



पेंशन निधि विनियामक और
विकास प्राधिकरण
बी-14/ए, छत्रपति शिवाजी भवन,
कुतुब संस्थागत क्षेत्र,
कटवारिया सराय, नई दिल्ली-110016
दूरभाष : 011-26517501, 26517503, 26133730
फैक्स : 011-26517507
वेबसाईट : www.pfrda.org.in

**PENSION FUND REGULATORY
AND DEVELOPMENT AUTHORITY**
B-14/A, Chhatrapati Shivaji Bhawan,
Qutub Institutional Area,
Katwaria Sarai, New Delhi-110016
Ph : 011-26517501, 26517503, 26133730
Fax : 011-26517507
Website : www.pfrda.org.in

11th March, 2019

To

Various General Insurance companies

Subject: - Inviting bids from IRDAI registered Insurance companies for Group Mediclaim (Family Floater) policy for officers/staff and their dependents of the Pension Fund Regulatory and Development Authority – reg.

Pension Fund Regulatory and Development Authority (PFRDA) is a statutory regulatory body set up to regulate and develop the pension sector in India, with its Head Office located in New Delhi. PFRDA proposes to purchase a Group Medi-claim (Family Floater) policy for its officers/staff and their dependent family members for a period of one year, i.e. 01.04.2019 to 31.03.2020.

2. At present, the coverage under the GMC policy is to be provided to a total of 199 members, i.e. existing 60 officers/ staff and their 139 dependents for a total sum insured of Rs. 4,08,00,000/-. The list of the officials/staff and their dependents along with the respective sum insured, date of birth is enclosed as **Annexure I**.

3. The policy should provide comprehensive medical insurance coverage including maternity benefits, minimally on the similar terms and conditions as per the earlier Group Medi-claim policy of PFRDA. The copy of the earlier GMC policy is enclosed herewith for reference as **Annexure II**. Further, the details of the premium paid and amount claimed by PFRDA for the policy period 01.04.2016 to 31.03.2017, 01.04.2017 to 31.03.2018 and 01.04.2018 to present (as on 31.01.2019) is given as **Annexure III**. The details of premium paid during the last three years is given as **Annexure IV**.

4. The bid should comply with the following terms and conditions broadly;

- a. Family Floater Extension –Comprising of family composition as Self + Spouse + Dependent Children + 2 Dependent Parents+ unmarried minor brothers as well as unmarried, divorced, abandoned, separated from their husbands or widowed sisters residing with and wholly dependent on the employee. The entire sum insured for the family should be available as floater.

- b. Maternity Benefit Cover - Rs.50,000/-for Normal and Caesarean delivery, without any waiting period for all existing and new employees or his/her spouse.
 - c. Day one cover for New Born baby covered within Family Floater sum insured.
 - d. Mid-term inclusion of spouse on account of marriage during the course of policy.
 - e. Coverage for New joiners and their dependents from the date of joining.
 - f. Pre-existing diseases to be covered.
 - g. 30 days and first year exclusions to be waived off (including for new joiners and their dependents).
 - h. No capping/restriction on the room rent charges, cost of surgeries etc.
 - i. Pre and Post Hospitalization expenses coverage for 30 and 60 days respectively.
 - j. Co-payment clause, if any, to be waived off.
 - k. Age bracket from 0 to 100 years, i.e., Maximum Age of any member in the group (now and future inclusions):100 years.
 - l. Refund of premium on account of Mid-term Deletion/separation of members to be allowed from the date of separation.
5. You are requested to submit the bids considering the existing group size, sum insured and the terms and conditions (as per previous policy enclosed herewith) for premium payable by PFRDA on annual basis for the Group Medi-claim policy. The bids in a sealed cover superscribed "Quotation for Group Medi-claim Policy" should reach latest **by 1600 Hrs on 25.03.2019 (Monday)** at the following address: -

General Manager (Admin & HR),
Pension Fund Regulatory and Development Authority,
Chatrapati Shivaji Bhawan,
1st floor, B-14/A,
Qutab Institutional Area,
Katwaria Sarai,
New Delhi- 110016

6. The pre-bid meeting shall be held on **15.03.2019 (Friday) at 1100 Hrs** and the bids shall be opened on **25.03.2019 (Monday) at 1700 hrs**, in the office premises of PFRDA as per above mentioned address. The bids sent by Fax or e-mail will not be considered.

7. **General Terms & Conditions**

- a. Identity Cards to all the officials/staff and their dependents to be provided within one month of the start of the insurance cover.
- b. There should be a dedicated helpline (24*7) of the TPA of the Insurance Company available and the contact details should be furnished after the start of the insurance cover.

- c. In case of reimbursement to the official/staff, the same should be paid to the official/staff within 15 working days from the submission of the claim documents.
 - d. The response time by the TPA at the time of admission should be maximum six hours.
 - e. The Claim Statement is to be furnished by the Insurance Company to PFRDA on quarterly basis.
 - f. All matters pertaining to this shall be subject to the jurisdiction of the courts in New Delhi only.
8. The Bid is to be submitted for the basic sum insured of **Rs.4,08,00,000/-** as per format given in **Annexure V**.

Sd/-
[P. Arumugararajan]
General Manager
(Admin & HR)

Provisional List of PFRDA Officials & Dependent Family Members for GMC Policy 2019-20

S. No.	Employee No. /Dependent	Designation	Date of Joining	Relation with the employee	Date of Birth	Age competed in years (as on 01.04.2019)	Sum insured
1	1	Executive Director (Retd.)	October 1, 2009	Self	24-Apr-58	60	10,00,000
2	Wife			Wife	05-Jan-59	60	
3	2	Executive Director	January 2, 2012	Self	29-Sep-1964	54	10,00,000
4	Mother			Mother	25-Dec-1932	86	
5	Wife			Wife	19-May-1973	45	
6	Daughter			Daughter	28-Sep-1996	22	
7	3	Executive Director	June 19, 2018	Self	12-Sep-1967	51	
8	Wife			Wife	8-Aug-1972	46	10,00,000
9	Daughter			Daughter	7-Jan-1999	20	
10	Son			Son	14-Nov-2002	16	
11	4	Chief General Manager	July 1, 2011	Self	20-Apr-1967	51	
12	Husband			Husband	21-Jun-1965	53	
13	Son			Son	16-Mar-1994	25	
14	5	Chief General Manager	July 22, 2011	Self	17-Nov-1970	48	8,00,000
15	Husband			Husband	21-Jan-1967	52	
16	Son			Son	5-Oct-2010	8	
17	6	Chief General Manager	June 27, 2011	Self	10-Aug-1968	50	8,00,000
18	Wife			Wife	19-Jan-1974	45	
19	Daughter			Daughter	17-Aug-2002	16	
20	7	Chief General Manager (Retd.)	February 15, 2012	Self	1-Nov-1958	60	8,00,000
21	Wife			Wife	14-Sep-59	59	
22	8	Chief General Manager	July 21, 2011	Self	2-Apr-1968	50	8,00,000
23	Wife			Wife	19-Sep-1973	45	
24	Daughter			Daughter	5-Jan-1997	22	
25	Son			Son	24-Jun-2000	18	
26	9	General Manager	July 29, 2011	Self	27-May-1971	47	8,00,000
27	Wife			Wife	16-Feb-1975	44	
28	Daughter			Daughter	15-Sep-2003	15	
29	Daughter			Daughter	23-Dec-2006	12	

S. No.	Employee No. /Dependent	Designation	Date of Joining	Relation with the employee	Date of Birth	Age completed in years (as on 01.04.2019)	Sum insured
30	Father			Father	6-Jul-1943	75	
31	Mother			Mother	15-Jun-1948	70	
32	10	General Manager	September 9, 2011	Self	10-Apr-1976	42	8,00,000
33	Wife			Wife	22-Jun-1982	36	
34	Son			Son	7-Feb-2004	15	
35	Daughter			Daughter	26-Jan-2008	11	
36	11	General Manager	September 21, 2011	Self	19-Feb-1974	45	
37	Mother			Mother	7-Feb-1944	75	
38	Wife			Wife	6-May-1980	38	
39	Son			Son	22-Oct-2005	13	
40	Daughter			Daughter	7-May-2008	10	
41	12	General Manager	March 2, 2012	Self	18-Apr-1972	46	8,00,000
42	Father			Father	9-Jan-1945	74	
43	Mother			Mother	1-May-1950	68	
44	Wife			Wife	14-Nov-1975	43	
45	Son			Son	30-Jul-2001	17	
46	Son			Son	2-Nov-2009	9	
47	13	General Manager	September 28, 2011	Self	13-Nov-1975	43	
48	Wife			Wife	5-Feb-1982	37	
49	Daughter			Daughter	5-Oct-2010	8	
50	Son			Son	27-Jan-2015	4	
51	Father			Father	1-Aug-1950	68	
52	Mother			Mother	13-Jul-1954	64	
53	14	General Manager	March 23, 2012	Self	2-Jul-1973	45	8,00,000
54	Wife			Wife	16-May-1975	43	
55	Son			Son	20-Dec-2004	14	
56	15	General Manager	July 5, 2011	Self	22-Oct-1976	42	8,00,000
57	Wife			Wife	23-Feb-1978	41	
58	Daughter			Daughter	6-Jul-2002	16	
59	Daughter			Daughter	6-Oct-2007	11	
60	16	Deputy General Manager	July 26, 2011	Self	18-Oct-1975	43	8,00,000
61	Husband			Husband	8-Jul-1974	44	
62	Daughter			Daughter	12-Jul-2012	6	

