



Universal Sompo General Insurance Co. Ltd.

INDIVIDUAL HEALTH INSURANCE POLICY

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

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

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

DEFINITION:

- 1. Proposal form:** The application form You sign for this insurance and any other information You give to us or which is given to us on Your behalf.
- 2. Policy:** Policy wording, the Schedule, the Proposal form and any applicable endorsement or memoranda.
- 3. Schedule:** It provides details of the insured person(s), which are in force and the level of cover Insured Person(s) have.
- 4. Sum Insured:** It means the Monetary Amounts shown against insured person(s) which will be our maximum liability during the Policy Period.
- 5. Period of Insurance:** The time Period for which the contract of insurance is valid as shown in the schedule

6. **We/Ours/Us** It means **UNIVERSAL SOMPO GENERAL INSURANCE COMPANY LTD.**

7. **You/Your:** It means the person(s) named as Insured in the Schedule

8. **Insured Person:** The person named as Insured person(s) in the Schedule which may include You and Your family inclusive of dependent parents

9. **Injury:** It shall mean accidental bodily injury solely and directly caused by external, physical and visible cause.

10. **Disease:** It shall mean a condition affecting the general Wellbeing and health of the body that first manifests itself in the Period of Insurance and which requires treatment by a Medical Practitioner.

Disease does not include any mental disease (a mental or bodily condition marked by disorganization of personality, mind, and emotions to impair the normal psychological, social or work performance of the individual) regardless of its cause or origin.

11. **Medical Practitioner:** Person holding a Medical degree of a recognised institution registered by Medical Council of respective State of India.

12. **Qualified Nurse:** Person holding certificate of recognized Nursing Council

13. **Hospital/Nursing Home :** It means an institution registered as a Hospital or Nursing Home within India, established for indoor care and treatment of disease/injuries. For the purpose of complying with this Policy condition such Hospital/Nursing Home shall necessarily fulfill the following:

- i. Number of in-patient beds shall not be less than fifteen except in Class 'C' towns where the number can be reduced to ten.
- ii. Should have fully equipped operation theatre of its own wherever surgical operations are carried out.
- iii. Should have qualified Medical Practitioners and qualified Nurses under its employment round the clock.

The terms 'Hospital;/Nursing Home' shall not include establishment which is a place of rest, a place for the aged, a place for drug addicts, a hotel or a similar place.

14. **Hospitalisation:** It shall mean treatment of Insured Person as inpatient in the Hospital/Nursing Home for a minimum Period of 24 hours. However for specific treatment like Dialysis, Chemotherapy, Radiotherapy, Eye Surgery, Lithotripsy, Tonsillectomy or D&C the above time limit of 24 hours will not apply.

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

- i. The treatment is such that it necessitates Hospitalisation and procedure involved requires specialised infrastructure facilities available in the Hospital.
- ii. Due to technological advances, the Period of Hospitalisation is less than 24 hours.

15. Pre-Hospitalisation expenses: Medical expenses necessarily incurred during Period up to 30 days prior to Hospitalisation on disease/illness/injury sustained forming part of Hospitalisation expenses claim.

16. Post Hospitalisation expenses: Medical expenses necessarily incurred during Period up to 60 days after Hospitalisation on disease/illness/injury sustained forming part of Hospitalisation expenses claim.

17. Domiciliary Hospitalisation: Medical treatment actually taken at home for a Period of more than 3 days under the following compelling circumstances, which in the normal course would require Hospitalisation of Insured Person:

a. Medical advices against shifting of the patient to an Hospital/Nursing Home due to his/her bad health condition..

OR

b. Non-availability of accommodation in the Hospital/Nursing Home.

18. Reasonable and Customary Charges: Medical expenses considered reasonable and customary to the extent that it does not exceed general level of charges being made by other entities of similar standing in the locality which provides for similar services and treatment..

19. Pre-existing Condition: Any condition, ailment or injury or related condition(s) for which You had signs or symptoms, and/or were diagnosed ,and / or received medical advice /treatment, within 48 months prior to Your first Policy with us.

20. Critical Illness

It means the following major disease, which the Insured Person is diagnosed during the Policy Period to have suffered from and for which requires Hospitalisation.

Paralytic Stroke

It means death of a portion of the brain due to vascular causes such as:

- Hemorrhage (Cerebral)
- Thrombosis (Cerebral)
- Embolism (Cerebral)

from an extra cranial source causing total permanent disability of two or more limbs. .

