Circular

Ref: IRDA/HLT/REG/CIR/146/07/2016 dated 29.07.2016

Guidelines on Standardization in Health Insurance

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GENERAL

1. OBJECTIVE:

IRDAI (Health Insurance) Regulations, 2016 were notified on 18-07-2016. As specified in Schedule . III of the Regulations; the Authority has to specify certain Guidelines, Regulatory Returns and Formats etc., for compliance by all Insurers and TPAs, as may be applicable.

The objective of this circular is to set out the said regulatory requirements that every Insurer and TPA shall comply with.

2. APPLICABILITY:

This circular is applicable to all Insurers and TPAs, wherever applicable.

3. LEGAL AND OTHER PROVISIONS:

3.1 This circular is issued under the provisions of Section 34 (1) of Insurance Act, 1938 and under the powers vested with Regulation 2 (i) (o) of IRDAI (Health Insurance) Regulations, 2016.

3.2 The periodicity of the returns and reports shall be as mentioned under respective Chapters in this circular.

3.3 Standard definitions for 42 commonly used terms in health insurance policies are prescribed in Chapter I of this Circular.

3.4 Standard nomenclature and procedures for 22 Critical Illnesses are prescribed in Chapter II of this Circular.

3.5 Items for which optional cover may be offered by Insurers are prescribed in Chapter III of this Circular.

3.6 Standards and Benchmarks for hospitals in the provider network are prescribed in Chapter IV of this Circular.

3.7 Health Insurance Returns to be filed by all Insurers are prescribed in Chapter V of this Circular.

4. EFFECTIVE DATE:

The provisions of this circular shall be applicable with immediate effect or as specified in the respective provisions. The provisions of this Circular supersede the previous guidelines issued vide reference IRDA/HLT/CIR/036/02/2013 dated 20/02/2013 and IRDA/HLT/REG/CIR/125/07/2013 dated 03/07/2013.

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CHAPTER I

Standard Definitions of terminology to be used in Health Insurance Policies

It has become increasingly necessary to ensure that certain basic terminology being used in Health Insurance policies are given standard definitions so that prospects and insureds are able to understand them without ambiguity. All insurers shall adhere to the following standard definitions for the terminology listed hereunder, for all insurance products filed hereafter falling under the definition of ±Health Insurance Businessq wherever the said terms are referred to in the terms and conditions. Where a particular terminology is not applicable to one or more types of policies, it is indicated against it in brackets.

1. Accident:

An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.

2. Any one illness: (not applicable for Travel and Personal Accident Insurance)

Any one illness means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.

3. Cashless facility:

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 is approved.

4. Condition Precedent:

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

5. Congenital Anomaly:

Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position.

a) **Internal Congenital Anomaly**

Congenital anomaly which is not in the visible and accessible parts of the body.

b) <u>External Congenital Anomaly</u>

Congenital anomaly which is in the visible and accessible parts of the body

6. Co-Payment:

Co-payment means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.

7. Cumulative Bonus:

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

8. Day Care Centre:

A day care centre means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under .

i) has qualified nursing staff under its employment;
ii) has qualified medical practitioner/s in charge;
iii) has fully equipped operation theatre of its own where surgical procedures are carried out;
iv) maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

9. Day Care Treatment:

Day care treatment means 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 hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.
(Insurers may, in addition, restrict coverage to a specified list).

10. Deductible:

Deductible means a cost sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

(Insurers to define whether the deductible is applicable per year, per life or per event and the manner of applicability of the specific deductible)

11. Dental Treatment:

Dental treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

12. Disclosure to information norm:

The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.

13. Domiciliary Hospitalization:

Domiciliary hospitalization 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:

i) the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
ii) the patient takes treatment at home on account of non-availability of room in a hospital.

14. Emergency Care:

Emergency care means management for an 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.

15. Grace Period:

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.

16. Hospital (not applicable for Overseas Travel Insurance):

A 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 Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act **Or** complies with all minimum criteria as under:

i) has qualified nursing staff under its employment round the clock;
ii) 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;
iii) has qualified medical practitioner(s) in charge round the clock;
iv) has a fully equipped operation theatre of its own where surgical procedures are carried out;
v) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;

17. Hospitalization (not applicable for Overseas Travel Insurance):

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

18. Illness:

Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

(a) Acute condition - 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 - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:

1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
2. it needs ongoing or long-term control or relief of symptoms
3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
4. it continues indefinitely
5. it recurs or is likely to recur

19. Injury:

Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

20. Inpatient Care (not applicable for Overseas Travel Insurance):

Inpatient care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

21. Intensive Care Unit:

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.

22. ICU Charges:

ICU (Intensive Care Unit) Charges means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

23. Maternity expenses:

Maternity expenses means;

a) medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);
b) expenses towards lawful medical termination of pregnancy during the policy period.

24. Medical Advice:

Medical Advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

25. Medical Expenses:

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.

26. Medical Practitioner (not applicable for Overseas Travel Insurance):

Medical Practitioner means 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 its scope and jurisdiction of license.

(Insurance companies may specify additional or restrictive criteria to the above e.g. that the registered practitioner should not be the insured or close member of the family. Insurance Companies may also specify definition suitable to overseas jurisdictions where Indian policyholders are getting treatment outside India as per the terms and conditions of a health insurance policy issued in India)

27. Medically Necessary Treatment (not applicable for Overseas Travel Insurance):

Medically necessary treatment means any treatment, tests, medication, or stay in *hospital* or part of a stay in *hospital* which:

i) is required for the medical management of the illness or injury suffered by the insured;
ii) must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
iii) must have been prescribed by a *medical practitioner*;
iv) must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

28. Network Provider (not applicable for Overseas Travel Insurance):

Network Provider means hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.

29. New Born Baby:

Newborn baby means baby born during the Policy Period and is aged upto 90 days. .

30. Non- Network Provider:

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

31. Notification of Claim:

Notification of claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

32. OPD treatment:

OPD treatment means the 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.

33. Pre-Existing Disease (not applicable for Overseas Travel Insurance):

Pre-Existing Disease means any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which medical advice / treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter.

(Life Insurers may define norms for applicability of PED at reinstatement).

34. Pre-hospitalization Medical Expenses

Pre-hospitalization Medical Expenses means medical expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that:

i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and

ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

35. Post-hospitalization Medical Expenses:

Post-hospitalization Medical Expenses means medical expenses incurred during pre-defined number of days immediately after the insured person is discharged from the hospital provided that:

i. Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and

ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.

36. Qualified Nurse (not applicable for Overseas Travel Insurance):

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.

37. Reasonable and Customary Charges (not applicable for Overseas Travel Insurance):

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.

38. Renewal:

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 gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

39. Room Rent:

Room Rent means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.

40. Subrogation (Applicable to other than Health Policies and health sections of Travel and PA policies):

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.

41. Surgery or Surgical Procedure:

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 from suffering and prolongation of life, performed in a hospital or day care centre by a *medical practitioner.*

42. Unproven/Experimental treatment:

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

CHAPTER II

Standard Nomenclature and Procedure for Critical Illnesses

The following nomenclature and procedure are being prescribed for 22 critical illnesses that could form part of a health insurance policy. All Insurers shall use the definitions without exception wherever the products offer coverage to any of the Critical Illnesses specified herein. All health insurance policies filed hereafter covering critical illnesses shall use the nomenclature and procedure specified herein.

1. CANCER OF SPECIFIED SEVERITY

I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

II. The following are excluded .

   i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
   ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
   iii. Malignant melanoma that has not caused invasion beyond the epidermis;
   iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
   v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
   vi. Chronic lymphocytic leukaemia less than RAI stage 3
   vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
   viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
   ix. All tumors in the presence of HIV infection.

2. MYOCARDIAL INFARCTION

(First Heart Attack of specific severity)

I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

   i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
   ii. New characteristic electrocardiogram changes
   iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

II. The following are excluded:

   i. Other acute Coronary Syndromes
   ii. Any type of angina pectoris
   iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

3. OPEN CHEST CABG

I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

II. The following are excluded:
   i. Angioplasty and/or any other intra-arterial procedures

4. OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES

I. The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

5. COMA OF SPECIFIED SEVERITY

I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
   i. no response to external stimuli continuously for at least 96 hours;
   ii. life support measures are necessary to sustain life; and
   iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

II. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

6. KIDNEY FAILURE REQUIRING REGULAR DIALYSIS

I. End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

7. STROKE RESULTING IN PERMANENT SYMPTOMS

I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial 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.

II. **The following are excluded:**
   i. Transient ischemic attacks (TIA)
   ii. Traumatic injury of the brain
   iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

8. MAJOR ORGAN /BONE MARROW TRANSPLANT

I. The actual undergoing of a transplant of:

   i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or

ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

II. The following are excluded:

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

9. PERMANENT PARALYSIS OF LIMBS

I. Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

10. MOTOR NEURON DISEASE WITH PERMANENT SYMPTOMS

I. Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

11. MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS

I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
   i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
   ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

II. Other causes of neurological damage such as SLE and HIV are excluded.

12. ANGIOPLASTY

I. Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50 % of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG).

II. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.

III. Diagnostic angiography or investigation procedures without angioplasty/stent insertion are excluded.

13. BENIGN BRAIN TUMOR

I. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.

II. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.
   i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
   ii. Undergone surgical resection or radiation therapy to treat the brain tumor.

III. The following conditions are **excluded:**

Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

14. BLINDNESS

I. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.

II. The Blindness is evidenced by:
   i. corrected visual acuity being 3/60 or less in both eyes or ;
   ii. the field of vision being less than 10 degrees in both eyes.

III. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

15. DEAFNESS

I. Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means %the loss of

hearing to the extent that the loss is greater than 90decibels across all frequencies of hearing+in both ears.

16. END STAGE LUNG FAILURE

I. End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:

   i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
   ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
   iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO2 < 55mmHg); and
   iv. Dyspnea at rest.

17. END STAGE LIVER FAILURE

I. Permanent and irreversible failure of liver function that has resulted in all three of the following:

   i. Permanent jaundice; and
   ii. Ascites; and
   iii. Hepatic encephalopathy.

II. Liver failure secondary to drug or alcohol abuse is **excluded.**

18. LOSS OF SPEECH

I. Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

II. All psychiatric related causes are excluded.

19. LOSS OF LIMBS

I. The physical separation of **two** or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be

permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

20. MAJOR HEAD TRAUMA

I. Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.

II. The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word %permanent+ shall mean beyond the scope of recovery with current medical knowledge and technology.

III. The Activities of Daily Living are:

   i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
   ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
   iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
   iv. Mobility: the ability to move indoors from room to room on level surfaces;
   v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
   vi. Feeding: the ability to feed oneself once food has been prepared and made available.

IV. The following are excluded:
   i. Spinal cord injury;

21. PRIMARY (IDIOPATHIC) PULMONARY HYPERTENSION

I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

II. The NYHA Classification of Cardiac Impairment are as follows:

   i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
   ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

22. THIRD DEGREE BURNS

I. There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

CHAPTER III

Items for which optional cover may be offered by insurers

There are certain generally excluded items such as consumables, non-medical items including toiletries, cosmetics, personal comfort or convenience items, apart from certain elements of room charges, administrative charges, cost of external durable devices and others that insurers may offer cover either as part of a basic cover or as an add-on, optional or otherwise under a health insurance policy. It is necessary to specify upfront what is being included and what is excluded by mentioning the same in the insurance policy.

