

**CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY**

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

<b>SI No</b>	<b>Title</b>	<b>Description</b> (Please refer to applicable Policy Clause Number in next column)	<b>Policy Clause Number</b>
<b>1</b>	Name of Insurance Product/Policy	XXXXXX	
<b>2</b>	Policy number		
<b>3</b>	Type of Insurance Product/ Policy	<ul style="list-style-type: none"> <li>• Indemnity (Where insured losses are covered up to the Sum Insured under the policy)</li> <li>• Benefit (Where an Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event)</li> <li>• Both Indemnity and Benefit (where policy has elements of both the above)</li> </ul>	
<b>4</b>	Sum Insured (Basis) (Along with amount)	<ul style="list-style-type: none"> <li>• Individual Sum Insured -Where each member has a separate sum insured under the policy), or</li> <li>• Floater Sum Insured-Where all members under the policy have a single sum insured limit which may be utilized by any or all members</li> </ul>	

<p><b>5</b></p>	<p>Policy Coverage (What the policy covers?)</p> <p>(Policy Clause Number/s)</p>	<p><b>Expenses in respect of:</b></p> <p>Admission in Hospital beyond xx hrs</p> <p>Pre-hospitalisation (treatment prior to admission in hospital) of xx days amounting to x% of claim</p> <p>Post-hospitalisation (treatment after discharge from hospital) within xx days from date of discharge amounting to x% of claim.</p> <p>Specified / Listed procedures requiring less than xx hours of hospitalization (day care)</p> <p>Undergoing specified procedure in case of xx Critical illnesses</p> <p>Diagnosis of an illness of specified severity</p> <p>Daily cash benefit of Rs. __per day during admission in hospital</p> <p>OPD / Dental/ Maternity coverage</p> <p>Emergency or Travel Medical</p> <p>Assistance Personal Accident Cover</p> <p>Travel Cover</p> <p>(Note: This is an indicative list. Insurer must ensure that all the benefits of the policy are listed above)</p>	
<p><b>6</b></p>	<p>Exclusions</p> <p>(what the policy does not cover)</p>	<p>(Note: Insurer has to ensure that all the applicable exclusions are listed here)</p>	
<p><b>7</b></p>	<p>Waiting period</p> <ul style="list-style-type: none"> <li>• Time period during which specified diseases/treatments are not covered</li> <li>• It is counted from the beginning of the policy coverage.</li> </ul>	<p><b>Initial waiting Period:</b> xx days for all illnesses (not applicable in case of continuous renewal or accidents)</p> <p><b>Specific Waiting periods (Not applicable for claims arising due to an accident):</b></p> <ul style="list-style-type: none"> <li>○ xx months for xx diseases/procedures</li> <li>○ yy months for yy diseases/procedures</li> </ul> <p><b>Pre-existing diseases:</b> Covered after xx months</p>	

<p><b>8</b></p>	<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-payment (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:</p> <ul style="list-style-type: none"> <li>- up to which an insurance company will not pay any claim, and</li> <li>- which will be deducted from total claim amount (if claim amount is more than the specified amount)</li> </ul> <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 style="text-align: center;">XX                      XX</p> <p>In case of a claim, this policy requires you to share the following costs: Expenses exceeding the following <b>Sub-limits</b></p> <ul style="list-style-type: none"> <li>▪ Room / ICU charges beyond -----</li> <li>▪ For the following specified diseases:</li> <li>▪ _____</li> <li>▪ _____</li> </ul> <p>XXXX</p> <p><b>Deductible</b> of Rs. XXX per claim / per year / both</p>	
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9	Claims/Claims Procedure	<p>Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <p><b>Turn Around Time (TAT)</b> for claims settlement:</p> <p>i. TAT for preauthorization of cashless facility XXX</p> <p>ii. TAT for cashless final bill authorization: XXX</p> <p><i>Provide the details /web link for following:</i></p> <p>i. Network Hospital details</p> <p>ii. Helpline number</p> <p>iii. Hospitals which are blacklisted or from where no claims will be accepted by insurer</p> <p>iv. Downloading/getting claim form</p>	
10	Policy Servicing	<p>Call center number of the insurer</p> <p>Details of Company officials</p>	
11	Grievances/Complaints	<p>Details of</p> <ul style="list-style-type: none"> <li>- Grievance Redressal Officer of the insurer</li> <li>- Insurance company grievance portal/ Department:</li> <li>- Ombudsman:</li> </ul> <p><i>(Please provide contact details, Toll free number and email)</i></p>	

<p>12</p>	<p>Things to remember</p>	<p><b>Free Look cancellation:</b> You may cancel the insurance policy if you do not want it, within xx days from the beginning of the policy.</p> <p>Insurer to specify the process for free look cancellation</p> <p><b>Policy renewal:</b> Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.</p> <p><b>Migration and Portability:</b> When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.</p> <p>Insurer to specify the process for migration and portability</p> <p><b>Change in Sum Insured:</b> Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh <b><i>only for the enhanced portion of the sum insured</i></b></p> <p><b>Moratorium Period:</b> After completion of Five continuous years under the policy no look back to be applied. This period of Five years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of Five continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits.</p> <p>After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.</p>	
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13	Your Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.  Disclosure of other material information during the policy period.)  Insurer to specify the material information	
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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. Insurer shall provide web-link where the product related documents including the Customer Information sheet are available on the website of the insurer.
- ii. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.
- iii. **Insurer to take confirmation of the policyholder regarding receiving of the Customer Information Sheet.**

S No	Item	Particulars
1	Name of Life / Health / General Insurer	
2	Registration No. allotted by IRDAI	
3	Type of product	
4	Name of the product	
5	Whether New or Modification	
6	Date of approval by PMC	
7	UIN (in case of modification)	
8	Date of launch( proposed)	

This is to certify that the proposed product complies with the provisions of the Insurance Act, 1938, the IRDA Act, 1999, other applicable Acts and amendments thereon, extant Regulatory framework put in place by the Authority along with Use and File circulars/guidelines issued thereon from time to time and all other applicable statutory laws.

I also undertake that, Insurer shall:

- i) maintain the entire set of documents required under U&F Procedure and shall submit the documents to the IRDAI, as and when required, within two days
- ii) not modify without completing the due process mandated for modifications
- iii) put in place appropriate systems, procedures, manuals, all essential infrastructure required for launching the product and maintenance of insurance policies
- iv) upload all the required documents of the product on the website

Signed by Chief Executive Officer Name:

Date:

## FORMS FOR PRODUCT FILING

### Annexure - 3

#### FORM FOR FILING HEALTH INSURANCE PRODUCTS/ADD-ON OFFERED, WITH PMC, BY LIFE, HEALTH AND GENERAL INSURERS

1. Description of Use and File Procedure -
  - (a) An insurer, who wishes to introduce a new product/modification of existing product, shall file the form IRDAI-HIP annexed herewith.
  - (b) A separate form shall be filed in respect of each such product and each such Add-on or Rider.
  - (c) This Form shall also be used by all Life Insurers and by General and Health Insurers for filing all types of Health Insurance Products.
2. Procedure to be followed for filing products -
  - (a) The Application is divided into the following sections.
    - (I) General Information
    - (II) General Terms and Conditions
    - (III) Benefit Structure
    - (IV) Underwriting
    - (V) Other Terms
    - (VI) Distribution Channels
    - (VII) Reinsurance arrangements
    - (VIII) Pricing
    - (IX) Enclosure to Form: IRDAI-HIP
  - (b) Application seeking modification of the existing individual/Group insurance product shall furnish information under the relevant section or sections that are proposed to be modified and consequently impacted owing to such modification.
  - (c) Every product other than Govt Schemes shall be supported by the technical note of the appointed actuary substantiating the pricing of the product.
  - (d) In case of modification, where Changes proposed to the product impact Benefit Structure, Terms and Conditions and the Pricing, complete application shall be filed.