Cancer

It means a disease manifested by the presence of a malignant tumour characterized by the uncontrolled growth and spread of malignant cells and invasion of tissue. The term 'Cancer' also includes leukemia and malignant disease of the lymphatic system such as Hodgkin's disease. Any non-invasive cancer in situ and all skin cancer except invasive malignant melanoma are excluded.

Chronic Renal failure

It means the end-stage renal failure involving chronic irreversible failure of either of kidneys to function, as a result of which regular renal dialysis has to be conducted.

Coronary Artery Bypass

It means narrowing or blockage of two or more arteries, which requires the Insured Person to undergo open chest surgery by means of coronary artery bypass graft. Necessity of this surgery must have been proven by coronary angiography. Angioplasty and/or any other intra-arterial procedures are excluded from this definition.

Major Organ Transplant

It means human to human transplant from a donor to the Insured Person of one or more of the following organs:

- a) Kidney
- b) Lung
- c) Pancreas
- d) Bone Marrow

The transplantation of all other organs, parts of organ or any other tissue transplant including liver transplant is excluded.

21. Any one illness: Any One illness means continuous Period of illness including relapse, if any, within 45 days from the date of last consultation from the Hospital/Nursing Home where treatment have been taken. Occurrence of same illness after a lapse of 45 days will be considered as fresh illness for the purpose of this Policy.

22. Surgical Operation: It means manual and/or operative procedures for correction of deformities and defects, repair of injuries, diagnosis and cure of diseases, relief of suffering and prolonging of life.

GENERAL CONDITIONS:

1. Notice:

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

2. Mis-description:

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

3. Claim Procedure :

A - Reimbursement Claims Process

Upon happening of any injury/disease which may give rise to a claim under this Policy

- You shall give us a notice to our call centre immediately and also intimate in writing to our Policy issuing office but not later than 7 days from the date of Hospitalization. . A written statement of the claim will be required and a Claim Form will be completed and the claim must be filed within 30 days from the date of discharge from the Hospital or completion of treatment and in case of post hospitalization expenses within 90 days from the date of discharge from hospital
- You must give all original bills, receipts, certificates, information and evidences from the attending Medical Practitioner/Hospital/Chemist/Laboratory as required by us.

On receipt of intimation from You regarding a claim under the Policy, We are entitled to:

- Carry out examination and obtain information on any alleged Injury or Disease requiring Hospitalization if and when We may reasonably require.

B - Cashless Claims:

Cashless service: You can avail cashless hospitalization facility at hospital in network of TPA. We will provide a cashless service by making payment to the

extent of Our liability direct to the Network Hospital as long as We are given notice that the Insured Person wishes to avail cashless service accompanied by full particulars at least 48 hours before any planned treatment or Hospitalisation or within 24 hours after the treatment or Hospitalisation in the case of an emergency (namely a sudden, urgent, unexpected occurrence or event, bodily alteration or occasion requiring immediate medical attention).

In case if You want to avail cashless facility in any of the network hospital You shall follow the process as mentioned below.

- Carry their Health Card/ copy of E-cards
- Obtain Pre Authorization form from the hospital counter.
- Fill up the form and submit it at the hospital counter
- Ensure that hospital faxes the pre authorization form to TPA or you can fax the form to TPA yourself.
- Once the Form has been faxed. TPA will send the authorization to the Hospital.
- Once cash less approval is received, patient need not pay the bill to the hospital for covered medical expenses
- For any queries, designated TPA can be contacted. Contact details of the TPA are as mentioned on the card.

Claim Payment:

All admissible claims under this Policy shall be settled by Us within 15 working days from the date of receipt of all requisite claim/investigation papers.

4. Contribution

If, when any claim arises, there is in existence any other Insurance (other than Critical Illness insurance Policy) covering the same loss/liability, compensation, costs or expenses, We will pay only Our ratable proportion of the claim. The benefits under this Policy shall be in excess of the benefits available under Critical Illness Insurance Policy.

5. Fraud

All benefit under this Policy shall be forfeited and the Policy shall be treated as void in case of any fraudulent claims or if any fraudulent means are used by You or anyone acting on Your behalf to obtain any benefit under this Policy.