Where the insurer has a list of expenses not covered under the policy, the same has to be mentioned in the policy and the detailed list needs to be put up on the website of the insurer to enable the policyholder to refer to the details as and when required. The disclosure referred herein shall be applicable in respect of all health insurance products that are offered as on the date of this circular and shall be put up in the website within 30 days from the date of this circular.

Insurers, however, may endeavour to cover all or some of these items or design add-ons or optional covers for them. Such generally excluded items which may be covered by insurers are mentioned in **Annexure I** of these Guidelines.

The instructions given in this Chapter are applicable to Indemnity policies only.

CHAPTER IV

Standards and benchmarks for hospitals in the provider network

Insurers and TPAs, wherever applicable, shall ensure that Network Providers or Hospitals which meet with the definition of ±Hospitalqprovided in Clause 16 of Chapter I of these Guidelines shall meet with the following minimum requirements:

a. They shall be registered in the Hospital Registry ROHINI maintained by Insurance Information Bureau (IIB) [https://rohini.iib.gov.in/]. All existing Network Providers shall complete the registration within ninety days of the date of notification of these guidelines.
(**Explanatory note**: Insurers and TPAs must endeavour to get hospitals involved in reimbursement claims to also register in the Hospital Registry ROHINI)

b. All such providers offering cashless services for allopathic treatment shall meet with the pre-accreditation entry level standards laid down by National Accreditation Board for Hospitals (NABH) or such other standards or requirements as may be specified by the Authority from time to time within a period of two years from the date of notification of these Guidelines.
(**Explanatory Note**: Network Providers are to visit NABH website for details regarding procedure for obtaining the necessary accreditation)

c. The providers shall comply with the minimum standard clauses in the agreement amongst Insurers, Network Providers and TPAs applicable to providers listed in Annexure 22 of Circular Ref. IRDA/TPA/REG/CIR/059/03/2016 dated 28.03.16 and as amended from time to time.

d. Providers shall be bound by the Provider Services· Cashless facility admission procedure laid down in Schedule A of Circular Ref. IRDA/TPA/REG/CIR/059/03/2016 dated 28.03.16 and as amended from time to time.

e. Providers shall be bound by the process of de-empanelment of providers laid down in Schedule B of Circular Ref. IRDA/TPA/REG/CIR/059/03/2016 dated 28.03.16 as amended from time to time.

f. Providers shall follow the standard discharge summary format prescribed under Schedule C of Circular Ref. IRDA/TPA/REG/CIR/059/03/2016 dated 28.03.16 and as amended from time to time.

g. Providers shall follow the standard format for provider bills prescribed under Schedule D of Circular Ref. IRDA/TPA/REG/CIR/059/03/2016 dated 28.03.16 and as amended from time to time.

h. Providers shall ensure that the standard claim form and form for request for cashless hospitalization for Health Insurance Policy provided for under Annexure 30 of TPA Circular Ref. IRDA/TPA/REG/CIR/059/03/2016 dated 28.03.2016 and as amended from time to time are adhered to in respect of all claims.

CHAPTER V

Health Insurance Returns

In supersession of the returns prescribed earlier, now, under the powers vested vide Regulation (37) of IRDAI(Health Insurance) Regulations, 2016, the Authority prescribes the periodical returns to be submitted by all the Insurers through the Business Analytics Project (BAP) module as mentioned in **Annexure II** attached to these Guidelines.

All the returns as specified under Annexure II shall be furnished for data pertaining to Financial Year 2017-18 onwards. Returns upto the FY 2016-17 shall be furnished in the old format.

The timeline for submission of the returns is specified as under.

1. All Yearly returns shall be furnished within 60 days from the close of the Financial Year.
2. All Half Yearly returns shall be furnished within 45 days from the close of every Half - Year.
3. All Quarterly returns shall be furnished within 30 days from the close of the Quarter.

ANNEXURE I

Items for which optional cover may be offered by insurers

SNO.	Item
I	**TOILETRIES/COSMETICS/PERSONAL COMFORT OR CONVENIENCE ITEMS/SIMILAR EXPENSES**
1	HAIR REMOVAL CREAM
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
3	BABY FOOD
4	BABY UTILITES CHARGES
5	BABY SET
6	BABY BOTTLES
7	BRUSH
8	COSY TOWEL
9	HAND WASH
10	MOISTURISER PASTE BRUSH
11	POWDER
12	RAZOR
13	SHOE COVER
14	BEAUTY SERVICES
15	BELTS/ BRACES
16	BUDS
17	BARBER CHARGES
18	CAPS
19	COLD PACK/HOT PACK
20	CARRY BAGS

21	CRADLE CHARGES
22	COMB
23	DISPOSABLES RAZORS CHARGES (for site preparations)
24	EAU-DE-COLOGNE / ROOM FRESHNERS
25	EYE PAD
26	EYE SHEILD
27	EMAIL / INTERNET CHARGES
28	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)
29	FOOT COVER
30	GOWN
31	LEGGINGS
32	LAUNDRY CHARGES
33	MINERAL WATER
34	OIL CHARGES
35	SANITARY PAD
36	SLIPPERS
37	TELEPHONE CHARGES
38	TISSUE PAPER
39	TOOTH PASTE
40	TOOTH BRUSH
41	GUEST SERVICES
42	BED PAN
43	BED UNDER PAD CHARGES
44	CAMERA COVER
45	CLINIPLAST
46	CREPE BANDAGE

47	CURAPORE
48	DIAPER OF ANY TYPE
49	DVD, CD CHARGES
50	EYELET COLLAR
51	FACE MASK
52	FLEXI MASK
53	GAUSE SOFT
54	GAUZE
55	HAND HOLDER
56	HANSAPLAST/ ADHESIVE BANDAGES
57	INFANT FOOD
58	SLINGS
59	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES
60	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,
61	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION
62	HORMONE REPLACEMENT THERAPY
63	HOME VISIT CHARGES
64	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE
65	OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY
66	PSYCHIATRIC AND PSYCHOSOMATIC DISORDERS
67	CORRECTIVE SURGERY FOR REFRACTIVE ERROR
68	TREATMENT OF SEXUALLY TRANSMITTED DISEASES
69	DONOR SCREENING CHARGES
70	ADMISSION/REGISTRATION CHARGES
71	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE

72	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED
73	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY
74	STEM CELL IMPLANTATION/ SURGERY and storage
75	WARD AND THEATRE BOOKING CHARGES
76	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
77	MICROSCOPE COVER
78	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER
79	SURGICAL DRILL
80	EYE KIT
81	EYE DRAPE
82	X-RAY FILM
83	SPUTUM CUP
84	BOYLES APPARATUS CHARGES
85	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
86	ANTISEPTIC OR DISINFECTANT LOTIONS
87	BAND AIDS, BANDAGES, STERLILE INJECTIONS, NEEDLES, SYRINGES
88	COTTON
89	COTTON BANDAGE
90	MICROPORE/ SURGICAL TAPE
91	BLADE
92	APRON
93	TORNIQUET
94	ORTHOBUNDLE, GYNAEC BUNDLE
95	URINE CONTAINER

II	**ELEMENTS OF ROOM CHARGE**
96	LUXURY TAX
97	HVAC
98	HOUSE KEEPING CHARGES
99	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
100	TELEVISION AND AIR CONDITIONER CHARGES
101	SURCHARGES
102	ATTENDANT CHARGES
103	IM IV INJECTION CHARGES
104	CLEAN SHEET
105	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
106	BLANKET/WARMER BLANKET
III	***A*DMINISTRATIVE OR NON-MEDICAL CHARGES**
107	ADMISSION KIT
108	BIRTH CERTIFICATE
109	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
110	CERTIFICATE CHARGES
111	COURIER CHARGES
112	CONVENYANCE CHARGES
113	DIABETIC CHART CHARGES
114	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
115	DISCHARGE PROCEDURE CHARGES
116	DAILY CHART CHARGES
117	ENTRANCE PASS / VISITORS PASS CHARGES
118	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
119	FILE OPENING CHARGES

120	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
121	MEDICAL CERTIFICATE
122	MAINTAINANCE CHARGES
123	MEDICAL RECORDS
124	PREPARATION CHARGES
125	PHOTOCOPIES CHARGES
126	PATIENT IDENTIFICATION BAND / NAME TAG
127	WASHING CHARGES
128	MEDICINE BOX
129	MORTUARY CHARGES
130	MEDICO LEGAL CASE CHARGES (MLC CHARGES)
IV	**EXTERNAL DURABLE DEVICES**
131	WALKING AIDS CHARGES
132	BIPAP MACHINE
133	COMMODE
134	CPAP/ CAPD EQUIPMENTS
135	INFUSION PUMP . COST
136	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
137	PULSEOXYMETER CHARGES
138	SPACER
139	SPIROMETRE
140	SPO2 PROBE
141	NEBULIZER KIT
142	STEAM INHALER
143	ARMSLING
144	THERMOMETER

145	CERVICAL COLLAR
146	SPLINT
147	DIABETIC FOOT WEAR
148	KNEE BRACES (LONG/ SHORT/ HINGED)
149	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
150	LUMBO SACRAL BELT
151	NIMBUS BED OR WATER OR AIR BED CHARGES
152	AMBULANCE COLLAR
153	AMBULANCE EQUIPMENT
154	MICROSHEILD
155	ABDOMINAL BINDER
V	**ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION**
156	BETADINE \ HYDROGEN PEROXIDE\SPIRIT\\ \ DISINFECTANTS ETC
157	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
158	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
159	SUGAR FREE Tablets
160	CREAMS POWDERS LOTIONS (Toileteries are not payable,only prescribed medical pharmaceuticals payable)
161	Digestion gels
162	ECG ELECTRODES
163	GLOVES
164	HIV KIT
165	LISTERINE/ ANTISEPTIC MOUTHWASH
166	LOZENGES
167	MOUTH PAINT
168	NEBULISATION KIT
169	NOVARAPID

170	VOLINI GEL/ ANALGESIC GEL
171	ZYTEE GEL
172	VACCINATION CHARGES
VI	**PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE**
173	AHD
174	ALCOHOL SWABES
175	SCRUB SOLUTION/STERILLIUM
VII	**OTHERS**
176	VACCINE CHARGES FOR BABY
177	AESTHETIC TREATMENT / SURGERY
178	TPA CHARGES
179	VISCO BELT CHARGES
180	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]
181	EXAMINATION GLOVES
182	KIDNEY TRAY
183	MASK
184	OUNCE GLASS
185	OUTSTATION CONSULTANT'S/ SURGEON'S FEES
186	OXYGEN MASK
187	PAPER GLOVES
188	PELVIC TRACTION BELT
189	REFERAL DOCTOR'S FEES
190	ACCU CHECK (Glucometery/ Strips)
191	PAN CAN
192	SOFNET
193	TROLLY COVER