### 3. GENERAL INSTRUCTIONS

- (a) If an insurer wishes to offer Add-ons along with a basic health insurance product, the Company must furnish the information in respect of the respective Add-ons separately using this form for each proposed Add-on. Also the financial projections along with sensitivity analysis for each add-on benefit need to be furnished.
- (b) Where already cleared Add-on/s is/are proposed to be offered along with the new product now filed, Insurers shall necessarily furnish the financial projections / *Sensitivity Analysis* for each of the Add-on separately.

*Note: If an insurer offers an existing Add-on A along with product X, product Y or product Z (e.g. Critical Illness), then financial projection/ Sensitivity Analysis has to be furnished afresh along with each of the products under which the said Add-on is proposed to be offered. This is because the financial projections for the Add-on may differ under that product. For instance, the financial projections submitted for Add-on A along with product X need not be the same when the same Add-on A is offered along with product Y. As such the financial projections / Sensitivity Analysis need to be furnished for the said Add-on along with each product in the specified sections. It may be noted that Addon details need not be mentioned again but only the financial projections are to be filed, when the same Add-on is offered along with the second or the third product.*

- (c) All items in the Form must be furnished with the relevant details.
- (d) The Appointed Actuary shall initial on all the pages of the IRDAI-HIP application form.

NOTE: FOR THE PURPOSE OF THIS APPLICATION ADD-ON INCLUDES RIDERS OFFERED BY LIFE INSURERS.

## I. Form: IRDAI –HIP

[All the items should be filled in properly and carefully. No item must be left blank.]

S No	Item	Particulars (to be filled in by insurer)
<b>Section I: General Information</b>		
1.1	Name of Life / Health / General Insurer	
1.2	Registration No. allotted by IRDAI	
1.3	Name of Appointed Actuary [Please note that his/her appointment should be in force as on the date of this application]	
1.4	Type of product	<i>Base Product/Add-on/Rider</i>
1.5	Brand Name [Give the name of the product which will be printed in Sales Literature and known in the market. This name should not be altered / modified in any form after launching in the market. This name shall appear in all returns etc. which would be submitted to IRDAI. Insurers are advised to indicate in the brand name the type of product offered, such as Micro, CSC etc. as per extant regulations / guidelines]	
1.6	Whether New or Modification	<i>New / Modification of existing product</i>
1.7	Date of approval by PMC (applicable to General and Health Insurers)	
1.8	Specify the Sections which are being modified	
	1.8.1	Unique ID no. (where application is for modification of an existing product)
	1.8.2	Within how many days the Insurer intends to launch the modified version of the product after allotment of UIN
	1.8.3	Type of Modification
		1. Pricing with change in Benefit Structure

S No	Item		Particulars (to be filled in by insurer)		
			2. Pricing without change in Benefit Structure 3. Pricing with Change in Terms and Conditions 4. Pricing without Change in Terms and Conditions 5. Terms and Conditions without pricing impact 6. Benefit Structure without pricing impact  Others - Please Specify		
	1.8.4	Is the Product Modification filed for the first time?	Yes/No		
	1.8.4.1	If YES, please furnish the date of first filing of the product. If No, please give furnish information in item no. 1.9	dd/mm/yyyy		
	1.8.4.2	Please give the proposed modifications in the following tabular form			
	S.no	Existing Features / assumption /premiums rates - which are proposed to modify	Proposed modifications	Justification for such modification	Any supporting data for such modification
1.9	Please give complete history of modifications carried out till date in the following tabular format				
	S No	Date of modification	Existing Features/ Assumptions/ premium rates as on date of clearance of the product i.e. before the modification	Features/ Assumptions/ premium rates modified from the first/subsequent filing i.e. after the clearance of the modification	Date of clearance of the modification from the PMC and the unique identification number allotted

S No		Item		Particulars (to be filled in by insurer)		
	(1)	(2)	(3)	(4)	(5)	
1.10		Proposed Date of launching the modified version of the product		Dd/mm/yyyy		
1.11	Whether the modification of the product involves change in Price? If yes, furnish the information in Section VIII. If no, furnish a certification from the Appointed Actuary that there is no effect on the pricing of the product.			YES/NO		
1.12	Expected loss ratio & Combined Ratio (for the product) at the time of filing the product or modification of the product, as the case may be vis-a-vis the actual incurred loss ratio & actual Combined Ratio ( <i>Data to be furnished separately for each three preceding Financial Years</i> )			<b>FY</b>	<b>Loss Ratio %</b>	
					<b>Combined Ratio%</b>	
				<b>Expected</b>	<b>Actual</b>	<b>Expected</b>
						<b>Actual</b>
1.13	Number of Plans or Variants or options within the Product and Nomenclature Used			<i>Name of the Base Product</i>		
				<i>Number of plans or variants or Options</i>		
				<i>Name of plan or variant or option (Mention each name separately in each sentence)</i>		
1.14	Within how many days the Insurer is proposing to launch the new product.					
<b>Section II : General Terms and Conditions</b>						
2.1	Whether the product is Micro Insurance Product - Yes / No					
2.2	Whether the Product is for any specific Distribution Channel like CSC, PoS					
2.3	Whether the health product is offered to/through: [Answer YES/NO]					
	2.3.1	Individual/Group		<b>Individual/Group</b>		

S No	Item		Particulars (to be filled in by insurer)
	2.3.1.1	On Family Floater basis	YES / NO
	2.3.1.2	On Individual basis	YES/NO
	2.3.1.3	Both Individual and Family Floater basis	YES / NO
	2.3.2	Specific geographic locations in India [if YES, specify the locations.]	YES / NO
	2.3.3	All geographic locations in India	YES / NO
	2.3.4	Rural population	YES / NO
	2.3.5	Micro Insurance Market Segment	YES / NO
	2.3.6	Category of base cover	Health/Travel-Domestic/Travel - Overseas/Personal Accident / Critical Illness
	2.3.7	Only Indemnity basis	YES / NO
	2.3.8	Only Assured Benefit basis	YES / NO
	2.3.9	Both Indemnity and Assured benefit Basis	Yes/No
<b>2.4</b>	Specify the following:		
	2.4.1	Target population [This section should discuss the target market for which the product is designed. Also please enclose separately the details of any market research conducted for this purpose.]	
	2.4.2	Whether Grace period allowed for renewal— specify the number of days allowed for renewal of the contract and also specify whether insurance coverage is continued	

S No	Item		Particulars (to be filled in by insurer)
	till the date of receipt of renewal premium during the grace period		
2.4.3	Grace period allowed for payment of premiums in instalments—specify the number of days allowed for payment of premium when premiums are not paid on stipulated dates.		
2.4.4	Basic Sum Insured (in IN		R):
	2.4.4.1	Minimum offered	
	2.4.4.2	Maximum offered	
2.4.5	Policy Period:		
	2.4.5.1	Minimum Policy period offered	
	2.4.5.2	Maximum Policy period offered	
	2.4.5.3	Premium paying term, if different from policy term	(a) Minimum Premium Paying Term (b) Maximum Premium Paying Term
2.4.6	Modes of Premium Payment Offered:		
	2.4.6.1	State the modes of premium payment allowed- (Single premium /annual/ half-yearly, etc.)	
2.4.7	Annualized Premium (Wherever applicable)		
	2.4.7.1	Minimum:	