S. No.	Employee No. /Dependent	Designation	Date of Joining	Relation with the employee	Date of Birth	Age completed in years (as on 01.04.2019)	Sum insured
63	Son			Son	22-Aug-2014	4	
64	17	Deputy General Manager	December 20, 2011	Self	20-May-1971	47	8,00,000
65	Father			Father	27-Mar-1936	83	
66	Mother			Mother	6-Mar-1943	76	
67	Sister			Sister	26-Apr-1980	38	
68	18	Deputy General Manager	July 18, 2011	Self	12-Feb-1972	47	
69	Wife			Wife	6-Sep-1978	40	
70	Mother			Mother	65 years	65	
71	Father			Father	71 years	65	
72	Son			Son	4-Apr-2018	0	
73	Daughter			Daughter	4-Apr-2018	0	
74	19	Deputy General Manager	December 21, 2011	Self	9-Mar-1978	41	8,00,000
75	Mother			Mother	15-Feb-1951	68	
76	Wife			Wife	26-Sep-1979	39	
77	Son			Son	29-Jan-2009	10	
78	Son			Son	4-May-2012	6	
79	20	Deputy General Manager	January 24, 2012	Self	24-Apr-1976	42	8,00,000
80	Daughter			Daughter	18-Jul-2013	5	
81	Mother			Mother	1-Sep-1947	71	
82	Father			Father	10-Jul-1947	71	
83	21	Deputy General Manager	February 16, 2012	Self	14-May-1977	41	
84	Wife			Wife	10-Jun-1980	38	
85	Son			Son	5-Jul-2010	8	
86	Father			Father	25-May-1950	68	
87	22	Deputy General Manager	February 16, 2012	Self	26-Aug-1977	41	8,00,000
88	Wife			Wife	1-Mar-1982	37	
89	Daughter			Daughter	29-Apr-2012	6	
90	Son			Son	30-Jan-2007	12	
91	Father			Father	20-Oct-1943	75	
92	Mother			Mother	7-Jul-1951	67	
93	23	Deputy General Manager	February 29, 2012	Self	7-Oct-1979	39	8,00,000
94	Daughter			Daughter	15-May-2013	5	

S. No.	Employee No. /Dependent	Designation	Date of Joining	Relation with the employee	Date of Birth	Age completed in years (as on 01.04.2019)	Sum insured
95	24	Assistant General Manager	October 1, 2009	Self	30-Jun-1977	41	6,00,000
96	Sister			Sister	2-Oct-1984	34	
97	25	Assistant General Manager	February 7, 2012	Self	25-Sep-1981	37	
98	Husband			Husband	19-Sep-1981	37	6,00,000
99	Daughter			Daughter	23-Dec-2015	3	
100	26	Assistant General Manager	February 13, 2012	Self	25-Apr-1981	37	
101	Husband			Husband	6-Dec-1981	37	6,00,000
102	Son			Son	27-Nov-2012	6	
103	Son			Son	26-Jul-2016	2	
104	27	Assistant General Manager	February 24, 2012	Self	9-Mar-1982	37	6,00,000
105	Wife			Wife	18-Oct-1985	33	
106	Father			Father	7-May-1951	67	
107	28	Assistant General Manager	June 8, 2012	Self	17-May-1981	37	6,00,000
108	Husband			Husband	11-Oct-1978	40	
109	Daughter			Daughter	22-Nov-2007	11	
110	Mother-in-law			Mother-in-law	29-Jul-1959	59	
111	Son			Son	22-Mar-2018	1	
112	29	Assistant General Manager	June 11, 2012	Self	31-Jan-1977	42	6,00,000
113	Son			Son	5-Feb-2013	5	
114	30	Assistant General Manager	September 17, 2012	Self	11-Jun-1982	36	6,00,000
115	Daughter			Daughter	30-Nov-2013	5	
116	31	Manager	January 30, 2012	Self	2-Jan-1982	37	6,00,000
117	Husband			Husband	2-Jan-1980	39	
118	Son			Son	21-Feb-2011	8	
119	Father			Father	5-Mar-1952	67	
120	Mother			Mother	25-Sep-1961	57	
121	32	Manager	February 8, 2012	Self	28-Jan-1986	33	6,00,000
122	Wife			Wife	15-Nov-1989	29	
123	Son			Son	14-Dec-2015	3	
124	Father			Father	5-Sep-1950	68	
125	Mother			Mother	1-Jul-1959	59	
126	33	Manager	February 16, 2012	Self	16-Aug-1984	34	6,00,000
127	Mother			Mother	31-Jan-1955	64	
128	Wife			Wife	5-Jun-1984	34	
129	Daughter			Daughter	30-Oct-2014	4	

S. No.	Employee No. /Dependent	Designation	Date of Joining	Relation with the employee	Date of Birth	Age completed in years (as on 01.04.2019)	Sum insured
130	34	Manager	February 17, 2012	Self	9-May-1984	34	6,00,000
131	Wife			Wife	30-Apr-1983	35	
132	Daughter			Daughter	21-Jul-2016	2	
133	35	Manager	February 24, 2012	Self	1-Jul-1984	34	6,00,000
134	Wife			Wife	15-Sep-1984	34	
135	Father			Father	26-Mar-1958	61	
136	Mother			Mother	12-Dec-1962	56	
137	Sister			Sister	13-Sep-1991	27	
138	Sister			Sister	10-Oct-1992	26	
139	Daughter			Daughter	9-May-2015	3	
140	36	Manager	March 1, 2012	Self	22-May-1986	32	6,00,000
141	Wife			Wife	26-Jan-1989	30	
142	Father			Father	24-Sep-1953	65	
143	Mother			Mother	8-Sep-1956	62	
144	Son			Son	28-Aug-2018	0	
145	37	Manager	April 2, 2012	Self	2-Nov-1983	35	6,00,000
146	Wife			Wife	17-Feb-1986	33	
147	Daughter			Daughter	29-Nov-2010	8	
148	38	Manager	April 3, 2012	Self	17-Oct-1982	36	6,00,000
149	Wife			Wife	23-Oct-1982	36	
150	Daughter			Daughter	5-May-2016	2	
151	39	Manager	April 25, 2012	Self	21-May-1986	32	6,00,000
152	Mother			Mother	18-Feb-1961	58	
153	Wife			Wife	30-Jul-1991	27	
154	Sister			Sister	18-May-1993	25	
155	Son			Son	19-Jun-2015	3	
156	40	Manager	April 26, 2012	Self	17-Sep-1983	35	6,00,000
157	Wife			Wife	5-Oct-1985	33	
158	Daughter			Daughter	6-May-2014	4	
159	41	Manager	April 30, 2012	Self	25-Jan-1984	35	6,00,000
160	Wife			Wife	25-Aug-1988	30	
161	Daughter			Daughter	5-Sep-2013	5	
162	42	Manager	March 1, 2012	Self	23-Sep-1984	34	6,00,000
163	Mother			Mother	6-Jan-1960	59	
164	Daughter			Daughter	3-Jul-2012	6	

S. No.	Employee No. /Dependent	Designation	Date of Joining	Relation with the employee	Date of Birth	Age completed in years (as on 01.04.2019)	Sum insured
165	43	Manager	April 16, 2012	Self	31-Aug-1984	34	6,00,000
166	Husband			Husband	1-Jul-1984	34	
167	44	Assistant Manager	July 28, 2017	Self	28-Apr-91	27	6,00,000
168	45	Assistant Manager	July 28, 2017	Self	31-Oct-93	25	
169	46	Assistant Manager	July 28, 2017	Self	14-Sep-90	28	6,00,000
170	47	Assistant Manager	July 28, 2017	Self	03-Apr-91	27	
171	Wife			Wife	12-Apr-90	28	6,00,000
172	48	Assistant Manager	July 28, 2017	Self	21-Jun-91	27	
173	49	Assistant Manager	August 1, 2017	Self	19-Oct-91	27	6,00,000
174	50	Assistant Manager	August 7, 2017	Self	13-Aug-92	26	
175	Wife			Wife	31-May-93	25	6,00,000
176	51	Assistant Manager	August 10, 2017	Self	17-Jul-92	26	
177	52	Assistant Manager	August 14, 2017	Self	11-May-92	26	6,00,000
178	Father			Father	17-Apr-57	61	
179	Mother			Mother	59 years	59	6,00,000
180	53	Assistant Manager	August 14, 2017	Self	29-Nov-89	29	
181	Mother			Mother	01-May-68	50	6,00,000
182	Sister			Sister	14-Feb-97	22	
183	54	Assistant Manager	August 16, 2017	Self	27-Mar-91	28	6,00,000
184	55	Assistant Manager	August 16, 2017	Self	06-Dec-91	27	
185	56	Assistant Manager	August 16, 2017	Self	13-Oct-89	29	6,00,000
186	Wife			Wife	05-Aug-92	26	
187	Mother			Mother	02-Feb-68	51	6,00,000
188	57	Assistant Manager	October 30, 2017	Self	28-Apr-92	26	
189	Wife			Wife	10-Mar-95	24	6,00,000
190	58	Assistant Manager	January 12, 2018	self	27-Apr-1991	27	
191	59	Junior Assistant	October 1, 2009	Self	3-Nov-1969	49	4,00,000
192	Wife			Wife	1-Jan-1969	50	
193	Son			Son	15-Dec-1990	28	4,00,000
194	Daughter			Daughter	27-Sep-1995	23	
195	60	Staff Car Driver	July 30, 2013	Self	15-Jul-1981	37	4,00,000
196	Wife			Wife	19-Aug-1986	32	
197	Son			Son	9-Aug-2010	8	

S. No.	Employee No. /Dependent	Designation	Date of Joining	Relation with the employee	Date of Birth	Age competed in years (as on 01.04.2019)	Sum insured
198	Daughter			Daughter	7-Jan-2013	6	
199	Mother			Mother	NA	NA	



UNITED INDIA INSURANCE COMPANY LIMITED
UNITED INDIA INSURANCE CO. LTD. 60, SKYLARK BLDG., 4TH FLOOR, NEHRU PLACE NEHRU PLACE
NEW DELHI - 110019 DELHI
PH: (11) 011-26235469 FAX: EMAIL:

TAILOR MADE GROUP HEALTH POLICY
POLICY NO.: 0406022818P100194530

PERIOD OF INSURANCE
FROM 00:00 Hrs on 01/04/2018
To Midnight on 31/03/2019

Insured
M/S PENSION FUND REGULATORY AND DEVELOPEMENT AUTHORITY
4TH FLOOR, CHATRAPATI SHIVAJI BHAWAN, B-14/A, QUTUB INSTITUTIONAL AREA, KATWARDA SARAI.

