



विद्या परं दैवतम्

IIM

भारतीय प्रबंध संस्थान विशाखपट्टणम
Indian Institute of Management Visakhapatnam

REQUEST FOR PROPOSAL FOR PROVIDING GROUP MEDICAL INSURANCE AND PERSONAL ACCIDENT INSURANCE COVERAGE FOR EMPLOYEES

| | |
|--------------------------------------|---|
| Tender No. | IIMV/Tender/HI&PA/2023-24/001 |
| Validity of Bid | 90 days from the date of Opening of Bid |
| Insurance Coverage Commencement Date | 1st April 2024 |
| Duration | One Year, maybe extended further based on performance of the agency, requirement of the Institute and decision of the Competent Authority. |

SCHEDULE OF EVENTS

| S.No. | Particulars | Date | Time |
|-------|---|--|-----------|
| 1 | Publishing of Tender | 18-03-2024 | - |
| 2 | Last date to seek Clarifications by the Insurer | 21-03-2024 | 15:30 Hrs |
| 3 | Issue of clarifications by the Institute | 21-03-2024 | -- |
| 4 | Last date for Submission of bids | 26-03-2024 | 15:00 Hrs |
| 5 | Technical Bid Opening | 26-03-2024 | 15:30 Hrs |
| 6 | Financial Bid Opening | Will be informed separately to the Technically qualified bidders | |

INTRODUCTION

Indian Institute of Management Visakhapatnam (IIMV) belongs to the prestigious IIM family of business schools. It is a new generation IIM, set up by the Government of India in September 2015. At 29th place among the business schools pan-India in the National Institutional Ranking Framework 2023 of the Government of India, it is ahead of all new-generation IIMs established in 2015/2016.

The Institute has two campuses with state-of-the-art facilities in the "City of Destiny", Visakhapatnam. Its temporary/transit campus is located in the salubrious precincts of Andhra University. The permanent campus, a world-class GRIHA-5 Star rated facility on approx. 241 acres of land, is located at

Gambheeram Village, Anandapuram Mandal, about 25 kilo-meters from the temporary campus, on the National Highway (NH) 16 to Kolkata.

1. SCOPE OF WORK

Indian Institute of Management Visakhapatnam (IIMV) invites proposals from IRDAI registered and well established Insurance Companies [both PSUs and Private Insurers] and IRDAI registered Insurance brokers having adequate experience in dealing with the Health Insurance and Personal Accident Insurance for providing Coverage for its employees, as per the details mentioned in 'POLICY 1' (Annexure-V), 'POLICY 2' (Annexure-VI).

2. Bidder's Eligibility Criteria (Mandatory Provisions):

It is mandatory for the potential bidders to ensure that the following minimum eligibility criteria is met in order to participate in the process:

1. Should have been registered with IRDAI under the Health Insurance category.
2. Should have an operational Registered/Branch office in Visakhapatnam, Andhra Pradesh, India. Bids should be submitted from the Visakhapatnam Branch only.
3. In case of brokers, the bids they submit on behalf of the Insurance company, the said Insurance company should have a branch in Visakhapatnam.
4. The insurance Broker should submit the authorization letter specific to tender, issued by the Insurance Company.
5. The Insurance brokers should submit only one quotation.
6. Bidder should have PAN and a valid registration under GST.
7. Bidder should have experience of providing Health Insurance and Personal Accident Insurance to large corporate bodies/educational institutions during last Three years.
8. The agency should not have been blacklisted by Central/State Govt/PSU at any point of time, nor is any criminal case registered / pending against the agency or its owner/partners anywhere in India.
9. Bidder should have experience of providing Health Insurance and Personal Accident Insurance to Higher educational institutions during last Three years.

3. Clarification and Amendment to the RFP

The Bidder may seek clarifications on any clause of the RFP document up to date mentioned in the 'Schedule of events' in page 1. Any request for clarification must be sent by e-mail to cao.hr@iimv.ac.in with subject "GHI & GPA". The Institute will respond through e-mail and if necessary, should the Institute deem necessary, it may amend the RFP as a result of any clarification.

At any time before the submission of Proposals, the Institute may amend the RFP by issuing an addendum and hosting it on Institute's website only. No separate communication will be sent to the bidders in this regard. The addendum will be binding on all the bidders. To give bidders reasonable time, in which to take an amendment into account in their proposals, the Institute may, if the amendment is substantial, extend the deadline for the submission of Proposals.

4. Submission of Bids

The Bidders are required to submit TWO separate sealed envelopes, marked as 'Technical Bid' and 'Financial Bid',

A. Technical Bid: Should contain the following documents

1. Bid submission letter as per Annexure-I
2. Technical Bid as per Annexure-II and all supporting documents as mentioned thereon.

3. RFP Document signed and stamped on each page including annexures, as a token of acceptance of all the conditions.

All these documents shall be duly attested by an authorised signatory, stamped, serially numbered and bounded firmly in the same order. They should be put in one envelope cover, properly sealed and labelled “Technical Bid – Tender for Insurance”.

Bids without above documents will be treated as incomplete and are liable for rejection.

- B. Financial Bid:** The duly filled in ‘Financial Bid’ as per format in Annexure – III, should be placed in another envelope cover, properly sealed and labelled “Financial Bid – Tender for Insurance”.

These two envelopes (Technical Bid and Financial Bid) should be placed in an outer envelope, sealed properly and labelled “**Proposal for Health Insurance and Personal Accident Insurance against Tender No.: IIMV/Tender/Hi&PA/2023-24/001**”. The address and contact details of the bidder should be clearly written on the outer envelope.

The bid shall be submitted at the following address through Post/Courier/by Hand so as to reach us by the last date and time indicated in the ‘Schedule of events’ on Page 1. Bids received after the closing date and time shall not be accepted and summarily rejected.

NOTE: The corrigendum/addendum if any, will be published on the Institute’s website only. No separate communication shall be sent to the bidders in this regard. All Corrigenda/Addenda, if any issued subsequently, shall be part of this tender document and evaluation of bid is subject to such corrigenda/addenda. Accordingly, the bidders are advised to visit the Institute’s website for any such updates, before submitting the bid.

Chief Administrative Officer (HR)
Indian Institute of Management Visakhapatnam
Andhra Bank School of Business Building, Andhra University Campus
Visakhapatnam – 530 003

5. Rejection of Bids

The Institute reserves the right to reject the Bid if,

- The Bid is incomplete as per the RFP requirements
- Any conditions/deviations stated by the Bidder in the Bid documents
- Required information is not submitted as per the format given
- Any information submitted by the Bidder is found to be untrue / fake / false
- The Bidder does not provide, within the time specified by the Institute, the supplementary information/clarification/documents/details sought by the Institute for evaluation of the Bid.
- Improperly sealed, disclosing of financial values in technical bids or bids with open envelopes etc shall be rejected.
- Bidders does not submit signed RFP of all pages, accepting and agreeing to provide all the coverages as per existing policy.
- Any other reason which the Institute may deem appropriate for rejection of the Bid.

The Institute shall be under no obligation to accept any offer received in response to this RFP and shall be entitled to reject any or all offers without assigning any reason whatsoever. The Institute may abort the entire process at any stage, thereby without incurring any liability to the affected bidder(s) or any obligation to inform the affected bidder(s) of the grounds for Institute’s action.

Any effort by the firm to influence IIMV in the process of IIMV's Bid evaluation; Bid comparison; and contract award decision may result into the rejection of their Bid.

The deadline for submission of the Proposals is mentioned in "Schedule of Events" on Page -1 of the document. Proposals received after the specified time on the last date shall not be eligible for consideration and shall be summarily rejected.

6. Evaluation of bids

Technical Evaluation: The Technical bids of shall be opened first, and all documents shall be verified as per the eligibility criteria. The bidders meeting the eligibility criteria shall be declared as Technically qualified.

Technical Score: The technical score for technically qualified bidder will be determined by the score arrived at in Column 4 of the Technical Bid and the Feedback score from the clients mentioned in Column 7 of the Technical Bid.

Financial Evaluation: The Financial Bids of only the Technically qualified bidders shall only be opened and evaluated.

Final combined score of the bid will be obtained by combining the normalized Technical and Financial scores. The bidder with highest combined score will be evaluated as Successful bidder.

Please note the following:

- I. IIMV shall not be bound to accept the lowest bid and reserves the right to reject any or all the bids without assigning any reason or cancel the entire process of tendering.
- II. The bidder or his representative may attend the opening of the financial bids as per details sent in corresponding e-mail to the shortlisted bidders. The representatives attending the bid opening shall produce a letter for the same from their employer/authorised authority, as per Format-A.
- III. The institute reserves the right to call for more documents or details from the bidder during the process of evaluation.
- IV. The bidder with lowest value quoted for premium under 'Grand Total' will be considered as successful bidder.

7. Award of Contract

- I. The successful bidder will be awarded both the insurance policies on a whole bouquet basis.
- II. IIMV reserves the right to select an external Third-Party Administrator for claims under Group Medical Insurance of its choice.
- III. The contract will be initially awarded for one year. Based on the Institute requirements and performance of the service provider, the contract can be extended by one more year.
- IV. The bidders whose performance is rated below average during the period of service will be disqualified for submitting their bids for next cycle of tender process.

8. Indemnity:

The contractor shall indemnify and hold harmless at all times, the Institute and its representatives, against all losses and claims for injuries and or damages to any person or property. The bidder shall abide by and observe all laws and regulations of the land, or the time being in force, and shall keep the Institute indemnified against all penalties and liabilities for any kind of breach of any such statute, ordinance, law, regulation or rule enforced by any rightful authority and legal entity.

9. Compliance with the Institute rules and Regulations:

The selected bidder shall comply with all norms stipulated by the Institute regarding maintenance of discipline, decorum, etiquette, safety, security and hygiene at and around the workplace. Strict compliance with all guidelines and procedures etc. issued by the MHA, MHRD, Local Authorities or Institute in relation to the COVID-19 pandemic or any other such contingencies or exigencies shall be duly observed while entering and during the stay at the office, while interacting with the faculty, staff, students etc.

10. Arbitration:

In the event of any question, dispute or difference arising under this tender and/or in connection therewith, except as regards decisions, the process in respect of which is specifically and explicitly provided under this tender, the same shall be referred to an arbitrator appointed in accordance with the law for the time being in force by the Competent Authority and the decision of the Arbitrator shall be final and binding on both parties of this tender. The costs of arbitration shall be shared equally.

11. Force Majeure:

If at any time, during the continuance of the agreement/contract, the performance in whole or in part, by the firm, of any obligation specified in the agreement/contract, is prevented, restricted, delayed or interfered, by reason of war or hostility, act of the public enemy, civil commotion, sabotage, act of State or direction from statutory authority, explosion, epidemic, quarantine restriction, fire, floods, natural calamities or any act of GOD, (hereinafter referred to as event), the firm/agency may be excused from performance of its obligation provided that notice of happenings of any such event is given by the firm to IIMV within two calendar days from the date of occurrence thereof. Provided further that the obligations under the Agreement shall be resumed by the firm, as soon as practicable, after such event comes to an end or ceases to exist. The decision of IIMV as to whether the obligations may be so resumed (and the time frame within which the obligations may be resumed) or not, shall be final and conclusive.

However, the Force Majeure events mentioned above will not in any way cause extension of the period of the Contract.

12. Jurisdiction:

All disputes arising, if any, under this tender/contract shall be subjected to the jurisdiction of courts of Visakhapatnam, Andhra Pradesh only.

(to be printed on bidder's letterhead)

LETTER OF SUBMISSION OF TENDER

The Chief Administrative Officer (HR)
Indian Institute of Management Visakhapatnam
Andhra Bank School of Business Building
Andhra University Campus, Visakhapatnam- 530 003

Subject: Proposal for Health Insurance and Personal Accident Insurance against Tender No.:
IIMV/Tender/HI&PA/2023-24/001

Dear Sir,

Subject to the conditions given in the tender documents, I/We hereby submit Proposal for Health Insurance and Personal Accident Insurance against Tender No.: IIMV/Tender/HI&PA/2023-24/001 for IIM Visakhapatnam at the rates specified in the Financial Bid (Annexure - III of the tender document). I/We hereby certify that I/We have read all the terms and conditions of the tender document, and corrigenda/addenda to it if any, and agree to abide by them unconditionally.

Declaration

I/we _____, the undersigned being authorized signatory for _____ for submission of "Proposal for Health Insurance and Personal Accident Insurance against Tender No.: IIMV/Tender/HI&PA/2023-24/001" hereby declare that all the documents submitted and details furnished are true and correct to the best of my knowledge. I understand that if at any time, during or after the tender process or after award of contract, the documents or the details submitted are found to be false/ manipulated/ fabricated with a mal-a-fide intention, the bid will be summarily rejected/contract be nullified and suitable action as deemed fit be initiated against our firm/company/agency.

Name of the Bidder (firm/Co./agency): _____

Address of Registered/branch office in Visakhapatnam. In case of Brokers, local address of the Insurance company for whom bid is being submitted: _____

Authorized person's Name and designation: _____

Contact No: _____

E-mail: _____

Date:

Signature:

Place:

(Company Seal)

Full name:

NOTE: All correspondence from this office shall be addressed to the above address and e-mail id only.