S No	Item		Particulars (to be filled in by insurer)		
		2.4.7.2	Maximum:		
	2.4.8	Entry Age:			
		2.4.8.1	Minimum:	Proposer	Child
		2.4.8.2	Maximum:		
				Proposer	Child
					Adult
	2.4.9	Restrictions on travel outside India (If YES, specify the conditions)		<b>YES/NO</b>	
	2.4.10	Any other restrictions [If there is restriction proposed, the same should be furnished, e.g. future occupation]		<b>YES/NO</b>	
	2.4.11	Whether Nomination facility available		<b>Yes / No</b>	
	2.4.12	Whether Assignment allowed		<b>Yes / No</b>	
<b>Section III: Benefit Structure</b>					

S No	Item	Particulars (to be filled in by insurer)				
3	Benefit Structure of the Product.[This section shall describe the various contingencies under which the benefits would be payable and how these would be determined-please do not refer to any other document which is enclosed along with this]					
	Event:		Benefit Amount:			
3.1	On Hospitalization					
3.2	On events other than (3.1) - (please furnish the complete details separately in each row for all plans, covers, sections, Riders or Add-ons etc.)					
3.3	Deductibles allowed		Whether Mandatory		Yes / No	
			Mention details separately for each cover or option			
Sl. No.	Name of the Cover or Plan or Option or Add-on or Rider	Amount of Deductible@		% of Deductible©		
		Min	Max	Min	Max	
@Furnish the applicable information						
3.4	Co-pay allowed		Whether Mandatory Yes / No			
			Mention details separately for each cover or option			
Sl. No.	Name of the Cover or Plan or Option or Rider or Addon	Amount of Co-pay@		% of Co-pay@		
		Min	Max	Min	Max	
@Furnish the applicable information						
3.5	Sub-limits, if any (Mention separately for each Cover or Plan or Option or Rider or Addon)		Contingency		Sub-Limits as a % of SI, if applicable	Sub limits in fixed rupee terms, if applicable

S No	Item	Particulars (to be filled in by insurer)					
3.6	Whether cancellation (other than free-look) by the insured allowed:	YES/NO					
3.6.1	If yes, Refund payable on cancellation by the Insured	Time of Cancellation	Policy Duration (specify for each tenure of policy)				
3.6.2	Whether cancellation by the insurer allowed on grounds of established fraud/mis-representation/ non-disclosure of material facts	YES/NO					
3.6.3	If yes, Refunds, if any, payable on cancellation by the Insurer	Time of Cancellation	Policy Duration (specify for each tenure of policy)	One Year	Two Year	Three Year etc.	
3.7	Specify Non-forfeiture conditions [When the contract would be not null and void]						
3.8	Specify options available under the product. (e.g. to increase or decrease benefits, plan changes, etc.) [This section should specify the various options available under the product. The charges, if any, towards the cost of the option shall also be specified. ]						
3.9	Furnish complete information on already approved add-ons, proposed to be attached with this product if any						
3.9.1		Add-ons attached to the product	S.No	Add-on Name	UIN allotted by IRDAI	Date of clearance	
3.9.2		Any other features that may be relevant for the product.					

S No	Item		Particulars (to be filled in by insurer)		
	3.9.3	How the Add-on will benefit the insured if taken along with this product			
4	Underwriting -Selection of Risks [This section should discuss how the different segments of the population will be dealt with for the purpose of underwriting (to the extent they are relevant and a brief detail of procedure adopted for assessment of various risk classes may be given.)				
4.1	Specify Non-medical Limit [Where no pre-medical examination is asked for]				
4.2	Specify when and what classes of lives would be subject to medical examination				
4.3	Whether any loading based on the health status are applicable		Yes / No, if yes furnish the details of loadings:		
4.4	Whether any loading based on the occupation are applicable		Yes / No, if yes furnish the details of loadings:		
4.5	Specify, any other underwriting criteria				
4.6	Whether Underwriting of the product aligned to the Board Approved Underwriting policy of the Company		Yes / No		
4.7	Whether full costs of pre policy medical check-up are borne by the Insurer		Yes / No		
4.8	If no, specify the percentage proposed to be borne by the Insurer.				
4.9	Waiting Periods in days proposed, if any, for payment of benefits		Name of Cover or Plan or Option	Waiting Period (in Days)	
4.10	Survival Periods in days proposed, if any, for payment of benefits		Name of Cover or Plan or Option	Survival Period (in Days)	

S No	Item	Particulars (to be filled in by insurer)
4.11	Exclusions: please specify the permanent exclusions proposed for payment of benefits	
4.12	Time-bound Exclusions proposed for payment of benefits	
<b>Section V - Other Terms</b>		
5.1	Procedure for Renewal	
5.2	Conditions for reinstatement/revival of the contract, in case of instalment premiums:	
5.3	Whether the proposal form proposed to be used for this product is already filed	Yes / No
5.4	If Yes, furnish the Unique Reference Number of the Proposal Form	
5.5	If No, attach the proposal form afresh as per the applicable provisions of Product Filing procedure.	
<b>Section VI - Distribution Channels</b>		
6	Distribution channels:	
6.1	Specify the various distribution channels to be used for distributing the product- [reply shall be specific and cannot refer to the replies like "as approved by IRDAI"]	
6.1	Commission scales to distribution channels— specify the rates which are to be paid-[reply shall be specific]	

S No	Item	Particulars (to be filled in by insurer)					
6.2	Expected proportions of business to be procured by each channel shall be indicated for the next 5 years.	Distribution Channel	Year 1	Year 2	Year 3	Year 4	Year 5
		1. Individual Agents					
		2. Corporate Agents					
		3. Insurance Brokers					
		4. Web Aggregators					
		5. Micro Insurance Agents					
		6. CSC					
		7. PoS					
		8. Direct - Only Online					
		9. Direct Marketing - Others					
		(Incorporate separate line for each distribution channel)					
		10. Others- specify					
		11. Total					
<b>Section VII - Reinsurance arrangements</b>							

S No	Item	Particulars (to be filled in by insurer)
7.1	Retention limit	
7.2	Name of the reinsurer (s)	
7.3	Terms of reinsurance(type of reinsurance, commissions, etc.).	
7.4	Any recapture provisions shall be described.	
7.5	Reinsurance rates provided	
7.6	Whether a copy of the reinsurance program and a copy of the Treaty is submitted to the IRDAI.	Yes/No
7.6.1	Whether reinsurance program and a copy of the treaty enclosed (required only if these are not filed with the PMC previously)	Yes/No
7.6.2	Whether the reinsurance proposed for the product is in line with the Board approved reinsurance program filed with thePMC	Yes / No
7.6.3	If no, furnish the particulars	
<b>Section VIII: Pricing</b>		
8	<p><i>Premium Loadings &amp; Discounts</i></p> <p><i>(Please provide objective and transparent criteria to offer discounts/rebate/Loadings And complete financial justifications by AA to every item referred hereunder.</i></p> <p><i>In case of General and Health Insurers to be also furnished separately in the Technical Note)</i></p>	
8.1	Sum insured rebates/discounts offered, if any	

S No	Item		Particulars (to be filled in by insurer)
	8.2	Rebates/charges for different modes offered:	
	8.3	Premium rebates/discounts	
	8.4	Staff rebates	
	8.5	Any other discounts offered	
	8.6	Maximum cap on all Discounts for all variables taken together	
	8.7	Any loadings proposed	
	8.8	Maximum Cap on all Loading for all variables taken together	
8.10	<b>Pricing Assumptions and Methodology:</b> The pricing assumptions and the methodology may vary depending on the nature of product. Give details of the following		
8.11	Give the actuarial formulae, if any, used; if not, state how premiums are arrived at briefly explaining the methodology and details:		
8.12	Source of data (internal/industry/ reinsurance)		
8.13	Rate of morbidity [The tables wherever relevant shall be the prescribed one.]		
8.14	Rates of policy terminations. [The rates used must be in accordance with insurer's experience. If such experience is not available, this can be from the industry/reinsurer's experience .]		
8.15	Rate of interest, if any. [The rate or rates must be consistent with the investment policy of the insurer.]		