194	UROMETER, URINE JUG
195	AMBULANCE
196	TEGADERM / VASOFIX SAFETY
197	URINE BAG
198	SOFTOVAC
199	STOCKINGS

Annexure II

List of Health Insurance Regulatory Returns

Sno.	Form Number	Description	Freq.	Timeline	Applicability
1	HIR-1-a	Details of product performance - Health Insurance	Yearly	60 days	General/Health Insurers
2	HIR-1-b	Details of product performance - Personal Accident	Yearly	60 days	General/Health Insurers
3	HIR-1-c	Details of product performance - Domestic Travel Insurance	Yearly	60 days	General/Health Insurers
4	HIR-1-d	Details of product performance - Overseas Travel Insurance	Yearly	60 days	General/Health Insurers
5	HIR-2	Details of product performance - Health Insurance Products of Life Insurers	Yearly	60 days	Life Insurers only
6	HIR-3	Details of performance of Health Insurance Riders of Life Insurers	Yearly	60 days	Life Insurers only
7	HIR-4-a	Details of performance of Add-ons - Health Insurance	Yearly	60 days	General/Health Insurers
8	HIR-4-b	Details of performance of Add-ons - Personal Accident	Yearly	60 days	General/Health Insurers
9	HIR-4-c	Details of performance of Add-ons - Domestic Travel Insurance	Yearly	60 days	General/Health Insurers
10	HIR-4-d	Details of performance of Add-ons - Overseas Travel Insurance	Yearly	60 days	General/Health Insurers
11	HIR-5	Details of performance of Combi-products	Yearly	60 days	Life/General/Health Insurers - Data to be submitted by Lead Insurers
12	HIR-6-a-i	Details of State-wise Channel-wise Business - Health Insurance- Group Policies	Yearly	60 days	Life/General/Health Insurers
13	HIR-6-a-ii	Details of State-wise Channel-wise Business - Health Insurance- Individual Policies	Yearly	60 days	Life/General/Health Insurers
14	HIR-6-b-i	Details of State-wise Channel-wise Business - Personal Accident - Group Policies	Yearly	60 days	General/Health Insurers
15	HIR-6-b-ii	Details of State-wise Channel-wise Business - Personal Accident- Individual Policies	Yearly	60 days	General/Health Insurers
16	HIR-6-c-i	State-wise Channel-wise Number of Policies Issued and Gross Premium - Domestic Travel- Group policies	Yearly	60 days	General/Health Insurers
17	HIR-6-c-ii	State-wise Channel-wise Number of Policies Issued and Gross Premium - Domestic Travel- Individual Policies	Yearly	60 days	General/Health Insurers

18	HIR-6-d-i	State-wise Channel-wise Number of Policies Issued and Gross Premium - Overseas Travel- Group Policies	Yearly	60 days	General/Health Insurers
19	HIR-6-d-ii	State-wise Channel-wise Number of Policies Issued and Gross Premium - Overseas Travel- Individual Policies	Yearly	60 days	General/Health Insurers
24	HIR-7-a-i	State-wise details of new business and renewal business - Health Insurance- Group Family Floater	Yearly	60 days	Life/General/Health Insurers
25	HIR-7-a-ii	State-wise details of New Business & Renewal Business - Health Insurance- Group- Other than Family Floater	Yearly	60 days	Life/General/Health Insurers
26	HIR-7-a-iii	State-wise details of New Business & Renewal Business - Health Insurance- Individual Family Floater	Yearly	60 days	Life/General/Health Insurers
27	HIR-7-a-iv	State-wise details of New Business & Renewal Business - Health Insurance- Individual Other Than Family Non-Floater	Yearly	60 days	Life/General/Health Insurers
28	HIR-7-b-i	State-wise details of New Business & Renewal Business - Personal Accident Insurance- Group Insurance	Yearly	60 days	General/Health Insurers only
29	HIR-7-b-ii	State-wise details of New Business & Renewal Business - Personal Accident Insurance- Individual Insurance	Yearly	60 days	General/Health Insurers only
30	HIR-7-c-i	State-wise details of New Business & Renewal Business - Overseas Travel Insurance- Group Insurance	Yearly	60 days	General/Health Insurers only
31	HIR-7-c-ii	State-wise details of New Business & Renewal Business - Overseas Travel Insurance- Individual Insurance	Yearly	60 days	General/Health Insurers only
32	HIR-7-d-i	State-wise details of New Business & Renewal Business - Domestic Travel Insurance- Group Insurance	Yearly	60 days	General/Health Insurers only
33	HIR-7-d-ii	State-wise details of New Business & Renewal Business - Domestic Travel Insurance- Individual Insurance	Yearly	60 days	General/Health Insurers only
34	HIR-8-a-i	Details of product-wise settlement of claims through TPAs- Health Insurance	Yearly	60 days	Life/General/Health Insurers
35	HIR-8-a-ii	Details of product-wise settlement of claims through In-house settlement -Health Insurance	Yearly	60 days	Life/General/Health Insurers
36	HIR-8-b-i	Details of product-wise settlement of claims through TPAs- Personal Accident	Yearly	60 days	General/Health Insurers
37	HIR-8-b-ii	Details of product-wise settlement of claims through In-house settlement -Personal Accident	Yearly	60 days	General/Health Insurers

38	HIR-8-c-i	Details of product-wise settlement of claims through TPAs-Oversaes Travel Insurance	Yearly	60 days	General/Health Insurers
39	HIR-8-c-ii	Details of product-wise settlement of claims through In-house settlement -Oversaes Travel Insurance	Yearly	60 days	General/Health Insurers
40	HIR-8-d-i	Details of product-wise settlement of claims through TPAs-Domestic Travel Insurance	Yearly	60 days	General/Health Insurers
41	HIR-8-d-ii	Details of product-wise settlement of claims through In-house settlement -Domestic Travel Insurance	Yearly	60 days	General/Health Insurers
42	HIR-9-a	Product wise claims performance and aging - Health Insurance	Yearly	60 days	Life/General/Health Insurers
43	HIR-9-b	Product wise claims performance and aging - Personal Accident	Yearly	60 days	General/Health Insurers
44	HIR-9-c	Product wise claims performance and aging - Domestic Travel	Yearly	60 days	General/Health Insurers
45	HIR-9-d	Product wise claims performance and aging - Overseas travel	Yearly	60 days	General/Health Insurers
46	HIR-10-a-i	State-wise claims paid by mode of settlement of claims (Health) - Individual Policies	Yearly	60 days	Life/General/Health Insurers
47	HIR-10-a-ii	State-wise claims paid by mode of settlement of claims (Health) - Group Policies	Yearly	60 days	Life/General/Health Insurers
48	HIR-10-b-i	State-wise claims paid by mode of settlement of claims (PA) - Individual Policies	Yearly	60 days	General/Health Insurers
49	HIR-10-b-ii	State-wise claims paid by mode of settlement of claims (PA) - Group Policies	Yearly	60 days	General/Health Insurers
50	HIR-10-c-i	State-wise claims paid by mode of settlement of claims (Domestic Travel) - Individual Policies	Yearly	60 days	General/Health Insurers
51	HIR-10-c-ii	State-wise claims paid by mode of settlement of claims (Domestic Travel) - Group Policies	Yearly	60 days	General/Health Insurers
52	HIR-10-d-i	State-wise claims paid by mode of settlement of claims (Overses Travel) - Individual Policies	Yearly	60 days	General/Health Insurers
53	HIR-10-d-ii	State-wise claims paid by mode of settlement of claims (Overses Travel) - Group Policies	Yearly	60 days	General/Health Insurers
54	HIR-11-a-i	State-wise channel-wise details of claims paid - Group Health Policies	Yearly	60 days	Life/General/Health Insurers
55	HIR-11-a-ii	State-wise channel-wise details of claims paid - Individual Health Policies	Yearly	60 days	Life/General/Health Insurers

56	HIR-11-b-i	State-wise channel-wise details of claims paid - Group PA Policies	Yearly	60 days	General/Health Insurers
57	HIR-11-b-ii	State-wise channel-wise details of claims paid - Individual PA Policies	Yearly	60 days	General/Health Insurers
58	HIR-11-c	State-wise channel-wise details of claims paid (Domestic Travel)(Group + Individual)	Yearly	60 days	General/Health Insurers
59	HIR-11-d	State-wise channel-wise details of claims paid (Overseas Travel)(Group + Individual)	Yearly	60 days	General/Health Insurers
60	HIR-12-a-i	Details of large claim settled at state wise -through TPAs (Health)	Yearly	60 days	Life/General/Health Insurers
61	HIR-12-a-ii	Details of large claim settled at state wise -through In-House Settlement (Health)	Yearly	60 days	Life/General/Health Insurers
62	HIR-12-b-i	Details of large claim settled at state wise -through TPAs (PA)	Yearly	60 days	General/Health Insurers
63	HIR-12-b-ii	Details of large claim settled at state wise -through In-House Settlement (PA)	Yearly	60 days	General/Health Insurers
64	HIR-12-c-i	Details of large claim settled at state wise -through TPAs (Domestic Travel)	Yearly	60 days	General/Health Insurers
65	HIR-12-c-ii	Details of large claim settled at state wise -through In-House Settlement (Domestic Travel)	Yearly	60 days	General/Health Insurers
66	HIR-12-d-i	Details of large claim settled at state wise -through TPAs (Overses Travel)	Yearly	60 days	General/Health Insurers
67	HIR-12-d-ii	Details of large claim settled at state wise -through In-House Settlement(Overses Travel)	Yearly	60 days	General/Health Insurers
68	HIR-13	State-wise details on number of network providers	Yearly	60 days	Life/General/Health Insurers
69	HIR-14-a- F	Performance of Government sponsored Scheme (Health) - for the half-year period	Half-yearly	45 days	Life/General/Health Insurers
70	HIR-14-a- U	Performance of Government sponsored Scheme (Health) - upto the end of the period	Half-yearly	60 days	Life/General/Health Insurers
71	HIR-14-b- F	Performance of Government sponsored Scheme (PA) - for the half-year period	Half-yearly	45 days	General/Health Insurers
72	HIR-14-b- U	Performance of Government sponsored Scheme (PA) - upto the end of the period	Half-yearly	60 days	General/Health Insurers