TECHNICAL BID

Subject: Proposal for Health Insurance and Personal Accident Insurance against Tender No.:
IIMV/Tender/HI&PA/2023-24/001

| S. No. | Criteria item | Details | Documents to be attached (Attested photocopies) |
|---------------|---|--------------------|--|
| 1 | Should have been registered with IRDA under the Health Insurance category. | Regn No.: _____ | Copy of Certificate of registration with IRDA |
| 2 | Should have an operational Registered/ Branch office in Visakhapatnam, Andhra Pradesh, India. | YES/NO | Valid proof of office address in Visakhapatnam |
| 3 | Bidder should have PAN and a valid registration under GST. | | Copies of GSTN and PAN |
| 4 | Bidder should have experience of providing Health Insurance and Personal Accident Insurance to Higher educational institutions during last Three years. | | Copies of work orders/ agreements and work completion certificates [5 marks per each higher educational Institute] |
| 5 | The agency should not have been blacklisted by Central/State Govt/PSU at any point of time, nor is any criminal case registered / pending against the agency or its owner/partners anywhere in India. | | A declaration to be submitted in original (Annexure-IV). |
| 6 | For Brokers only: Authorisation letter issued by the Insurance Company | | Authorization letter issued by the Insurance Company |
| 7 | Client List | | Bidder should submit name and contact details, including phone number of at least 5 clients served during last 3 years |

Note:

1. The bid without any of these documents shall be treated as incomplete. The bids with documents NOT matching with above eligibility criteria and incomplete documents will be declared as 'Not eligible'.
2. All the above documents should be clearly stamped and signed by the authorized signatory of the bidder
3. All supporting documents in support of above clauses shall be produced along with Technical Bid documents.
4. All documents shall be serially numbered.
5. Bids with any conditions will be rejected.

Date:

Signature:

Place:

Full name:

(Company Seal)

FINANCIAL BID

Subject: Proposal for Health Insurance and Personal Accident Insurance against Tender No.: IIMV/Tender/HI&PA/2023-24/001

| Name of the Insurer: | | | | | |
|----------------------|------|--------------------------------------|----------------|-----|---------------|
| S.No. | Type | Sum Insured | Annual Premium | GST | Total Premium |
| 1 | GMC | Rs. 10,00,000 per employee [Floater] | | | |
| 3 | GPA | 5 times of Annual CTC | | | |
| Grand Total | | | | | |

Note: Terms and conditions:

1. Bids with any conditions will be rejected.
2. The value quoted is all inclusive and firm throughout the contract period.
3. In case of equal values quoted by the bidders, the bidder with more number of years of service in providing GMC and GPA services to the Higher Educational Institutions will be declared as successful bidder.

Refer the data in Annexures as under:

1. Annexure – V: POLICY 1 (GMC)
2. Annexure – VI: POLICY 2 (GPA)
3. Annexure – VII: Demography data for GMC
4. Annexure – VIII: Demography data for GPA
5. Annexure – IX: Claims dump (available at <https://www.iimv.ac.in/tender-notices>)
6. Annexure – X: Claims Summary for Employees
7. Annexure – XI: 2023 GMC Policy Copy
8. Annexure – XII: 2023 GPA Policy Copy

Name of the Bidder (firm/Co./agency): _____

Address of Registered/branch office in Visakhapatnam: _____

Authorized person's Name and designation: _____

Contact No: _____

E-mail: _____

Date:

Signature:

Place:

(Company Seal)

Full name:

(to be printed on Agency's letterhead)

Non-Blacklisting declaration

To:

The Chief Administrative Officer (HR)
Indian Institute of Management Visakhapatnam
Andhra Bank School of Business Building
Andhra University Campus
Visakhapatnam 530 003

Subject: Non-Blacklisting declaration in connection with IIM Visakhapatnam Tender Proposal for Health Insurance and Personal Accident Insurance against Tender No.: IIMV/Tender/HI&PA/2023-24/001.

Dear Sir,

This is to notify you that our Firm/Company/Organization intends to submit a proposal in response to invitation for Proposal for Health Insurance and Personal Accident Insurance against Tender No.: IIMV/Tender/HI&PA/2023-24/001.

In accordance with the above we declare that:

a. We are not involved in any major litigation that may have an impact of affecting or compromising the delivery of services as required under this assignment.

b. We are not blacklisted by any Central/ State Government/ agency of Central/ State Government of India or any other country in the world/ Public Sector Undertaking/ any Regulatory Authorities in India or any other country in the world for any kind of fraudulent activities.

Sincerely,

Date:

Signature:

Place:

Full name:

(Company Seal)

POLICY - 1

| 1. Group Medclaim Insurance (Employees) | |
|---|--|
| Insured | Indian Institute of Management Visakhapatnam |
| Insured's Communication Address | Andhra Bank School of Business Building Andhra University Campus Visakhapatnam – 530 003 |
| Current Insurer | IFFCO TOKIO General Insurance Company Limited |
| Policy Period | 01-04-2024 to 31-03-2025 |
| Claim as on 07-Mar-2023 | Refer attached Claims Dump & Summary |
| No of Employees at Inception | 54 |
| No. of Lives at Inception | 177 |
| Inception Premium (Inclusive of taxes) | INR 15,40,444 |
| No. of Employees for Renewal | 63 |
| No. of Lives for the Renewal | 222 |
| Coverages | As is basis |
| Family Definition | Self + Spouse + Dependent Family members |
| Policy Type (Floater/Non-Floater) | Floater |
| Age Band | As per attached active list |
| Sum Insured | Rs. 10,00,000/- per employee (Floater) |
| Cashless facility | Covered |
| Pre-existing Ailments | Covered |
| Waiver of 30 days waiting period | Waived off |
| First, second, third and fourth year Exclusion | Covered |
| Newborn baby Covered from day one | Covered up to the Family SI |
| Maternity Benefit | INR 1,00,000 for normal & INR 1,25,000 for C-Section |
| Waiver of 9 months waiting period for maternity | Yes |
| Pre and Post Natal hospitalization | Up to INR 5,000 |
| Infertility Care | Covered within SI limits |
| Room Rent / Ward Charges | 1% of SI for Normal and ICU on actuals (Including Boarding, Nursing charges) |
| Pre & Post Hospitalization coverage | 30 and 60 days respectively |
| Ambulance Cover | INR 1,500 per event |
| Day Care Procedure | Covered [As per IRDAI Guidelines] |
| Limits | On any one diseases or ailment -No capping on surgeon, anaesthetic, stent/implant, OT Theatre, doctors etc.- No capping Major/critical surgery – No capping |
| Psychiatric ailment | Covered within SI limits |
| Cyber knife treatment or Stem Cell Transplant | Covered up to SI |
| Oral Chemotherapy | Covered up to SI |

| | |
|--|--|
| Cochlear Implant Treatment | Covered up to SI |
| Nasal Sinus Surgery | Covered up to SI |
| Cataract | Covered up to INR 50,000 per eye |
| Lasik Surgery | Covered beyond -5 / +5 |
| Joint Replacement surgery | Covered up to SI |
| External congenital diseases | Covered |
| Internal congenital diseases | Covered |
| Hospitalization due to terrorism | Covered |
| Anti-Rabies Vaccinations with Immunoglobulin's | Covered |
| Intravitreal Injections | Covered |
| Mirena insertion | Covered |
| Yag Laser | Covered |
| Any biopsy for diagnostic and therapeutic purpose | Covered |
| All cancer related chemotherapy drugs/injections including immunotherapy | Covered |
| Biological treatments /medicines for rheumatoid arthritis | Covered |
| New approved therapies recognized by IRDAI | Covered |
| Cystoscopy | Covered |
| Intra articular visco supplements for OA | Covered |
| Endoscopy both therapeutic and diagnostic | Covered |
| TAVI | Covered |
| Sleep apnea and its complications | Covered |
| Liver and Renal Transplantations | Covered |
| Any other treatments, apart from the above, permitted by IRDAI from time to time | Covered |
| Reimbursement for Ayush treatment | Up to 25% of the sum insured, if the treatment is taken in a government hospital or any institute recognized by the government, excluding health rejuvenation procedures |
| Claim intimation | No Claims intimation required for reimbursement claims & Day Care procedure claims |
| Claim submission | Claim reporting /submission period within 45 days from the Date of Discharge |
| External TPA | Required |

POLICY - 2

| 2. Group Personal Accident (Employees) | |
|---|--|
| Insured | Indian Institute of Management Visakhapatnam |
| Insured's Communication Address | Andhra Bank School of Business Building Andhra University Campus Visakhapatnam – 530 003 |
| Current Insurer | IFFCO TOKIO General Insurance Company Limited |
| Policy Period | 01-04-2023 to 31-03-2024 |
| Claim as on 07-Mar-2024 | No claims |
| No of Employees at Inception | 54 |
| No. of Lives at Inception | 54 |
| Inception Premium (Inclusive of taxes) | INR 1,17,299 |
| No. of Employees for Renewal | 63 |
| No. of Lives for the Renewal | 63 |
| | As per demography |
| Coverages | Existing |
| Sum Insured per employee | 5 Times of Annual CTC |
| Death Cover | Covered |
| Permanent Total Disability | Covered |
| Permanent Partial Disability | Covered |
| TTD | 1% of CSI or INR 5,000/- or actual whichever is less up to 104 weeks |
| Child Education | INR 10,000 per child for a max of 2 children |
| Carriage of Dead body | 2% of SI subject to a maximum of INR 2,500/- |
| Terrorism | Covered |

Format – A

(to be printed on Agency's letterhead)

LETTER OF AUTHORISATION FOR ATTENDING FINANCIAL BID OPENING

Subject: Proposal for Health Insurance and Personal Accident Insurance against Tender No.:
IIMV/Tender/HI&PA/2023-24/001

The undermentioned person is hereby authorized to attend the bid opening for the tender mentioned above on behalf of _____
on _____.

Name: _____

Specimen Signature: _____

Officer authorized to sign the bid documents on behalf of the bidder.

Signature: _____

Name: _____

Designation: _____

Date: _____

Office seal:

Note:

1. Only one representative will be permitted to attend bid opening. Alternate representative will be permitted when regular representative is not able to attend.
2. Permission for entry to the hall where bids are opened may be refused in case authorization as prescribed above is not received.

| S.No | Emp/Dependents Name | DoJ | DOB(DMY) | AGE | M/F | Relationship | SI |
|------|---------------------|-----------|-----------|-----|-----|--------------|-----------|
| 1 | Employee 1 | 22-Mar-17 | 11-Jun-62 | 61 | M | Self | 1,000,000 |
| | Dependent 1 | | 31-Jul-68 | 55 | F | Spouse | |
| 2 | Employee 2 | 1-Nov-17 | 30-Apr-85 | 38 | M | Self | 1,000,000 |
| | Dependent 1 | | 7-Apr-90 | 33 | F | Spouse | |
| | Dependent 2 | | 3-Dec-16 | 7 | M | Son | |
| | Dependent 3 | | 15-Jul-22 | 1 | F | Daughter | |
| 3 | Employee 3 | 29-Nov-17 | 10-Jun-72 | 51 | M | Self | 1,000,000 |
| | Dependent 1 | | 10-Aug-83 | 40 | F | Spouse | |
| | Dependent 2 | | 2-Jun-03 | 20 | F | Daughter | |
| | Dependent 3 | | 22-Sep-06 | 17 | M | Son | |
| | Dependent 4 | | 7-Jul-45 | 78 | M | Father | |
| | Dependent 5 | | 9-Jan-54 | 70 | F | Mother | |
| 4 | Employee 4 | 6-Dec-17 | 10-Nov-84 | 39 | F | Self | 1,000,000 |
| | Dependent 1 | | 5-Sep-85 | 38 | M | Spouse | |
| 5 | Employee 5 | 11-Dec-17 | 9-Nov-76 | 47 | M | Self | 1,000,000 |
| | Dependent 1 | | 8-May-83 | 40 | F | Spouse | |
| | Dependent 2 | | 10-Feb-07 | 17 | F | Daughter | |
| | Dependent 3 | | 17-Aug-47 | 76 | M | Father | |
| | Dependent 4 | | 7-Aug-55 | 68 | F | Mother | |
| 6 | Employee 6 | 21-Dec-17 | 7-Jul-84 | 39 | M | Self | 1,000,000 |
| | Dependent 1 | | 16-Jun-57 | 66 | M | Father | |
| | Dependent 2 | | 12-Apr-60 | 63 | F | Mother | |
| | Dependent 3 | | 30-Jul-87 | 36 | F | Spouse | |
| | Dependent 4 | | 22-Jan-18 | 6 | F | Daughter | |
| | Dependent 5 | | 28-Dec-22 | 1 | M | Son | |
| 7 | Employee 7 | 29-Dec-17 | 13-Sep-85 | 38 | F | Self | 1,000,000 |
| | Dependent 1 | | 19-Mar-21 | 2 | F | Daughter | |
| | Dependent 2 | | 19-Mar-21 | 2 | F | Daughter | |
| 8 | Employee 8 | 20-Apr-18 | 27-Aug-88 | 35 | M | Self | 1,000,000 |
| | Dependent 1 | | 27-Nov-57 | 66 | M | Father | |
| | Dependent 2 | | 31-Aug-59 | 64 | F | Mother | |
| | Dependent 3 | | 14-Apr-90 | 33 | F | Spouse | |
| | Dependent 4 | | 3-Dec-22 | 1 | M | Son | |
| 9 | Employee 9 | 13-Jun-18 | 2-Jan-75 | 49 | F | Self | 1,000,000 |
| | Dependent 1 | | 1-Aug-44 | 79 | F | Mother | |
| 10 | Employee 10 | 1-Mar-19 | 11-Aug-85 | 38 | F | Self | 1,000,000 |
| | Dependent 1 | | 12-Apr-84 | 39 | M | Spouse | |
| | Dependent 2 | | 9-Jan-23 | 1 | M | Son | |