6. Cancellation

We may cancel this Policy by sending 15 days notice in writing by recorded delivery to You at Your last known address, However this clause shall not be exercised except on grounds of fraud, misrepresentation, or suppression of any material fact

either at the time of taking the Policy or any time during the currency of the Policy. You will then be entitled to a pro-rata refund of premium for the un-expired Period of this Policy from the date of cancellation, which We are liable to pay on demand. You may cancel this Policy by sending a written notice to Us. Retention premium for the Period We were on risk will be calculated based on following short Period table and the balance will be refunded to You subject to the condition that no claim has been preferred on us :

Expired Period	Premium Retained
Upto 1 month	25% of the Annual Premium
Above 1 month and upto 3 months	50% of Annual Premium
Above 3 months and upto 6 months	75% of annual premium
Above 6 months	100% of annual premium

7. Arbitration

If any dispute or difference shall arise as to the quantum to be paid under this policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to the dispute/difference or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

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

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this policy that the award by such arbitrator/ arbitrators of the amount of the loss or damage shall be first obtained.

8. Disclaimer Clause

In case of any claim under the Policy which is not admitted by us and such claim shall not have been made subject matter of a suit in a court of law within 12 months from the date of disclaimer, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.

9. Geographical Limit:

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

10.Renewal:

We agree to renew the Policy on payment of renewal premium . However We may exercise our option not to renew the Policy on grounds of fraud, misrepresentation, or suppression of any material fact either at the time of taking the Policy or any time during the currency of the earlier policies or bad moral hazard.

BASIC COVERAGE

<u>WHAT WE COVER</u>	<u>WHAT WE EXCLUDE</u>
<p>The Hospitalization expenses of the insured when he/she sustains any injury or contracts any disease and is advised hospitalization by a Medical Practitioner</p> <p>We will pay Reasonable and Customary charges of the following Hospitalization expenses:</p> <ol style="list-style-type: none">1. Room, Boarding and Nursing Expense as provided in the Hospital/Nursing Home subject to following limits.<ol style="list-style-type: none">a) Sub limit per day for normal Room expenses: 1.0% of Basic Sum Insured.b) Sub limit per day for Intensive Care/ Therapeutic Unit expenses: 2% of Basic Sum Insured.c) Registration Charges of Hospital/Nursing Home : Actuals2. Medical Practitioner/ Anesthetist, Consultant fees, Surgeons fees and similar expenses subject to a limit of 25% of Sum Assured.3. Expenses on Anesthesia, Blood, Oxygen, Operation Theatre, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs,	<ol style="list-style-type: none">1. Hospitalisation/Domiciliary Hospitalisation expenses arising from all Diseases/ Injuries which are in Pre-existing Condition. Benefits will not be available for any condition(s) as defined in the policy, until 48 months of continuous coverage has elapsed, since inception of the first policy with us Hospitalisation/Domiciliary Hospitalisation expenses for any Disease which incepts during first 30 days of commencement of this Insurance cover.2. Hospitalization/Domiciliary Hospitalization expense incurred in the first year of operation of the insurance cover on treatment of the following Diseases :<ul style="list-style-type: none">• Cataract• Benign Prostatic Hypertrophy• Myomectomy, Hysterectomy• Hernia, Hydrocele• Fistula in anus, Piles• Arthritis, Gout, Rheumatism• Joint replacement unless warranted due to an accident• Sinusitis and related disorders• Medical Management of tonsillitis.• Stone in the urinary and biliary systems