73	HIR-15-a-i-F	Details of Claims Handled Directly by Insurers (Health)(Group Other Than Family Floater) -for the half-year period	Half-yearly	45 days	Life/General/Health Insurers
74	HIR-15-a-i-U	Details of Claims Handled Directly by Insurers (Health)(Group Other Than Family Floater)-upto the end of the period	Half-yearly	60 days	Life/General/Health Insurers
75	HIR-15-a-ii-F	Details of Claims Handled Directly by Insurers (Health)(Group Family Floater) - for the half-year period	Half-yearly	45 days	Life/General/Health Insurers
76	HIR-15-a-ii-U	Details of Claims Handled Directly by Insurers (Health)(Group Family Floater) -upto the end of the period	Half-yearly	60 days	Life/General/Health Insurers
77	HIR-15-a-iii-F	Details of Claims Handled Directly by Insurers (Health)(Individual Family Floater) - for the half-year period	Half-yearly	45 days	Life/General/Health Insurers
78	HIR-15-a-iii-U	Details of Claims Handled Directly by Insurers (Health)(Individual Family Floater) -upto the end of the period	Half-yearly	60 days	Life/General/Health Insurers
79	HIR-15-a-iv-F	Details of Claims Handled Directly by Insurers (Health)(Individual Other Than Family Floater) - for the half-year period	Half-yearly	45 days	Life/General/Health Insurers
80	HIR-15-a-iv-U	Details of Claims Handled Directly by Insurers (Health)(Individual Other Than Family Floater) -upto the end of the period	Half-yearly	60 days	Life/General/Health Insurers
81	HIR-15-b-i-F	Details of Claims Handled Directly by Insurers (PA)(Group Policies) - for the half-year period	Half-yearly	45 days	General/Health Insurers
82	HIR-15-b-i-U	Details of Claims Handled Directly by Insurers (PA)(Group Policies) - upto the end of the period	Half-yearly	60 days	General/Health Insurers
83	HIR-15-b-ii-F	Details of Claims Handled Directly by Insurers (PA)(Individual Policies) - for the half-year period	Half-yearly	45 days	General/Health Insurers
84	HIR-15-b-ii-U	Details of Claims Handled Directly by Insurers (PA)(Individual Policies) -upto the end of the period	Half-yearly	60 days	General/Health Insurers
85	HIR-15-c-i- F	Details of Claims Handled Directly by Insurers (Domestic Travel)(Group Policies) - for the half-year period	Half-yearly	45 days	General/Health Insurers
86	HIR-15-c-i- U	Details of Claims Handled Directly by Insurers (Domestic Travel)(Group Policies) -upto the end of the period	Half-yearly	60 days	General/Health Insurers
87	HIR-15-c-ii- F	Details of Claims Handled directly by insurers (Domestic Travel)(Individual Policies) -for the half-year period	Half-yearly	45 days	General/Health Insurers
88	HIR-15-c-ii- U	Details of Claims Handled directly by insurers (Domestic Travel)(Individual Policies) -upto the end of the period	Half-yearly	60 days	General/Health Insurers

89	HIR-15-d-i- F	Details of Claims Handled directly by insurers (Overseas Travel)(Group Policies) - for the half-year period	Half-yearly	45 days	General/Health Insurers
90	HIR-15-d-i- U	Details of Claims Handled directly by insurers (Overseas Travel)(Group Policies) -upto the end of the period	Half-yearly	60 days	General/Health Insurers
91	HIR-15-d-ii- F	Details of Claims Handled directly by insurers (Overseas Travel)(Individual Policies) - for the half-year period	Half-yearly	45 days	General/Health Insurers
92	HIR-15-d-ii- U	Details of Claims Handled directly by insurers (Overseas Travel)(Individual Policies) -upto the end of the period	Half-yearly	60 days	General/Health Insurers
93	HIR-16-a-i - F	TPA wise details of claims settled (Health)(Group Other Than Family Floater)- for the half-year period	Half-yearly	45 days	Life/General/Health Insurers
94	HIR-16-a-i - U	TPA wise details of claims settled (Health)(Group Other Than Family Floater) -upto the end of the period	Half-yearly	60 days	Life/General/Health Insurers
95	HIR-16-a-ii- F	TPA wise details of claims settled (Health)(Group Family Floater)- for the half-year period	Half-yearly	45 days	Life/General/Health Insurers
96	HIR-16-a-ii - U	TPA wise details of claims settled (Health)(Group Family Floater) -upto the end of the period	Half-yearly	60 days	Life/General/Health Insurers
97	HIR-16-a-iii - F	TPA wise details of claims settled (Health)(Individual Family Floater)- for the half-year period	Half-yearly	45 days	Life/General/Health Insurers
98	HIR-16-a-iii - U	TPA wise details of claims settled (Health)(Individual Family Floater) -upto the end of the period	Half-yearly	60 days	Life/General/Health Insurers
99	HIR-16-a-iv- F	TPA wise details of claims settled (Health)(Individual Other Than Family Floater)- for the half-year period	Half-yearly	45 days	Life/General/Health Insurers
100	HIR-16-a-iv - U	TPA wise details of claims settled (Health)(Individual Other Than Family Floater) -upto the end of the period	Half-yearly	60 days	Life/General/Health Insurers
101	HIR-16-b-i- F	TPA wise details of claims settled(PA)(Group Policies)- for the half-year period	Half-yearly	45 days	General/Health Insurers
102	HIR-16-b-i - U	TPA wise details of claims settled (PA)(Group Policies) -upto the end of the period	Half-yearly	60 days	General/Health Insurers
103	HIR-16-b-ii- F	TPA wise details of claims settleds (PA)(Individual Policies)- for the half-year period	Half-yearly	45 days	General/Health Insurers
104	HIR-16-b-ii - U	TPA wise details of claims settled(PA)(Individual Policies) -upto the end of the period	Half-yearly	60 days	General/Health Insurers

105	HIR-16-c-i - F	TPA wise details of claims settled (Domestic Travel)(Group Policies) - for the half-year period	Half-yearly	45 days	General/Health Insurers
106	HIR-16-c-i - U	TPA wise details of claims settled (Domestic Travel)(Group Policies) -upto the end of the period	Half-yearly	60 days	General/Health Insurers
107	HIR-16-c-ii - F	TPA wise details of claims settled (Domestic Travel)(Individual Policies) - for the half-year period	Half-yearly	45 days	General/Health Insurers
108	HIR-16-c-ii - U	TPA wise details of claims settled (Domestic Travel)(Individual Policies) -upto the end of the period	Half-yearly	60 days	General/Health Insurers
109	HIR-16-d-i- F	TPA wise details of claims settled (Overseas Travel)(Group Policies) - for the half-year period	Half-yearly	45 days	General/Health Insurers
110	HIR-16-d-i - U	TPA wise details of claims settled (Overseas Travel)(Group Policies) -upto the end of the period	Half-yearly	60 days	General/Health Insurers
111	HIR-16-d-ii - F	TPA wise details of claims settled (Overseas Travel)(Individual Policies) - for the half-year period	Half-yearly	45 days	General/Health Insurers
112	HIR-16-d-ii - U	TPA wise details of claims settled (Overseas Travel)(Individual Policies) -upto the end of the period	Half-yearly	60 days	General/Health Insurers
113	HIR-17-a-i -F	State-wise data on mode of issuing of policies - Health Insurance - Individual Policies - for the half-year period	Half-yearly	45 days	Life/General/Health Insurers
114	HIR-17-a-i - U	State-wise data on mode of issuing of policies - Health Insurance - Individual Policies -upto the end of the period	Half-yearly	60 days	Life/General/Health Insurers
115	HIR-17-a-ii- F	State-wise data on mode of issuing of policies - Health Insurance - Group Policies - for the half-year period	Half-yearly	45 days	Life/General/Health Insurers
116	HIR-17-a-ii- U	State-wise data on mode of issuing of policies - Health Insurance - Group Policies -upto the end of the period	Half-yearly	60 days	Life/General/Health Insurers
117	HIR-17-b-i- F	State-wise data on mode of issuing of policies - Personal Accident Insurance - Individual Policies - for the half-year period	Half-yearly	45 days	General/Health Insurers
118	HIR-17-b-i- U	State-wise data on mode of issuing of policies - Personal Accident Insurance - Individual Policies -upto the end of the period	Half-yearly	60 days	General/Health Insurers
119	HIR-17-b-ii-F	State-wise data on mode of issuing of policies - Personal Accident Insurance - Group Policies - for the half-year period	Half-yearly	45 days	General/Health Insurers
120	HIR-17-b-ii-U	State-wise data on mode of issuing of policies - Personal Accident Insurance - Group Policies -upto the end of the period	Half-yearly	60 days	General/Health Insurers

121	HIR-17-c-i -F	State-wise data on mode of issuing of policies - Overseas Travel Insurance - Individual Policies - for the half-year period	Half-yearly	45 days	General/Health Insurers
122	HIR-17-c-i -U	State-wise data on mode of issuing of policies - Overseas Travel Insurance - Individual Policies -upto the end of the period	Half-yearly	60 days	General/Health Insurers
123	HIR-17-c-ii-F	State-wise data on mode of issuing of policies - Overseas Travel Insurance - Group Policies - for the half-year period	Half-yearly	45 days	General/Health Insurers
124	HIR-17-c-ii-U	State-wise data on mode of issuing of policies - Overseas Travel Insurance - Group Policies -upto the end of the period	Half-yearly	60 days	General/Health Insurers
125	HIR-17-d-i-F	State-wise data on mode of issuing of policies - Domestic Travel Insurance - Individual Policies - for the half-year period	Half-yearly	45 days	General/Health Insurers
126	HIR-17-d-i-U	State-wise data on mode of issuing of policies - Domestic Travel Insurance Insurance - Individual Policies -upto the end of the period	Half-yearly	60 days	General/Health Insurers
127	HIR-17-d-ii-F	State-wise data on mode of issuing of policies - Domestic Travel Insurance Insurance - Group Policies - for the half-year period	Half-yearly	45 days	General/Health Insurers
128	HIR-17-d-ii-U	State-wise data on mode of issuing of policies - Domestic Travel Insurance Insurance - Group Policies -upto the end of the period	Half-yearly	60 days	General/Health Insurers
129	HIR-18-A	Details of gross premium, no of persons covered and incurred claims - for the quarter	Quarterly	30 days	Life/General/Health Insurers
130	HIR-18-B	Details of gross premium, no of persons covered and incurred claims - upto the end of the period	Quarterly	60 days	Life/General/Health Insurers
131	HIR - 19-a -i- F	State-wise data on business & claims (Health) - Group Policies (RSBY only) - for the quarter	Quarterly	30 days	General/Health Insurers
132	HIR - 19-a- i- U	State-wise data on business & claims (Health) - Group Policies (RSBY only) -upto the end of the period	Quarterly	60 days	General/Health Insurers
133	HIR - 19-a-ii - F	State-wise data on business & claims (Health) - Group Policies (Other Govt Sponsored Schemes only) - for the quarter	Quarterly	30 days	Life/General/Health Insurers
134	HIR - 19-a-ii- U	State-wise data on business & claims (Health) - Group Policies (Other Govt Sponsored Schemes only) -upto the end of the period	Quarterly	60 days	Life/General/Health Insurers
135	HIR - 19-a -iii - F	State-wise data on business & claims (Health) - Group Policies (Other than Govt Sponsored Schemes & RSBY) - for the quarter	Quarterly	30 days	Life/General/Health Insurers