| | | | | | | | |
|----|-------------|-----------|-----------|----|---|----------|-----------|
| 11 | Employee 11 | 7-Oct-19 | 4-May-77 | 46 | F | Self | 1,000,000 |
| | Dependent 1 | | 30-Sep-06 | 17 | M | Son | |
| | Dependent 2 | | 10-Mar-11 | 13 | F | Daughter | |
| | | | | | | | |
| 12 | Employee 12 | 14-Oct-19 | 18-Feb-88 | 36 | M | Self | 1,000,000 |
| | Dependent 1 | | 1-Jan-60 | 64 | M | Father | |
| | Dependent 2 | | 27-Apr-65 | 58 | F | Mother | |
| | Dependent 3 | | 18-Jan-22 | 2 | M | Son | |
| | | | | | | | |
| 13 | Employee 13 | 1-Nov-19 | 7-Mar-91 | 33 | M | Self | 1,000,000 |
| | | | | | | | |
| 14 | Employee 14 | 7-Nov-19 | 9-Nov-81 | 42 | M | Self | 1,000,000 |
| | Dependent 1 | | 19-Jul-91 | 32 | F | Spouse | |
| | Dependent 2 | | 10-Apr-23 | 0 | M | Son | |
| | | | | | | | |
| 15 | Employee 15 | 18-Nov-19 | 29-Apr-81 | 42 | F | Self | 1,000,000 |
| | | | | | | | |
| 16 | Employee 16 | 18-Nov-19 | 7-Oct-89 | 34 | F | Self | 1,000,000 |
| | | | | | | | |
| 17 | Employee 17 | 31-Aug-20 | 20-Jun-87 | 36 | M | Self | 1,000,000 |
| | Dependent 1 | | 20-Jun-87 | 36 | F | Wife | |
| | Dependent 2 | | 13-Dec-16 | 7 | M | Son | |
| | Dependent 3 | | 18-Sep-54 | 69 | M | Father | |
| | Dependent 4 | | 15-Apr-63 | 60 | F | Mother | |
| | Dependent 5 | | 27-Apr-23 | 0 | M | Son | |
| | | | | | | | |
| 18 | Employee 18 | 7-Oct-20 | 1-Aug-65 | 58 | M | Self | 1,000,000 |
| | Dependent 1 | | 24-Aug-71 | 52 | F | Wife | |
| | | | | | | | |
| 19 | Employee 19 | 17-Dec-20 | 5-Aug-70 | 53 | M | Self | 1,000,000 |
| | Dependent 1 | | 1-Oct-75 | 48 | F | Wife | |
| | Dependent 2 | | 16-Mar-02 | 22 | F | Daughter | |
| | Dependent 3 | | 21-Apr-43 | 80 | M | Father | |
| | Dependent 4 | | 2-Dec-44 | 79 | F | Mother | |
| | | | | | | | |
| 20 | Employee 20 | 8-Jan-21 | 11-Mar-88 | 36 | F | Self | 1,000,000 |
| | Dependent 1 | | 10-Jul-83 | 40 | M | Husband | |
| | Dependent 2 | | 20-Aug-17 | 6 | F | Daughter | |
| | | | | | | | |
| 21 | Employee 21 | 18-Jan-21 | 8-Aug-89 | 34 | M | Self | 1,000,000 |
| | Dependent 1 | | 6-Jan-90 | 34 | F | Wife | |
| | Dependent 2 | | 1-Jan-48 | 76 | M | Father | |
| | Dependent 3 | | 1-Jan-50 | 74 | F | Mother | |
| | Dependent 4 | | 7-Jul-21 | 2 | M | Son | |
| | | | | | | | |
| 22 | Employee 22 | 22-Feb-21 | 27-Jul-89 | 34 | M | Self | 1,000,000 |
| | Dependent 1 | | 26-Mar-93 | 30 | F | Wife | |
| | Dependent 2 | | 15-Feb-24 | 0 | M | Son | |
| | | | | | | | |

| | | | | | | | |
|----|-------------|-----------|------------|----|---|----------|-----------|
| 23 | Employee 23 | 24-Feb-21 | 30-Sep-82 | 41 | M | Self | 1,000,000 |
| | Dependent 1 | | 3-Jan-58 | 66 | M | Father | |
| | Dependent 2 | | 25-Jan-58 | 66 | F | Mother | |
| | Dependent 3 | | 20-Feb-83 | 41 | F | Wife | |
| | Dependent 4 | | 6-Oct-20 | 3 | M | Son | |
| | | | | | | | |
| 24 | Employee 24 | 8-Jul-21 | 12-Dec-86 | 37 | F | Self | 1,000,000 |
| | | | | | | | |
| 25 | Employee 25 | 25-Feb-22 | 14-Oct-87 | 36 | F | Spouse | 1,000,000 |
| | | | | | | | |
| 26 | Employee 26 | 6-Apr-22 | 1-Apr-90 | 33 | F | Self | 1,000,000 |
| | Dependent 1 | | 19-May-89 | 34 | M | Spouse | |
| | | | | | | | |
| 27 | Employee 27 | 18-Apr-22 | 24-Jun-85 | 38 | F | Self | 1,000,000 |
| | Dependent 1 | | 25-Jan-54 | 70 | F | Mother | |
| | | | | | | | |
| 28 | Employee 28 | 25-Apr-22 | 11-Jan-91 | 33 | F | Self | 1,000,000 |
| | | | | | | | |
| 29 | Employee 29 | 25-Apr-22 | 22-Oct-84 | 39 | F | Self | 1,000,000 |
| | Dependent 1 | | 16-May-13 | 10 | M | Son | |
| | | | | | | | |
| 30 | Employee 30 | 15-Jun-22 | 12-Aug-85 | 38 | F | Self | 1,000,000 |
| | Dependent 1 | | 22-Nov-55 | 68 | M | Father | |
| | Dependent 2 | | 26-Oct-60 | 63 | F | Mother | |
| | | | | | | | |
| 31 | Employee 31 | 20-Jun-22 | 24-Jan-83 | 41 | M | Self | 1,000,000 |
| | Dependent 1 | | 17-Apr-88 | 35 | F | Spouse | |
| | Dependent 2 | | 22-Mar-14 | 9 | M | Daughter | |
| | Dependent 3 | | 30-Nov-56 | 67 | F | Mother | |
| | | | | | | | |
| 32 | Employee 32 | 20-Jun-22 | 6-Jun-90 | 33 | M | Self | 1,000,000 |
| | Dependent 1 | | 9-Jun-92 | 31 | F | Spouse | |
| | | | | | | | |
| 33 | Employee 33 | 27-Jun-22 | 1-Sep-82 | 41 | M | Self | 1,000,000 |
| | Dependent 1 | | 10-Feb-85 | 39 | F | Spouse | |
| | | | | | | | |
| 34 | Employee 34 | 27-Sep-22 | 22-Jul-85 | 38 | M | Self | 1,000,000 |
| | Dependent 1 | | 3-Apr-87 | 36 | F | Spouse | |
| | Dependent 2 | | 14-Mar-17 | 7 | M | Son | |
| | Dependent 3 | | 12-Dec-52 | 71 | M | Father | |
| | Dependent 4 | | 15-Jul-51 | 72 | F | Mother | |
| | | | | | | | |
| 35 | Employee 35 | 18-Oct-23 | 4-Jul-90 | 33 | F | Spouse | 1,000,000 |
| | Dependent 1 | | 10-Dec-52 | 71 | M | Father | |
| | Dependent 2 | | 1-Jan-67 | 57 | F | Mother | |
| | | | | | | | |
| 36 | Employee 36 | 2/2/2024 | 5/20/1973 | 50 | M | Self | 1,000,000 |
| | Dependent 1 | | 12/10/1971 | 52 | F | Spouse | |
| | Dependent 2 | | 5/14/2004 | 19 | F | Daughter | |

| | | | | | | | |
|----|-------------|-----------|-----------|----|---|--------|-----------|
| | | | | | | | |
| 37 | Employee 37 | 1-Nov-18 | 30-Aug-73 | 50 | M | Self | 1,000,000 |
| | Dependent 1 | | 19-May-83 | 40 | F | Spouse | |
| | Dependent 2 | | 23-Dec-11 | 12 | M | Son | |
| | | | | | | | |
| 38 | Employee 38 | 25-Feb-16 | 1-Sep-66 | 57 | M | Self | 1,000,000 |
| | Dependent 1 | | 10-Apr-68 | 55 | F | Spouse | |
| | Dependent 2 | | 12-Mar-45 | 79 | F | Mother | |
| | | | | | | | |
| 39 | Employee 39 | 21-Sep-15 | 18-Jun-88 | 35 | M | Self | 1,000,000 |
| | Dependent 1 | | 25-Jun-91 | 32 | F | Spouse | |
| | Dependent 2 | | 30-Oct-19 | 4 | M | Son | |
| | Dependent 3 | | 4-Mar-69 | 55 | M | Father | |
| | Dependent 4 | | 8-Apr-73 | 50 | F | Mother | |
| | Dependent 5 | | 4-Jun-90 | 33 | F | Sister | |
| | Dependent 6 | | 27-Oct-21 | 2 | M | Son | |
| | | | | | | | |
| 40 | Employee 40 | 21-Sep-15 | 1-Jul-85 | 38 | M | Self | 1,000,000 |
| | Dependent 1 | | 1-Jun-92 | 31 | F | Spouse | |
| | Dependent 2 | | 18-Nov-12 | 11 | M | Son | |
| | Dependent 3 | | 18-Nov-16 | 7 | M | Son | |
| | | | | | | | |
| 41 | Employee 41 | 7-Jun-18 | 21-Dec-91 | 32 | F | Self | 1,000,000 |
| | Dependent 1 | | 27-Sep-91 | 32 | M | Spouse | |
| | Dependent 2 | | 25-Jun-69 | 54 | F | Mother | |
| | Dependent 3 | | 23-Jun-61 | 62 | M | Father | |
| | | | | | | | |
| 42 | Employee 42 | 16-Aug-18 | 8-Sep-93 | 30 | F | Self | 1,000,000 |
| | Dependent 1 | | 17-Jun-63 | 60 | M | Father | |
| | Dependent 2 | | 18-Aug-68 | 55 | F | Mother | |
| | Dependent 3 | | 29-Jan-93 | 31 | M | Spouse | |
| | | | | | | | |
| 43 | Employee 43 | 25-Oct-15 | 8-Dec-73 | 50 | F | Self | 1,000,000 |
| | Dependent 1 | | 22-Sep-66 | 57 | M | Spouse | |
| | Dependent 2 | | 29-Nov-04 | 19 | M | Son | |
| | Dependent 3 | | 1-Oct-07 | 16 | M | Son | |
| | | | | | | | |
| 44 | Employee 44 | 4-Oct-18 | 21-Apr-92 | 31 | M | Self | 1,000,000 |
| | Dependent 1 | | 10-Jul-49 | 74 | M | Father | |
| | Dependent 2 | | 1-Apr-56 | 67 | F | Mother | |
| | Dependent 3 | | 25-May-95 | 28 | F | Spouse | |
| | | | | | | | |
| 45 | Employee 45 | 10-May-18 | 18-Jul-79 | 44 | M | Self | 1,000,000 |
| | Dependent 1 | | 9-Jan-47 | 77 | M | Father | |
| | Dependent 2 | | 26-Oct-55 | 68 | F | Mother | |
| | | | | | | | |
| 46 | Employee 46 | 17-Aug-16 | 30-Jun-92 | 31 | M | Self | 1,000,000 |
| | Dependent 1 | | 1-Sep-55 | 68 | M | Father | |
| | Dependent 2 | | 1-Jan-68 | 56 | F | Mother | |

| | | | | | | | |
|----|-------------|-----------|-----------|----|---|----------|-----------|
| | Dependent 3 | | 28-Jun-96 | 27 | F | Spouse | |
| 47 | Employee 47 | 20-Jan-16 | 14-Oct-76 | 47 | M | Self | 1,000,000 |
| | Dependent 1 | | 30-Jan-82 | 42 | F | Spouse | |
| | Dependent 2 | | 15-Jun-20 | 3 | M | Son | |
| | Dependent 3 | | 15-Jun-20 | 3 | F | Daughter | |
| 48 | Employee 48 | 8-Oct-21 | 8-Jul-87 | 36 | M | Self | 1,000,000 |
| | Dependent 1 | | 2-Aug-86 | 37 | F | Spouse | |
| | Dependent 2 | | 30-Mar-13 | 10 | M | Son | |
| | Dependent 3 | | 9-Oct-17 | 6 | F | Daughter | |
| 49 | Employee 49 | 27-Aug-20 | 20-Jun-85 | 38 | M | Self | 1,000,000 |
| | Dependent 1 | | 2-Oct-17 | 6 | F | Daughter | |
| | Dependent 2 | | 6-Jul-88 | 35 | F | Wife | |
| | Dependent 3 | | 12-Jan-59 | 65 | M | Father | |
| | Dependent 4 | | 17-Mar-69 | 55 | F | Mother | |
| | Dependent 5 | | 22-Feb-23 | 1 | F | Daughter | |
| 50 | Employee 50 | 19-Dec-22 | 6-Aug-91 | 32 | M | Self | 1,000,000 |
| | Dependent 1 | | 20-Mar-94 | 29 | F | Spouse | |
| | Dependent 2 | | 1-Jan-64 | 60 | M | Father | |
| | Dependent 3 | | 8-Apr-65 | 58 | F | Mother | |
| 51 | Employee 51 | 17-Mar-23 | 25-Mar-86 | 37 | M | Self | 1,000,000 |
| | Dependent 1 | | 18-Mar-92 | 32 | F | Spouse | |
| | Dependent 2 | | 28-Jun-14 | 9 | M | Son | |
| | Dependent 3 | | 20-Aug-19 | 4 | M | Son | |
| 52 | Employee 52 | 17-Mar-23 | 12-Apr-91 | 32 | M | Self | 1,000,000 |
| | Dependent 1 | | 1-Jan-75 | 49 | F | Mother | |
| | Dependent 2 | | 13-May-95 | 28 | F | Spouse | |
| | Dependent 3 | | 15-Jan-24 | 0 | M | Son | |
| 53 | Employee 53 | 12-Apr-23 | 16-Dec-84 | 39 | M | Self | 1,000,000 |
| | Dependent 1 | | 28-Dec-85 | 38 | F | Spouse | |
| | Dependent 2 | | 25-Jan-16 | 8 | M | Son | |
| 54 | Employee 54 | 13-Apr-23 | 3-Jun-79 | 44 | M | Self | 1,000,000 |
| | Dependent 1 | | 1-Jan-48 | 76 | M | Father | |
| | Dependent 2 | | 1-Jan-51 | 73 | F | Mother | |
| | Dependent 3 | | 16-Apr-87 | 36 | F | Spouse | |
| | Dependent 4 | | 9-Nov-11 | 12 | F | Daughter | |
| | Dependent 5 | | 19-Aug-06 | 17 | M | Son | |
| 55 | Employee 55 | 12-Oct-15 | 16-Feb-72 | 52 | M | Self | 1,000,000 |
| | Dependent 1 | | 1-Jan-53 | 71 | F | Mother | |
| | Dependent 2 | | 15-Jul-81 | 42 | F | Wife | |
| | Dependent 3 | | 24-May-04 | 19 | F | Daughter | |