SOUTH WEST DELHI
DELHI
110016

Agent Name :
Agent Code :
Mobile/Landline Number/Email :

LET US JOIN THE FIGHT AGAINST CORRUPTION.
PLEASE TAKE THE PLEDGE AT <http://www.uic.co.in>

For any Information, Service Requests and Grievances please write to 040602@uic.co.in

For ID Cards & Claim Intimations Please contact the TPA mentioned in the Policy document.

REGD. & HEAD OFFICE 24, WHITES ROAD, CHENNAI - 600014
Website: <http://www.uic.co.in>

Printed By : ANU46562 @ 02/04/2018 3:21:57 PM

POLICY NO.: 0406022818P10019A-30



TAILOR MADE GROUP HEALTH POLICY SCHEDULE

Policy No.	0406022818P10019A-30	Previous Policy No.	0406022817P100906191
Name/ADM's PENSION FUND REGULATORY AND DEVELOPMENT AUTHORITY	Z30139-48170	Tel. (O)	
Tel. (R)		Tel. (R)	
Email		Fax	
Business/Occupation	None	From	01/04/2018
Hours of		To	Midnight of 31/03/2019

Coinsurance: UTIC 040602 : 100%

No. of Employees: 64 No. of Lives: 163

Coverage Details:-

Cover Group	Sum Insured (₹)	Premium (₹)
Hospitalization	32,400,000.00	437,012.50
Total Sum Insured	32,400,000.00	Premium 437,012.50

Insured Details
As Per Annexure Attached.

Premium:	1,488,999.00
CGSTI(9%):	134,010.00
SGSTI(9%):	134,010.00
Stamp Duty:	1.00
Total:	1,757,019.00
Receipt Number:	10104060218100036551
Development Officer Code/ Agent Code:	02/04/2018

Underwriter Remarks
IT IS HEREBY AGREED AND DECLARED THAT THE FOLLOWING CONDITIONS IN THE ABOVE MENTIONED POLICY AS FOLLOWS:- (1) THE POLICY COVERS 195 LIVES INCLUDING EMPLOYEES AND THEIR DEPENDENTS WITH VARIED SUM INSURED ON FLOATER BASIS AS PER LIST ATTACHED (2) FAMILY SHALL CONSIST OF SELF, SPOUSE, DEPENDENT CHILDREN; 2 DEPENDENT PARENTS, UNMARRIED MINOR BROTHERS AS WELL AS UNMARRIED, DIVORCED, ABANDONED, SEPARATED OR WIDOWED SISTERS RESIDING WITH & WHOLLY DEPENDENT ON THE EMPLOYEE WITH INDIVIDUAL SUM INSURED BASIS FOR ALL (3) THE ENTIRE SUM INSURED FOR THE FAMILY IS AVAILABLE AS FLOATER. (4) MATERNITY BENEFIT COVER RS. 50,000/-FOR NORMAL AND CAESAREAN DELIVERIES WITHOUT ANY WAITING PERIOD FOR ALL EXISTING AND NEW EMPLOYEES OR HIS/HER SPOUSE.(5) NEW BORN DEPENDANT COVERED FROM DAY 1 WITHIN FAMILY FLOATER SUM INSURED.(6) MID-TERM INCLUSIONS OF SPOUSE ON A/C OF MARRIAGE DURING THE POLICY AND CHILD BY BIRTH SUBJECT TO INTIMATION WITHIN 30 DAYS AFTER MARRIAGE OR CHILD BIRTH. (7) COVERAGES FOR NEW JOINERS AND THEIR DEPENDENTS ON PRORATA BASIS FROM THE DATE OF JOINING. (8) PREMIUM / SURRENDER VALUE INTIMATION WITHIN 30 DAYS FROM DATE OF JOINING AND RECEIPT OF PREMIUM. (9) BALANCE AS ON EFFECTIVE DATE OF COVER.(8) REFUND OF PREMIUM ON A/C MID TERM CANCELLATION OF MEMBERS (EMPLOYEES AND THEIR DEPENDANTS) FROM THE DATE OF SEPARATION SUBJECT TO INTIMATION WITHIN 30 DAYS. (9) MAX. AGE OF ANY MEMBER IN THE GROUP (PRESENT & FUTURE INCLUSIONS) : 100 YEARS. (10) PRE-EXISTING DISEASES EXCLUSIONS WAIVED OFF (11) 30 DAYS AND FIRST YEAR EXCLUSIONS WAIVED OFF (12) NO. CAPPING RESTRICTION ON ROOM RENT CHARGES, COST OF SURGERIES EXTRA (13) PRE AND POST HOSPITALIZATION EXPENSES ARE COVERED FOR 30 AND 60 DAYS RESPECTIVELY. (14) NO CO-

POLICY NO.: 0406022818P1001942

It is hereby agreed and understood that, that this insurance being a Group Policy availed by the Insured covering Members, the benefit thereof would not be available to Members who cease to be part of the group for any reason whatsoever. Such members may obtain further individual insurance directly from the Company and any claims shall be governed by the terms thereof.

6 MATERNITY EXPENSES BENEFIT EXTENSION: (Wherever applicable)

This is an optional cover, which can be obtained on payment of 10% of total basic premium for all the Insured Persons under the Policy.

Option for Maternity Benefits has to be exercised at the inception of the Policy period and no refund is allowable in case of Insured's cancellation of this option during currency of the policy.

The hospitalization expenses in respect of the new born child can be covered within the Mother's Maternity expenses. The maximum benefit allowable under this clause will be up to Rs. 50,000/- or the sum insured opted by the group whichever is lower.

Special conditions applicable to Maternity expenses Benefit Extension:

1. These Benefits are admissible only if the expenses are incurred in Hospital / Nursing Home as in-patients in India or abdominal operation for extra uterine pregnancy. The waiting period may be relaxed only in case of delivery, miscarriage or abortion induced by accident or other medical emergency.
2. Claim in respect of delivery for only first two children and / or operations associated therewith will be considered in respect of any one Insured Person covered under the policy or any renewal thereof. Those Insured Persons who are already having two or more living children will not be eligible for this benefit.
3. Expenses incurred in connection with voluntary medical termination of pregnancy during the first 12 weeks from the date of conception are not covered.
4. Pre-natal and postnatal expenses are not covered unless admitted in Hospital / Nursing Home and treatment is taken there.
5. Notes: When group policy is extended to include Maternity Expenses Benefit, the exclusion No.4.14 of the policy stands deleted.

7 IRDA REGULATIONS : This policy is subject to IRDA (Health Insurance) Regulations 2013 and IRDA (Protection of Policyholders' Interest) Regulations 2002 as amended from time to time.

8. GRIEVANCE REDRESSAL : In the event of the policyholder having any grievance relating to the insurance, the Insured person may submit in writing to the Policy Issuing Office or Grievance cells at Regional Office of the Company for redressal. If the grievance remains unaddressed, the Insured person may contact the Officer, Unit-Customer Care Department, Head Office.

9 IMPORTANT NOTICE

The Company may revise any of the terms, conditions and exceptions of this insurance including the premium payable on renewal in accordance with the guidelines/rules framed by the Insurance Regulatory and Development Authority (IRDA) and after obtaining prior approval from the Authority. We shall notify you of such changes at least three months before the revision are to take effect.

The Company may also withdraw the insurance as offered hereunder after following the due process as laid down by the IRDA and after obtaining prior approval of the Authority and we shall offer to cover you under such revised/new terms, conditions, exceptions and premium for which we shall have obtained prior approval from the Authority.

* * * * *

PAYMENT.

Customer GST No.:	Office GST No.:	07AAACU5552C1Z1
SAC Code:	Invoice No. & Date:	28181100194530 & 02/04/2018
Amount Subject to Reverse Charges-NIL		

Anti Money Laundering Clause:-In the event of a claim under the policy exceeding ₹ 1 lakh or a claim for refund of premium exceeding ₹ 1 lakh, the Insured will comply with the provisions of AML policy of the company. The AML policy is available in all our operating offices as well as Company's web site.

Date of Proposal and Declaration: 01/04/2018
 IN WITNESS WHEREOF, this policy has been signed at BO KATWARIA SARAI 040602 on this 02nd day of April 2018
For and On behalf of
United India Insurance Co. Ltd.



Authorized Signatory
 Underwritten By - ANU46562 (BO UNDERWRITER)
 C. P. Insurance Policy Stamps
 (H. No. 10/24489) dated 22-03-2017 of Collector of stamps,
 5, Shamraih Marg, New Delhi

POLICY NO.: 0406022818P1

Details of TPA
Please contact the following TPA for Issue of Identity Cards, Cashless Approvals & Claims Settlement.

Name of TPA	HERITAGE HEALTH INSURANCE TPA PVT. LTD.		
Address	NICCO HOUSE, 2 HARE STREET, 5TH FLOOR, KOLKATA-700001		
Toll Free number	18003433477		
Contact Details	For General Enquiries	For Cashless approval	For Claim Intimation
Telephone Numbers	033-22484648	033-22436026	033-22487179
Email IDs	heritage_health@bjairns.in	heritagecashless@emil.com	heritage_health@bjairns.in
			uad-uradvantage@bajairns.in

POLICY NO.: 0406022818P100194530

If any dispute or difference shall arise as to the quantum to be paid under the 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 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 and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

5.14

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

This policy that award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained. If the TPA, as per terms and conditions of the policy or the Company shall disclaim liability to the insured for any claim hereunder and if the insured shall not within 12 calendar months from the date or receipt of the notice of such disclaimer notify the TPA/Company in writing that he does not accept such disclaimer and intends to recover his claim from the TPA/Company then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

5.15

All medical/surgical treatments under this policy shall have to be taken in India and admissible claims thereof shall be payable in Indian currency. Payment of claim shall be made through TPA to the Hospital/Nursing Home or the insured person as the case may be.

Upon acceptance of an offer of settlement, the payment of amount due shall be made within 7 days from the date of acceptance of offer by the insured. In the cases of delay in the payment, the insurer shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.