136	HIR - 19-a - iii - U	State-wise data on business & claims (Health) - Group Policies (Other than Govt Sponsored Schemes & RSBY) -upto the end of the period	Quarterly	60 days	Life/General/Health Insurers
137	HIR - 19-a- iv- F	State-wise data on business & claims (Health) - Individual Policies (Other than Govt Sponsored Schemes & RSBY) - for the quarter	Quarterly	30 days	Life/General/Health Insurers
138	HIR - 19-a- iv- U	State-wise data on business & claims (Health) - Individual Policies (Other than Govt Sponsored Schemes & RSBY) -upto the end of the period	Quarterly	60 days	Life/General/Health Insurers
139	HIR-19-b-i-F	State-wise data on business & claims (PA) - Group Policies (PMSBY only) - for the quarter	Quarterly	30 days	General/Health Insurers
140	HIR-19-b-i-U	State-wise data on business & claims (PA) - Group Policies (PMSBY only) - upto the end of the period	Quarterly	60 days	General/Health Insurers
141	HIR-19-b-ii-F	State-wise data on business & claims (PA) - Group Policies (Other than Govt Sponsored Schemes & PMSBY) - (for the quarter)	Quarterly	30 days	General/Health Insurers
142	HIR-19-b-ii-U	State-wise data on business & claims (PA) - Group Policies (Other than Govt Sponsored Schemes & PMSBY) - upto the end of the period	Quarterly	60 days	General/Health Insurers
143	HIR-19-b-iii-F	State-wise data on business & claims (PA) - Individual Policies - for the quarter	Quarterly	30 days	General/Health Insurers
144	HIR-19-b-iii-U	State-wise data on business & claims (PA) - Individual Policies - upto the end of the period	Quarterly	60 days	General/Health Insurers
145	HIR-19-c-F	State-wise data on business & claims (Domestic Travel) - Group plus Individual Business - for the quarter	Quarterly	30 days	General/Health Insurers
146	HIR-19-c-U	State-wise data on business & claims (Domestic Travel) - Group plus Individual Business - upto the end of the period	Quarterly	60 days	General/Health Insurers
147	HIR-19-d-F	State-wise data on business & claims (Overseas Travel) - Group plus Individual Business - for the quarter	Quarterly	30 days	General/Health Insurers
148	HIR-19-d-U	State-wise data on business & claims (Overseas Travel) - Group plus Individual Business - upto the end of the period	Quarterly	60 days	General/Health Insurers

HIR - 1 (a,b,c,d) Frequency: Yearly

Details of product performance (Health/Personal Accident/Domestic Travel/Overseas Travel)

Objective

To collect the details of product performance of Health, PA and Travel Insurance Business.

Details of all products filed & approved by the Authority which are being offered as at the beginning of the Financial Year shall be submitted (Details of products which were withdrawn before the beginning of the FY need not be submitted)

Filters and Parameters

Financial Year	
Type of Insurer	General/Health
Insurer Name	
Line of Business	**Health / Personal Accident/ Domestic Travel / Overseas Travel**

R.No	Particular	Product 1	Product 2	Product 3	Product 4	Product 5	Grand Total
	Column Code	**a**	**b**	**c**	**d**	**e**	**f**
		Product Details					
1	Product Name						
2	Product UIN						
3	Whether the Product is a Micro Insurance Product?						
4	Scope of Cover (Eg. Hospital Care, Critical Illness)						
5	Target Group (Eg. Micro Insurance, Social Sector, Rural sector)						
6	Insured Type (Individual - Family Floater, Individual- Other than Family Floater, Group - Family Floater, Group- Other than Family Floater)						
7	Basis of Payout (Indemnity/Benefit Based/both)						

8	Date of clearance of product (DD/MM/YYYY)						
9	Date of introduction of product (DD/MM/YYYY)						
10	Minimum Policy Period (Days or months or years)	Eg. 7 days, 3 months, 1 Year, etc.					
11	Maximum Policy period (Days or months or years)	Eg. 7 days, 3 months, 1 Year, etc.					
12	Add-on covers included (Yes/No)						
13	Number of Add-on covers included						
14	Whether serviced by TPA? (Yes, No or both In-House & TPA)						
15	Total number of TPAs involved						
Details of New Business (Business procured afresh during the FY)							
16	Number of Policies Issued						
17	Gross Premium Income						
18	Number of Lives Covered						
19	Total Sum Insured						
20	Total Premium Ceded						
21	Reinsurance Commissions Received						
22	Commission/Brokerage paid						
Details of Renewal Business (Business renewed without break-in during the FY)							
23	No. of policies due for renewal						
24	No. of policies renewed						
25	Retention Ratio (% age)						
26	Total Renewal Premium Income						
27	No of lives covered						
28	Total Sum Insured in renewal						
29	Total Renewal Premium Ceded						
30	Reinsurance Commissions Received						
31	Commission/Brokerage paid						
In-force Business Data (applicable only for those policies where the tenure of the policy is more than 1 year)							
32	No. of policies issued						

33	Gross premium income						
34	No of lives covered						
35	Total Sum Insured						
36	Total premium ceded						
37	Reinsurance Commissions Received						
38	Commission/Brokerage paid						
Data on cancellation of policies							
39	Cancellation during free look period -out of new business (No of policies)						
40	Cancellation during free look period -out of new business (amount of premium refunded)						
41	Cancellations during the policy term -out of new business - other than Free-look cancellations (No of policies)						
42	Cancellations during the policy term -out of new business - other than Free-look cancellations (amount of premium refunded)						
43	Cancellation during the policy term -out of renewal business (No of policies)						
44	Cancellation during the policy term -out of renewal business (amount of premium refunded)						
Claims Ratio (Actual on a financial year basis)							
45	Net Earned Premium						
46	Net Claims Incurred						
47	Net Incurred Claims Ratio $						
48	Combined Ratio $$						

Note:

$ Net Incurred Claims ratio = Net Claims Incurred/Net Earned Premium

$$ Combined Ratio = (Total claims paid+other operating expense)/total premium earned.

HIR - 2 Frequency: Yearly

Details of product performance - Health Insurance Product of Life Insurers

Objective

To collect the details of product performance & it is applicable only for life insurers

Details of all products filed & approved by the Authority which are being offered as at the beginning of the Financial Year shall be submitted (Details of products which were withdrawn before the beginning of the FY need not be submitted)

Filters and Parameters

Financial Year	
Type of Insurer	Life
Insurer Name	
Line of Business	**Health Insurance**

R.No.	Particular	Product 1	Product 2	Product 3	Product 4	Product 5	Grand Total
		a	b	c	d	e	f
Product Details							
1	Product Name						
2	Product UIN						
3	Whether the Product is a Micro Insurance Product?						
4	Scope of Cover (Eg. Hospital Care/ Critical Illness)						
5	Target Group (Eg. Micro Insurance, Social, Rural)						

6	Insured Type (Individual - Family Floater, Individual- Other than Family Floater, Group - Family Floater, Group- Other than Family Floater)						
7	Date of clearance of product						
8	Date of introduction of product						
9	Minimum Policy Period						
10	Maximum Policy period						
11	Riders included (Yes/No)						
12	No. of Riders						
13	Whether serviced by TPA? (Yes, No or both In-House & TPA)						
14	Total no. of TPAs involved						
Details of New Business (policies issued during the FY)							
15	No. of policies issued						
16	Gross Premium Income						
17	No of lives covered						
18	Total Sum Insured						
19	Total Premium Ceded						
20	Reinsurance Commissions Received						
Details of Renewal Business							
21	No. of policies due for renewal						
22	No. of policies renewed						
23	Retention Ratio						
24	Total Renewal Premium Income						
25	No of lives covered						
26	Total Sum Insured						
27	Total Renewal Premium Ceded						
29	Reinsurance Commissions Received						
In-force Business Data							
29	No. of policies						

30	Gross Premium Income						
31	No of lives covered						
32	Total Sum Insured						
33	Total premium ceded						
34	Reinsurance Commissions Received						
Data on cancellation of policies							
35	Cancellation during free look period -out of new business (No of policies)						
36	Cancellation during free look period -out of new business (amount of premium refunded)						
37	Cancellations during the policy term -out of new business - other than Free-look cancellations (No of policies)						
38	Cancellations during the policy term -out of new business - other than Free-look cancellations (amount of premium refunded)						
39	Cancellation during the policy term -out of renewal business (No of policies)						
40	Cancellation during the policy term -out of renewal business (amount of premium refunded)						
Claims Data							
41	Number of Claims Registered						
42	Amount of Claims Registered						
43	Number of Claims Paid						
44	Amount of Claims Paid						
45	Number of Claims Repudiated						
46	Amount of Claims Repudiated						
47	Number of Claims Outstanding						
48	Amount of Claims Outstanding						

HIR - 3 Frequency: Yearly

Details of performance of Health Insurance Riders (applicable to Life Insurers only)

Objective

To collect data on performance of riders & are applicable only for life insurance companies

Filters and Parameters

Financial Year	
Type of Insurer	Life
Insurer Name	
Line of Business	**Health Insurance Business**

R.No.	Particular	Rider 1	Rider 2	Rider 3	Rider 4	Rider 5	Total
		a	b	c	D	e	f
	Product Details						
1	Name of the Rider						
2	UIN of the Rider						
3	Scope of Cover (Hospital Care/ Critical Illness)						
4	Whether the Rider is offered along with Micro-insurance products						
5	Target Group (Micro Insurance/Social Sector/Rural Sector / Others						
6	Insured Type (Individual/Group)						
7	Basis of Payout (Indemnity/Benefit Based/both)						
8	Date of clearance of rider						
9	Date of introduction of rider						
	New Business Data						
10	No. of riders issued						

11	Gross Premium Collected						
12	Total Premium Ceded						
13	No of lives covered						
14	Total Sum Insured						
Renewal Business Data							
15	No. of riders renewed						
16	Gross Premium Collected						
17	Total Premium Ceded						
18	No of lives covered						
19	Total Sum Insured						
In-force Business Data							
20	No. of riders In-Force						
21	Gross Premium Collected						
22	Total Premium Ceded						
22	No of lives covered						
23	Total Sum Insured						
Cancellation Data							
24	Cancellation during free look period -out of new business (No of policies)						
25	Cancellation during free look period -out of new business (amount of premium refunded)						
26	Cancellations during the policy term -out of new business -other than Free-look cancellations (No of policies)						
27	Cancellations during the policy term -out of new business -other than Free-look cancellations (amount of premium refunded)						
28	Cancellation during the policy term -out of renewal business (No of policies)						
29	Cancellation during the policy term -out of renewal business (amount of premium refunded)						

Claims Data							
30	Number of Claims Registered						
31	Amount of Claims Registered						
32	Number of Claims Paid						
33	Amount of Claims Paid						
34	Number of Claims Repudiated						
35	Amount of Claims Repudiated						
36	Number of Claims Outstanding						
37	Amount of Claims Outstanding						

HIR-4 Frequency: Yearly

Details of performance of add-ons (applicable only to General & Health Insurers)

Objective

To collect data on performance of riders & are applicable only for life insurance companies

Filters and Parameters

Financial Year	
Type of Insurer	General/Health
Insurer Name	
Insured Type	Individual Policies / Group Policies
Line of Business	**Health / Personal Accident/ Domestic Travel / Overseas Travel**

R.No.	Particular	Add-on 1	Add-on 2	Add-on 3	Add-on 4	Add-on 5	Total
		a	b	c	d	e	f
Product Details							
1	Name of the Add-on						
2	UIN of the Add-on						
3	Scope of Cover (Eg. Hospital Care/ Critical Illness)						
4	Target Group (Micro Insurance/Social/Rural/Social Security/others)						
5	Basis of Payout (Indemnity/Benefit Based/both)						
6	Date of clearance of Add-on						
7	Date of introduction of Add-on						
8	No of products attached with the Add-on						

New Business Data							
9	No. of add-ons issued						
10	Gross Premium Collected						
11	No of lives covered						
Renewal Business Data							
12	No. of add-ons renewed						
13	Gross Premium Collected						
14	No of lives covered						

HIR-5 Frequency: Yearly

Details of performance of combi products (to be furnished by the Lead Insurer only).