| | | | | | | | |
|----|-------------|-----------|-----------|----|---|---------------|-----------|
| | Dependent 4 | | 14-Jan-13 | 11 | M | Son | |
| 56 | Employee 56 | 22-Dec-23 | 27-Apr-81 | 42 | F | Self | 1,000,000 |
| | Dependent 1 | | 22-Jun-72 | 51 | M | Spouse | |
| | Dependent 2 | | 2-Nov-03 | 20 | M | Son | |
| | Dependent 3 | | 15-Jun-53 | 70 | M | Father | |
| | Dependent 4 | | 3-May-49 | 74 | F | Mother | |
| 57 | Employee 57 | 28-Dec-23 | 19-Feb-89 | 35 | F | Self | 1,000,000 |
| | Dependent 1 | | 30-Jun-79 | 44 | M | Spouse | |
| | Dependent 2 | | 28-Oct-13 | 10 | F | Daughter | |
| | Dependent 3 | | 15-Dec-58 | 65 | F | Mother in law | |
| 58 | Employee 58 | 6-Aug-18 | 17-Apr-90 | 33 | M | Self | 1,000,000 |
| | Dependent 1 | | 28-May-71 | 52 | F | Mother | |
| | Dependent 2 | | 30-Jul-72 | 51 | M | Uncle | |
| 59 | Employee 59 | 6-Mar-18 | 27-Feb-55 | 69 | M | Self | 1,000,000 |
| | Dependent 1 | | 9-Jul-61 | 62 | F | Spouse | |
| | Dependent 2 | | 2-Apr-94 | 29 | F | Daughter | |
| 60 | Employee 60 | 21-Sep-17 | 8-Aug-57 | 66 | M | Self | 1,000,000 |
| | Dependent 1 | | 1-Jan-62 | 62 | F | Spouse | |
| 61 | Employee 61 | 29-May-23 | 17-Nov-70 | 53 | M | Self | 1,000,000 |
| | Dependent 1 | | 7-Mar-77 | 47 | F | Wife | |
| | Dependent 2 | | 17-Jan-04 | 20 | F | Daughter | |
| | Dependent 3 | | 6-Oct-06 | 17 | M | Son | |
| 62 | Employee 62 | 14-Feb-24 | 23-Jul-83 | 40 | M | Self | 1,000,000 |
| | Dependent 1 | | 9-Mar-91 | 33 | F | Wife | |
| | Dependent 2 | | 23-Jan-17 | 7 | M | Son | |
| | Dependent 3 | | 19-Dec-21 | 2 | F | Daughter | |
| | Dependent 4 | | 1-Jul-46 | 77 | M | Father | |
| | Dependent 5 | | 1-Jul-50 | 73 | F | Mother | |
| 63 | Employee 63 | 27-Feb-24 | 24-Sep-77 | 46 | M | Self | 1,000,000 |
| | Dependent 1 | | 3-Apr-93 | 30 | F | Spouse | |
| | Dependent 2 | | 4-Apr-16 | 7 | M | Son | |
| | Dependent 3 | | 10-Apr-23 | 0 | F | Daughter | |

| S.No | Emp/Dependents Name | DoJ | DOB(DMY) | AGE | M/F | Relationship | Annual CTC (INR) |
|------|---------------------|-----------|-----------|-----|-----|--------------|------------------|
| 1 | Employee 1 | 22-Mar-17 | 11-Jun-62 | 61 | M | Self | 4,050,000 |
| 2 | Employee 2 | 1-Nov-17 | 30-Apr-85 | 38 | M | Self | 3,136,044 |
| 3 | Employee 3 | 29-Nov-17 | 10-Jun-72 | 51 | M | Self | 3,943,884 |
| 4 | Employee 4 | 6-Dec-17 | 10-Nov-84 | 39 | F | Self | 3,044,244 |
| 5 | Employee 5 | 11-Dec-17 | 9-Nov-76 | 47 | M | Self | 3,136,044 |
| 6 | Employee 6 | 21-Dec-17 | 7-Jul-84 | 39 | M | Self | 3,044,244 |
| 7 | Employee 7 | 29-Dec-17 | 13-Sep-85 | 38 | F | Self | 3,044,244 |
| 8 | Employee 8 | 20-Apr-18 | 27-Aug-88 | 35 | M | Self | 2,958,564 |
| 9 | Employee 9 | 13-Jun-18 | 2-Jan-75 | 49 | F | Self | 3,044,244 |
| 10 | Employee 10 | 1-Mar-19 | 11-Aug-85 | 38 | F | Self | 2,958,564 |
| 11 | Employee 11 | 7-Oct-19 | 4-May-77 | 46 | F | Self | 2,874,924 |
| 12 | Employee 12 | 14-Oct-19 | 18-Feb-88 | 36 | M | Self | 2,962,644 |
| 13 | Employee 13 | 1-Nov-19 | 7-Mar-91 | 33 | M | Self | 2,874,924 |
| 14 | Employee 14 | 7-Nov-19 | 9-Nov-81 | 42 | M | Self | 3,131,964 |
| 15 | Employee 15 | 18-Nov-19 | 29-Apr-81 | 42 | F | Self | 3,319,644 |
| 16 | Employee 16 | 18-Nov-19 | 7-Oct-89 | 34 | F | Self | 2,309,844 |
| 17 | Employee 17 | 31-Aug-20 | 20-Jun-87 | 36 | M | Self | 3,617,484 |
| 18 | Employee 18 | 7-Oct-20 | 1-Aug-65 | 58 | M | Self | 3,617,484 |
| 19 | Employee 19 | 17-Dec-20 | 5-Aug-70 | 53 | M | Self | 3,723,564 |
| 20 | Employee 20 | 8-Jan-21 | 11-Mar-88 | 36 | F | Self | 1,697,844 |
| 21 | Employee 21 | 18-Jan-21 | 8-Aug-89 | 34 | M | Self | 2,185,404 |
| 22 | Employee 22 | 22-Feb-21 | 27-Jul-89 | 34 | M | Self | 2,185,404 |
| 23 | Employee 23 | 24-Feb-21 | 30-Sep-82 | 41 | M | Self | 1,697,844 |
| 24 | Employee 24 | 8-Jul-21 | 12-Dec-86 | 37 | F | Self | 2,246,604 |

| | | | | | | | |
|----|-------------|-----------|-----------|----|---|--------|-----------|
| 25 | Employee 25 | 25-Feb-22 | 14-Oct-87 | 36 | F | Spouse | 2,309,844 |
| 26 | Employee 26 | 6-Apr-22 | 1-Apr-90 | 33 | F | Self | 1,650,924 |
| 27 | Employee 27 | 18-Apr-22 | 24-Jun-85 | 38 | F | Self | 1,650,924 |
| 28 | Employee 28 | 25-Apr-22 | 11-Jan-91 | 33 | F | Self | 1,650,924 |
| 29 | Employee 29 | 25-Apr-22 | 22-Oct-84 | 39 | F | Self | 2,309,844 |
| 30 | Employee 30 | 15-Jun-22 | 12-Aug-85 | 38 | F | Self | 1,648,884 |
| 31 | Employee 31 | 20-Jun-22 | 24-Jan-83 | 41 | M | Self | 1,650,924 |
| 32 | Employee 32 | 20-Jun-22 | 6-Jun-90 | 33 | M | Self | 1,650,924 |
| 33 | Employee 33 | 27-Jun-22 | 1-Sep-82 | 41 | M | Self | 2,309,844 |
| 34 | Employee 34 | 27-Sep-22 | 22-Jul-85 | 38 | M | Self | 3,048,324 |
| 35 | Employee 35 | 18-Oct-23 | 4-Jul-90 | 33 | F | Self | 2,795,364 |
| 36 | Employee 36 | 2/2/2024 | 5/20/1973 | 50 | M | Self | 3,627,684 |
| 37 | Employee 37 | 1-Nov-18 | 30-Aug-73 | 50 | M | Self | 2,034,444 |
| 38 | Employee 38 | 25-Feb-16 | 1-Sep-66 | 57 | M | Self | 3,503,244 |
| 39 | Employee 39 | 21-Sep-15 | 18-Jun-88 | 35 | M | Self | 856,284 |
| 40 | Employee 40 | 21-Sep-15 | 1-Jul-85 | 38 | M | Self | 856,284 |
| 41 | Employee 41 | 7-Jun-18 | 21-Dec-91 | 32 | F | Self | 1,627,404 |
| 42 | Employee 42 | 16-Aug-18 | 8-Sep-93 | 30 | F | Self | 856,284 |
| 43 | Employee 43 | 25-Oct-15 | 8-Dec-73 | 50 | F | Self | 856,284 |
| 44 | Employee 44 | 4-Oct-18 | 21-Apr-92 | 31 | M | Self | 1,494,804 |
| 45 | Employee 45 | 10-May-18 | 18-Jul-79 | 44 | M | Self | 1,262,244 |
| 46 | Employee 46 | 17-Aug-16 | 30-Jun-92 | 31 | M | Self | 982,764 |
| 47 | Employee 47 | 20-Jan-16 | 14-Oct-76 | 47 | M | Self | 1,127,604 |
| 48 | Employee 48 | 8-Oct-21 | 8-Jul-87 | 36 | M | Self | 1,771,284 |

| | | | | | | | |
|----|-------------|-----------|-----------|----|---|------|-----------|
| 49 | Employee 49 | 27-Aug-20 | 20-Jun-85 | 38 | M | Self | 1,227,564 |
| 50 | Employee 50 | 19-Dec-22 | 6-Aug-91 | 32 | M | Self | 1,494,804 |
| 51 | Employee 51 | 17-Mar-23 | 25-Mar-86 | 37 | M | Self | 811,404 |
| 52 | Employee 52 | 17-Mar-23 | 12-Apr-91 | 32 | M | Self | 811,404 |
| 53 | Employee 53 | 12-Apr-23 | 16-Dec-84 | 39 | M | Self | 811,404 |
| 54 | Employee 54 | 13-Apr-23 | 3-Jun-79 | 44 | M | Self | 929,724 |
| 55 | Employee 55 | 12-Oct-15 | 16-Feb-72 | 52 | M | Self | 2,477,124 |
| 56 | Employee 56 | 22-Dec-23 | 27-Apr-81 | 42 | F | Self | 1,259,244 |
| 57 | Employee 57 | 28-Dec-23 | 19-Feb-89 | 35 | F | Self | 1,259,244 |
| 58 | Employee 58 | 6-Aug-18 | 17-Apr-90 | 33 | M | Self | 1,431,084 |
| 59 | Employee 59 | 6-Mar-18 | 27-Feb-55 | 69 | M | Self | 726,000 |
| 60 | Employee 60 | 21-Sep-17 | 8-Aug-57 | 66 | M | Self | 858,000 |
| 61 | Employee 61 | 29-May-23 | 17-Nov-70 | 53 | M | Self | 840,000 |
| 62 | Employee 62 | 14-Feb-24 | 23-Jul-83 | 40 | M | Self | 900,000 |
| 63 | Employee 63 | 27-Feb-24 | 24-Sep-77 | 46 | M | Self | 1,259,244 |

| Family Health Plan Insurance TPA Limited FHPL-MI-FT-01 | | |
|---|---|------------------|
| Corporate Name: | Indian Institute Of Management Visakhapatnam | |
| Policy No : | H1186567` | |
| Policy Plan Period: | 01 Apr 2023 TO 31 Mar 2024 | |
| Claim Analysis Report As on : | 07-Mar-24 | |
| CLAIM STATUS WISE ANALYSIS | | |
| Status | Number | Amount |
| REPORTED | 18 | 2,406,225 |
| SETTLED | 9 | 1,000,332 |
| OUTSTANDING | 8 | 710,707 |
| Registration | 0 | 0 |
| For Bill Entry | 2 | 259,569 |
| Under Query | 0 | 0 |
| Query Response (M) | 0 | 0 |
| Query Response (H) | 0 | 0 |
| For Adjudication | 0 | 0 |
| Refer to Insurer | 4 | 213,134 |
| Insurer Response | 0 | 0 |
| For Investigation | 0 | 0 |
| Investigation Done | 0 | 0 |
| Refer to CRM | 0 | 0 |
| From CRM | 0 | 0 |
| For Audit | 0 | 0 |
| Audit Return | 0 | 0 |
| For Payment | 1 | 178,010 |
| For Settlement | 1 | 59,994 |
| Open Preauths | 0 | 0 |
| REJECTED & CLOSED | 1 | 129,750 |
| MAIN MEMBERS Vs DEPENDANTS | | |
| status | Number | Amount |
| MAIN MEMBER | 7 | 277,653 |
| DEPENDANT | 10 | 1,433,386 |
| TOTAL | 17 | 1,711,039 |
| GENDER WISE ANALYSIS | | |
| Gender | Number | Amount |
| Male | 9 | 1,051,101 |
| Female | 8 | 659,938 |
| | | |

| | | | |
|-------------------------------|--|---------------|------------------|
| TOTAL | | 17 | 1,711,039 |
| RELATION WISE ANALYSIS | | | |
| Relation | | Number | Amount |
| Self | | 7 | 277,653 |
| Husband | | 0 | 0 |
| Wife | | 4 | 439,738 |
| Son | | 0 | 0 |
| Daughter | | 1 | 92,841 |
| Father/ Father In law | | 5 | 900,807 |
| Mother/ Mother In law | | 0 | 0 |
| Others | | 0 | 0 |
| TOTAL | | 17 | 1,711,039 |
| AGE WISE ANALYSIS | | | |
| AGEWISE | | Number | Amount |
| 0-10 | | 1 | 92,841 |
| 11-20 | | 0 | 0 |
| 21-30 | | 1 | 166,728 |
| 31-40 | | 8 | 486,335 |
| 41-50 | | 2 | 64,328 |
| 51-60 | | 1 | 28,400 |
| 61-70 | | 1 | 51,851 |
| Above 70 | | 3 | 820,556 |
| TOTAL | | 17 | 1,711,039 |
| CLAIM TYPE ANALYSIS | | | |
| CLAIMTYPE | | Number | Amount |
| Reimbursement | | 5 | 362,441 |
| Cashless | | 12 | 1,348,598 |
| TOTAL | | 17 | 1,711,039 |
| INCURRED CLAIMS RATIO | | | |
| Status | | Number | Amount |
| PAID | | 9 | 1,000,332 |
| OUTSTANDINGS | | 8 | 710,707 |
| Prorata Premium | | | 1,261,135 |
| Prorated ICR(In %) | | | 136 |
| Inception Premium | | | 1,305,461 |

| | | |
|------------------|--|-----------|
| Addition Premium | | 48,133 |
| Deletion Premium | | 0 |
| Total Premium | | 1,353,594 |
| Total ICR(In %) | | 126 |

