


UNIVERSAL SOMPO GENERAL INSURANCE CO. LTD.

(A joint venture of Indian Bank, Indian Overseas Bank, Karnataka Bank Limited, Dabur Investment Corp. Sompo Japan Insurance Inc.)
Regd Office : Ackruti Star Building, Unit No 103, First Floor, MIDC Central Road, Andheri (East) Mumbai 400093.

Group Health Insurance Policy
POLICY SCHEDULE CUM TAX INVOICE

Intermediary Name:	DEVENDRA SINGH NAYAL									
Intermediary Code:	201457323610	Phone No.:	7275407544	E-mail:	NA	Sub IMD Code:	NA			
Policy No:		2816/64891964/00/000 and Invoice Number:921PR0000081437		Policy Type:		New Business		Branch Name:		NA
Manual Covernote Number:		NA		Loan A/C No:		NA				
Policy/Invoice Issued Date		10/11/2021								
Policy Issuance Office		LUCKNOW BRANCH OFFICE,OFFICE NO 401, SHALIMAR LOGIX, 4 RANA PRATAP MARG, LUCKNOW,State Code -9,State Name -UTTAR PRADESH								
Name of the Proposer		CHHATRAPATI SHAHUJI MAHARAJ UNIVERSITY								
Proposer Id		101521390420								
Proposer Address/Place of Supply		02, G T ROAD, KALYANPUR KANPUR, KANPUR NAGAR KANPUR KANPUR - UTTAR PRADESH PIN - 208002 Tel - NA Mobile - 9369601452 Email ID - registrarcsjmuknp@gmail.com GSTIN - 09AAALC0196P1ZR								
Period of Insurance		From 00:00 of 01/11/2021 To 23:59 of 31/10/2022								
Type of Cover		Basic Cover								
Optional Extension Opted		Coverage against pre existing diseases,Waiver of 30 days waiting period,Waiver of First year exclusions,Maternity								
Basis of Sum Insured		Floater								
Total Sum Insured		Rs. 139,000,000								
Total Premium		Rs. 2,407,447.00								
CGST @9 %		Rs. 216670								
SGST @9 %		Rs. 216670								
Total Amount Payable		Rs. 2,840,787.00								
Total Amount Payable (in words)		Rupees Twenty Eight Lakh Forty Thousand Seven Hundred Eighty Seven Only								
Details of the Insured Persons(s)		As per annexure attached								
Total No. of Insured Person(s)		No of Primary Insured(s) : 278								
		No of Dependents : 607								
Policy is subject to the Warranty		NA								
Policy subject to the following Special condition(s):										
N/A										

Clauses/Endorsements attached to the policy

- 1 Family Definition : Employees, Spouse and 2 Dependent children
- 2 Age Limit : Age limit for Employees and Spouse - 18 years to 70 years and for Children - upto 25 years