5.16

Low Claim Ratio Discount (Bonus)

Low Claim Ratio Discount at the following scale will be allowed on the total premium at renewal only depending upon the incurred claim ratio for the entire group insured under the Group Mediclaim Insurance Policy for the preceding 3 completed years excluding the year immediately preceding the date of renewal where the Group Mediclaim Insurance Policy has not been in force for 3 completed years, such shorter period of completed years excluding the year immediately preceding the date of renewal will be taken in to account

5.17

Incurred Claim ratio under the group policy	Discount %
Not exceeding 50%	5
Not exceeding 50%	15
Not exceeding 40%	25
Not exceeding 30%	35
Not exceeding 25%	40

5.18 High Claims Ratio Loading (MALUS)

The total premium payable at renewal of the Group Policy will be loaded at the following scale depending upon the incurred claims ratio for the entire group insured under the Group Mediclaim Insurance Policy for the preceding year (immediately preceding the date of renewal).

Incurred claims ratio under this group policy	Loading
Between 70% and 100%	25%
Between 101% and 125 %	55%
Between 126 % and 150 %	80%
Between 151 % and 175 %	120%
Between 176 and 200	150%
Over 200 %	Cover to be reviewed

Notes:

- Low Claim Ratio Discount (Bonus) or High Claim Ratio Loading (Malus) will be applicable to the Premium at renewal of the Policy depending on the Incurred claims Ratio for the entire Group Insured.
 - Incurred claim would mean claims paid plus claims outstanding in respect of the entire group insured under the policy during the relevant period.
- The insured shall throughout the period of insurance keep and maintain a proper record of register containing the names of all the insured persons and other relevant details as are normally kept in any institution/ Organisation. The insured shall declare to the company any additions in the number of insured persons as and when arising during the period of insurance and shall pay the additional premium as agreed.

POLICY NO.: 0406022818P100194530

Group No.	Name of TPA	Person ID.	Insured Name	Age	Sex	Relation	Occupation	Sum Insured	Premium
1	Heritage Health Services Pvt.Ltd.	1	Kamal Kumar Chaudhry	59	Male	Self		750000	
1	Heritage Health Services Pvt.Ltd.	2	Shashi Prabha Chaudhry	60	Female	Spouse			
2	Heritage Health Services Pvt.Ltd.	1	Ananta Gopal Das	53	Male	Self		750000	
2	Heritage Health Services Pvt.Ltd.	2	Binapani Das	85	Female	Mother			
2	Heritage Health Services Pvt.Ltd.	3	Indira Das	44	Female	Spouse			
2	Heritage Health Services Pvt.Ltd.	4	Akantasha Das	21	Female	Daughter			
4	Heritage Health Services Pvt.Ltd.	1	Venkateswarlu Peri	49	Male	Self		600000	
4	Heritage Health Services Pvt.Ltd.	2	N Subhadra Chari	44	Female	Spouse			
4	Heritage Health Services Pvt.Ltd.	3	P Phani Vaishnavi	15	Female	Daughter			
5	Heritage Health Services Pvt.Ltd.	1	Ashish Kumar	49	Male	Self		600000	
5	Heritage Health Services Pvt.Ltd.	2	Tripti Srivastava	44	Female	Spouse			
5	Heritage Health Services Pvt.Ltd.	3	Shubhika Srivastava	21	Female	Daughter			
5	Heritage Health Services Pvt.Ltd.	4	Ishaan Srivastava	17	Male	Son			
6	Heritage Health Services Pvt.Ltd.	1	Surmeet Kaur Kapoor	47	Female	Self		600000	
6	Heritage Health Services Pvt.Ltd.	2	Utpal Kapoor	51	Male	Spouse			
6	Heritage Health Services Pvt.Ltd.	3	Aaditya Kapoor	7	Male	Son			
7	Heritage Health Services Pvt.Ltd.	1	Rakesh Sharma	59	Male	Self		600000	
8	Heritage Health Services Pvt.Ltd.	1	Sumit Kumar	41	Male	Self		600000	
8	Heritage Health Services Pvt.Ltd.	2	Chitra	40	Female	Spouse			
8	Heritage Health Services Pvt.Ltd.	3	Srishti	15	Female	Daughter			
8	Heritage Health Services Pvt.Ltd.	4	Dishita	10	Female	Daughter			
9	Heritage Health Services Pvt.Ltd.	1	Rahul Ravindran	42	Male	Self		600000	
9	Heritage Health Services Pvt.Ltd.	2	Subha Rahul	39	Female	Spouse			
9	Heritage Health Services Pvt.Ltd.	3	Anjali Rahul	13	Female	Daughter			
10	Heritage Health Services	1	Sanjeev Kumar Jha	46	Male	Self		600000	

Note: Waiver of this Condition may be considered in extreme cases of hardship where it is proved to the satisfaction of the Company that under the circumstances in which the insured was placed it was not possible for him or any other person to give such notice or file claim within the prescribed time-limit.

5.6 The Insured Person shall obtain and furnish to the TPA with all original bills, receipts and other documents upon which a claim is based and shall also give the TPA / Company such additional information and assistance as the TPA / Company may require in dealing with the claim.

5.7 Any medical practitioner authorised by the TPA / Company shall be allowed to examine the Insured Person in case of any alleged injury or disease leading to hospitalisation if so required.

5.8 The Company shall not be liable to make any payment under this policy in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent means or device whether by the Insured Person or by any other person acting on his behalf.

5.9 DISCLOSURE-TO INFORMATION NORM

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

5.10 If at the time when a claim arises under the policy, there is in existence any other insurance taken by the insured to indemnify the treatment costs, the insured person shall have the right to require a settlement of the claim in terms of any of his policies. If the amount to be claimed exceeds the sum insured under a single policy, after considering deductibles or co-pay, the insured person shall have the right to choose the insurers by whom the claim is to be settled. In such cases, the Company shall not be liable to pay or contribute more than its rateable proportion of any loss, liability, compensation costs or expenses.

5.11 Note: The insured person must disclose such other insurance at the time of making the claim under this policy.

The Policy may be renewed by mutual consent and in such event the renewal premium shall be paid to the Company on or before the date of expiry of the Policy or of the subsequent renewal thereof. The Company shall not be bound to give notice that such renewal premium is due, provided however that if the insured shall apply for renewal and remit the requisite premium before the expiry of this policy, renewal shall not normally be refused, unless the Company has reasonable justification to do so.

5.12 ENHANCEMENT OF SUM INSURED

The insured may seek enhancement of Sum Insured in writing at or before payment of premium for renewal, which may be granted at the discretion of the Company. However, notwithstanding enhancement, for claims arising in respect of ailment, disease or injury contracted or suffered during a preceding policy period, liability of the company shall be only to the extent of the Sum Insured under the policy in force at the time when it was contracted or suffered during the currency of such renewed policy or any subsequent renewal thereof.

Any such request for enhancement must be accompanied by a declaration that the insured or any other insured person in respect of whom such enhancement is sought is not aware of any symptoms or other indications that may give rise to a claim under the policy. The Company may require such insured person/s to undergo a Medical examination to enable the company to take a decision on accepting the request for enhancement in the Sum Insured.

5.13 Cancellation Clause :

The Company may at any time cancel the Policy on grounds of misrepresentation, fraud, non-disclosure of material fact or non-cooperation by the insured by sending fifteen days notice in writing by Registered A/D to the insured at his last known address in which case the Company shall return to the insured a proportion of the last premium corresponding to the unexpired period of insurance if no claim has been paid under the policy. The insured may at any time cancel this policy and in such event the Company shall allow refund of premium at Company's short period rate table given below provided no claim has occurred upto the date of cancellation.

PERIOD ON RISK	RATE OF PREMIUM TO BE CHARGED
Up to one month	1/4 th of the annual rate
Up to three months	1/2 of the annual rate
Up to six months	3/4th of the annual rate
Exceeding six months	Full annual rate.

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- 4.11 Charges incurred at Hospital or Nursing Home primarily for diagnosis, x-ray or Laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of positive existence or presence of any ailment, sickness or injury, for which confinement is required at a Hospital / Nursing Home
- 4.12 Expenses on vitamins and tonics unless forming part of treatment for injury or diseases as certified by the attending physician
- 4.13 Injury or Diseases directly or indirectly caused by or contributed to by nuclear weapon / materials
- 4.14 Treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of these including caesarean section, except abdominal operation for extra uterine pregnancy (Ectopic Pregnancy) which is proved by submission of Ultra Sonography report and Certificate of Gynaecologist that it is life threatening one if left untreated.
- 4.15 Naturopathy Treatment, acupressure, acupuncture, magnetic therapies, experimental and unproven treatments/therapies. Treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.
- 4.16 External and/or durable Medical / Non-medical equipment of any kind used for diagnosis and/or treatment and/or monitoring and/or maintenance and/or support including CPAP, CPAPD, Infusion pump, Oxygen concentrator etc., Ambulatory devices i.e., walker, crutches, Belts, Collars, Caps, Splints, Slings, Braces, Stockings, elastocene bandages, external orthopaedic pads, sub cutaneous insulin pump, Diabetic foot wear, Glucometer/Thermometer, alpha/water bed and similar related items etc. and also any medical equipment, which are subsequently used at home.
- 4.17 Genetic disorders and stem cell implantation/surgery.
- 4.18 Change of treatment from one system of medicine to another unless recommended by the consultant/hospital under whom the treatment is taken.
- 4.19 Treatment for Age Related Muscular Degeneration (ARMD), treatment such as Rotational Field Quantum Magnetic Resonance (RFQMR), Enhanced External Counter Pulsation (EECP), etc.
- 4.20 All non-medical expenses including convenience items for personal comfort such as charges for telephone, television, stay, private nursing/barber or beauty services, diet charges, baby food, cosmetic, tissue paper, diapers, sanitary pads, toiletry items and similar incidental expenses.
- 4.21 Any kind of Service charges, Surcharges, Admission Fees/Registration Charges, Luxury tax and similar charges levied by the hospital.
- 4.22 All non-Medical expenses. For detailed list of non-medical expenses, please log on to our website www.uic.co.in.