DISEASE WISE ANALYSIS

| DISEASE | NUMBER | AMOUNT |
|--|---------------|------------------|
| Certain conditions originating in the perinatal period | 0 | 0 |
| Certain infectious and parasitic diseases | 2 | 85,966 |
| Codes for special purposes | 0 | 0 |
| Congenital malformations, deformations and | 0 | 0 |
| Diseases of the blood and blood-forming organs and | 0 | 0 |
| Diseases of the circulatory system | 1 | 44,902 |
| Diseases of the digestive system | 1 | 59,994 |
| Diseases of the ear and mastoid process | 0 | 0 |
| Diseases of the eye and adnexa | 1 | 28,400 |
| Diseases of the genitourinary system | 2 | 755,646 |
| Diseases of the musculoskeletal system and connective | 0 | 0 |
| Diseases of the nervous system | 2 | 71,277 |
| Diseases of the respiratory system | 0 | 0 |
| Diseases of the skin and subcutaneous tissue | 0 | 0 |
| Endocrine, nutritional and metabolic diseases | 0 | 0 |
| External causes of morbidity and mortality | 0 | 0 |
| Factors influencing health status and contact with | 0 | 0 |
| Injury, poisoning and certain other consequences of | 0 | 0 |
| Mental, Behavioral and Neurodevelopmental disorders | 0 | 0 |
| Neoplasms | 0 | 0 |
| Pregnancy, childbirth and the puerperium | 2 | 95,000 |
| Symptoms, signs and abnormal clinical and laboratory | 4 | 310,285 |
| Others | 2 | 259,569 |
| Provisional assignment of new diseases of uncertain | 0 | 0 |
| TOTAL | 17 | 1,711,039 |

Note :- Claim - Resettlement & pre/post claims are not considered as separate claims count, but amount are



IFFCO-TOKIO GENERAL INSURANCE CO. LTD
Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

Group Medishield Insurance Policy

For

**INDIAN INSTITUTE OF MANAGEMENT
VISA KHAPATNAM**

Period of Insurance : 01/04/2023 To 31/03/2024

Policy No :

Welcome to the world of ITGI

We would like to take this opportunity to thank you for patronizing ITGI for Group Medishield Policy. At IFFCO TOKIO General Insurance Company Limited (ITGI), we are fully committed to provide insurance products and services to you in a convenient and satisfying manner.

Our policies and different Add-on coverage have been designed to provide you with more than just a healing touch in those unfortunate, yet unavoidable, circumstances of life. We have made every effort to make our products and procedures simple, transparent and customer friendly. Our product range will serve almost all your insurance needs.

This booklet contains the Policy Schedule with add on covers, List of employees covered, Third Party Administrator details (for claims assistance) along with policy wordings of "Group Medishield Policy Coverage". We have taken adequate measures to issue the policy document as per your requirements. In case of any discrepancy please inform policy issuing office immediately.

It would be our privilege to assist you for your insurance requirements or feedback anytime. You may contact our SBU or Toll-Free number available on Policy Schedule.

With ITGI, your future is in safe hands. **"Muskurate Raho"**.

| | | |
|---|---|--|
| IFFCO TOKIO General Insurance Company Limited Regd. Office L IFFCO SADAN, C1 Dist Centre, Saket, New Delhi-110017 Corporate Identification Number (CIN) U74899DL2000PLC107621, IRDA Reg. No. 106 | Group Medishield Insurance Policy Schedule CUM TAX INVOICE | Issuing Office SBU 61 IFFCO TOKIO GEN INSU. CO. LTD. 4th Flr, Bandhan Bank Opp: TTD Kalyana Mandapam MVP Double Road VISAKHAPATNAM ANDHRA PRA 530017 INDIA GSTIN : 37AAACI7573H1ZB Accident and Health insurance services : 997133 |
|---|---|--|

| | | | | | |
|-----------------|---|--------|-------------------|--|------------|
| INSURED | INDIAN INSTITUTE OF MANAGEMENT VISAKHAPATNAM | | | | |
| Address | ANDHRA BANK SCHOOL OF BUSINESS | | | Unique Invoice No. | |
| | BUILDING, | | | | |
| | GHANDHI PLACE S.O | | | | |
| | GVMC (PART) | | | | |
| | ANDHRA PRADESH | | | | |
| | INDIA | | | | |
| | PIN CODE | 530003 | STATE CODE | 37 | |
| Phone No | *****001 | | | Policy No. | |
| GSTIN | 37AAAAI9622D1ZT | | | Date Of Issuance | |
| Agent No | 61000002 | | | Date Of Insurance from 00.00 hours on | 01/04/2023 |
| | | | | To Mid Night On | 31/03/2024 |

Member Details

| | |
|--------------------------------|-----|
| Total Members Covered | 177 |
| Total Self Covered | 54 |
| Total Dependent Covered | 123 |

Co-insurance Details

| | |
|---------------------------------------|------------------|
| Insurance Company | Share (%) |
| IFFCO TOKIO GENERAL INSURANCE CO. LTD | 100 |

Premium Details

| | |
|--------------------|----------------------|
| Net Premium | Gross Premium |
| | |

GST Details

| | | | | |
|-----------------------|-------------|-------------|-------------|-------------|
| | CGST | SGST | UGST | IGST |
| Percentage (%) | 9 | 9 | 0 | 0 |
| Amount (Rs.) | | | 0 | 0 |

TPA Details

| | |
|---|-----------------------------|
| 1 | Family Health Plan TPA Ltd. |
|---|-----------------------------|

Policy Conditions/Extensions/Endorsements


| | | | | |
|---|-----------------|---|---|----------------|
| INDIAN INSTITUTE OF MANAGEMENT VISAKHAPATNAM | | | | |
| Coverage Name | PlanName | | | |
| Sum Insured Opted | BASE | Sum Insured List(INR) : 500000, 1000000 | | |
| Family Composition List | BASE | Family Size | : 6 | |
| | | Family Definition | : Employee+ Spouse + dependent Children + Dependent Parents/Parent In-Laws(1+5) | |
| | | Relationship | Min Age | Max Age |
| | | Self/Employee | 18 | 99 |
| | | Spouse | 18 | 99 |
| | | Daughter | 0 | 25 |
| | | Son | 0 | 25 |
| | | Father | 25 | 99 |
| | | Mother | 25 | 99 |
| | | Father in Law | 25 | 99 |
| | | Mother in Law | 25 | 99 |
| Sister | 0 | 99 | | |

| | | | | |
|--|-------------|--|----|----|
| | | Uncle | 25 | 99 |
| Pre Existing Diseases | BASE | Covered from Day 1 | | |
| First 30 Days Exclusion | BASE | Waived | | |
| First Year Exclusion | BASE | Waived | | |
| Second Year Exclusion | BASE | Waived | | |
| Third Year Exclusion | BASE | Waived | | |
| Fourth Year Exclusion | BASE | Waived | | |
| Maternity Benefit | BASE | <p>Maternity Benefits limits : Normal - Rs. 40000 Caesarean - Rs. 50000 Maternity benefits, applicable only for the Employee or Dependent spouse Waiting period of 9 months for Delivery is hereby waived. This policy is extended to cover the child delivery expenses incurred by the insured up to the limits indicated in the special conditions. In consequence thereof, exclusion no.12 stands amended as follows: The company shall not be liable to make any payments under this policy in respect of any expenses what so ever incurred by the insured person in connection with or in respect of: Family planning treatment and all types of treatment for infertility and its complications thereof.</p> | | |
| Pre & Post Natal Expense | BASE | Not Covered | | |
| New Born Baby Cover | BASE | From Day 1 Within SI (subject to declaration as per Condition of Mid term inclusion and not exceeding maximum stipulated family size under the Policy even after inclusion of the new born child) | | |
| Room Rent Capping | BASE | <p>Room Rent limits including Boarding, Nursing Charges : Restricted to 1% of Sum Insured subject to a Maximum of Rs. 8000/- for normal & ICU on actual. If the Insured occupies a room with a room rent limit other than his eligibility as per the insurance policy, then all the other charges shall be limited to the charges applicable for the eligible room rent or actuals, whichever is lower. Treatment in our network hospitals only, However in the case of Medical Emergencies & Accidents, treatment can be taken in other Hospitals. In all cases immediate intimation shall be given to our Call Center within 24 hours of Hospitalisation.</p> | | |
| Pre & Post Hospitalization coverage | BASE | Expenses incurred for Pre Hospitalization upto 30 Days and Post Hospitalization upto 60 Days are covered . | | |
| Domiciliary Hospitalization | BASE | Not Covered | | |
| Corporate Buffer | BASE | Not Covered | | |
| Ambulance Charges | BASE | Emergency ambulance charges up-to a sum of Rs.750/- per hospitalization and overall limit of Rs.1,500/- per policy period. | | |
| Limits for common ailments | BASE | Sublimits only for Cataract Rs.25,000/- per eye. | | |
| Internal Congenital disease /defects or anomalies | BASE | Covered | | |
| As per Expiring policy | BASE | <p>As per Expiring policy AYUSH Treatment: Expenses incurred on treatment under Ayurveda,Unani, Sidha and Homeopathy systems of medicines in a Government Hospital or in any institute recognized by the government and/or accredited by the Quality Council of India/National Accreditation Board on Health up to 25% of the sum insured subject to a maximum of Rs.25,000/- per policy period. All Day Care Procedures covered</p> | | |
| Others | BASE | <p>The Cover for Children is only for dependent children. In the case of female children, the cover will cease once they become earning member or on getting married. In the case of dependent Male Children, the cover will cease once they become earning member. Dependent Child means a child (natural or legally adopted) who is financially dependent and does not have his or her independent source of income and not over 30 years</p> | | |

General Conditions

| | |
|---|---|
| INDIAN INSTITUTE OF MANAGEMENT VISAKHAPATNAM | |
| BASE | |
| 1 | <p>Day One Cover Day one cover for New members/ employees subject to receipt of premium/maintenance of CD balance & intimation within 15 days of succeeding month Succeeding Month Further dependents can be covered within 30 days from date of enrollment of the employee /date of joining of the employee.</p> |
| 2 | <p>Missed Out Employees window period For employees who are existing members of the group (at inception of the policy) who are left out at inception of the Policy, such left employees to be declared within 15 days of the inception of the Policy.</p> |