- 3 Floater/Individual : This policy is on Family floater basis
- 4 Sum Insured Criteria : FLAT SI 5L
- 5 30 days waiting Period : Waived off and Exclusion No. 2 of section "What we exclude" in Group Health Insurance Policy Wording stands deleted.
- 6 1st Year exclusions : Waived off and Exclusion No. 3 of section "What we exclude" in Group Health Insurance Policy Wording stands deleted.
- 7 1st , 2nd, 3rd and 4th year exclusion wavier /Pre Existing diseases : Pre-existing diseases are covered under the Policy and Exclusion No. 1 of Section "What We Exclude" in Group Health Insurance Policy Wording stands deleted.
- 8 Domiciliary Hospitalization : Covered - Medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a Hospital but is actually taken whilst confined at home in India under any of the following circumstances namely:
 - 9 i) The condition of the Insured Person is such that he/she cannot be removed to the Hospital, or
 - 10 ii) The Insured Person takes treatment at home on account of non availability of a room in a hospital.
- 11 Subject however that Domiciliary Hospitalisation benefit shall not cover
 - 12 i) Expenses incurred for pre and post hospitalization treatment and
 - 13 ii) Expenses incurred for treatment for any of the following diseases:
 - 14 iii) Asthma, Bronchitis, Chronic Nephritis and Nephritic Syndrome, Diarrhoea and all type of Dysenteries including Gastro-enteritis,
 - 15 iv) Diabetes Mellitus and Insipidus, Epilepsy, Hypertension, Influenza, Cough and Cold, All Psychiatric or Psychosomatic Disorders,
 - 16 v) Pyrexia of unknown Origin for less than 10 days, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and
 - 17 vi) Pharyngitis, Arthritis, Gout, Rheumatism and Dental Treatment or Surgery
- 18 Maternity Treatment Charges Benefit Extension without waiting period : i) Covered up to a maximum of Rs.50,000/- for Normal delivery and Rs.50,000/- for Caesarean section delivery, for first two children only.
 - 19 ii) Those who are having two or more living children will not be eligible for this benefit under the policy.
 - 20 iii) Exclusion No 10 A of the Section "What We Exclude" in Group Health Insurance Policy Wording stands deleted.
- 21 Pre & Post Natal Expense : NOT APPLICABLE
- 22 New Born baby cover : Coverage to new born baby for the eligible sum insured under the policy, from the date of birth, subject to payment of additional premium prorated for the unexpired policy period and sufficient premium deposit available to provide cover from the date of birth
- 23 Co-Payment : NOT APPLICABLE
- 24 Corporate Floater : NOT APPLICABLE
- 25 Room Rent Capping : NOT APPLICABLE
- 26 Pre and Post hospitalization expenses : Covered upto 30 days prior to Hospitalisation & 60 days after Hospitalisation respectively
- 27 Internal / External Congenital diseases : Internal Congenital diseases are covered under the policy, but external Congenital diseases are not covered
- 28 Ailment Capping : NOT APPLICABLE
- 29 Emergency Ambulance Charges : 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
- 30 Day care treatments : Total 141 Day Care Surgeries & Day Care Treatments are covered as per the list of USGI
- 31 Cashless Facility : Available - in house TPA
- 32 Other Standard Conditions applicable under the Policy : i) Medical Practitioner/ Anesthetist, Consultant fees, Surgeons fees and similar expenses subject to a limit of 25% of Sum Insured - Stands Deleted
 - 33 ii) Expenses on Anesthesia, Blood, Oxygen, Operation Theatre, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs, Cost of Organs and similar expenses subject to a limit of 40% sum insured - Stands Deleted
 - 34 iii) 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 - Stands Deleted
- 35 Claim Intimation/ Document Submission : All reimbursement claims should be intimated to Insurer within 24 hours of Hospitalization and documents of claim should be submitted to the Insurer within 30 days of discharge.
- 36 Process for Mid-term Inclusion / Deletion
- 37 * During the currency of the Policy, inclusions will be permitted for new joinees and their dependents subject to payment of additional premium prorated for the unexpired policy period. Inclusion of dependants is subject to coverage provided under the policy or endorsement forming part thereof.
- 38 * Existing employees and dependents cannot be included during the currency of the Policy period except, newly married spouse of the existing employees, new born child of the existing employees, provided the policy provides cover for spouse and children.
- 39 * A cash deposit is to be held by the client to effect inclusion of new joinees and their dependants from the date of Joining, newly married spouse from the date of marriage and new born child from date of birth.
- 40 * Mid term inclusion is subject to availability of sufficient premium in the deposit to effect the inclusion, provided the date of joining / date of marriage/date of birth, is in the preceding month to the date of declaration.
- 41 * In case , of any delayed declaration of new joinees and their dependents, newly married spouse of the existing employees, new born child of the existing employees, the inclusion shall effect from the date of receipt of declaration to insurer, subject to availability of sufficient premium in the deposit to effect the inclusion. Acceptance of delayed declaration rest with the insurer.
- 42 * In Case, premium balance in cash deposit account maintained with the company is not sufficient, then the coverage under the policy will be extended and will be effective only after replenishment of sufficient cash deposit balance.
- 43 * Deletion of Employee and Dependents is from the date of leaving , provided the date of Leaving, is in the preceding month to the date of declaration. If any delay in declaration deletion will be effected from the date of intimation received at USGI. Refund in premium for deletion is subject to nil claims.
- 44 * Inclusion of an employee does not warrant automatic inclusion of the employee's dependants, unless agreed in the policy.
- 45 * Policy is based on per person Premium and not per family. Premium is chargeable on each and every member to be covered under the policy based on age band of the member.