<p>Cost of Organs and similar expenses subject to a limit of 40% sum assured .</p> <p>4. Expenses on Vitamins and Tonics only if forming part of treatment as certified by the attending Medical Practitioner.</p> <p>5. Expenses incurred for Domiciliary Hospitalization will be paid up to a maximum aggregate sub-limit of 20% of the Basic Sum Insured.</p> <p>6. The Hospitalization expenses incurred for treatment of any one illness under agreed package charges of the Hospital/Nursing Home will be restricted to 75% of the package charges subject to maximum of basic Sum Insured or Basic plus Critical Illness Sum Insured if package expenses relate to covered Critical Illness and Critical Illness extension is opted for under the policy.</p> <p>7. Cost of Health Check Up: Insured Person shall be entitled for reimbursement of cost of medical check up once at the end of a block of every four claim free Policies. The reimbursement shall not exceed the amount equal to 1% of the average Basic Sum Insured for the block.</p> <p>8. Additional Benefits</p> <p>(a) An additional Daily Allowance amount equivalent to 0.1% of the Basic Sum Insured or Rs. 250/- per day whichever is less, for the duration of Hospitalization towards miscellaneous expenses. The maximum amount payable under this extensions is limited to Rs 2500/-</p>	<ul style="list-style-type: none"> • Dilatation and Curettage • Skin and all internal tumors/cysts/nodules/polyps of any kind, including breast lumps unless malignant, adenoids and hemorrhoids • Dialysis required for renal failure • Surgery on tonsils and sinuses • Gastric and duodenal ulcers <p>3. Injury or Diseases directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, war like operation (whether war be declared or not).</p> <p>4. Circumcision unless necessary for the treatment of a Disease not otherwise excluded or required as a result of accidental bodily injury; vaccination, inoculation, cosmetic or aesthetic treatment of any description(including any complications arising thereof), plastic surgery except those relating to treatment of Injury or Disease .</p> <p>5. Cost of spectacles and contact lens or hearing aids.</p> <p>6. Dental treatment or surgery of any kind .</p> <p>7. Convalescence, general debility, run down condition or rest cure, congenital disease or defects or anomalies, sterility, venereal disease, intentional self injury and use of intoxicating drugs/alcohols.</p> <p>8. Any expense on treatment related to HIV, AIDS and all related medical conditions.</p> <p>9. Expenses on Diagnostic, X-Ray, or Laboratory examinations unless related to the treatment of Disease or Injury falling within ambit of Hospitalisation or Domiciliary Hospitalisation claim.</p> <p>10. Expenses on treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of these, including caesarean</p>
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<p>(b) Ambulance charges in connection with any admissible claim limited to 1.0% of the Basic Sum Insured or Rupees 1000/- whichever is less for each claim.</p> <p>Note</p> <p>1. Pre-Hospitalisation and Post Hospitalisation expenses will also be reimbursed along with the aforesaid Hospitalisation expenses subject to the overall Sum Insured limit of the Insured Person. Any Nursing expenses during Pre and Post Hospitalisation will be considered only if Qualified Nurse is employed on the advice of the attending Medical Practitioner for the duration specified</p> <p>2.. Cumulative Bonus: The Basic_Sum Insured under the Policy shall be increased by 5% of the Basic Sum Insured at each renewal in respect of each claim free year of insurance, subject to maximum of 30% of the Insured Person's Basic Sum Insured of the expiring Policy. For Cumulative Bonus eligibility, the Policy has to be renewed within the expiry date or within a maximum of 15 days from the expiry date, failing which the Proposal shall be treated as a fresh Proposal.</p> <p>In case of a claim under the Policy, the existing Cumulative Bonus will be reduced by 10% of Basic Sum Insured at the next renewal, subject to the stipulation that Basic Sum Insured shall be maintained.</p> <p>3. If medical expenses are incurred under two Policy Periods, the total liability shall</p>	<p>section and any infertility, sub fertility or assisted conception treatment.</p> <p>11. Injury or Diseases directly or indirectly caused by or contributed to by nuclear weapons/material.</p> <p>12. Any expense on treatment of Insured Person as an outpatient in a Hospital.</p> <p>13. Any expense on Naturopathy, non allopathic treatment and/or any treatments not approved by Indian Medical council Any expense related to Disease/Injury suffered whilst engaged in adventurous sports.</p> <p>14. Any Expense of any treatment related to Human T-Cell Lymphotropic Viruses types III (III-LB-III) or Lymphadenopathy Associated viruses (LAV) or the Mutant derivatives or Variations Deficiency Syndrome.</p> <p>15. External medical equipment of any kind used at home as post hospitalisation care like wheelchairs, crutches, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous peritoneal ambulatory dialysis (C.P.A.D) and oxygen concentrator for bronchial asthmatic condition, etc.</p> <p>16. Any expense under Domiciliary Hospitalisation for</p> <ul style="list-style-type: none"> • Pre and Post Hospitalisation treatment • Treatment of following diseases: <ul style="list-style-type: none"> I. Asthma II. Bronchitis III. Chronic Nephritis and Nephritic Syndrome IV. Diarrhoea and all type of Dysenteries including Gastro-enteritis V. Diabetes Mellitus VI. Epilepsy VII. Hypertension VIII. Influenza, Cough and Cold IX. All types of Psychiatric or Psychosomatic Disorders
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<p>not exceed the Sum Insured of the Policy during which the Insured Person's medical treatment commenced and the entire claim will be considered under that Policy only</p>	<ul style="list-style-type: none"> X. Pyrexia of unknown origin for less than 15 days XI. Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis XII. Arthritis, Gout and Rheumatism XIII. Dental Treatment or Surgery <ul style="list-style-type: none"> • Any treatment not exceeding three days. <p>17. War, riots, strike, terrorism acts, nuclear weapon induced treatment</p>
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ADDITIONAL EXTENSION

Critical Illness Cover

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

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

NB:.. The additional Sum Insured available for Critical Illness under this Optional Extension cover will not qualify for Cumulative Bonus or for the limit for Daily allowance, Ambulance expenses and Cost of Health Check Up.