S No	Item	Particulars (to be filled in by insurer)		
8.16	Commission scales [Give rates of commission. These are explicit items.]			
8.17	Expenses - Split into First Year, Renewal and Claim related:- [Expense assumptions must be company specific. If such experience is not available, the Appointed Actuary might consider industry experience or make reasonable assumptions.]			
8.17.1	First Year expenses by: sum assured related, premium related, per policy related			
	<i>First Year Expenses</i>	Sum assured related	premium related	per policy related
8.17.2	Renewal expenses where relevant (including overhead expenses) by : sum assured related, premium related, per policy related			
	<i>Renewal Expenses</i>	sum assured related	premium related	per policy related
8.17.3	Claim expenses			
8.17.4	Future inflationary increases, if any			
8.18	Allowance for transfers to shareholder, if any: [Please see section 49 of the Insurance Act, 1938]			
8.19	Taxation. [Please see the relevant sections of the Income Tax Act, 1961 applicable for payment of taxes by the Insurer]			
8.20	Any other parameter relevant to pricing of product - specify			
8.21	Reserving assumptions (please specify all the relevant details)			
8.22	Base rate (risk premium)-furnish the rate table, if any			
8.23	Gross premium- furnish the rate table, if any			

S No	Item	Particulars (to be filled in by insurer)						
8.24	Expected loss ratio (for the product) -to be furnished for each plan offered within the product separately							
8.25	Age-wise loss ratio- to be furnished for each option or plan offered within the product separately	S.No	Age	Loss ratio				
8.26	Sum insured-wise- loss ratio to be furnished for each option or plan offered within the product separately	S.No	SA	Loss ratio				
8.27	Age and sum insured wise loss ratio - to be furnished for each option or plan separately	Table given below (SI band and age bands shall be increased / decreased depending on the minimum and maximum SI / Age offered)						
		S.NO	SI/Age bands	25000	50000	100000	150000	200000
		1	>=0<=2					
		2	>=3<=15					
		3	>=16<=25					
		4	>=26<=30					
		5	>=31<=35					
		6	>=36<=40					
		7	>=41<=45					
		8	>=46<=50					
		9	>=51<=55					
		10	>=56<=60					
		11	>=61<=65					
		12	>=66					
8.28	Expected combined ratio (for the product) -to be furnished for each plan separately							
8.29	Age-wise combined ratio- to be furnished for each plan separately							
8.30	Sum insured-wise- combined ratio to be furnished for each plan separately							
8.31	Age and sum insured wise combined ratio - to be furnished for each option or plan separately	Table given below (SI band and age bands shall be increased / decreased depending on the minimum and maximum SI /Age offered)						
		S.NO	SI/Age bands	25000	50000	100000	150000	200000

S No	Item					Particulars (to be filled in by insurer)				
	1	>=0<=2								
	2	>=3<=15								
	3	>=16<=25								
	4	>=26<=30								
	5	>=31<=35								
	6	>=36<=40								
	7	>=41<=45								
	8	>=46<=50								
	9	>=51<=55								
	10	>=56<=60								
	11	>=61<=65								
	12	>=66								
8.32	Expected cross-subsidy between age/sum insured/plans etc									
8.33	Experience of similar products, if any for the preceding Five Financial Years									
	S.No	Exposure	Premium - Rs.	Number of claims	Incurr ed claims -Rs.	Claim frequency	Avera ge cost per claim	Burni ng cost-Rs.	Loss ratio	Comb ined ratio
	FY									
	FY-1									
	FY-2									
	FY-3									
	FY-4									
	1.	Exposure: earned life year (no of life earned during a particular financial year)								
	2.	Premium: premium earned during the financial year;								
	3.	Number of claims: claims occurred during the financial yea								
	4.	Incurred claims: Incurred amount as of today for claims m								
	5.	Claim frequency: No. of claims/ Exposure;								
	6.	Average cost per claim: Incurred claims / No. of claims;								

S No	Item	Particulars (to be filled in by insurer)		
	7. Burning cost: Claims frequency* Average cost per claim; 8. Loss ratio: Incurred claims/ Premium; 9. Combined ratio: Loss ratio + Expense ratio;			
8.34	Whether principle of uniform spread of risk is taken into consideration while arriving the refunds payable on cancellation/termination of policy. Please substantiate with relevant data or assumptions			
8.35	<b>Revision in pricing for existing products (percentage difference between existing and modified premium rates for each rating factor)</b>			
8.35.1	Whether there is an increase or decrease in the premiums	<i>Increase/Decrease/Increase in certain age groups only/Decrease in certain age groups only/NA</i>		
8.35.2	Justification for change/ modification in premium			
8.35.3	Experience of the product across plans / sum insured / age bands	In addition to the experience of similar products in Item 8.33, these tables to be furnished for the product for which revision in pricing is requested		
8.35.4	How the pricing methodology differs between sum insured options			
8.36	<b>Results of Financial Projections/Sensitivity Analysis:</b> [The profit margins should be shown for various model points for base, optimistic and pessimistic scenarios in a tabular format below. The definition of profit margin should be taken as the present value of net profits to the p.v of premiums. Please specify assumptions made in each scenario. For terms less than or equal to one year loss ratio may be used and for terms more than one year, profit margin may be used.]			
8.37	Risk discount rate used in the profit margin			
8.38	Average Sum Insured Assumed			
8.39	Assumptions made under pessimistic scenario			
8.40	Assumptions made under optimistic scenario			
8.41	Age [PM: Profit Margin/Loss Ratio] [Age Band may be revisited based on the product design parameters]	<i>PM (base scenario)</i>	<i>PM (pessimistic scenario)</i>	<i>PM (optimistic scenario)</i>

S No	Item	Particulars (to be filled in by insurer)		
	>=0<=2			
	>=3<=15			
	>=16<=25			
	>=26<=30			
	>=31<=35			
	>=36<=40			
	>=41<=45			
	>=46<=50			
	>=51<=55			
	>=56<=60			
	>=61<=65			
	>=66			
<b>Section IX: Enclosures to Form IRDAI-HIP</b>				
The following specimen documents should be enclosed:				
9.1	Sales Literature /Prospectus. This is the literature which is to be used by the various distribution channels for selling the products in the market. This shall enumerate all the salient features of the product along with the exclusions applicable for the basic benefits and shall be in compliance with the relevant circulars issued by the Authority at all times).			
9.2	Policy Document& Policy Schedule:			
9.3	Technical Note on Pricing in the standard format specified by IRDAI vide circular no. IRDAI/ACT/CIR/MISC/069/04/2021 dated 01.04.2021 (Not applicable to Life Insurers):			
9.4	Proposal form, wherever necessary			
9.5	Premium Table			

S No	Item	Particulars (to be filled in by insurer)
9.6	Certificates by Appointed Actuary and Chief Compliance Officer	
9.7	Product Check List with due certification by Chief Compliance Officer	
9.8	Certificate of Insurance, where applicable	
9.9	CIS	

Software used for product design and monitoring — \_\_\_\_\_

The Insurer shall enclose a certificate from the Chief Compliance Officer, Appointed Actuary, countersigned by the principal officer of the insurer, as per specimen given below :( The language of this should not be altered)

**Certification by Chief Compliance Officer:**

I (Name of Chief Compliance Officer) the undersigned, on behalf of the Insurer named below, hereby affirm and declare as follows:

1. That the details of the (Name of product) filled in above are true and correct and reflect what the policy and other documents indicate.
2. That the product complies with the various provisions of the IRDAI (Insurance Products) Regulations, 2024 and the applicable provisions of extant IRDAI Regulations and all circulars issued by IRDAI from time to time.
3. That the application, IRDAI-HIP, and all other documents are complete and have been verified for correctness and consistency not only in respect of each item of each document but also vis-a-vis one another.
4. that the policy wordings filed along with IRDAI-HIP application is in compliance with IRDAI (Insurance Products) Regulations, 2024 issued thereon.
5. that the Prospectus submitted is in compliance with the applicable provisions of IRDAI Act 1999, Insurance Act, 1938, Rules, Regulations, Guidelines/Circulars issued thereunder.