| | |
|----|---|
| 3 | <p>Newly Acquired Dependant Mid-term inclusion of Existing Employee's newly acquired dependant (Newly Married Spouse/ New born baby/ newly adopted child), to be declared within 15 days of succeeding month subject to maintenance of sufficient CD Balance.</p> |
| 4 | <p>Non-Compliance Default In case of Non-Compliance of above-mentioned conditions; the following conditions shall apply: (I) Midterm additions of Employee / Employee's dependents other than Dependent Parents/Dependent Parent In Laws 1) * Risk premium on pro rata basis on each inclusion of Employee/ Employee's dependent + flat administrative charges 500 on each dependent + Tax shall be leviable. 2) Inclusion of such midterm dependents shall be subject to Waiting period of 1 for all claims except for Accidental Claims * Risk Premium: Basic GMC Premium based on ITGI Premium Rate Chart for the respective SI based on the age for each dependent irrespective of whether the sum insured is on family floater/ individual basis. <OR/ AND> (If Parents are covered)(I) Midterm additions of Employee / Employee's dependents other than Dependent Parents/Dependent Parent In Laws 1) * Risk premium on pro rata basis on each inclusion of Employee/ Employee's dependent + flat administrative charges Rs 2,000 on each dependent + Tax shall be leviable.<OR/ AND> 2) Inclusion of such midterm dependents shall be subject to Waiting period of 4 for all claims except for Accidental Claims * Risk Premium: Basic GMC Premium based on ITGI Premium Rate Chart for the respective SI based on the age for each dependent irrespective of whether the sum insured is on family floater/ individual basis.</p> |
| 5 | <p>Deletion of employee / Member from Group In case of deletion of member from the Group the cover will be suspended from the date of separation from the group. Refund of premium on account of deletion will be allowed from the date of separation provided the declaration of the same is submitted to us latest within 15 days of succeeding month Succeeding Month days of succeeding month(default)/ 30 days of separation from the group; failing which refund will be calculated from the date of submission of declaration to ITGI.</p> |
| 6 | <p>Proportionate Clause All benefits as an inpatient in a hospital attached to room will be restricted to the room which falls within the room rent limits allowed. The enhanced difference in expenses due to opting rooms with higher room rent than what has been allowed will be borne by the insured only. Wherever the room rent based tariff for the other expenses is not available, the payment would be done in the same proportion as per the entitlement of room rent under the policy excluding cost of pharmacy, consumables, implants, medical devices and diagnostics medically prescribed by the treating doctor under the policy.</p> |
| 7 | <p>Package Treatment In case of package treatment where individual bifurcation of room rent, medicines, operation theater expenses, doctor's consultation charges etc are not available, then the package charges shall be proportionately linked to the entitled room rent of the insured person under the Policy.</p> |
| 8 | <p>Intimation of claims As per the Standard ITGI GMC policy (Claim to be intimated within 7 days from date of hospitalization). Non-compliance will result in 10 % Co-pay.</p> |
| 9 | <p>Submission of Claim Documents All Claim documents for reimbursement should be submitted within 30 days from the date of discharge in case of claim for Pre-hospitalisation and post Hospitalisation expenses. For Post Hospitalization expenses, all claim documents should be submitted within 15 days of the completion of Post hospitalization treatment or Post hospitalization days limit stated in the Policy whichever is earlier. Non compliance will result in 10 % Co-pay.</p> |
| 10 | <p>Copay for Network Hospitals All the reimbursement claims under Network Hospitals are subject to additional 10 % co-pay.</p> |
| 11 | <p>Excluded Hospitals / Medical Practitioners Please note that the policy does not pay for Cost of treatment (both cashless and reimbursement) pertaining to any procedure or treatment undertaken by Insured Person(s) in any of the Hospital(s) or from any of the Medical practitioner(s) specified in the list attached to this Policy. The list of such excluded hospitals / Medical Practitioner(s) is dynamic and hence may change from time to time. Hence, we suggest you to please check our website or contact our call centre / nearest office for updated list of such excluded hospitals/ Medical Practitioner before admission/consultation.</p> |
| 12 | <p>Duplicate Member/Employee Restriction No Employee / Family member should be covered twice in the policy.</p> |
| 13 | <p>Member ID Card Type Physical</p> |
| 14 | <p>Mid term Change in SI Mid-term change in SI is not allowed</p> |
| 15 | <p>Claim Type Cashless and Reimbursement</p> |

| | |
|---|--|
| <p>Whether GST is Payable on Reverse Charge Basis- No We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule. The coverage is as per policy wordings / endorsements / clauses attached. Please go through the Group Medishield Insurance Policy and in case of any discrepancy, please inform us. Policy is cancelled ab-initio in case of Cheque Dishonor. The issuance of this Insurance Policy is subject to satisfactory verification of KYC documentation of the Client/ Policyholder as per IRDAI Master Circular dated 1st August 2022 on AML/ CFT. In case, if any discrepancy is found in KYC Verification of the Client/ Policyholder, it is agreed by the Client/ Policyholder to complete/ rectify the discrepancy found in the KYC documents/information for the generation of CKYC Number, failing which the policy will be considered ineffective/suspended/ cancelled and no claim will be payable under this Insurance Policy.</p> | |
| <p>1)"Policy Issuing Office: Delhi". 2)"Consolidated Stamp Duty deposited as per the order of Government of National Capital Territory of Delhi"</p> | |
| <p>Toll Free: 1800-103-5499 (24 hours all days) or SMS "CLAIMS" to 56161.</p> | <p>For IFFCO-Tokio General Insurance Company Limited</p>  <p>Authorised Signatory Subrata Mondal</p> |

Third Party Administrator : Family Health Plan TPA Ltd.

| | |
|----------------------|--|
| Toll Free (24 hours) | |
| Email ID | itgi@fhpl.net |
| Address | Plot No. 277, Phase IV, Udyog Vihar, Sector 18, Gurugram, Haryana 122016 |

Details of Intermediary/ Agent

| | |
|------------|---------------------------|
| Name | 61 -DIRECT SBU CODE |
| Contact No | 8916616906 |
| Email Id | testuser@iffcotokio.co.in |

Settlement Type : Cash Less

Health ID Cards : Non-Photo Id

Industry Type : Educational Institutes

Expiring Policy Details:

| | |
|---------------|------------|
| Policy Number | H0988960 |
| Start Date | 01/04/2022 |
| End Date | 31/03/2023 |

Group MediShield Policy Wording

This POLICY is evidence of the contract between YOU and US. The proposal along with any written statement(s), declaration(s) of YOURS for purpose of this POLICY forms part of this contract.

This POLICY witnessed that in consideration of YOUR having paid the premium for the period stated in the schedule or for any further period for which WE may accept the payment for renewal of this policy, WE will insure the Insured Person(s) and accordingly WE will pay to YOU or to insured person(s) or their legal representatives, as the case may be in respect of events occurring during the period of insurance in the manner and to the extent set-forth in the policy including endorsements provided that all the terms, conditions, provisions, and exceptions of this policy in so far as they relate to anything to be done or complied with by YOU and/or Insured Person(s) have been met.

The Schedule shall form part of this POLICY and the term 'POLICY' whenever used shall be read as including the Schedule.

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.

The POLICY is based on information which have been given to US about Insured Person(s) pertaining to risk insured under the policy and the truth of this information shall be condition precedent to YOUR or the Insured Person(s) right to recover under this POLICY.

DEFINITION OF WORDS

1. **Accident** is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Age:** It means age of the Insured person on last birthday as on date of commencement of the Policy.
3. **Any One Illness** It means continuous period of illness including relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.
4. **AYUSH Treatment** refers to the hospitalization treatments given under 'Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems..

5. AYUSH Hospital:

An AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:

- a. Central or State Government AYUSH Hospital or
- b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
- c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
 - i. Having at least 5 in-patient beds;
 - ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
 - iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - iv. Maintaining daily records of the patients and making them accessible to Our authorized representative.

6. AYUSH Day Care Centre

AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:

- i. Having qualified registered AYUSH Medical Practitioner(s) in charge;
- ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
- iii. Maintaining daily records of the patients and making them accessible to Our authorized representative.

7. **Cashless facility** - It means a facility extended by us to Insured person where the payments, of the costs of treatment undergone by insured person(s) in accordance with the policy terms and conditions, are directly made to the network provider by us to the extent pre-authorization approved.
8. **Condition Precedent** shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
9. **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: Anomaly which is not in the visible and accessible parts of the body
 - b. External Congenital Anomaly: Anomaly which is in the visible and accessible parts of the body.
10. **Co-payment** is a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the sum insured.

11. Daycare centre

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

- i. has qualified nursing staff under its employment;
- ii. has qualified medical practitioner (s) in charge;

- iii. has a fully equipped operation theatre of its own where surgical procedures are carried out
- iv. maintains daily records of patients and shall make these accessible to Our authorized personnel.

12. **Day Care Treatment** means medical treatment, and/or *surgical procedure* which:
- 1. Is undertaken under General or Local Anesthesia in a *hospital/day care centre* in less than 24 (twenty-four) hrs. because of technological advancement, and
 - 2. which would have otherwise required a hospitalization of more than 24 (twenty four) hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

13. **Dental Treatment** It means a treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery.
14. **Disease** It means an illness which Medical Practitioner or Surgeon will certify as Insured Person is suffering from and unable to feel as Normal.
15. **Domiciliary Hospitalisation** It 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.
16. **Emergency Care** It means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.
17. **Grace Period** - It means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue the 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.

18. **Hospital/Nursing Home**

It 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 Schedule of Section 56(1) of the said Act, OR complies with all minimum criteria as under:

- i. has qualified nursing staff under its employment round the clock;
- ii. has at least ten inpatient beds, in those towns having a population of less than ten lakhs and fifteen inpatient beds in all other places;
- iii. has qualified medical practitioner (s) in charge round the clock;
- iv. has a fully equipped operation theatre of its own where surgical procedures are carried out
- v. maintains daily records of patients and shall make these accessible to Our authorized personnel.

**Following are the enactments specified under the Schedule of section 56 of clinical Establishments (Registration and Regulation) Act, 2010 as of October 2013 or any amendments thereof.*

- 1. The Andhra Pradesh Private Medical Care Establishments (Registration and Regulation) Act, 2002.
- 2. The Bombay Nursing Homes Registration Act, 1949.
- 3. The Delhi Nursing Homes Registration Act, 1953.
- 4. The Madhya Pradesh Upcharya Griha Tatha Rujopchar Sanbabdu Sthapamaue (Ragistikaran Tatha Anugyapan) Adhiniyam, 1973.
- 5. The Manipur Homes and Clinics Registration Act, 1992.
- 6. The Nagaland Health Care Establishments Act, 1997.
- 7. The Orissa Clinical Establishments (Control and Regulation) Act, 1990.
- 8. The Punjab State Nursing Home Registration Act, 1991.
- 9. The West Bengal Clinical Establishments Act, 1950.

Note: Any make-shift or temporary hospital permitted temporarily by Central/ State Government and allowed by the IRDAI under specific situations shall also be regarded as a hospital.

19. **Hospitalisation** It means admission in a Hospital for a minimum period of 24 (Twenty-four) consecutive "In-patient Care" hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 (Twenty-four) consecutive hours.

20. **Illness**

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

- i. Acute Condition means a disease, illness or injury that is likely to response 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.
- ii. Chronic Condition means a disease, illness, or injury that has one or more of the following characteristics
 - a. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
 - b. it needs ongoing or long-term control or relief of symptoms
 - c. it requires rehabilitation for the patient or for the patient to be special trained to cope with it
 - d. it continues indefinitely
 - e. it recurs or is likely to recur

21. **Injury** It shall mean accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
22. **Inpatient Care** It means treatment for which the insured person has to stay in a hospital for more than 24 (twenty-four) hours for a covered event.
23. **Insured Person:** The person named as Insured person(s) in the Schedule lodged with US by YOU.
24. **Intensive Care Unit** means an identified section, ward or wing of a *hospital* which is under the constant supervision of a dedicated *medical practitioner(s)*, and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the

ordinary and other wards.

25. **Intensive Care Unit (ICU) Charges** means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.
26. **Medical Advice** - It means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
27. **Medical Expenses** - It means those expenses that an Insured Person has/you have 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.
28. **Medically Necessary Treatment**– Medically necessary treatment is defined as any treatment, tests, medication, or stay in *hospital* or part of a stay in *hospital* which
- 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 or by the medical community in India.
29. **Medical Practitioner**

It 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 for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.

30. Maternity Expenses

Maternity expenses means;

- medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);
 - expenses towards lawful medical termination of pregnancy during the policy period.
31. **Network Provider** Network Provider means hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.
- (The list of network hospitals is dynamic and hence may change from time to time. We suggest you to please check our website www.iffcotokio.co.in or contact our call centre/ nearest office for updated list of such hospitals before admission.)

32. **New Born Baby** means baby born during the Policy Period and is aged upto 90 days.
33. **Non- Network Provider** - Non-Network means any hospital, day care centre or other provider that is not part of the network.
34. **Notification of Claim** is the process of intimating a claim to Us or our TPA through any of the recognized modes of communication
35. **Out-Patient (OPD) treatment** means treatment in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
36. **Policy** It means the policy booklet, the Schedule and any applicable endorsement or or extensions attaching to or forming part thereof. The policy contains details of the extent of cover available to Insured person (s), what is excluded from the cover and the conditions on which the policy is issued.
37. **Policy Period/ Period of Insurance** -It means the duration of this policy as shown in the Schedule.
38. **Portability** -It means the right accorded to an individual health insurance policy holder (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer.
39. **Policy Schedule** It means latest Schedule issued by US as part of the policy. It provides details of the policy of Insured person(s) which are in force and the level of cover Insured Person(s) have.

40. Post Hospitalisation

It means Medical Expenses incurred during predefined number of days immediately 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 Hospitalization was required, and
- the In-patient Hospitalization claim for such Hospitalization is admissible by the insurance company.

Maximum Limit for Post Hospitalisation Medical Benefit: 60 days.

41. Pre-existing Disease

It means any condition, ailment, injury or disease

- That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
- For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.

42. Pre-Hospitalisation

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

- Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
- The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company

Maximum Limit for Pre-Hospitalisation Medical Benefit: 30 days.