Conditions attached to the Policy

- 1 Premium payable under this policy shall be payable in advance.
- 2 Subject to otherwise terms and conditions of Group Health Insurance Policy of Universal Sompo General Insurance Co. Ltd
- 3 After inception of the policy, No midterm inclusion of any dependants of the primary insured, other than newly married Spouse, new born child , new joinees' and their dependents shall be allowed

TPA Condition : The details of the TPA and our network providers and diagnostic centers can be found at our website www.universalsompo.com. Cashless claims facility is extended under the policy and your Third Party Administrator (TPA) is UNIVERSAL SOMPO-HEALTH SERVE. Contact number of TPA for registering claims for Pre-authorization is 1800 200 5142 (Toll Free)

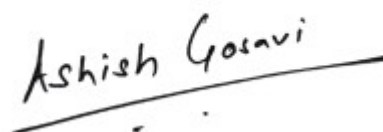
IN WITNESS WHEREOF the undersigned being duly authorised by and on behalf of the company has/have here onto set his/their hands

Collection No

2015920314

Dated

10/11/2021

For Universal Sompo General Insurance Co. Ltd.

Authorized Signatory

Consolidated stamp duty Rs. 1 paid towards Insurance policy stamp vide receipt no. CSD/73/2021/2184 dated 05/07/2021 of General Stamp Office Mumbai .

Disclaimer: This Policy is null and void ab initio, if the cheque/any valid negotiable Instrument as receipted by this company via this receipt is dishonoured by the bank. Issuance of the receipt is not a proof of risk acceptance.

GSTIN- 09AAACU8917F1Z4

SAC - 997133-Accident and health insurance services

USGI IRDA Registration No. 134

IRDAI UIN No:- UNIHLGP21355V022021

Resolving Issues

Please read your Policy & Policy schedule :

The Policy & Policy schedule set out the terms of your contract with us. Please read this carefully to ensure that the cover meets your needs.

Claim Disclaimer

In the unfortunate event of any loss or damage to the insured property resulting into a claim on this policy, please intimate the mishap IMMEDIATELY to our Call Centre at Toll Free Numbers on 1800-200-5142 chargeable numbers: +91-22-39635200 Fax Toll Free Number: 1800-200-9134. Email at contactclaims@universalsompo.com. Please note that no delay should be allowed to occur in notifying a claim on the policy as the same may prejudice liability.

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

Universal Sompo General Insurance Company Limited, Unit No.601 & 602, 6th floor, Reliable Tech Park, Cloud City Campus, Gut No.31, Mouje Elthan, Thane Belapur Road, Airoli, Navi Mumbai- 400708

Toll Free Numbers: 1800-200-5142

Landline Numbers: +91- 22-39635200 (Local Charges Apply)

E-mail Address: contactus@universalsompo.com .Fax Numbers: 1800-200-9134

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

Universal Sompo General Insurance Co. Ltd. shall abide by Insurance Regulatory and Development Authority (Protection of Policyholder's Interests) Regulations 2002. Under this regulation and with an objective to provide a forum to Personal Lines policy holders for resolution of claims related complaints, Insurance Ombudsman has been constituted under the aegis of Governing Body of Insurance Council. For further Information you could refer to www.irdaindia.org/ins_ombusman.htm.