- 5. **CONDITIONS:**
- 5.1 Contract: The Proposal form, Prospectus, Pre-acceptance Health check-up and the Policy issued shall constitute complete Contract of Insurance.
- 5.2 Every notice or communication regarding hospitalization or claim to be given or made under this Policy shall be delivered in writing at the address of the TPA office as shown in the Schedule. Other matters relating to the policy may be communicated to the policy issuing office.
- 5.3 The premium payable under this Policy shall be paid in advance. No receipt for Premium shall be valid except on the official form of the company signed by a duly authorised official of the company. The due payment of premium and the observance and fulfilment of the terms, provisions, conditions and endorsements of this Policy by the Insured Person in so far as they relate to anything to be done or complied with by the Insured Person shall be a condition precedent to any liability of the Company to make any payment under this Policy. No waiver of any terms, provisions, conditions and endorsements of this policy shall be valid unless made in writing and signed by an authorised official of the Company.
- 5.4 Notice of Communication: Upon the happening of any event which may give rise to a claim under this Policy notice with full particulars shall be sent to the TPA named in the schedule immediately and in case of emergency hospitalization within 24 hours from the time of Hospitalisation/Domiciliary Hospitalisation
- 5.5 All supporting documents relating to the claim must be filed with TPA within 15 days from the date of discharge from the hospital. In case of post-hospitalisation, treatment (limited to 60 days), all claim documents should be submitted within 7 days after completion of such treatment.

Heritage Health Services Pvt.Ltd.	10	2	Usha Jha	39	Female	Spouse		
Heritage Health Services Pvt.Ltd.	10	3	Sumitra Jha	65	Female	Mother		
Heritage Health Services Pvt.Ltd.	10	4	Shashi Kumar Jha	71	Male	Father		
Heritage Health Services Pvt.Ltd.	11	1	Purnima Sharma	42	Female	Self	600000	
Heritage Health Services Pvt.Ltd.	11	2	Grish Sharma	43	Male	Spouse		
Heritage Health Services Pvt.Ltd.	11	3	Nayonika Sharma	5	Female	Daughter		
Heritage Health Services Pvt.Ltd.	11	4	Aryan Sharma	3	Male	Son		
Heritage Health Services Pvt.Ltd.	12	1	K Mohan Gandhi	46	Male	Self	600000	
Heritage Health Services Pvt.Ltd.	12	2	G Bharathi	43	Female	Spouse		
Heritage Health Services Pvt.Ltd.	12	3	M Harini	14	Female	Daughter		
Heritage Health Services Pvt.Ltd.	12	4	M Harshini	11	Female	Daughter		
Heritage Health Services Pvt.Ltd.	12	5	S. Krishnasamy	74	Male	Father		
Heritage Health Services Pvt.Ltd.	12	6	K Padmavathi	69	Female	Mother		
Heritage Health Services Pvt.Ltd.	13	1	Pravesh Kumar	41	Male	Self	600000	
Heritage Health Services Pvt.Ltd.	13	2	Pramila Gond	35	Female	Spouse		
Heritage Health Services Pvt.Ltd.	13	3	Prateek Kumar	14	Male	Son		
Heritage Health Services Pvt.Ltd.	13	4	Tanishka	10	Female	Daughter		
Heritage Health Services Pvt.Ltd.	14	1	Mono Mohon Gogoi Phukon	44	Male	Self	600000	
Heritage Health Services Pvt.Ltd.	14	2	Hironya Prova Aideo	74	Female	Mother		
Heritage Health Services Pvt.Ltd.	14	3	Kabita Aideo	37	Female	Spouse		
Heritage Health Services Pvt.Ltd.	14	4	Kovit Gogoi Phukon	12	Male	Son		
Heritage Health Services Pvt.Ltd.	14	5	Benisha Aideo	9	Female	Daughter		
Heritage Health Services Pvt.Ltd.	15	1	Vikas Kumar Singh	42	Male	Self	600000	
Heritage Health Services Pvt.Ltd.	15	2	Deepika Singh	36	Female	Spouse		
Heritage Health Services Pvt.Ltd.	15	3	Ms.Vanya Singh	7	Female	Daughter		
Heritage Health Services Pvt.Ltd.	15	4	Vivaan Kumar Singh	3	Male	Son		

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Subject however that domiciliary hospitalisation benefits shall not cover:

- i) Expenses incurred for pre and post hospital treatment and
- ii) Expenses incurred for treatment for any of the following diseases:-
 - a. Asthma
 - b. Bronchitis
 - c. Chronic Nephritis and Nephritic Syndrome
 - d. Diarrhoea and all type of Dysenteries including Gastroenteritis
 - e. Diabetes Mellitus and Insipidus
 - f. Epilepsy
 - g. Hypertension
 - h. Influenza, Cough and Cold
 - i. All Psychiatric or Psychosomatic Disorders
 - j. Pyrexia of unknown Origin for less than 10 days
 - k. Tonsillitis and Upper Respiratory Tract Infection including Laryngitis and pharyngitis

Liability of the company under this clause is restricted as stated in the Schedule attached hereto

3.3 For Ayurvedic Treatment, hospitalisation expenses are admissible only when the treatment has been undergone in a Government Hospital or in any Institute recognised by the Government and/or accredited by Quality Council of India/National Accreditation Board on Health.

Company's Liability for all claims admitted in respect of any/all insured person/s during the period of insurance shall not exceed the Sum Insured stated in the schedule.

4. Exclusions:

The company shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any Insured Person in connection with or in respect of:

- 4.1 Any pre-existing condition(s) as defined in the policy, until 48 months of continuous coverage of such insured person have elapsed, since inception of his/her first Policy with the Company.
- 4.2 Any disease other than those stated in clause 4.3 below, contracted by the Insured person during the first 30 days from the commencement date of the policy. This exclusion shall not however, apply in case of the insured person having been covered under an Insurance scheme with our Company for a continuous period of preceding 12 months without any break.
- 4.3 Unless the Insured has 24 months of continuous coverage, the expenses on treatment of diseases such as Cataract, Benign Prostatic Hypertrophy, Hysterectomy for Menorrhagia, or Fibromyoma, Hernia, Hydrocele, Congenital Internal disease, Fistula in anus, piles, Sinusitis and related disorders, Gall Bladder Stone removal, Gout & Rheumatism, Calculus Diseases are not payable. Internal Congenital Disease means anomaly which is not visible and accessible parts of the body.
- 4.4 Unless the Insured has 48 months of continuous coverage, the expenses related to treatment of Joint Replacement due to Degenerative Condition and age-related Osteoarthritis & Osteoporosis are not payable. If these diseases mentioned in Exclusion no.4.3 and 4.4 (Other than Congenital Internal Diseases) are pre-existing at the time of proposal they will not be covered even during subsequent period of renewal subject to the pre-existing disease exclusion clause. If the Insured is aware of the existence of congenital internal disease before inception of the policy, the same will be treated as pre-existing.
- 4.5 Injury / disease directly or indirectly caused by or arising from or attributable to War, invasion, Act of Foreign enemy, War like operations (whether war be declared or not).
- 4.6 a. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident.
b. Vaccination or inoculation
c. Change of life or cosmetic or aesthetic treatment of any description such as correction of eyesight, etc.
d. Plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
- 4.7 Cost of spectacles, contact lenses and hearing aids.
- 4.8 Dental treatment or surgery of any kind unless necessitated by accident and requiring hospitalisation.
- 4.9 Convalescence, general debility, run-down condition or rest cure, obesity treatment and its complications including morbid obesity, Congenital external disease, or defects or anomalies, treatment relating to all psychiatric and and psychomatic disorders, Infertility, Sterility, Venereal disease, intentional self injury and use of intoxication drugs / alcohol
- 4.10 All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus Type III (HTLV - III) or lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency Syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.

15	Heritage Health Services Pvt.Ltd.	5	MR.Vinod Kumar	67	Male	Father	
15	Heritage Health Services Pvt.Ltd.	6	Urmila Devi	63	Female	Mother	
16	Heritage Health Services Pvt.Ltd.	1	Manju Bhalla	46	Female	Self	600000
16	Heritage Health Services Pvt.Ltd.	2	B N Bhalla	82	Male	Father	
16	Heritage Health Services Pvt.Ltd.	3	Bimla Bhalla	75	Female	Mother	
16	Heritage Health Services Pvt.Ltd.	4	Meenu Bhalla	37	Female	Others	
17	Heritage Health Services Pvt.Ltd.	1	Akhlesh Kumar	45	Male	Self	600000
17	Heritage Health Services Pvt.Ltd.	2	Shalindra Kumar	73	Male	Father	
17	Heritage Health Services Pvt.Ltd.	3	Gayatri Devi	67	Female	Mother	
17	Heritage Health Services Pvt.Ltd.	4	Vandana Kumari	67	Female	Spouse	
17	Heritage Health Services Pvt.Ltd.	5	Anshul Raj	16	Male	Son	
17	Heritage Health Services Pvt.Ltd.	6	Ankit Raj	8	Male	Son	
18	Heritage Health Services Pvt.Ltd.	1	Arumugaranarajan P	44	Male	Self	600000
18	Heritage Health Services Pvt.Ltd.	2	T Premalatha	42	Female	Spouse	
18	Heritage Health Services Pvt.Ltd.	3	A R Sandeep Subramanian	13	Male	Son	
19	Heritage Health Services Pvt.Ltd.	1	Sachin Joneja	40	Male	Self	600000
19	Heritage Health Services Pvt.Ltd.	2	Santosh Joneja	67	Female	Mother	
19	Heritage Health Services Pvt.Ltd.	3	Rati Joneja	38	Female	Spouse	
19	Heritage Health Services Pvt.Ltd.	4	Rohan Joneja	9	Male	Son	
19	Heritage Health Services Pvt.Ltd.	5	Rishaan Joneja	5	Male	Son	
20	Heritage Health Services Pvt.Ltd.	1	Alpana Vats	41	Female	Self	600000
20	Heritage Health Services Pvt.Ltd.	2	Aanshi Arya	4	Female	Daughter	
20	Heritage Health Services Pvt.Ltd.	3	Shakuntala Singh	70	Female	Mother	
20	Heritage Health Services Pvt.Ltd.	4	Dharm Nath Singh	70	Male	Father	
21	Heritage Health Services Pvt.Ltd.	1	Ashish Kumar Bharati	40	Male	Self	600000
21	Heritage Health Services Pvt.Ltd.	2	Ruby Bhardi	36	Female	Spouse	

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2.36 RENEWAL:
Renewal defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.