Objective

To collect the details of product performance

Details of all products filed & approved by the Authority which are being offered as at the beginning of the Financial Year shall be submitted (Details of products which were withdrawn before the beginning of the FY need not be submitted)
Information is to be furnished by the Lead Insurer by obtaining the relevant information from other Insurer.

Filters and Parameters

Financial Year	
Type of Insurer	Life/General/Health
Insurer Name	

R.No.	Particular	Product 1		Product 2		Product 3		Product 4		Product 5		Grand Total	
		Health Portion	Life Portion	Health Portion	Life Portion	Health Portion	Life Portion	Health Portion	Life Portion	Health Portion	Life Portion	Health Portion	Life Portion
	Column Code	a	b	c	d	e	f	g	h	i	j	k	l
1	Product Name												
2	Product UIN												
3	Number of policies issued ^^												
4	Gross Premium Income ^^												
5	Number of lives covered ^^												
6	Total Sum Insured ^^												
7	Total Premium Ceded ^^												
8	Reinsurance Commissions Received ^^												

9	Number of claims registered												
10	Amount of claims registered												
11	Number of claims repudiated												
12	Amount of claims repudiated												
13	Number of claims paid												
14	Amount of claim paid												
15	Number of claims outstanding as at the end of FY												
16	Amount of claim outstanding as at the end of FY												

^^ : combined data to be provided for both new & renewal business.

HIR-6 Frequency: Yearly

Details of State-wise Channel-wise Business

Objective

To collect State wise information on Gross Premium, No. of Policies and Total Sum Assured across Channels
The consolidated business information shall be furnished

Filters and Parameters

Name of insurer	
Type of Insurer	Life/General/Health
Financial Year	
Line of Business	**Health / Personal Accident/ Domestic Travel / Overseas Travel**
Name of the channel	**List of Various Channels are Direct Sales (Internet), Direct Sales (Other than Internet), Individual Agents, Banks, Corporate Agents - Other than Banks, Brokers, & Micro-Insurance Agents, Insurance Marketing Firms, Web-aggregators, Common Service Centers, Point of Sales, and Others.**
Insured Type	**Group Policies / Individual Policies**

#	State	No. of policies	No. Of Lives	Gross Premium	Total Sum Insured
	Column Code	**a**	**b**	**c**	**d**
1	Andhra Pradesh				
2	Arunachal Pradesh				
3	Assam				
4	Bihar				
5	Chhattisgarh				
6	Goa				
7	Gujarat				
8	Haryana				
9	Himachal Pradesh				

10	Jammu & Kashmir				
11	Jharkhand				
12	Karnataka				
13	Kerala				
14	Madhya Pradesh				
15	Maharashtra				
16	Manipur				
17	Meghalaya				
18	Mizoram				
19	Nagaland				
20	Odisha				
21	Punjab				
22	Rajasthan				
23	Sikkim				
24	Tamil Nadu				
25	Telangana				
26	Tripura				
27	Uttar Pradesh				
28	Uttrakhand				
29	West Bengal				
30	Andaman & Nicobar Is.				
31	Chandigarh				
32	Dadra & Nagra Haveli				
33	Daman & Diu				
34	Delhi				
35	Lakshadweep				
36	Puducherry				
#	***Total***				

HIR-7 (a,b,c,d) Frequency: Yearly

State-wise details of New Business and Renewal Business

Objective

To capture the statewise new business and renewal business activities for each insurer

Filters and Parameters

Financial Year		**Type of Insurer**	**Life/General/Health Insurer**
Insurer Name		**Line of Business**	**Health / Personal Accident/ Domestic Travel / Overseas Travel**
Insured Type	**Individual - Family Floater, Individual- Other than Family Floater, Group - Family Floater, Group- Other than Family Floater**		

		New Business ^				**Renewal Business ^^**				**In-Force Business**				**TOTAL**			
#	**State**	**No. of policies issued**	**No. of lives covered**	**Gross Premium income**	**Total Sum Insured**	**No. of policies issued**	**No. of lives covered**	**Gross Premium income**	**Total Sum Insured**	**No. of policies issued**	**No. of lives covered**	**Gross Premium income**	**Total Sum Insured**	**No. of policies issued**	**No. of lives covered**	**Gross Premium income**	**Total Sum Insured**
Column Code		**a**	**b**	**c**	**d**	**e**	**f**	**g**	**h**	**i**	**j**	**k**	**l**	**m**	**n**	**o**	**p**
1	Andhra Pradesh																
2	Arunachal Pradesh																
3	Assam																
4	Bihar																
5	Chhattisgarh																
6	Goa																

7	Gujarat																
8	Haryana																
9	Himachal Pradesh																
10	Jammu & Kashmir				.												
11	Jharkhand																
12	Karnataka																
13	Kerala																
14	Madhya Pradesh																
15	Maharasthra																
16	Manipur																
17	Meghalaya																
18	Mizoram																
19	Nagaland																
20	Odisha																
21	Punjab																
22	Rajasthan																
23	Sikkim																
24	Tamil Nadu																
25	Telangana																
26	Tripura																
27	Uttar Pradesh																
28	Uttrakhand																
29	West Bengal																
30	Andaman & Nicobar Is.																
31	Chandigarh																
32	Dadra & Nagra Haveli																

33	Daman & Diu																
34	Delhi																
35	Lakshadweep																
36	Puducherry																
#	***Total***																

^New Business for the purpose of this form is the business procured afresh during the FY. ^^ Renewal Business for the purpose of this form is business renewed without break during the FY.

HIR-8 (a,b,c,d) Frequency: Yearly

Details of product-wise settlement of claims through TPA and In-house settlement

Objective

To capture the performance of the products in terms of claims management w.r.t TPA & In-house settlement

Filters and Parameters

Financial Year		**Mode of Settlement of Claims**	**In-House/ Name of the TPA in case of TPA $$**
Type of Insurer	**Life/General/Health**	**Line of Business**	**Health / Personal Accident/ Domestic Travel / Overseas Travel**
Insurer Name			

#	Name of product	Product UIN	No. of policies serviced	No. of claims registered	Amount of claims registered	No. of claims paid	Amount of claims paid	No. of claims repudiated	Amount of claims repudiated	No. of claims outstanding	Amount of claims outstanding
	Column Code	**a**	**b**	**c**	**d**	**e**	**f**	**g**	**h**	**i**	**j**
	Total										

$$: the data to be submitted separately for each of the TPAs.

HIR-9 (a,b,c,d)

Frequency: Yearly

Product wise claims performance and aging

Objective

To collect claims movement and claims aging data

Filters and Parameters

Financial Year		**Insurer Name**	
Type of Insurer	Life/General/Health		
Line of Business (Drop Down Menu)	**Health / Personal Accident/ Domestic Travel / Overseas Travel**		

#	Particulars		Product 1	Product 2	Product 3	Product 4	Product 5	Total
		Column Code	**a**	**b**	**c**	**d**	**e**	**f**
Claims Data								
	Claims outstanding at the beginning of the year	No.						
		Amount						
	Claims registered during the year	No.						
		Amount						
	Claims repudiated during the year	No.						
		Amount						
	Claims paid during the year	No.						
		Amount						
	Claims outstanding at the end of the year	No.						
		Amount						
	Penal Interest Paid during the year	No.						
		Amount						

Aging of claims paid *

	Claims paid within 1 month	No.						
		Amount						
	Claims paid between 1-3 months	No.						
		Amount						
	Claims paid between 4-6 months	No.						
		Amount						
	Claims paid between 7-12 months	No.						
		Amount						
	Claims paid between 1-2 years	No.						
		Amount						
	Claims paid after 2 yrs	No.						
		Amount						

* Age of claims to be reckoned from the date of receipt of last requirement

Aging of claims repudiated **

	Claims repudiated in less than 1 month	No.						
		Amount						
	Claims repudiated between 1-3 months	No.						
		Amount						
	Claims repudiated between 4-6 months	No.						
		Amount						
	Claims repudiated between 7-12 months	No.						
		Amount						
	Claims repudiated between 1-2 years	No.						
		Amount						
	Claims repudiated after 2 yrs	No.						
		Amount						

** Age of claims to be reckoned from date of receipt of last requirement

Aging of claims outstanding***

	Claims outstanding for less than 1 month	No.						
		Amount						
	Claims repudiated between 1-3 months	No.						
		Amount						
	Claims repudiated between 4-6 months	No.						
		Amount						
	Claims repudiated between 7-12 months	No.						
		Amount						
	Claims repudiated between 1-2 years	No.						
		Amount						
	Claims repudiated after 2 yrs	No.						
		Amount						

*** Age of claims to be reckoned from date of first intimation

HIR_10 (a,b,c,d) Frequency: Yearly

Details of state-wise claims paid by mode of settlement of claims

Objective

The purpose of the form is to collect the details of claims paid at individual state-level

Filters and Parameters

Financial Year		**Type of Insurer**	**Life/General/Health**
Line of Business	**Health / Personal Accident/ Domestic Travel / Overseas Travel**	**Insurer Name**	
Insured Type	**Group Policies / Individual Policies**		

#	State	Indemnity						Benefit Based		Total	
		Cashless		Reimbursement		Both Cashless & Reimbursement ##					
		No. of claims Paid	Amount of claims Paid	No. of claims Paid	Amount of claims Paid	No. of claims Paid	Amount of claims Paid	No. of claims Paid	Amount of claims Paid	No. of claims Paid	Amount of claims Paid
	Column Code	**a**	**b**	**c**	**d**	**e**	**f**	**g**	**h**	**i**	**j**
1	Andhra Pradesh										
2	Arunachal Pradesh										
3	Assam										
4	Bihar										
5	Chhattisgarh										
6	Goa										
7	Gujarat										
8	Haryana										
9	Himachal Pradesh										
10	Jammu & Kashmir										
11	Jharkhand										
12	Karnataka										

13	Kerala										
14	Madhya Pradesh										
15	Maharasthra										
16	Manipur										
17	Meghalaya										
18	Mizoram										
19	Nagaland										
20	Odisha										
21	Punjab										
22	Rajasthan										
23	Sikkim										
24	Tamil Nadu										
25	Telangana										
26	Tripura										
27	Uttar Pradesh										
28	Uttrakhand										
29	West Bengal										
30	Andaman & Nicobar Is.										
31	Chandigarh										
32	Dadra & Nagra Haveli										
33	Daman & Diu										
34	Delhi										
35	Lakshadweep										
36	Puducherry										
#	***Total***										

where a part of the claim emanating from single claim has been paid in cashless and remaining as reimbursement.