43. **Proposal** It means any signed proposal by filing up the questionnaires and declarations, written statements and any information in addition thereto supplied to US by YOU.
44. **Qualified Nurse** It means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
45. **Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.
46. **Sum Insured** It means the monetary amount shown against Insured Person.
47. **Surgery or Surgical Procedure** It 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
48. **Third Party Administrator (TPA)** means a Company registered with the Authority, and engaged by an insurer, for a fee or by whatever name called and as may be mentioned in the health services agreement, for providing health services.
49. **Waiting Period**
It means a period from the inception of this Policy during which specified diseases/treatments are not covered. On completion of the period, diseases/treatments shall be covered provided the Policy has been continuously renewed without any break.
50. **WE/OUR/US** It means **IFFCO-TOKIO GENERAL INSURANCE COMPANY LIMITED.**
51. **YOU/YOUR** It means the person(s)/the company/the entity named as Insured in the Schedule

COVERAGE

| WHAT IS COVERED | WHAT IS NOT COVERED |
|--|--|
| <p>If the Insured Person sustains injury or contracts any disease and upon advice of Medical Practitioner, he/she has to incur Hospitalisation Expenses, then WE will pay reasonable and customary charges of the following Hospitalisation expenses:</p> <ol style="list-style-type: none"> 1. Room, Boarding Expenses as provided by the Hospital/Nursing Home. 2. Nursing Expense. 3. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees (including consultation through telemedicine as per prevailing Telemedicine Practice Guideline) whether paid directly to the treating doctor / surgeon or to the hospital. 4. Expense on Anesthesia, Blood, Oxygen, Operation Theatre charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials, diagnostic imaging modalities, Dialysis, Chemotherapy, Radiotherapy, Cost of pacemaker, Artificial Limbs, Cost of organs and similar expenses. 5. AYUSH hospitalization expenses including pre-hospitalization and post hospitalization expenses upto the limit of the Sum Insured of the insured person per policy period. 6. WE will also pay for those of above relevant expenses in Domiciliary Hospitalisation at reasonable and customary level charges. <p>Note: The expenses that are not covered in this policy are placed under List-I of Annexure-A. The list of expenses that are to be subsumed into room charges, or procedure charges or costs of treatment are placed under List-II, List-III and List-IV of Annexure-A respectively.</p> | <p>WE will not pay for</p> <ol style="list-style-type: none"> 1. Pre-Existing Diseases(Code- Excl01) <ol style="list-style-type: none"> a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with us. b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase. c. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage. d. Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us. 2. First Thirty Days Waiting Period(Code- Excl03) <ol style="list-style-type: none"> a. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered. b. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months. c. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently. 3. The exclusion no. 2, mentioned in 'What is not covered' shall not however apply if in the opinion of Panel of Medical Practitioners constituted by Us, the Insured Person could not have known of the existence of the Disease or any symptoms or complaints thereof at the time of making the proposal for Insurance to Us. 4. Specific Waiting Period: (Code- Excl02) <ol style="list-style-type: none"> a. Expenses related to the treatment of the following listed conditions, surgeries/treatments shall be excluded until the expiry of 12 months of continuous coverage, as may be the case after the date of inception of the first policy with Us. This exclusion shall not be applicable for claims arising due to an accident. b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase. |

- c. If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.
- d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e. If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
- f. List of specific diseases/procedures
 - i. 12 Months waiting period
 - a. Cataract, Benign Prostatic Hyperthropy, Hysterectomy for Meaorrhagia or Fibromyoma
 - b. Hernia, Hydrocele, Congenital Internal Disease.
 - c. Fistula in anus, Piles, Sinusitis and related disorders.

- 5. If the above-mentioned diseases (The exclusion no. 4, mentioned in 'What is not covered') are pre-existing at the time of proposal, they will not be covered even during subsequent period of renewal too.
- 6. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.
- 7. Circumcision except for disease not excluded here or Injury, Vaccination or Inoculation or change of life.
- 8. Cosmetic or plastic Surgery: Code- Excl08

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

- 9. Cost of Spectacles and contact lens, hearing aids.
- 10. Dental treatment or Surgery of any Kind unless requiring hospitalisation.
- 11. Rest Cure, rehabilitation and respite care- Code- Excl05

Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

- a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
- 12. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12.
 - 13. Treatment of external congenital Disease or defects or anomalies, venereal Disease or intentional self-Injury
 - 14. Investigation & Evaluation(Code- Excl04)
 - a. Expenses related to any admission primarily for diagnostics and evaluation purposes.
 - b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment.

- 15. Maternity Expenses (Code - Excl 18):

- a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
- b. expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

(This exclusion will stand deleted where policy is extended to cover Maternity Benefits)

- 16. Sterility and Infertility: (Code- Excl17) Expenses related to sterility and infertility. This includes:

- a. Any type of contraception, sterilization
- b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- c. Gestational Surrogacy
- d. Reversal of sterilization

17. Nuclear attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:

- a. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any illness, incapacitating disablement or death.

18. Any Expenses on treatment of Insured person as outpatient in the Hospital.

19. Treatments received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code- Excl13

20. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. Code- Excl14

21. Any Expenses under Domiciliary Hospitalisation for Treatment of following diseases:

- a. Asthma
- b. Bronchitis
- c. Chronic Nephritis and Nephritic Syndrome
- d. Diarrhoea and all type of Dysenteries including Gastro-enteritis
- e. Diabetes Mellitus and Insipidus
- f. Epilepsy
- g. Hypertension
- h. Influenza, Cough and Cold
- i. Pyrexia of unknown Origin for less than 20 days
- j. Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis
- k. Arthritis, Gout and Rheumatism
- l. Dental Treatment or Surgery

22. Obesity/ Weight Control: Code- Excl06

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

1. Surgery to be conducted is upon the advice of the Doctor
2. The surgery/Procedure conducted should be supported by clinical protocols
3. The member has to be 18 years of age or older and
4. Body Mass Index (BMI);
 - a. greater than or equal to 40 or
 - b. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type2 Diabetes

23. Change-of-Gender treatments: Code- Excl07

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

24. Hazardous or Adventure sports: Code- Excl09

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure

sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

25. Breach of law: Code- Excl10

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

26. Excluded Providers: Code- Excl11

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by Us and disclosed in Our website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

(Note: The list of such excluded provider(s) is dynamic and hence may change from time to time. Hence we suggest you to please check our website or contact our call centre/nearest office for updated list of such excluded hospitals before admission.)

27. Refractive Error: Code- Excl15:

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.

28. Unproven Treatments: Code- Excl16

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

Additional Benefits

1. MODERN TREATMENT METHODS AND ADVANCEMENT IN TECHNOLOGIES:

The following procedures will be covered (wherever medically indicated) either as in patient or as part of Domiciliary Hospitalization or as part of day care treatment in a hospital upto 50% of Sum Insured, during the policy period:

- A. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
- B. Balloon Sinuplasty
- C. Deep Brain stimulation
- D. Oral chemotherapy
- E. Immunotherapy- Monoclonal Antibody to be given as injection
- F. Intra vitreal injections
- G. Robotic surgeries
- H. Stereotactic radio surgeries
- I. Bronchial Thermoplasty
- J. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- K. IONM - (Intra Operative Neuro Monitoring)
- L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

2. DAY CARE TREATMENT: Day care medical treatments listed in Annexure – “List of Day Care Procedures” of the policy document, will be payable even if the duration of hospitalization is less than 24 (Twenty-four) hours.

(Note: The list of such treatments is dynamic and hence may change from time to time. Hence we suggest you to please check our website/ contact our nearest office for updated list of such treatments.)

CLAIM PROCEDURE AND REQUIREMENTS

1. An event, which might become a claim under the policy, must be reported to US as soon as possible, but not later than 7 days from the date of Hospitalisation. A written statement of the claim will be required and a claim form will be provided and the claim must be filed within 30 days from the date of discharge from the Hospital except for in extreme cases of hardship where it is proved to our satisfaction that under the circumstances, in which YOU, the Insured Person or his/her personal representative were placed, it was not possible for any one of YOU to give notice or file claim within the prescribed time limit.

The Insured Person must give all bills, receipts, certificates, information and evidences from a Medical Attendant or otherwise required by US in the manner and form as WE may prescribe. In such claims our representative shall be allowed to carry out examination and obtain information in case of alleged injury or disease requiring Hospitalisation if and when WE may reasonably require.

2. No sum payable under this policy shall carry any interest/ penalty except for 'provision for penal interest' as described below.

3. Claim Settlement (provision for Penal Interest)

- i. We shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, We shall be liable to pay interest to You/the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate**
- iii. However, where the circumstances of a claim warrant an investigation in Our opinion, We shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document- In such cases, We shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate** from the date of receipt of last necessary document to the date of payment of claim.

****"Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)**

Note : This Clause shall always correspond with the amendment(s), if any, to the relevant provisions of Protection of Policyholder's interests Regulations, 2017.

General Conditions

1. Multiple Policies

- i. In case of multiple policies taken by You/ insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
- ii. You/Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.
- iii. If the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurer from whom he/she wants to claim the balance amount.
- iv. Where You/Insured person has policies from more than one insurer to cover the same risk on indemnity basis, You/the insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

2. Fraud

If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to Us. For the purpose of this clause, the expression "fraud" means any of the following acts committed by You/the insured person or by your/his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive Us or to induce Us to issue an insurance policy:

- a) the suggestion, as a fact of that which is not true and which You/the insured person do/does not believe to be true;
- b) the active concealment of a fact by the insured person having knowledge or belief of the fact;
- c) any other act fitted to deceive; and
- d) any such act or omission as the law specially declares to be fraudulent

We shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

3. Cancellation

- a. You may cancel this Policy by giving 15 days' written notice, and in such an event, We shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

| Period of cover up to | Refund of annual premium rate(%) |
|-----------------------|----------------------------------|
| 1(one) month | 75%(seventy five percent) |
| 3(three) months | 50%(fifty percent) |
| 6(six) months | 25%(twenty five percent) |
| Exceeding six months | Nil |

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by any Insured person under the Policy.

- b. We may cancel the Policy at any time on grounds of mis-representation, non-disclosure of material facts, fraud by the Insured Person, by giving 30 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representation, mis-description, non-disclosure of material facts or fraud.

4. Automatic Termination of Insurance

The coverage for the Insured Person(s) shall automatically terminate in the case of his/ her (Insured Person) demise or exhaustion of Sum Insured. However, the cover shall continue for the remaining Insured Persons till the end of Policy Period, unless otherwise advised by the Group policy holder. Provided no claim has been made, and termination takes place on account of death of the insured person, due to reasons apart from what stands covered under the policy, pro-rata refund of premium of the deceased insured person for the balance period of the policy will be effective.

5. Migration

You/the Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by Us by applying for migration of the policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by Us, the Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration. For Detailed Guidelines on migration, kindly refer the link

https://www.irdai.gov.in/ADMINCMS/cms/whatsNew_Layout.aspx?page=PageNo3987&flag=1

6. Renewal of Policy

The Policy may be renewed by mutual consent every year and in such event, the renewal premium shall be paid to US on or before the date of expiry of the Policy or of the subsequent renewal thereof. However, WE shall not be bound to give notice that such renewal premium is due.

7. Moratorium Period

After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period, no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.

8. Notice & Communication

- i. Any notice, direction, instruction or any other communication related to the Policy should be made in writing.
- ii. Such communication shall be sent to Our address or through any other electronic modes specified in the Policy Schedule.
- iii. We shall communicate with You/ Insured person at the address or through any other electronic mode mentioned in the schedule.

9. Misdescription The Policy shall be void and all premium paid by YOU to US be forfeited in the event of misrepresentation or concealment of any material information.

10. Notice of Charge

WE will not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealings with or relating to this policy. YOUR receipt or receipt of Insured Person shall in all cases be an effective discharge to US.

11. Territorial Limit

All medical treatment for the purpose of this insurance will have to be taken in India only and all claims shall be payable in Indian currency.

12. Changes in Circumstances

YOU must inform US, as soon as reasonably possible of any change in information YOU have provided to US about Insured person(s) which may affect the Insurance cover provided e.g. duty, business, occupation

13. Payment of Premium:

The premium payable shall be paid in advance before commencement of risk. No results for premium shall be valid except on our official form signed by our duly authorized official. In similar way, No waiver of any terms, provision, conditions and endorsements of this policy shall be valid unless made in writing and signed by our authorized official.

14. Electronic Transaction

You /insured person(s) agree(s) to adhere to and comply with all such terms and conditions as we may prescribe from time to time and hereby agree(s) and confirm(s) that all transactions effected by or through facilities for conducting remote transactions including the internet, world wide web, electronic data interchange, call centers, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication established by or on behalf of us for and in respect of the policy or its terms or our other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with our terms and conditions for such facilities, as may be prescribed from time to time. However, the terms of the condition shall not override provisions of any law(s) or statutory regulations including provisions of IRDA regulations for protection of policy holder's interests.

15. Reasonable Precaution

You/insured person(s) shall take all reasonable precaution to prevent injury, illness, and disease in order to minimize claims.

16. Disclaimer Clause

If WE shall disclaim our liability in any claim and such claim shall not have been made subject matter of suit in a court of law within 12(twelve) months from date of disclaimer, then the claim shall for all purpose be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.

17. Arbitration

- i. If any dispute or difference shall arise as to the quantum to be paid by 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 here to or if they cannot agree upon a single arbitrator within thirty days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising 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, as amended by Arbitration and Conciliation (Amendment) Act, 2015 (No. 3 of 2016).
- ii. It is clearly agreed and understood that no difference or dispute shall be preferable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of the policy.
- iii. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon the policy that award by such arbitrator/arbitrators of the amount of expenses shall be first obtained.

18. MATERNITY EXPENSES BENEFIT (Wherever applicable)

This is an optional cover, which can be obtained on payment of 10% of the total basic premium for all the Insured Persons under the Policy. Total basic premium means the total premium computed before applying Group Discount and/or High Claim Ratio Loading. Low Claim Discount and special discount in lieu of agency commission.

- a. 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.
- b. The maximum benefit allowable under this clause will be upto Rs.50,000/- or 20% of the Sum Insured opted by the member of the group whichever is lower.

c. 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.
2. A waiting period of 9 months is applicable for payment of any claim relating to normal delivery or caesarean section 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.
3. Claim in respect of 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.
4. Pre-natal and post-natal expenses are not covered unless admitted in Hospital/Nursing Home and treatment is taken there.