2.37 ROOM RENT
Room rent shall mean the amount charged by a hospital for the occupancy of a bed on per day (24 hours) basis and shall include associated medical expenses.

2.38 SUBROGATION
Subrogation shall mean 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.

2.39 SURGERY:
Surgery or Surgical Procedure means manual and/or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a Medical Practitioner.

2.40 THIRD PARTY ADMINISTRATOR
TPA means a Third Party Administrator who holds a valid License from Insurance Regulatory and Development Authority to act as a THIRD PARTY ADMINISTRATOR and is engaged by the Company for the provision of health services as specified in the agreement between the Company and TPA.

2.41 UNIMPROVED/EXPERIMENTAL TREATMENT
Unimproved/Experimental treatment is treatment, including drug Experimental therapy, which is not based on established medical practices in India.

3. COVERAGES:

3.1 Expenses on Hospitalisation for minimum period of 24 hours are admissible. However, this time limit is not applied to specific treatments, such as

1. Adenoidectomy	19. FESS
2. Appendectomy	20. Haemo dialysis
3. Aortic/Pleural tapping	21. Fissurectomy/Fistulotomy
4. Auroplasty	22. Mastoidectomy
5. Coronary angiography	23. Hydrocele
6. Coronary angioplasty	24. Hysterectomy
7. Dental surgery	25. Inguinal/ventral/umbilical/ Femoral hernia
8. Dilatation & Curettage	26. Parenteral chemotherapy
9. Endoscopies	27. Polypectomy
10. Excision of Cyst/granuloma/lump	28. Septoplasty
11. Eye surgery	29. Piles/fistula
12. Fracture/Dislocation excluding hairline fracture	30. Prostate
13. Radiotherapy	31. Sinusitis
14. Lithotripsy	32. Tonsilectomy
15. Incision and drainage of abscess	33. Liver aspiration
16. Colonoscopy	34. Sclerotherapy
17. Varicoceleomy	35. Varicose Vein Ligation
18. Wound suturing	

This condition will also not apply in case of stay in hospital of less than 24 hours provided -
a. The treatment is undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hours because of technological advancement and
b. Which would have otherwise required a hospitalisation of more than 24 hours.

Procedures/treatments usually done in out patient department are not payable under the policy even if converted as an in-patient in the hospital for more than 24 hours or carried out in Day Care Centres.

3.2 Domiciliary Hospitalisation means medical treatment for a period exceeding three days for such 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:
a. The condition of the patient is such that he/she is not in a condition to be removed to a hospital
or
b. The patient takes treatment at home on account of non-availability of room in a hospital.

21	Heritage Health Services Pvt.Ltd.	3	Shanvi Chaudhary	5	Female	Daughter		
21	Heritage Health Services Pvt.Ltd.	4	Ayush Kumar	11	Male	Son		
21	Heritage Health Services Pvt.Ltd.	5	Rajkishore Prasad	74	Male	Father		
21	Heritage Health Services Pvt.Ltd.	6	Usha Prasad	66	Female	Mother		
22	Heritage Health Services Pvt.Ltd.	1	K.R Daulath Ali Khan	40	Male	Self	600000	
22	Heritage Health Services Pvt.Ltd.	2	Y Salma	37	Female	Spouse		
22	Heritage Health Services Pvt.Ltd.	3	K.Mohammad Moqeen Ali Khan	7	Male	Son		
22	Heritage Health Services Pvt.Ltd.	4	K.Rahamatullah Khan	67	Male	Father		
23	Heritage Health Services Pvt.Ltd.	1	Gurminder Kaur	38	Female	Self	600000	
23	Heritage Health Services Pvt.Ltd.	2	Seerat Kaur	4	Female	Daughter		
24	Heritage Health Services Pvt.Ltd.	1	Sonia Singh	40	Male	Self	450000	
24	Heritage Health Services Pvt.Ltd.	2	Kannamma Singh	40	Female	Others		
25	Heritage Health Services Pvt.Ltd.	1	Priyanka Gupta	36	Female	Self	450000	
25	Heritage Health Services Pvt.Ltd.	2	Pallavi Jain	36	Male	Spouse		
25	Heritage Health Services Pvt.Ltd.	3	Pravanya Jain	2	Female	Daughter		
26	Heritage Health Services Pvt.Ltd.	1	Rupam Nath	37	Male	Self	450000	
26	Heritage Health Services Pvt.Ltd.	2	Anuska Das	37	Female	Spouse		
27	Heritage Health Services Pvt.Ltd.	1	Jaspreet Kaur Saini	36	Female	Self	450000	
27	Heritage Health Services Pvt.Ltd.	2	Harpreet Singh Saini	36	Male	Spouse		
27	Heritage Health Services Pvt.Ltd.	3	Jaskaran Singh Saini	5	Male	Son		
27	Heritage Health Services Pvt.Ltd.	4	Anhad Singh	1	Male	Son		
28	Heritage Health Services Pvt.Ltd.	1	M Ismail Salam	36	Male	Self	450000	
28	Heritage Health Services Pvt.Ltd.	2	N.Hatheeraj Begum	32	Female	Spouse		
28	Heritage Health Services Pvt.Ltd.	3	M.A.Mohamed Abdul Khader	66	Male	Father		
29	Heritage Health Services Pvt.Ltd.	1	Mihir A Upadhyay	36	Male	Self	950000	
29	Heritage Health Services Pvt.Ltd.	2	Kruti Upadhyay	30	Female	Spouse		

- Is required for the medical management of the illness or injury suffered by the insured;
- Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity;
- Must have been prescribed by a Medical Practitioner;
- Must conform to the professional standards widely accepted in international medical practice in the community in India.

2.24 MEDICAL PRACTITIONER:

Medical Practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or the homoeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license. The term medical practitioner would include physician, specialist and surgeon. (The Registered practitioner should not be the insured or close family members such as parents, in-laws, spouse and children.)

2.25 NETWORK PROVIDER:

Network Provider means hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility. The list of network hospitals is maintained by and available with the TPA and the same is subject to amendment from time to time.

Preferred Provider Network means a network of hospitals which have agreed to a cashless packaged pricing for certain procedures for the insured person. The list is available with the company/TPA and subject to amendment from time to time. Reimbursement of expenses incurred in PPN for the procedures (as listed under PPN package) shall be subject to the rates applicable to PPN package pricing.

2.26 NEW BORN BABY:

A new born baby means baby born during the Policy Period aged between one day and 90 days, both days inclusive.

2.27 NON-NETWORK

Any hospital, day care centre or other provider that is not part of the network.

2.28 NOTIFICATION OF CLAIM

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

2.29 OPD TREATMENT:

OPD Treatment is one in which the insured visits a clinic/hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of medical a practitioner. The insured is not admitted as a day care or in-patient.

2.30 PRE-EXISTING DISEASE:

Pre Existing Disease is any condition, ailment or injury or related condition(s) for which you ad signs or symptoms, and/or were diagnosed, and/or received medical advice/treatment, within 48 months prior to the first policy issued by the insurer.

2.31 PORTABILITY:

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

2.32 MEDICAL EXPENSES INCURRED IMMEDIATELY 30 DAYS BEFORE THE INSURED PERSON IS HOSPITALIZED WILL BE CONSIDERED AS PART OF A CLAIM AS MENTIONED UNDER ITEM 1.2 ABOVE PROVIDED THAT;

- Such Medical expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required; and
- The in-patient hospitalisation claim for such Hospitalisation is admissible by the Insurance Company

2.33 POST HOSPITALISATION MEDICAL EXPENSES:

Relevant medical expenses incurred immediately 60 days after the Insured person is discharged from the hospital provided that;

- Such Medical expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required; and
- The in-patient hospitalisation claim for such Hospitalisation is admissible by the Insurance Company.

2.34 QUALIFIED NURSE:

Qualified Nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

2.35 REASONABLE AND CUSTOMARY CHARGES:

Reasonable 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.

Heritage Health Services Pvt.Ltd.	29	3	Ashwin G Upadhyay	66	Male	Father	
Heritage Health Services Pvt.Ltd.	30	1	Kavita Singam Xavier	36	Female	Self	450000
Heritage Health Services Pvt.Ltd.	30	2	Harry Francis Xavier	39	Male	Spouse	
Heritage Health Services Pvt.Ltd.	30	3	Krishna Francis	10	Female	Daughter	
Heritage Health Services Pvt.Ltd.	30	4	Asunta	58	Female	Others	
Heritage Health Services Pvt.Ltd.	30	5	BABY BOY OF MRS. KAVITA SINGAM XAVIER	0	Male	Son	
Heritage Health Services Pvt.Ltd.	31	1	Rajesh Mohan	41	Male	Self	450000
Heritage Health Services Pvt.Ltd.	31	2	Vivean Mohan	5	Male	Son	
Heritage Health Services Pvt.Ltd.	32	1	Sudhir Singh	35	Male	Self	450000
Heritage Health Services Pvt.Ltd.	32	3	Aaral Singh	4	Female	Daughter	
Heritage Health Services Pvt.Ltd.	33	1	Vinita Choudhary	36	Female	Self	450000
Heritage Health Services Pvt.Ltd.	33	2	Bipin Bihari Choudhary	38	Male	Spouse	
Heritage Health Services Pvt.Ltd.	33	3	Parmanand Choudhary	66	Male	Father	
Heritage Health Services Pvt.Ltd.	33	4	Sheela Devi	56	Female	Mother	
Heritage Health Services Pvt.Ltd.	33	5	Shresth Choudhary	7	Male	Son	
Heritage Health Services Pvt.Ltd.	34	1	Ashish V Dongare	32	Male	Self	450000
Heritage Health Services Pvt.Ltd.	34	2	Sarthak A. Dongare	2	Male	Son	
Heritage Health Services Pvt.Ltd.	34	3	Kirt Ashish Dongare	28	Female	Spouse	
Heritage Health Services Pvt.Ltd.	34	4	Vasant Dongare	67	Male	Father	
Heritage Health Services Pvt.Ltd.	34	5	Pratibha Dongare	58	Female	Mother	
Heritage Health Services Pvt.Ltd.	35	1	Devsh Mittal	33	Male	Self	450000
Heritage Health Services Pvt.Ltd.	35	2	Shipra Agrawal	63	Female	Mother	
Heritage Health Services Pvt.Ltd.	35	3	Deepika Verma	33	Female	Spouse	
Heritage Health Services Pvt.Ltd.	35	4	Jitarthi	3	Female	Daughter	
Heritage Health Services Pvt.Ltd.	36	1	Mohit Yadav	33	Male	Self	450000
Heritage Health Services Pvt.Ltd.	36	2	Sangeeta Yadav	34	Female	Spouse	

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2.11 DOMICILIARY HOSPITALISATION:
 Domiciliary hospitalisation 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:
 a) The condition of the patient is such that he/she is not in a condition to be removed to a hospital or
 b) The patient takes treatment at home on account of non-availability of room in a hospital.