Date:

(Chief Compliance Officer)

Name of Insurer:

**Certification by Appointed Actuary:**

" I, (name of the appointed actuary), the appointed actuary, hereby solemnly declare that the information furnished in this Application Form is true. I also certify that, in my opinion, the premium rates, advantages, terms and conditions of the above product are workable and sound, the assumptions are reasonable and premium rates are fair."

I have carefully studied the requirements of the Product Filing Procedure in relation to the design and rating of insurance products.

The rates, terms and conditions of the above mentioned product are determined on technically sound basis and are sustainable on the basis of the information and claims experience available in the records of the insurer.

An adequate system has been put in place for collection of data on premiums and claims based on every rating factor that will enable review of the rates and terms of the cover from time to time. It is planned to review the rates, terms and conditions of cover (--- mention periodicity of review) based on emerging experience.

It is further certified that the underwriting of the product now filed shall be within the Board approved underwriting philosophy of the Company.

The requirements of the Product Filing Procedure have been fully complied with in respect of this product or revision or modification of the product.

I further declare that except the Sections mentioned in S.No, no other feature/benefit/clause is modified in the product (applicable only for revision or modification of the product)

Place \_\_\_\_\_ Signature of the Appointed Actuary

Date:

**Certification by Principal Officer or CEO**

I \_\_\_\_\_ (name of the Principal Officer or CEO), (mention designation) hereby confirm that:

1. The rates, terms and conditions of the above-mentioned product filed with this certificate have been determined in compliance with the IRDA Act, 1999, Insurance Act, 1938, and the Regulations and guidelines issued there under, including the IRDAI (Insurance Products) Regulations, 2024.
2. The prospectus, sales literature, policy and endorsement documents, and the rates, terms and conditions of the product have been prepared on a technically sound basis and on terms that are fair between the insurer and the client and are set out in language that is clear and unambiguous.
3. These documents are also fully in compliance with the underwriting and rating policy approved by the Board of Directors of the insurer.
4. The statements made in the filing Form IRDAI –HIP are true and correct.

Date: \_\_\_\_\_ Signature of Principal Officer or Designated Officer

Place: \_\_\_\_\_ Name and designation along with Company's seal

**Certificate by Product Management Committee (to be issued by PMC and retained by the insurer)**

**1. This is to certify that:**

- a. The PMC has reviewed the objective of introducing the product, target customers, suitability of the product in the market.
- b. The product is fully compliant with insurance principles, regulatory requirements.
- c. The prospectus and sales literature provide all the details based on which the prospect/customer can take an informed decision.
- d. The Actuarial and Financial projections, accounting impact, market share, impact on solvency margins, capital and reinsurance arrangements are examined.
- e. The PMC considered advantages and disadvantages associated with introduction of the product and have taken into account the interests of the policyholders.
- f. The PMC has concluded and recommended that the product is fit for filing/marketing.

Date:

Signature of the head of the PMC

Place:

**Name and Designation**

## Application form for 'Group Health Insurance Products' offered by Health or General Insurers

**FORM - IRDAI – UnF/FnU HLTGRP**

S No	Item	Particulars (to be filled by the Insurer)					
<b>Section I: General Information</b>							
1.1	Name of Health or General Insurer						
1.2	Registration No. allotted by IRDAI						
1.3	Name of the Group Health Insurance Product						
1.4	Date of approval by the PMC						
1.5	Whether the Product is launched?	Yes / No					
1.6	If yes, Date of Launching of the Product	DD/MM/YYYY					
1.7	If no, proposed date of launching	DD/MM/YYYY					
1.8	Whether Product is catered to the Social Sector	Yes / No					
<b>Section II: Details of the Product</b>							
2.1	Type of Coverage	Indemnity				Yes/No	
		Benefit				Yes/No	
		Both Indemnity & Benefit				Yes/No	
		Individual				Yes/No	
		Floater				Yes/No	
2.2 Structure of Base Cover offered in the Product							
S.No	Name of the Benefit	Whether Deductible allowed	If yes, range of Deductible allowed		Whether Co-Pay	If yes, range of CoPay	
		Yes/ No	Minimum	Maximum	Yes/ No	Minimum	Maximum
2.3	Any sub limits imposed	Yes / N<		3			
		Sub Limit in absolute terms (in INR)			Sub Limit as a percentage		

S No	Item		Particulars (to be filled by the Insurer)							
			Minimum	Maximum	Minimum	Maximum				
	Details of sub limits imposed in the following format (furnish separately for each option or plan of the group insurance product) Name of Option or Plan:									
	<b>Type of Benefit for which sub limit is imposed</b>		<b>Sub Limit in absolute terms (in INR)</b>		<b>Sub Limit as a percentage</b>					
		Minimum	Maximum	Minimum	Maximum					
2.4	Sum Insured offered		Minimum(Rs.)		Maximum (Rs.)					
2.5	Whether any Add ons offered		Yes / No							
2.6	If yes, Number of Add ons offered									
	Details of Add ons Offered									
	<b>Name of Add on</b>		<b>Sum Assured</b>		<b>Deductible</b>		<b>Co-Pay</b>		<b>Sub Limit</b>	
		Min	Max	Min	Max	Min	Max	Min	Max	
2.7	Number of Options or plans Offered									
	Details of Options Offered									
	<b>Name</b>		<b>Sum Assured</b>		<b>Deductible</b>		<b>Co-Pay</b>		<b>Sub Limit</b>	
		Min	Max	Min	Max	Min	Max	Min	Max	
2.8	Minimum membership of the Group									
2.9	Target Group		Employer-Employee							
			Non-Employer-Employee							
			Social Sector							
			Others (Please specify)							
2.10	Expected ICR									
2.11	Whether a Board approved underwriting policy is in place with respect to this Group Health Insurance Product?									
2.12	If yes, date of filing with PMC									