HIR-11

Frequency: Yearly

State-wise channel-wise details of claims paid

Objective

This form collects information on the claims reported in each state during the financial year.

Filters and Parameters

Financial Year		**Period**						
Name of insurer		**Line of Business**	**Health / Personal Accident/ Domestic Travel / Overseas Travel**					
Insured Type	**Group Policies / Individual Policies**							

		Direct Sale (Online)		**Direct Sale (Other than Online)**		**Individual Agents**		**Corporate Agents-Banks**		**Corporate Agents - Other Than Banks**	
#	**State**	**No. of claims paid**	**Amount of claims paid**	**No. of claims paid**	**Amount of claims paid**	**No. of claims paid**	**Amount of claims paid**	**No. of claims paid**	**Amount of claims paid**	**No. of claims paid**	**Amount of claims paid**
	Column Code	**a**	**b**	**c**	**d**	**e**	**f**	**g**	**h**	**i**	**j**
1	Andhra Pradesh										

2	Arunachal Pradesh										
3	Assam										
4	Bihar										
5	Chhattisgarh										
6	Goa										
7	Gujarat										
8	Haryana										
9	Himachal Pradesh										
10	Jammu & Kashmir										
11	Jharkhand										
12	Karnataka										
13	Kerala										
14	Madhya Pradesh										
15	Maharasthra										
16	Manipur										

17	Meghalaya										
18	Mizoram										
19	Nagaland										
20	Odisha										
21	Punjab										
22	Rajasthan										
23	Sikkim										
24	Tamil Nadu										
25	Telangana										
26	Tripura										
27	Uttar Pradesh										
28	Uttrakhand										
29	West Bengal										
30	Andaman & Nicobar Is.										
31	Chandigarh										
32	Dadra & Nagra Haveli										

33	Daman & Diu										
34	Delhi										
35	Lakshadweep										
36	Puducherry										
	Total										

HIR-11
(Continues...)
State-wise channel-wise details of claims paid

Brokers		Microinsurance Agents		Web-aggregators		Insurance Marketing Firms		Point of Sales		Others		Total	
No. of claims paid	Amount of claims paid	No. of claims paid	Amount of claims paid	No. of claims paid	Amount of claims paid	No. of claims paid	Amount of claims paid	No. of claims paid	Amount of claims paid	No. of claims paid	Amount of claims paid	No. of claims paid	Amount of claims paid
k	l	o	p	q	r	s	t	u	v	w	x	y	Z

HIR-12 (a,b,c,d) Frequency: Yearly

Details of large claim settled at state wise (through TPAs and In-House)

Objective

This form captures the claim details of large claims

Filters and Parameters

Financial Year	
Type of Insurer	**Life/General/health**
Insurer Name	
Line of Business	**Health / Personal Accident/ Domestic Travel / Overseas Travel**
Mode of settlement	**Through TPAs ##/ through In-house**

		Claims Registered		Claims Paid		Claims Repudiated		Claims Outstanding	
#	**State**	**No. of claims**	**Amount of claims**	**No. of claims**	**Amount of claims**	**No. of claims**	**Amount of claims**	**No. of claims**	**Amount of claims**
	Column Code	**a**	**b**	**c**	**d**	**e**	**f**	**e**	**f**
1	Andhra Pradesh								
2	Arunachal Pradesh								
3	Assam								
4	Bihar								
5	Chhattisgarh								
6	Goa								
7	Gujarat								
8	Haryana								
9	Himachal Pradesh								
10	Jammu & Kashmir								
11	Jharkhand								
12	Karnataka								
13	Kerala								

14	Madhya Pradesh								
15	Maharasthra								
16	Manipur								
17	Meghalaya								
18	Mizoram								
19	Nagaland								
20	Odisha								
21	Punjab								
22	Rajasthan								
23	Sikkim								
24	Tamil Nadu								
25	Telangana								
26	Tripura								
27	Uttar Pradesh								
28	Uttrakhand								
29	West Bengal								
30	Andaman & Nicobar Is.								
31	Chandigarh								
32	Dadra & Nagra Haveli								
33	Daman & Diu								
34	Delhi								
35	Lakshadweep								
36	Puducherry								
#	***Total***								

Note: ## the total for all TPAs to be submitted. Not to be submitted at the individual TPA level.

Definition of Large Claims

* In respect of Personal Accident business: Rs. 50 lakh and above per claim per insured.

* In respect of Travel Insurance business: Rs. 50 lakh and above per claim per insured.

* In respect of "Other Health Insurance" business: Rs. 50 lakh and above per claim per insured.

HIR-13 Frequency: Yearly

State-wise details on number of network providers

Objective - To collect the state-wise details of network providers

Filters and Parameters

Financial Year		**Insurer Type**	Life/General/Health	**Insurer Name**	

Rno	State	No. of Network Providers with whom Insurers directly have an agreement																No. Of Network Providers under a tripartite agreement with TPAs and Network Providers															
		No of Network Providers registered only with ROHINI				No of Network Providers complied with pre-accreditation entry level standards of NABH				No of Network Providers registered with ROHINI and also complied with pre-accreditation entry level standards of NABH				Others				No of Network Providers registered only with ROHINI				No of Network Providers complied with pre-accreditation entry level standards of NABH				No of Network Providers registered with ROHINI and also complied with pre-accreditation entry level standards of NABH				Others			
		Metro	Urban	Semi-urban	Others	Metro	Urban	Semi-urban	Others	Metro	Urban	Semi-urban	Others	Metro	Urban	Semi-urban	Others	Metro	Urban	Semi-urban	Others	Metro	Urban	Semi-urban	Others	Metro	Urban	Semi-urban	Others	Metro	Urban	Semi-urban	Others
	Column Code	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	r	s	t	u	v	w	x	y	z	aa	ab	ac	ad	ae	af
1	Andhra Pradesh																																
2	Arunachal Pradesh																																
3	Assam																																

4	Bihar																																
5	Chhattisgarh																																
6	Goa																																
7	Gujarat																																
8	Haryana																																
9	Himachal Pradesh																																
10	Jammu & Kashmir																																
11	Jharkhand																																
12	Karnataka																																
13	Kerala																																
14	Madhya Pradesh																																
15	Maharasthra																																
16	Manipur																																
17	Meghalaya																																
18	Mizoram																																
19	Nagaland																																
20	Odisha																																
21	Punjab																																
22	Rajasthan																																
23	Sikkim																																

24	Tamil Nadu																																
25	Telangana																																
26	Tripura																																
27	Uttar Pradesh																																
28	Uttrakhand																																
29	West Bengal																																
30	Andaman & Nicobar Is.																																
31	Chandigarh																																
32	Dadra & Nagra Haveli																																
33	Daman & Diu																																
34	Delhi																																
35	Lakshadweep																																
36	Puducherry																																
#	Total																																

Note: For the purpose of this format Metropolitan Centre is a place where population is 10 lacs and above and Urban Center with a population of 1 lac to 9,99,999, semi Urban from 10,000 to 99,999 population and Others with a population of 9,999 and below. Population figures to be reckoned as per the latest available decennial census data.

HIR-14 (a,b)

Frequency: Half-yearly

Performance of Government Sponsored Insurance Schemes

Objective

This form is used to capture the details of the Performance of Government Sponsored Insurance Schemes

Filters and Parameters

Financial Year				Period (drop-down)	For the Period / Upto the Period	
Type of Insurer	Life/General/ Health			Line of Business	Health / Personal Accident	
Insurer Name						

#	Name of the Scheme	UIN	No. of policies issued	No.of families covered (BPL)	No.of families covered (Other than BPL)	No.of families covered (BPL+Other than BPL)	Number of Lives covered (BPL)	Number of Lives covered (Other than BPL)	Number of Lives covered (BPL+Other than BPL)	Gross Premium	Net Earned Permium
	a	b	c	d	e	f	g	h	i	j	k
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

$ Incurred Claims ratio = Total incurred claim/ Total Earned Premium.

No.of claims registered	Amount of Claims registered	No.of claims paid	Amount of claims paid	Net Claims Incurred (amount)	No.of claims repudiated	Amount of claims repudiated	No. of claims O/s	Amount of Claims O/s.	Net Incurred Claim Ratio (%)
l	m	n	o	p	q	r	s	t	u

HIR-15 (a,b,c,d) Frequency: Half-yearly

Details of Claims Handled directly by insurers (In-House Settlement of Claims)

Objective

The purpose of the form is to collect the information on the claims handled directly by insurers.

In case of Life Insurers, details of claims on health policies & riders only to be submitted.

Filters and Parameters

Financial Year		**Period(drop-down)**	**For the Period / Upto the Period**
Type of Insurer	Life/ General/Health Insurers	**Division**	**Individual - Family Floater, Individual- Other than Family Floater, Group - Family Floater, Group- Other than Family Floater**
Insurer Name		**Line of Business**	**Health / Personal Accident/ Domestic Travel / Overseas Travel**

Claims movement Details

#	Particulars	Cashless		Reimbursement		Both Cashless & Reimbursement		Benefit Based		Total	
		No. of claims	**Amount of claims**	**No. of claims**	**Amount of claims**	**No. of claims**	**Amount of claims**	**No. of claims**	**Amount of claims**	**No. of claims**	**Amount of claims**
	Column Code	**a**	**b**	**c**	**d**	**e**	**f**	**g**	**h**	**i**	**j**
1	Claims outstanding at the beginning of the period										
2	New Claims registered										
3	Claims paid										
4	Claims repudiated										
5	Claims outstanding at the end of the period										
6	Penal interest paid										

Aging of claims paid during the period*

#	Particulars	Cashless		Reimbursement		Both Cashless & Reimbursement		Benefit Based		Total	
		No. of claims	**Amount of claims**	**No. of claims**	**Amount of claims**	**No. of claims**	**Amount of claims**	**No. of claims**	**Amount of claims**	**No. of claims**	**Amount of claims**
	Column Code	**a**	**b**	**c**	**d**	**e**	**f**	**e**	**f**	**g**	**h**
1	Claims paid within 1 month										
2	Claims paid between 1-3 months										
3	Claims paid between 3-6 months										
4	Claims paid between 6-12 months										
5	Claims paid between 1-2 years										
6	claims paid beyond 2 years										
7	Total										

* Aging of claims to be reckoned from the date of registration.