2.12 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.

2.13 HOSPITAL/NURSING HOME:
 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 the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under
 - Has qualified nursing staff under its employment round the clock.
 - Has at least 10 in-patient beds in towns having a population of less than 10 lacs and at least 15 in-patient beds in all other places;
 - Has qualified medical practitioner(s) in charge round the clock;
 - Has a fully equipped Operation Theatre of its own where surgical procedures are carried out;
 - Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

2.14 HOSPITALIZATION:
 Hospitalization means admission in a Hospital/Nursing Home for a minimum period of 24 consecutive hours of inpatient care except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.

2.15 ID CARD:
 ID card means the identity card issued to the insured person by the TPA to avail cashless facility in network hospitals.

2.16 ILLNESS:
 Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the policy period and required medical treatment.

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

2.18 IN-PATIENT CARE:
 In-patient care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

2.19 INTENSIVE CARE UNIT:
 Intensive Care Unit means an identifies 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.

2.20 MATERNITY EXPENSES:
 Maternity expenses/treatment shall include:
 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.

2.21 MEDICAL ADVICE:
 Any consultation or advice from a medical practitioner/doctor including the issue of any prescription or repeat prescription.

2.22 MEDICAL EXPENSES:
 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.

2.23 MEDICALLY NECESSARY:
 Medically necessary treatment is defined as any treatment, test, medication or stay in hospital or part of a stay in a hospital which

Heritage Health Services Pvt.Ltd.	36	3	Khanak Yadav	1	Female	Daughter		
Heritage Health Services Pvt.Ltd.	37	1	Manoj Tiwari	33	Male	Self	450000	
Heritage Health Services Pvt.Ltd.	37	2	Vandana Pendey	33	Female	Spouse		
Heritage Health Services Pvt.Ltd.	37	3	Ashok Tiwari	60	Male	Father		
Heritage Health Services Pvt.Ltd.	37	4	Ragini Tiwari	25	Female	Others		
Heritage Health Services Pvt.Ltd.	37	5	SATVIKA TIWARI	2	Female	Daughter		
Heritage Health Services Pvt.Ltd.	37	6	Asha Tiwari	55	Female	Mother		
Heritage Health Services Pvt.Ltd.	37	7	Sneha Tiwari	26	Female	Others		
Heritage Health Services Pvt.Ltd.	38	1	Puja Upadhyay	33	Female	Self	450000	
Heritage Health Services Pvt.Ltd.	38	2	Gauri Upadhyay	5	Female	Daughter		
Heritage Health Services Pvt.Ltd.	39	1	Sajeesh Mathew	31	Male	Self	450000	
Heritage Health Services Pvt.Ltd.	39	2	Jeena Johny	29	Female	Spouse		
Heritage Health Services Pvt.Ltd.	39	3	V K Mathew	64	Male	Father		
Heritage Health Services Pvt.Ltd.	39	4	Sichy Mathew	61	Female	Mother		
Heritage Health Services Pvt.Ltd.	40	1	Prithvi Raj Gurjar	34	Male	Self	450000	
Heritage Health Services Pvt.Ltd.	40	2	Varsha Gurjar	32	Female	Spouse		
Heritage Health Services Pvt.Ltd.	40	3	Anvesha Gurjar	7	Female	Daughter		
Heritage Health Services Pvt.Ltd.	41	1	Vishal Singh Rathour	35	Male	Self	450000	
Heritage Health Services Pvt.Ltd.	41	2	Anupama Rathour	35	Female	Spouse		
Heritage Health Services Pvt.Ltd.	41	3	WISHALAKSHI RATHOUR	1	Female	Daughter		
Heritage Health Services Pvt.Ltd.	42	1	Bhawna Malhotra	33	Female	Self	450000	
Heritage Health Services Pvt.Ltd.	42	2	Dheeraj Nishawan	33	Male	Spouse		
Heritage Health Services Pvt.Ltd.	43	1	Vishal Chourasia	31	Male	Self	450000	
Heritage Health Services Pvt.Ltd.	43	2	Chandrakanta Chourasia	57	Female	Mother		
Heritage Health Services Pvt.Ltd.	43	3	Shweta Chourasia	23	Female	Dependant/Sister		
Heritage Health Services Pvt.Ltd.	43	4	Parv Chourasia	2	Male	Son		

1.3 Pre and Post Hospitalisation expenses payable in respect of each hospitalisation shall be the actual expenses incurred subject to a maximum of 10% of the Sum Insured.

1.4 In addition to the above, the following would apply to claims arising out of persons aged more than 60 years

EXPENSES ON MAJOR ILLNESSES CHARGED AS A TOTAL PACKAGE
TO BE SETTLED WITH A CO-PAY ON 80:20 BASIS. The co-pay of 20% will be applicable on the admissible claim amount.

2. DEFINITIONS:

2.1 ACCIDENT:

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

2.2 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:
 i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups and/or tests-
 ii. it needs ongoing or long-term control or relief of symptoms
 iii. it requires your rehabilitation or for you to be specially trained to cope with it
 iv. it continues indefinitely
 v. it comes back or is likely to come back.

2.3 ALTERNATIVE TREATMENT:

Alternative treatments are forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Siddha and Homeopathy in the Indian context.

2.4 ANY ONE ILLNESS:

Any one illness will be deemed to mean continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital / Nursing Home where treatment has been taken.

2.5 CASHLESS FACILITY:

Cashless facility "means a facility extended by the insurer to the insured where the payments, of the cost of treatment undergone by the insured in accordance with the policy terms and conditions, or directly made to the network provider by the insurer to the extent pre-authorization approved.

2.6 CONGENITAL ANOMALY:

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

a. Internal Congenital Anomaly Which is not in the visible and accessible parts of the body.

b. External Congenital Anomaly Which is in the visible and accessible parts of the body.

2.7 CONDITION PRECEDENT:

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

2.8 CONTRIBUTION:

Contribution is essentially the right of an insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a rateable proportion.

2.9 DAY CARE CENTRE:

A day care centre means any institution established for day care treatment of illness and/or injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:-
 - Has qualified nursing staff under its employment
 - Has qualified Medical Practitioner(s) in charge
 - Has a fully equipped operation theatre of its own where surgical procedures are carried out-
 - Maintains daily records of patients and will make these accessible to the Insurance Company's authorized personnel.

2.10 DAY CARE TREATMENT:

Day care treatment refers to medical treatment and or surgical procedures which is undertaken under general or local anaesthesia in a hospital/day care centre in less than 24 hours because of technological advancement, and which would have otherwise required a hospitalisation of more than 24 hours. Treatment normally taken on an out-patient basis is not included in the scope of this definition.

Heritage Health Services Pvt.Ltd.	43	5	Prateeksha Chourasia	26	Female	Spouse		
Heritage Health Services Pvt.Ltd.	44	1	Manish Mani	34	Male	Self	450000	
Heritage Health Services Pvt.Ltd.	44	2	Soniya Rajak	32	Female	Spouse		
Heritage Health Services Pvt.Ltd.	44	3	Ishanvi Mani	3	Female	Daughter		
Heritage Health Services Pvt.Ltd.	45	1	Prodeep Chatterjee	34	Male	Self	450000	
Heritage Health Services Pvt.Ltd.	45	2	Sibani Kumari	29	Female	Spouse		
Heritage Health Services Pvt.Ltd.	45	3	Tisha Chatterjee	4	Female	Daughter		
Heritage Health Services Pvt.Ltd.	46	1	Satyra Ranjan Prasad	54	Male	Self	750000	
Heritage Health Services Pvt.Ltd.	46	2	Leena Prasad	45	Female	Spouse		
Heritage Health Services Pvt.Ltd.	46	3	Avantika Prasad	20	Female	Daughter		
Heritage Health Services Pvt.Ltd.	47	1	Deep Prakash Joshi	48	Male	Self	300000	
Heritage Health Services Pvt.Ltd.	47	2	Asha Joshi	49	Female	Spouse		
Heritage Health Services Pvt.Ltd.	47	3	Ankit Joshi	27	Male	Son		
Heritage Health Services Pvt.Ltd.	47	4	Shikha Joshi	22	Female	Daughter		
Heritage Health Services Pvt.Ltd.	48	1	Bhagwan Prasad	36	Male	Self	300000	
Heritage Health Services Pvt.Ltd.	48	2	Surasan Devi	31	Female	Spouse		
Heritage Health Services Pvt.Ltd.	48	3	Piyush Kumar	7	Male	Son		
Heritage Health Services Pvt.Ltd.	48	4	Prayanshi	5	Female	Daughter		
Heritage Health Services Pvt.Ltd.	48	5	Janki Devi	52	Female	Mother		
Heritage Health Services Pvt.Ltd.	49	1	Ruby Vinayak Bhaosagar	26	Male	Self	450000	Employed
Heritage Health Services Pvt.Ltd.	50	1	Lakshay Kumar Chowdhury	24	Male	Self	450000	Employed
Heritage Health Services Pvt.Ltd.	51	1	Millind Khandate	27	Male	Self	450000	Employed
Heritage Health Services Pvt.Ltd.	52	1	Chetan Singhal	26	Male	Self	450000	Employed
Heritage Health Services Pvt.Ltd.	53	1	Prachi Jain	26	Female	Self	450000	Employed
Heritage Health Services Pvt.Ltd.	54	1	Shivika Singhal	26	Female	Self	450000	Employed
Heritage Health Services Pvt.Ltd.	55	1	Aarshdeep Singh	25	Male	Self	450000	Employed

