone.in
CHANDIGARH	S.C.O. No.101-103, 2nd Floor, Batra Building. Sector 17-D, **CHANDIGARH-160 017.** Tel:0172-2706468; Fax:0172-2708274; Email ombchd@yahoo.co.in
CHENNAI	Fathima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, **CHENNAI-600018.** Tel:044-24333668/5284; Fax:044 24333664 ;Email insombud@md4.vsnl.net.in
NEW DELHI	2/2 A, Universal Insurance Bldg., Asaf Ali Road, **NEW DELHI-110 002.** Tel.:- 011-23239633; Fax : 011-23230858; Email iobdelraj@rediffmail.com
GUWAHATI	"Jeevan Nivesh", 5th Floor, Near Panbazar Overbridge, S.S. Road, **GUWAHATI-781 001 (ASSAM).** Tel:0361-2132204/5; Fax : 0361- 2732937; Email ombudsmanghy@rediffmail.com
HYDERABAD	6-2-46, 1st Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, **HYDERABAD-500 004.** Tel : 040-65504123; Fax: 040-23376599; Email insombudhyd@gmail.com
ERNAKULAM	2nd Floor, CC 27/2603, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, **ERNAKULAM-682 015.** Tel : 0484-2358759; Fax : 0484-2359336; Email iokochi@asianetindia.com
KOLKATA	North British Bldg., 29, N.S. Road, 4th Floor, **KOLKATA-700 001.** Tel : 033-22134866; Fax : 033-22134868; Email iombsbpa@bsnl.in
LUCKNOW	Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, **LUCKNOW-226 001.** Tel : 0522 -2231331; Fax : 0522-2231310; Email insombudsman@rediffmail.com
MUMBAI	3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), **MUMBAI-400 054.** Tel : 022-26106928; Fax : 022-26106052; Email ombudsmanmumbai@gmail.com

EXTENSIONS

1. Critical Illness Cover

In case You have opted for additional cover against Critical Illness and have paid additional premium, We will pay for the following:

Reasonable and Customary charges incurred on expenses as listed under 'What We cover' up to an additional Sum Insured limit equal to Your Basic Sum Insured.

NB: The additional Sum Insured available for Critical Illness under this Optional Extension cover will not qualify for the limit for Room/board/nursing, Domiciliary Hospitalisation, Daily allowance, Ambulance expenses and Cost of Health Check Up.

2. Maternity Benefit Cover

In case You have opted for additional cover against Maternity Benefit and have paid additional premium, We agree that exclusion 10 of the "What We Exclude" stands deleted and We agree to pay the following:

Expenses on treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of these, including caesarean section and any infertility, sub fertility or assisted conception treatment up to the limits & sub limits as mentioned against the Insured Persons as shown in the Schedule.