S No	Item	Particulars (to be filled by the Insurer)														
2.13	Whether the Underwriting mandates considering previous claims experience of the Group for pricing the Scheme?															
2.14	Whether Loadings are allowed	Yes / No														
2.15	Specify the objective criteria basis which loadings are levied															
2.16	Details of Loadings															
		<table border="1"> <thead> <tr> <th rowspan="2">Criteria</th> <th colspan="2">In Absolute Terms (INR), if applicable</th> <th colspan="2">In Percentage, if applicable</th> </tr> <tr> <th>Minimum</th> <th>Maximum</th> <th>Minimum</th> <th>Maximum</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Criteria	In Absolute Terms (INR), if applicable		In Percentage, if applicable		Minimum	Maximum	Minimum	Maximum					
Criteria	In Absolute Terms (INR), if applicable			In Percentage, if applicable												
	Minimum	Maximum	Minimum	Maximum												
2.16.1	What is the maximum cap on Loadings															
2.17	Whether Discounts are allowed	Yes / No														
2.18	Specify the objective criteria basis which discounts are allowed															
2.19	Details of Discounts															
		<table border="1"> <thead> <tr> <th rowspan="2">Criteria</th> <th colspan="2">In Absolute Terms (INR), if applicable</th> <th colspan="2">In Percentage, if applicable</th> </tr> <tr> <th>Minimum</th> <th>Maximum</th> <th>Minimum</th> <th>Maximum</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Criteria	In Absolute Terms (INR), if applicable		In Percentage, if applicable		Minimum	Maximum	Minimum	Maximum					
Criteria	In Absolute Terms (INR), if applicable			In Percentage, if applicable												
	Minimum	Maximum	Minimum	Maximum												
2.19.1	What is maximum cap on Discounts															
2.19.2	Any additional information concerning Loadings and Discounts															
2.19.3	Whether No Claim Bonus (NCB) is allowed on Renewal, if yes the Choice for NCB shall be with the Policyholder in the following cases  a. Increase in SI (specify rate of increase) and / or  b. Discount in Renewal Premium (specify rate of discount allowed)															
2.20	Whether system is in place to ensure that the underwriting procedure laid down for the Product is followed?															
2.21	Any wellness or preventive elements offered	Yes/No (If Yes Give complete details as an annexure)														

S No	Item	Particulars (to be filled by the Insurer)
<b>Section III: Reinsurance arrangements:</b>		
3.1	Retention limit	
3.2	Name of the reinsurer(s)	
3.3	Terms of reinsurance (type of reinsurance, commissions, etc.	
3.4	Any recapture provisions shall be described	
3.5	Reinsurance rates provided	
<b>Section IV: Pricing:</b>		
4	<p><i>Premium Loadings &amp; Discounts (Please provide objective and transparent criteria to offer discounts/rebate/Loadings And complete financial justifications by AA to every item referred hereunder.</i></p> <p><i>In case of General and Health Insurers to be also furnished separately in the Technical Note)</i></p>	
4.1	Sum insured rebates/discounts offered, if any	
4.2	Rebates/charges for different modes offered:	
4.3	Premium rebates/discounts	
4.4	Staff rebates	
4.5	Any other discounts offered	
4.9	<b>Pricing Assumptions and Methodology:</b> The pricing assumptions and the methodology may vary depending on the nature of product. Give details of the following	
4.10	Give the actuarial formulae, if any, used; if not, state how premiums are arrived at briefly explaining the methodology and details:	
4.11	Source of data (internal/industry/ reinsurance)	

S No	Item	Particulars (to be filled by the Insurer)		
4.12	Rate of morbidity [The tables wherever relevant shall be the prescribed one.]			
4.13	Rates of policy terminations. [The rates used must be in accordance with insurer's experience. If such experience is not available, this can be from the industry/reinsurer's experience.]			
4.14	Rate of interest, if any. [The rate or rates must be consistent with the investment policy of the insurer.]			
4.15	Commission scales [Give rates of commission. These are explicit items.]			
4.16	Expenses - Split into First Year, Renewal and Claim related:- [Expense assumptions must be company specific. If such experience is not available, the Appointed Actuary might consider industry experience or make reasonable assumptions.]			
4.16.1	First Year expenses by: sum assured related, premium related, per policy related			
	<b>First Year Expenses</b>	<b>sum assured related</b>	<b>premium related</b>	<b>per policy related</b>
4.16.2	Renewal expenses where relevant (including overhead expenses) by : sum assured related, premium related, per policy related			
	<b>Renewal Expenses</b>	<b>sum assured related</b>	<b>premium related</b>	<b>per policy related</b>
4.16.3	Claim expenses			
4.16.4	Future inflationary increases, if any			
4.17	Allowance for transfers to shareholder, if any: [Please see section 49 of the Insurance Act, 1938]			
4.18	Taxation. [Please see the relevant sections of the Income			

S No	Item	Particulars (to be filled by the Insurer)						
	Tax Act, 1961 applicable for payment of taxes by the Insurer]							
4.19	Any other parameter relevant to pricing of product –specify							
4.20	Reserving assumptions (please specify all the relevant details)							
4.21	Base rate (risk premium)-furnish the rate table, if any							
4.22	Gross premium- furnish the rate table, if any							
4.23	Expected loss ratio (for the product) -to be furnished for each plan offered within the product separately							
4.24	Age-wise loss ratio- to be	<b>S.No</b>	<b>Age</b>	<b>Loss ratio</b>				
	furnished for each option or plan offered within the product separately							
4.25	Sum insured-wise- loss ratio to be furnished for each option or plan offered within the product separately	<b>S.No</b>	<b>SA</b>	<b>Loss ratio</b>				
4.26	Age and sum insured wise loss ratio - to be furnished for each option or plan separately	Table given below (SI band and age bands shall be increased / decreased depending on the minimum and maximum SI / Age offered)						
		<b>S.NO</b>	<b>SI/Age bands</b>	<b>25000</b>	<b>50000</b>	<b>100000</b>	<b>150000</b>	<b>200000</b>
		1	>=0<=2					
		2	>=3<=15					
		3	>=16<=25					
		4	>=26<=30					
		5	>=31<=35					
		6	>=36<=40					
		7	>=41<=45					
		8	>=46<=50					
		9	>=51<=55					
		10	>=56<=60					
		11	>=61<=65					
		12	>=66					

S No	Item	Particulars (to be filled by the Insurer)									
4.27	Expected combined ratio (for the product) -to be furnished for each plan separately										
4.28	Age-wise combined ratio- to be furnished for each plan separately										
4.29	Sum insured-wise- combined ratio to be furnished for each plan separately										
4.30	Age and sum insured wise combined ratio - to be furnished for each option or plan separately	Table given below (SI band and age bands shall be increased / decreased depending on the minimum and maximum SI /Age offered)									
		<b>S.NO</b>	<b>SI/Age bands</b>	<b>25000</b>	<b>50000</b>	<b>100000</b>	<b>150000</b>	<b>200000</b>			
		1	>=0<=2								
		2	>=3<=15								
		3	>=16<=25								
		4	>=26<=30								
		5	>=31<=35								
		6	>=36<=40								
		7	>=41<=45								
		8	>=46<=50								
		9	>=51<=55								
		10	>=56<=60								
		11	>=61<=65								
		12	>=66								
4.31	Expected cross-subsidy between age/sum insured/ plans etc.										
4.32	Experience of similar products, if any for the preceding Five Financial Years										
		<b>S.No</b>	<b>Exposure</b>	<b>Premium - Rs.</b>	<b>Number of claims</b>	<b>Incurr ed claim s-Rs.</b>	<b>Claim frequ ency</b>	<b>Aver age cost per claim</b>	<b>Burni ng cost-Rs.</b>	<b>Loss ratio</b>	<b>Com bined ratio</b>
		FY									
		FY-1									
		FY-2									
		FY-3									
		FY-4									
	1.	1. Exposure: earned life year (no of life earned during a particular financial year);									