Aging of repudiated claims during the period**

#	Particulars	Cashless		Reimbursement		Both Cashless & Reimbursement		Benefit Paid		Total	
		No. of claims	**Amount of claims**	**No. of claims**	**Amount of claims**	**No. of claims**	**Amount of claims**	**No. of claims**	**Amount of claims**	**No. of claims**	**Amount of claims**
	Column Code	**a**	**b**	**c**	**d**	**e**	**f**	**e**	**f**	**g**	**h**
1	Claims repudiated within 1 month										
2	Claims repudiated between 1-3 months										
3	Claims repudiated between 3-6 months										
4	Claims repudiated										

	between 6-12 months										
5	Claims repudiated between 1-2 years										
6	claims repudiated beyond 2 years										
7	Total										

** Aging of claims to be reckoned from the date of receipt of last requirement

*Aging of pending claims at the end of the period****

		Cashless		Reimbursement		Both Cashless & Reimbursement		Benefit Based		Total	
#	**Particulars**	**No. of claims**	**Amount of claims**	**No. of claims**	**Amount of claims**	**No. of claims**	**Amount of claims**	**No. of claims**	**Amount of claims**	**No. of claims**	**Amount of claims**
	Column Code	**a**	**b**	**c**	**d**	**e**	**f**	**e**	**f**	**g**	**h**
1	Claims outstanding within 1 month										
2	Claims outstanding between 1-3 months										
3	Claims outstanding between 3-6 months										
4	Claims outstanding between 6-12 months										
5	Claims outstanding between 1-2 years										
6	claims outstanding beyond 2 years										
7	Total										

*** Aging of claims to be reckoned from date of first intimation

Frequency: Half-yearly

HIR-16 (a,b,c,d)

TPA wise details of claims settled

Objective

The purpose of the form is to collect the information of the claims handled through TPA.
The data to be submitted by insurers in respect of every TPA enrolled with them.
In case of Life Insurers, details of claims on health policies & riders only to be submitted.

Filters and Parameters

Financial Year		**Period(drop-down)**	**For the Period / Upto the Period**
Type of Insurer	Life/General/Health	**TPA Name**	
Insurer Name		**Division**	**Individual - Family Floater, Individual- Other than Family Floater, Group - Family Floater, Group- Other than Family Floater**
		Line of Business	**Health / Personal Accident/ Domestic Travel / Overseas Travel**

Claims movement Details

		Cashless		**Reimbursement**		**Both Cashless & Reimbursement**		**Benefit Based**		**Total**	
#	**Particulars**	**No. of claims**	**Amount of claims**	**No. of claims**	**Amount of claims**	**No. of claims**	**Amount of claims**	**No. of claims**	**Amount of claims**	**No. of claims**	**Amount of claims**
	Column Code	**a**	**b**	**c**	**d**	**e**	**f**	**g**	**h**	**i**	**j**
1	Claims outstanding at the beginning of the period										
2	New Claims registered										

3	Claims paid										
4	Claims repudiated										
5	Claims outstanding at the end of the period										
6	Penal interest paid										

Aging of claims paid during the period*

		Cashless		Reimbursement		Both Cashless & Reimbursement		Benefit Based		Total	
#	**Particulars**	**No. of claims**	**Amount of claims**	**No. of claims**	**Amount of claims**	**No. of claims**	**Amount of claims**	**No. of claims**	**Amount of claims**	**No. of claims**	**Amount of claims**
	Column Code	**a**	**b**	**c**	**d**	**e**	**f**	**e**	**f**	**g**	**h**
1	Claims paid within 1 month										
2	Claims paid between 1-3 months										
3	Claims paid between 3-6 months										
4	Claims paid between 6-12 months										
5	Claims paid between 1-2 years										
6	claims paid beyond 2 years										

* Reckoned from the date of receipt of last requirement

Aging of repudiated claims during the period**

		Cashless		Reimbursement		Both Cashless & Reimbursement		Benefit Paid		Total	
#	**Particulars**	**No. of claims**	**Amount of claims**	**No. of claims**	**Amount of claims**	**No. of claims**	**Amount of claims**	**No. of claims**	**Amount of claims**	**No. of claims**	**Amount of claims**
	Column Code	**a**	**b**	**c**	**d**	**e**	**f**	**e**	**f**	**g**	**h**
1	Claims repudiated within 1 month										
2	Claims repudiated between 1-3 months										
3	Claims repudiated between 3-6 months										
4	Claims repudiated between 6-12 months										
5	Claims repudiated between 1-2 years										
6	claims repudiated beyond 2 years										

** Reckoned from the date of receipt of last requirement

Aging of pending claims at the end of the period*

		Cashless		Reimbursement		Both Cashless & Reimbursement		Benefit Based		Total	
#	**Particulars**	**No. of claims**	**Amount of claims**	**No. of claims**	**Amount of claims**	**No. of claims**	**Amount of claims**	**No. of claims**	**Amount of claims**	**No. of claims**	**Amount of claims**
	Column Code	**a**	**b**	**c**	**d**	**e**	**f**	**e**	**f**	**g**	**h**
1	Claims outstanding within 1 month										
2	Claims outstanding between 1-3 months										
3	Claims outstanding between 3-6 months										
4	Claims outstanding between 6-12 months										
5	Claims outstanding between 1-2 years										
6	claims outstanding beyond 2 years										

*** Reckoned from date of first intimation

HIR -17 Frequency: Half- Yearly

State-wise data on mode of issuing of policies $$

Objective

To collect the details on state-wise mode-wise issuing of policies and number of persons covered

Filters and Parameters

Financial Year	
Period(drop-down)	For the Period / Upto the Period
Insurer Name	
Insurer Type	Life/General/Health
Line of Business	Health / Personal Accident/ Domestic Travel / Overseas Travel
Type of Policies	Individual Policies/ Group Policies

	Physical policy ^^		**Through Insurance Repository**		**E- Policy ##**	
State/ UT	**No of Schemes/Policies Issued**	**Number of persons Covered**	**No of Schemes/Policies Issued**	**Number of persons Covered**	**No of Schemes/Policies Issued**	**Number of persons Covered**
Andhra Pradesh						
Arunachal Pradesh						
Assam						
Bihar						
Chhattisgarh						
Goa						
Gujarat						
Haryana						
Himachal Pradesh						
Jammu & Kashmir						
Jharkhand						
Karnataka						

Kerala						
Madhya Pradesh						
Maharashtra						
Manipur						
Meghalaya						
Mizoram						
Nagaland						
Orissa						
Punjab						
Rajasthan						
Sikkim						
Tamil Nadu						
Telangana						
Tripura						
Uttar Pradesh						
Uttrakhand						
West Bengal						
Andaman & Nicobar Is.						
Chandigarh						
Dadra & Nagra Haveli						
Daman & Diu						
Delhi						
Lakshadweep						
Puducherry						
Total						

$$ refer to IRDAI(Issuance of e-Insurance Policies) Regulations, 2016.

^^ where the policies are issued only through physical mode and policies are not issued subsequently either through IR or electronic mode.

where the policies are first issued through electronic mode, subsequently the same policies are issued through physical mode also as per above E-Insurance Policies Regulations.

HIR-18 Frequency: Quarterly

Details of gross premium, no of persons covered and incurred claims for the quarter

Objective

To collect the data on premium and claims for different classes of business

Filters and Parameters

Financial Year		Period(drop-down)	For the Period / Upto the Period
Insurer Type	Life/General/Health	Insurer Name	

A1. Health Insurance excluding Travel (Domestic/Overseas) and Personal Accident Insurance Business

(No. of Persons in '000)(Incurred Claims ratio in % age)(Premium in Rs. Lakh)

Type of Business	No.of policies Issued	No. of Persons Covered	Gross Premium Income	Net Earned Permium	No of claims registered	Amount of claims registered	No of claims Paid	Amount of claims paid	Claims Incurred (Gross)	Claims Incurred (Net)	Incurred Claims Ratio (Net)
	a	b	c	d	e	f	g	h	i	j	k
RSBY Business only											
Government Sponsored Schemes other than RSBY											
Group - Other Than Family Floater (Other than Govt Schemes and RSBY)											
Group - Family Floater (Other than Govt Schemes and RSBY)											
Individual Family Floater											
Individual- Other than Family Floater											
Total											

A2. Personal Accident Insurance Business

(No. of Persons in '000)(Incurred Claims ratio in % age)(Premium in Rs. Lakh)

Type of Business	No.of policies Issued	No. of Persons Covered	Gross Premium Income	Net Earned Permium	No of claims registered	Amount of claims registered	No of claims Paid	Amount of claims paid	Claims Incurred (Gross)	Claims Incurred (Net)	Incurred Claims Ratio (Net)
	a	b	c	d	e	f	g	h	i	j	k
PMSBY Business only											
Government Sponsored Schemes other than PMSBY											
Group Insurance (Other than Govt Schemes & PMSBY)											
Individual Insurance											
Total											

A3. Overseas Travel Insurance Business

(No. of Persons in '000)(Incurred Claims ratio in % age)(Premium in Rs. Lakh)

Type of Business	No.of policies Issued	No. of Persons Covered	Gross Premium Income	Net Earned Permium	No of claims registered	Amount of claims registered	No of claims Paid	Amount of claims paid	Claims Incurred (Gross)	Claims Incurred (Net)	Incurred Claims Ratio (Net)
	a	b	c	d	e	f	g	h	i	j	k
Group Insurance											
Individual Insurance											
Total											

A4. Domestic Travel Insurance Business

(No. of Persons in '000)(Incurred Claims ratio in % age)(Premium in Rs. Lakh)

Type of Business	No.of policies Issued	No. of Persons Covered	Gross Premium Income	Net Earned Permium	No of claims registered	Amount of claims registered	No of claims Paid	Amount of claims paid	Claims Incurred (Gross)	Claims Incurred (Net)	Incurred Claims Ratio (Net)
	a	b	c	d	e	f	g	h	i	j	k
Group Insurance											
Individual Insurance											
Total											

HIR-19 (a,b,c,d) Frequency: Quarterly

State-wise data on business & claims settled

Objective

To collect the data on premium and claims for different classes of business

Filters and Parameters

Financial Year		**Period(drop-down)**	For the Period / Upto the Period
Insurer Type	Life/General/Health	**Insurer Name**	
Line of Business	Health / Personal Accident/ Domestic Travel / Overseas Travel		
Type of Policies	PMSBY only/RSBY only/ Other Govt Sponsored HI Business (Other than RSBY)/Other Govt Sponsored PA Business (other than PMSBY)/ Group Business (Other than Govt Schemes, PMSBY, RSBY)/ Individual Business		

State/ UT	No.of policies Issued	No. of Persons Covered	Gross Premium Income	No of Claims Registered	Amount of Claims Registered	No. of claims Paid	Amount of claims Paid	No of claims repudiated	Amount of claims repudiated	No of claims o/s	Amount of claims o/s
	a	b	c	d	e	f	g	h	i	j	k
Andhra Pradesh											
Arunachal Pradesh											
Assam											
Bihar											
Chhattisgarh											
Goa											
Gujarat											
Haryana											
Himachal Pradesh											
Jammu & Kashmir											
Jharkhand											
Karnataka											

Kerala											
Madhya Pradesh											
Maharashtra											
Manipur											
Meghalaya											
Mizoram											
Nagaland											
Orissa											
Punjab											
Rajasthan											
Sikkim											
Tamil Nadu											
Telangana											
Tripura											
Uttar Pradesh											
Uttrakhand											
West Bengal											
Andaman & Nicobar Is.											
Chandigarh											
Dadra & Nagra Haveli											
Daman & Diu											
Delhi											
Lakshadweep											
Puducherry											
Total											