POLICY NO.: 04060228187100194530



UNITED INDIA INSURANCE COMPANY LIMITED
REGD. & HEAD OFFICE : No.24, WHITES ROAD, CHENNAI-600014

TAILOR MADE GROUP HEALTH POLICY

Heritage Health Services Pvt.Ltd.	56	1	Tanya Sangma	26	Female	Self	Employed	450000
Heritage Health Services Pvt.Ltd.	57	1	Khushbu Parmanand Shukla	25	Female	Self	Employed	450000
Heritage Health Services Pvt.Ltd.	58	1	Manmeet Nagar	25	Male	Self	Employed	450000
Heritage Health Services Pvt.Ltd.	58	2	LINDUNATI	58	Female	Spouse		
Heritage Health Services Pvt.Ltd.	59	1	Sachin Kumar Goyal	28	Male	Self	Employed	450000
Heritage Health Services Pvt.Ltd.	59	2	ANITA	49	Female	Mother		
Heritage Health Services Pvt.Ltd.	59	3	SUMAN	21	Female	Others		
Heritage Health Services Pvt.Ltd.	60	1	A. Ramesh Kumar	27	Male	Self	Employed	450000
Heritage Health Services Pvt.Ltd.	61	1	Vaibhav Nagar	26	Female	Self	Employed	450000
Heritage Health Services Pvt.Ltd.	62	1	Balaji B.	28	Male	Self	Employed	450000
Heritage Health Services Pvt.Ltd.	62	3	B. Shanthi	50	Female	Mother	Un-Employed	
Heritage Health Services Pvt.Ltd.	63	1	Ramanaprakash Sundaram	26	Male	Self	Employed	450000
Heritage Health Services Pvt.Ltd.	64	1	Shri Suraj Kumar Maganbhai Seesara	25	Male	Self		
Heritage Health Services Pvt.Ltd.	65	1	Shri Navveen Balu K.S.	26	Male	Self		

1 WHEREAS the insured designated in the Schedule hereto has by a proposal and Declaration dated as stated in the Schedule which shall be the basis of this Contract and is deemed to be incorporated herein has applied to UNITED INDIA INSURANCE COMPANY LTD. (hereinafter called the COMPANY) for the insurance hereinafter set forth in respect of Employees/Members (including their eligible family members) named in the Schedule hereto (hereinafter called the INSURED PERSON) and has paid premium as consideration for such insurance.

1.1 NOW THIS POLICY WITNESSES that subject to the terms, conditions, exclusions and definitions contained herein or endorsed, or otherwise expressed hereon the Company undertakes that if during the period stated in the Schedule or during the continuance of this policy by renewal any insured person shall contract any disease or suffer from any illness (hereinafter called DISEASE) or sustain any bodily injury through accident (hereinafter called INJURY) and if such disease or injury shall require any such insured person, upon the advice of a duly qualified Physician/Medical Specialist/Medical practitioner (hereinafter called MEDICAL PRACTITIONER) or of a duly qualified Surgeon (hereinafter called SURGEON) to incur hospitalisation/dormitory hospitalisation expenses for medical/surgical treatment at any Nursing Home/Hospital in India as herein defined (hereinafter called HOSPITAL) as an inpatient, the Company will pay through TPA to the Hospital / Nursing Home or insured the amount of such expenses incurred as are medically necessary and reasonable and customary in respect thereof by or on behalf of such insured Person but not exceeding the Sum Insured in aggregate in any one period of insurance stated in the schedule hereto.

1.2 In the event of any claim becoming admissible under this scheme, the company will pay through TPA to the Hospital / Nursing Home or insured person the amount of such expenses as would fall under different heads mentioned below and as are reasonably and necessarily incurred thereof by or on behalf of such insured person but not exceeding the Sum Insured in aggregate mentioned in the schedule hereto.

- A.** Room, Boarding and Nursing expenses as provided by the Hospital/Nursing Home not exceeding 1% of the sum insured per day or the actual amount whichever is less. This also includes nursing care, RMO charges, IV Fluids/Blood transfusion/Injection administration charges and similar expenses.
- B.** Intensive Care Unit (ICU) expenses not exceeding 2% of the sum insured per day or actual amount whichever is less.
- C.** Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees
- D.** Anesthetic, Blood, Oxygen, Operation Theatre Charges, surgical appliances, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like pacemaker, orthopaedic implants, infra cardiac valve replacements, vascular stents, relevant laboratory/diagnostic tests, X-ray and such similar expenses that are medically necessary.
- E.** Hospitalisation expenses (excluding cost of organ) incurred for/by donor in respect of organ transplant to the insured.

Note:

- 1.** The amount payable under 1.2 C & D above shall be at the rate applicable to the entitled room category. In case the insured person opts for a room with rent higher than the entitled category as in 1.2 A above, the charges payable under 1.2 C & D shall be limited to the charges applicable to the entitled category. This will not be applicable in respect of medicines & drugs and implants.
- 2.** No payment shall be made under 1.2 C other than as part of the hospitalisation bill.

1.2.1 Expenses in respect of the following specified illnesses/surgeries will be restricted as detailed below:

Hospitalisation Benefits	LIMITS per surgery RESTRICTED TO
a. Cataract, Hernia, Hysterectomy	a. Actual expenses incurred or 25% of the sum insured whichever is less
b. Major surgeries*	b. Actual expenses incurred or 70% of the Sum Insured whichever is less

* Major surgeries include Cardiac surgeries, Brain Tumor surgeries, Pacemaker implantation for sick sinus syndrome, Cancer surgeries, Hip, Knee, joint replacement surgery, Organ Transplant.
* The above limits are applicable per hospitalization/surgery.



UNITED INDIA INSURANCE COMPANY LIMITED

RECEIPT

Issuing Office code/Address :	040602 / BO KATWARIA SARAI UNITED INDIA INSURANCE CO. LTD.60,SKYLARK BLDG.,VTH FLOOR,NEHRU PLACE110019	Receipt Number :	10104060218100036551
		Collection Date :	02/04/2018

Received with thanks from PENSION FUND REGULATORY AND DEVELOPEMENT AUTHORITY (Customer ID : 23013948170, GSTIN :Not Available) a sum of Rs. 1757019.00(Seventeen lakhs fifty-seven thousand nineteen rupees only) as per detail given hereunder:

SL No	Policy Number	Policy Type	Endt/Ren/Clm/Decln No	Particulars	Total Amount
1	0406022818P100194530	TailorMadeGroupPolicy	0	Final Premium	14,88,999.00
2	0406022818P100194530	TailorMadeGroupPolicy	0	CGST	1,34,010.00
3	0406022818P100194530	TailorMadeGroupPolicy	0	SGST	1,34,010.00

Total (Rounded Off) : 17,57,019.00
Stamp Duty : 0.00
Bank Charges : 0.00
Total Amount : 17,57,019.00

Instrument Details							
SL No	Payment ID	Mode of Payment	Instrument Number	Instrument Date	Bank Name	Branch Name	Tagged Amount
1	117040602111955860	CENTRALISED COLLECTION	IOBAH08700630987	28/03/2018	BANK OF AMERICA	BANK OF AMERICA	17,57,019.00

Particulars :

GSTIN (UIIC) : 07AAACU5552C1ZL

for UNITED INDIA INSURANCE COMPANY LIMITED

Cashier Initial
 Note:

AUTHORIZED SIGNATORY

1. Receipt valid subject to realisation of cheque
2. Please quote policy no., collection no., and date in all correspondences.

Annexure V

FORMAT FOR SUBMITTING BID BY THE INSURANCE COMPANIES

A. BASIC DETAILS

Sr.No	Particulars	Details
1.	Name of the Insurance Company	
2.	Complete details of the Office	
	a) Address	
	b) Telephone No.	
	c) Email ID	
3	Name & Designation of the Office Head (with contact details)	
4	Complete Details of the Third Party Administrators (TPAs). If more than one TPA is available all TPAs to be indicated.	

B.FINANCIAL BID

The premium quotation for a sum insured of **Rs. 4,08,00,000/-** for 199 members as per list given as Annexure I of tender document is submitted as under;

S.N.	Particulars	Amount (in Rs.)
1	Basic Premium	
2	Taxes @ %	
3	Total	

C. DECLARATION

- a. I/We have carefully read and understood all the terms and conditions of the tender document and hereby accept the same.
- b. The information furnished above is true and authentic to the best of knowledge and belief.

Date:
Place:

Authorized Signatory

Name:

Designation:

Annexure III

Summary of claims for the policy period 2016-17

Particulars	Unique claim Nos.	Amount
Claims Reported	30	1775065
Claims Paid	27	1625049
Claims Outstanding	0	0

Summary of claims for the policy period 2017-18

Particulars	Unique claim Nos.	Amount
Claims Reported	31	1905827
Claims Paid	28	1661256
Claims Outstanding	2	24038

Summary of claims for the policy period 2018-19 (till 31.01.2019)

Particulars	Unique claim Nos.	Amount
Claims Reported	16	673774
Claims Paid	15	551152
Claims Outstanding	1	55398

Annexure IV

Policy Period	Premium Paid
2016-17	9,70,960
2017-18	21,30,406
2018-19	17,57,020