S No	Item	Particulars (to be filled by the Insurer)
	2. Premium: premium earned during the financial year; 3. Number of claims: claims occurred during the financial year; 4. Incurred claims: Incurred amount as of today for claims mentioned in "3"; 5. Claim frequency: No. of claims/ Exposure; 6. Average cost per claim: Incurred claims / No. of claims; 7. Burning cost: Claims frequency* Average cost per claim; 8. Loss ratio: Incurred claims/ Premium; 9. Combined ratio: Loss ratio + Expense ratio;	
4.33	Whether principle of uniform spread of risk is taken into consideration while arriving the refunds payable on cancellation/termination of policy. Please substantiate with relevant data or assumptions	
4.34	<b>Revision in pricing for existing products (Submit separately as an Annexure, percentage difference between existing and modified premium rates for each rating factor)</b>	
4.34.1	Whether there is an increase or decrease in the premiums	<i>Increase/Decrease/Increase in certain age groups only/Decrease in certain age groups only/NA</i>
4.34.2	Justification for change/modification in premium	
4.34.3	Experience of the product across plans / sum insured / age bands	In addition to the experience of similar products in Item 4.33, these tables to be furnished for the product for which revision in pricing is requested
4.34.4	How the pricing methodology differs between sum insured options	
4.35	<b>Results of Financial Projections/Sensitivity Analysis:</b> [The profit margins should be shown for various model points for base, optimistic and pessimistic scenarios in a tabular format below. The definition of profit margin should be taken as the present value of net profits to the p.v of premiums. Please specify assumptions made in each scenario. For terms less than or equal to one year loss ratio may be used and for terms more than one year, profit margin may be used.]	
4.36	Risk discount rate used in the profit margin	
4.37	Average Sum Insured Assumed	

S No	Item	Particulars (to be filled by the Insurer)		
4.38	Assumptions made under pessimistic scenario			
4.39	Assumptions made under optimistic scenario			
4.40	<b>Age [PM: Profit Margin/Loss Ratio] [Age Band may be revisited based on the product design parameters]</b>	<b>PM (base scenario)</b>	<b>PM (pessimistic scenario)</b>	<b>PM (optimistic scenario)</b>
	>=0<=2			
	>=3<=15			
	>=16<=25			
	>=26<=30			
	>=31<=35			
	>=36<=40			
	>=41<=45			
	>=46<=50			
	>=51<=55			
	>=56<=60			
	>=61<=65			
>=66				

#### Section IV: Documents to be submitted

25	Documents Submitted:	<b>S. No</b>	<b>Name of the Document</b>	<b>Yes/No</b>
		1	Policy Wordings, Policy Schedule and Certificate of Insurance	
		2	Underwriting Policy applicable to the Product	
		3	Rating Chart	
		4	Technical Note in the standard format specified by IRDAI vide circular no. IRDAI/ACT/CIR/MISC/069/04/2021 dated 01.04.2021	

**(Where modification of the pricing of the Group Product is proposed, Submit separately as an Annexure, percentage difference between existing and modified premium rates for each rating factor)**

**Certification.** The Insurer shall enclose a certificate from the Appointed Actuary, Chief Compliance Officer, countersigned by the principal officer of the insurer, as per specimen given below:( The language of this should not be altered)

#### **CERTIFICATE BY APPOINTED ACTUARY:**

"I, (name of the appointed actuary), the appointed actuary, hereby solemnly declare that the information furnished above is true. I also certify that, in my opinion, the premium rates, advantages, terms and conditions of the above

product are workable and sound, the assumptions are reasonable and premium rates are fair and the rates proposed are viable. It is further to confirm that the product is in compliance with the IRDAI (Insurance Products) Regulations, 2024."

Place  
Date:

Signature of the Appointed Actuary

**CERTIFICATE BY CHIEF COMPLIANCE OFFICER:**

I \_\_\_\_\_ (Name of CCO) hereby solemnly declare that the information filed in respect of the above Group Insurance Product is as cleared by PMC and being marketed without any variation. We undertake to file the product afresh if there is any variation in the product filed above.

Signature of the Chief Compliance Officer  
Place  
Date:

**Name and Counter Signature of the principal officer along with name, and Company's seal.**

**Information to be furnished to IRDAI on Withdrawal of Health Insurance Products or Add-ons or Riders Offered by Life or Health or General Insurers**

**GENERAL INSTRUCTIONS:**

- (a) Insurers shall use the specified form for filing information about withdrawal of existing Health Insurance products or Add-ons or Riders. Format shall be used separately for each Product or Add-on or Rider.
- (b) All items in the Form must be furnished with the relevant details.
- (c) The form shall be filed within 30 days from the date of withdrawing the product.

**FORM: IRDAI - HPW**

S No	Item	Particulars (to be filled in by the Insurer)	
1	Name of Life or Health or General Insurer		
2	Registration No. allotted by IRDAI		
3	Name of Appointed Actuary [Please note that his/her appointment should be in force as on the date of this application]		
4	Product UIN:		
5	Brand Name of the Product		
6	Date of first approval of the PMC (as applicable)		
7	Date of launch of the Product		
8	Date(s) of approval of subsequent Revision/ modification of the product by PMC (as applicable) in chronological order.	S. No	Date of approval of subsequent Revision /Modification(s)
9	Date of withdrawal of the product		
10	Date of approval of PMC for withdrawal of Product		

S No	Item	Particulars (to be filled in by the Insurer)				
		F Y	No. of Policies / Riders / Add-ons issued	No. of Lives covered	No. of Policies /Riders / Addons in force	Gross Premium (Rs.)
11	Financial year-wise business details of the product for the preceding three Financial Years (Data to be provided as on the immediate month-end preceding the date of this application)					
12	Expected loss ratio & Combined Ratio (for the product) vis-a-vis the incurred loss ratio & Combined Ratio (Data to be furnished for each Financial Year) (Applicable only for Health and General Insurers)	<b>FY</b>	<b>Loss Ratio %</b>		<b>Combined Ratio%</b>	
			Expected	Actual	Expected	Actual
13	Justification for withdrawal of the product:					

**Certification:** The Insurer shall enclose a certificate from the Appointed Actuary, Chief Compliance Officer and Principal Officer of the Company, as per specimen given below :( The language of this should not be altered)

"I, \_\_\_\_\_ (name of the appointed actuary), the appointed actuary, hereby solemnly declare that the information furnished above is true.

Place

Date: \_\_\_\_\_ Name & Signature of the Appointed Actuary

I \_\_\_\_\_ (Name of Chief Compliance Officer), the Chief Compliance Officer, hereby solemnly declare that the Company will ensure compliance with the extant regulatory norms governing the withdrawal of the products.

Place

Date: \_\_\_\_\_ Name & Signature of the Chief Compliance Officer

"This is to confirm that the information furnished above is true. The Company shall comply with extant Regulations with regard to the obligations towards all the existing Policyholders. Further, a notice period of 90 days has been provided to every existing policyholder prior to withdrawal of the Product (Not applicable to Life Insurers)."

Place \_\_\_\_\_ Name and Signature of the principal officer Company's seal

Date:

Sl. No.	Circular Reference	Description
1)	IRDAI/HLT/REG/CIR/193/07/2020 dated 22.07.2020	Master Circular on Standardization of Health Insurance Products
2)	IRDAI/HLT/REG/CIR/194/07/2020 dated 22.7.2020	Consolidated Guidelines on Product Filing in Health Insurance Business
3)	<u>IRDAI/HLT/REG/CIR/225/08/2020</u> dated 28.08.2020	Master Circular on Standardization of Health Insurance Products-Corrigendum
4)	IRDA/HLTH/ADVT/CIR/017/01/2015 dated 21-01-2015	Submission of Advertisement application through Business Analytics Project (BAP) – Health Module
5)	IRDAI/HLT/MISC/CIR/95/04/2020 dated 18.04.2020	Norms on settlement of health insurance claims.
6)	IRDAI/HLT/MISC/ORD/18/01/2021 dated 29.01.2021	Health Insurance Forum (HIF) – Reconstitution
7)	IRDAI/HLT/REG/MISC/199/07/2021 dated 23.7.2021	Extension of the timelines for complying with standards and benchmarks specified due to Covid-19 pandemic.
8)	IRDAI/HLT/REG/CIR/108/06/2022 dated 1.6.2022	Use and file procedure for all categories of products under health insurance business
9)	IRDAI/HLT/CIR/MISC/150/7/2022 dated 20.7.2022	Empanelment of network providers
10)	IRDAI/HLT/GEN/ministry/2022-23 dated 12.10.2022	Coverage of internal congenital birth defects
11)	IRDAI/HLT/MHCA/CIR/220/10/2022 dated 18.10.2022	Mental illness under the provisions of the MHC Act, 2017
12)	IRDAI/HLT/CIR/REG/244/12/2022 dated 8.12.2022	specific waiting period Internal Congenital Anomalies
13)	IRDA/HLT/CIR/CSC/097/05/2017 dated 03.05.2017	Products for distribution through Common Service Centres
14)	IRDA/HLT/REG/CIR/036/01/2020 dated 28.01.2020	Guidelines on Group Health Insurance Policies upon Merger of Public Sector Banks (PSBs)
15)	IRDAI / HLT/ MISC / CIR / 129 / 06 / 2020 dated 02.06.2020	underwriting philosophy - Persons with Disability (PWD) and people affected with HIV/AIDS and Mental Illness
16)	IRDAI / HLT/ MISC / CIR / 146 / 06/ 2020 dated 10.06.2020	Guidelines on Public Disclosures by Insurers
17)	IRDAI /HLT/CIR/MISC/145/06/2020 dated 10.06.2020	Standards for hospitals in the provider network – Disclosure of Quality Parameters

18	IRDAI/HLT/REG/CIR/149/06/2020 dated 11.06.2020	Guidelines on Telemedicine
19	IRDAI/HLT/REG/CIR/151/06/2020 dated 11.06.2020	Modified Guidelines on Product filing in Health Insurance Business-
20	IRDAI/HLT/REG/CIR/152/06/2020 dated 11.06.2020	General Terms and Clauses in Health Insurance Policy Contracts
21	IRDAI/HLT/REG/CIR/172/07/2020 dated 07.07.2020	Underwriting policy of the Insurers.
22	IRDAI/HLT/REG/CIR/197/07/2020 dated 24.07.2020	Arogya Sanjeevani Policy as group health insurance product
23	IRDAI/HLT/REG/CIR/011/01/2021 dated 13.01.2021	Cashless Claims in compliance to the provisions of Regulation 31 of IRDAI (Health Insurance) Regulations, 2016.
24	IRDAI/HLT/REG/CIR/25/02/2021 dated 03.02.2021	Guidelines on Standard Vector Borne diseases
25	IRDAI/HLT/GDL/MISC/036/02/2021 dated 25.02.2021	Guidelines on Standard Personal Accident Policy 'Saral Suraksha Bima'
26	IRDAI/HLT/REG/CIR/038/03/2021 dated 01.03.2021	Information on health insurance policies to the policyholders were specified.
27	IRDAI/HLT/REG/CIR/049/03/2021 dated 16.03.2021	Partial modification of existing guidelines on product filing in health insurance business.
28	IRDAI/HLT/REG/CIR/051/03/2021 dated 18.03.2021	Modification of Arogya Sanjeevani.
29	IRDAI/HLT/REG/CIR/058/03/2021 dated 23.03.2021	Modification of Guidelines on Standard Personal Accident Insurance product
30	IRDAI/HLT/REG/CIR/ 119/05/2021 dated 15.05.2021	Guidelines on Standard Domestic Travel Insurance Product" Bharat Yatra Suraksha" .
31	IRDAI/HLT/CIR/MISC/046/03/2022 dated 07.03.2022	Disclosure of underwriting philosophy
32	IRDAI/HLT/CIR/MISC/102/5/2022 dated 23.05.2022	Modification of Returns on standardization of health insurance products under the circular dated 22.7.2020.
33	IRDAI/HLT/REG/CIR/104/5/2022 dated 27.05.2022	Modification of definitions issued under the circular dated 22.7.2020.
34	IRDAI/HLT/CIR/MISC/102/5/2022 dated 23.5.2022	Revision of Health Insurance Regulatory Returns
35	IRDAI/HLT/CIR/MISC/150/7/2022 dated 20.7.2022	Standards and Benchmarks for the Hospitals in the Provider Network

36	IRDAI/HLT/CIR/MISC/190/9/2022 dated 13.9.2022	Revision of Health Insurance Regulatory Returns
37	IRDAI/ HLT/ CIR/ MISC/ 123/ 06/2023 dated 08.06.2023	Creation of facility to capture ABHA number of proposers
38	IRDAI/HLT/CIR/MISC/190/10/2023 dated 30.10.2023	Revision of Customer Information Sheet
39	IRDAI/HLT/CIR/GDL/31/01/2024 dated 31.01.2024	Guidelines on providing AYUSH coverage in Health Insurance policies.
40	IRDAI/HLT/CIR/MISC/59/2/2023 dated 28.02.2023	Modification of the terminology “sub-standard lives” mentioned in IRDAI ( Health Insurance ) Regulations-2016
41	IRDAI/HLT/REG/CIR/054/03/2020 dated 04.03.2020	Guidelines on handling of claims reported under Corona Virus.
42	IRDAI/HLT/REG/CIR/156/06/2020 dated 23-06-2020	Guidelines on introduction of short term health insurance policies providing coverage for COVID-19 disease
43	IRDAI/HLT/REG/CIR/164/06/2020 dated 26-06-2020	Guidelines on COVID Standard benefit based health policy.
44	IRDAI/HLT/MISC/CIR/189/07/2020 dated 14-07-2020	Provision of cashless facility to the policyholders for treatment of covid-19.
45	IRDAI / HLT/ MISC / CIR /190 / 07/ 2020 dated 16-07-2020	Guidelines on settlement of claims on treatment at ‘make-shift or temporary hospitals’ as permitted by Government.
46	IRDAI/HLT/REG/CIR/192/07/2020 dated 21-07-2020	Filing of “Corona Kavach Policy” as group health insurance product
47	IRDAI/HLT/REG/CIR/235/09/2020 dated 10-09-2020	Issuance of Electronic Policies and dispensing with physical documents and wet signature in the wake of COVID-19 pandemic.
48	IRDAI/HLT/REG/CIR/253/ 10 /2020 dated 13-10-2020	Norms on Renewability, Portability and Migration of Standard COVID Specific products have been issued.
49	IRDAI/HLT/REG/CIR/061/03/2021 dated 24.3.2021	Extension of timelines for sale and renewal of short term Covid specific health insurance policies specified.
50	IRDAI/HLT/REG/CIR/062/03/2021 dated 24.3.2021	Extension of time lines - IRDAI/HLT/REG/CIR/235/09/2020 dated 10-09-2020
51	IRDAI/HLT/MISC/CIR/ 99 /04/2021 dated 22.4.2021	Circular to insurance companies to ensure cashless facility at all empaneled network providers.

52	IRDAI/HLT/MISC/CIR/102/04/2021 dated 23.4.2021	Emphasizing /reiterating existing provisions on Communication on settlement of health insurance claims.
53	525/IRDAI/HLT/CK/2020-21 dated 10.5.2021	Availability and renewal of Standard Corona specific products due to the second wave of the Covid-19.
54	IRDAI/HLT/REG/CIR/246/09/2021 dated 13.09.2021	Extension of the timelines for sale and renewal of short term Covid specific health insurance policies 31.03.2022
55	IRDAI/HLT/REG/CIR/57/03/2022 dated 28.3.2022	Extension of the timelines for sale and renewal of short term Covid specific health insurance policies.-31.09.2022