19. Redressal Of Grievance

In case of any grievance, the insured person may contact Us through:

Website: <https://www.iffcotokio.co.in/customer-services/grievance-redressal>

Toll free: 1800-103-5499

E-mail: support@iffcotokio.co.in

Courier : Chief Grievance Officer
 IFFCO-Tokio General Insurance Co Ltd
 IFFCO Tower, Plot no. 3
 Sector -29, Gurgaon - 122001

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. The list of branches with addresses are available at <https://www.iffcotokio.co.in/contact-us>

If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at chiefgrievanceofficer@iffcotokio.co.in

For updated details of grievance officer, kindly refer the link <https://www.iffcotokio.co.in/customer-services/grievance-redressal>

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. The contact details of the Insurance Ombudsman offices have been provided as below

Grievance may also be lodged at IRDAI Integrated Grievance Management System

- <https://igms.irda.gov.in/>

| Office Details | Jurisdiction of Office Union Territory, District) |
|---|--|
| <p>AHMEDABAD - Shri Kuldip Singh Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in</p> | <p>Gujarat, Dadra & Nagar Haveli, Daman and Diu.</p> |
| <p>BENGALURU - Smt. Neerja Shah Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in</p> | <p>Karnataka</p> |
| <p>BHOPAL - Shri Guru Saran Shrivastava Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in</p> | <p>Madhya Pradesh Chattisgarh.</p> |
| <p>BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in</p> | <p>Orissa</p> |
| <p>CHANDIGARH - Dr. Dinesh Kumar Verma Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468</p> | <p>Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.</p> |

| | |
|---|--|
| <p>Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in</p> | |
| <p>CHENNAI - Shri M. Vasantha Krishna Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in</p> | <p>Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).</p> |
| <p>DELHI - Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in</p> | <p>Delhi</p> |
| <p>GUWAHATI - Shri Kiriti .B. Saha Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co.in</p> | <p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p> |
| <p>HYDERABAD - Shri I. Suresh Babu Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in</p> | <p>Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.</p> |
| <p>JAIPUR - Smt. Sandhya Baliga Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in</p> | <p>Rajasthan</p> |
| <p>ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in</p> | <p>Kerala, Lakshadweep, Mahe-a part of Pondicherry.</p> |
| <p>KOLKATA - Shri P. K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in</p> | <p>West Bengal, Sikkim, Andaman & Nicobar Islands.</p> |
| <p>LUCKNOW -Shri Justice Anil Kumar Srivastava Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in</p> | <p>Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p> |
| <p>MUMBAI - Shri Milind A. Kharat Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in</p> | <p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.</p> |

| | |
|---|---|
| <p>NOIDA - Shri Chandra Shekhar Prasad Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in</p> | <p>State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kansiramnagar, Saharanpur.</p> |
| <p>PATNA - Shri N. K. Singh Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in</p> | <p>Bihar, Jharkhand.</p> |
| <p>PUNE - Shri Vinay Sah Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in</p> | <p>Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p> |

Insurance is the subject matter of solicitation

DAY CARE PROCEDURES

| | |
|--|--|
| ENT : Operation of the ear | 26 Procedures for pterygium |
| 1 Stapedotomy or Stapedectomy | 27 Removal of a foreign body from the lens of the eye |
| 2 Myringoplasty (Type -I Tympanoplasty) | 28 Removal of a foreign body from the posterior chamber of the eye |
| 3 Tympanoplasty (closure of an eardrum perforation) | 29 Removal of a foreign body from the orbit and eyeball |
| 4 Reconstruction and other Procedures of the auditory ossicles | 30 Operation of cataract |
| 5 Myringotomy | 31 Chalazion removal |
| 6 Removal of a tympanic drain | 32 Glaucoma Surgery |
| 7 Mastoidectomy | 33 Surgery for Retinal detachment |
| 8 Reconstruction of the middle ear | Procedures on the skin & subcutaneous tissues |
| 9 Fenestration of the inner ear | 34 Incision of a pilonidal sinus |
| 10 Incision (opening) and destruction (elimination) of the inner ear | 35 Other incisions of the skin and subcutaneous tissues |
| ENT: Procedures on the nose & the nasal sinuses | 36 Surgical wound toilet (wound debridement) |
| 11 Excision and destruction of diseased tissue of the nose | 37 Local excision or destruction of diseased tissue of the skin and subcutaneous tissues |
| 12 Procedures on the turbinates (nasal concha) | 38 Simple restoration of surface continuity of the skin and subcutaneous tissues |
| 13 Nasal sinus aspiration | 39 Free skin transplantation, donor site |
| ENT: Procedures on the tonsils & adenoids | 40 Free skin transplantation, recipient site |
| 14 Transoral incision and drainage of a pharyngeal abscess | 41 Revision of skin plasty |
| 15 Tonsillectomy and / or adenoidectomy | 42 Restoration and reconstruction of the skin and subcutaneous tissues |
| 16 Excision and destruction of a lingual tonsil | 43 Chemosurgery to the skin |
| 17 Quinsy drainage | 44 Excision of Granuloma |
| OPHTHALMOLOGY: Procedures on the eyes | 45 Incision and drainage of abscess |
| 18 Incision of tear glands | Procedures on the tongue |
| 19 Excision and destruction of diseased tissue of the eyelid | 46 Incision, excision and destruction of diseased tissue of the tongue |
| 20 Procedures on the canthus and epicanthus | 47 Partial glossectomy |
| 21 Corrective surgery for entropion and ectropion | 48 Glossectomy |
| 22 Corrective surgery for blepharoptosis | 49 Reconstruction of the tongue |
| 23 Removal of a foreign body from the conjunctiva | Procedures on the salivary glands & salivary ducts |
| 24 Removal of a foreign body from the cornea | 50 Incision and lancing of a salivary |
| 25 Incision of the cornea | |

| | |
|---|--|
| 51 Excision of diseased tissue of a salivary gland and a salivary duct | 82 Sclerotherapy |
| 52 Resection of a salivary gland | 83 Therapeutic Ascitic Tapping |
| 53 Reconstruction of a salivary gland and a salivary duct | 84 Endoscopic ligation /banding |
| Procedures on the mouth & face | 85 Dilatation of digestive tract strictures |
| 54 External incision and drainage in the region of the mouth, jaw and face | 86 Endoscopic ultrasonography and biopsy |
| 55 Incision of the hard and soft palate | Replacement of Gastrostomy tube |
| 56 Excision and destruction of diseased hard and soft palate | 87 Endoscopic decompression of colon |
| 57 Incision, excision and destruction in the mouth | 88 Therapeutic ERCP |
| 58 Plastic surgery to the floor of the mouth | 89 Nissen fundoplication for Hiatus |
| 59 Palatoplasty | Hernia /Gastro esophageal reflux Disease |
| Trauma surgery and orthopaedics | 90 Endoscopic Gastrostomy |
| 60 Incision on bone, septic and aseptic | 91 Laparoscopic procedures e.g. colecystectomy, appendicectomy etc. |
| 61 Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis | 92 Endoscopic Drainage of Pseudopancreatic cyst |
| 62 Suture and other Procedures on tendons and tendon sheath | 93 Hernia Repair (Herniotomy / hernioraphy / hernioplasty) |
| 63 Reduction of dislocation under GA | Procedures on the female sexual organs |
| 64 Arthroscopic knee aspiration | 94 Incision of the ovary |
| 65 Aspiration of hematoma | 95 Insufflation of the Fallopian tubes |
| 66 Excision of dupuytren's contracture | 96 Dilatation of the cervical canal |
| 67 Carpal tunnel decompression | 97 Conisation of the uterine cervix |
| 68 Surgery for ligament tear | 98 Incision of the uterus (hysterotomy) |
| 69 Surgery for meniscus tear | 99 Therapeutic curettage |
| 70 Surgery for hemoarthrosis/ pyoarthrosis | 100 Culdotomy |
| 71 Removal of fracture pins/nails | 101 Local excision and destruction of diseased tissue of vagina and Pouch of Douglas |
| 72 Removal of metal wire | 102 Procedures on Bartholin's glands (cyst) |
| 73 Joint Aspiration - Daignostic / therapeutic | 103 Endoscopic polypectomy |
| Procedures on the breast | 104 Myomectomy , hysterscopic or laparoscopic biopsy or removal |
| 74 Incision of the breast | Procedures on the prostate & seminal vesicles |
| 75 Procedures on the nipple | 105 Incision of the prostate |
| 76 Excision of breast lump /Fibro adenoma | 106 Transurethral excision and destruction of prostate tissue |
| Procedures on the digestive tract | 107 Open surgical excision and destruction of prostate tissue |
| 77 Incision and excision of tissue in the perianal region | |
| 78 Surgical treatment of anal fistulas | |
| 79 Surgical treatment of haemorrhoids | |
| 80 Division of the anal sphincter (sphincterotomy) | |
| 81 Ultrasound guided aspirations | |
| Procedures on the digestive tract | |

| | |
|--|---|
| | 136 Tran urethral resection of bladder tumor |
| 108 Radical prostatovesiculectomy | 137 Suprapubic cystostomy |
| 109 Incision and excision of periprostatic tissue | Procedures of Respiratory System |
| Procedures on the scrotum & tunica vaginalis testis | 138 Brochosopic treatment of bleeding lesion |
| 110 Incision of the scrotum and tunica vaginalis testis | 139 Brochosopic treatment of fistula / stenting |
| 111 Operation on a testicular hydrocele | 140 Bronchoalveolar lavage & biopsy |
| 112 Excision and destruction of diseased scrotal tissue | 141 Direct Laryngoscopy with biopsy |
| 113 Plastic reconstruction of the scrotum and tunica vaginalis testis | 142 Therapeutic Pleural Tapping |
| Procedures on the testes | Procedures of Heart and Blood vessels |
| 114 Incision of the testes | 143 Coronary angiography (CAG) |
| 115 Excision and destruction of diseased tissue of the testes | 144 Coronary Angioplasty (PTCA) |
| 116 Orchidectomy- Unilateral / Bilateral | 145 Insertion of filter in inferior vena cava |
| 117 Orchidopexy | 146 TIPS procedure for portal hypertension |
| 118 Abdominal exploration in cryptorchidism | 147 Blood transfusion for recipient |
| 119 Surgical repositioning of an abdominal testis | 148 Therapeutic Phlebotomy |
| 120 Reconstruction of the testis | 149 Pericardiocentesis |
| 121 Implantation, exchange and removal of a testicular prosthesis | 150 Insertion of gel foam in artery or vein |
| Procedures on the spermatic cord, epididymis and Ductus Deferans | 151 Carotid angioplasty |
| 122 Surgical treatment of a varicocele and hydrocele of spermatic cord | 152 Renal angioplasty |
| 123 Excision in the area of the epididymis | 153 Varicose vein stripping or ligation |
| 124 Epididymectomy | OTHER PROCEDURES |
| 125 Reconstruction of the spermatic cord | 154 Radiotherapy for Cancer |
| 126 Reconstruction of the ductus deferens and epididymis | 155 Cancer Chemotherapy |
| Procedures on the penis | 156 True cut Biopsy |
| 127 Procedures on the foreskin | 157 Endoscopic Foreign Body Removal |
| 128 Local excision and destruction of diseased tissue of the penis | 158 Vaccination / Inoculation - Post Dog bite or Snake bite |
| 129 Amputation of the penis | 159 Endoscopic placement/removal of stents |
| 130 Plastic reconstruction of the penis | 160 Tumor embolisation |
| Procedures on the urinary system | 161 Aspiration of an internal abscess under ultrasound guidance |
| 131 Cystoscopical removal of stones | |
| 132 Lithotripsy | |
| 133 Haemodialysis | |
| 134 PCNS (Percutaneous nephrostomy) | |
| 135 PCNL (Percutaneous Nephro-Lithotomy) | |

Annexure - A

List I – List of non-payable Items

| Sl. No | Item |
|--------|--|
| 1 | BABY FOOD |
| 2 | BABY UTILITIES CHARGES |
| 3 | BEAUTY SERVICES |
| 4 | BELTS/ BRACES |
| 5 | BUDS |
| 6 | COLD PACK/HOT PACK |
| 7 | CARRY BAGS |
| 8 | EMAIL / INTERNET CHARGES |
| 9 | FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL) |
| 10 | LEGGINGS |
| 11 | LAUNDRY CHARGES |
| 12 | MINERAL WATER |
| 13 | SANITARY PAD |
| 14 | TELEPHONE CHARGES |
| 15 | GUEST SERVICES |
| 16 | CREPE BANDAGE |
| 17 | DIAPER OF ANY TYPE |
| 18 | EYELET COLLAR |
| 19 | SLINGS |
| 20 | BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES |
| 21 | SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED |
| 22 | Television Charges |
| 23 | SURCHARGES |
| 24 | ATTENDANT CHARGES |
| 25 | EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE) |
| 26 | BIRTH CERTIFICATE |
| 27 | CERTIFICATE CHARGES |
| 28 | COURIER CHARGES |
| 29 | CONVEYANCE CHARGES |
| 30 | MEDICAL CERTIFICATE |
| 31 | MEDICAL RECORDS |
| 32 | PHOTOCOPIES CHARGES |
| 33 | MORTUARY CHARGES |
| 34 | WALKING AIDS CHARGES |
| 35 | OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL) |
| 36 | SPACER |
| 37 | SPIROMETRE |
| 38 | NEBULIZER KIT |
| 39 | STEAM INHALER |
| 40 | ARMSLING |
| 41 | THERMOMETER |
| 42 | CERVICAL COLLAR |
| 43 | SPLINT |
| 44 | DIABETIC FOOT WEAR |
| 45 | KNEE BRACES (LONG/ SHORT/ HINGED) |
| 46 | KNEE IMMOBILIZER/SHOULDER IMMOBILIZER |
| 47 | LUMBO SACRAL BELT |
| 48 | NIMBUS BED OR WATER OR AIR BED CHARGES |
| 49 | AMBULANCE COLLAR |
| 50 | AMBULANCE EQUIPMENT |
| 51 | ABDOMINAL BINDER |
| 52 | PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES |
| 53 | SUGAR FREE Tablets |
| 54 | CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable) |
| 55 | ECG ELECTRODES |
| 56 | GLOVES |
| 57 | NEBULISATION KIT |
| 58 | ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC] |

List II – Items that are to be subsumed into Room Charges

| Sl No. | Item |
|--------|---|
| 1 | BABY CHARGES (UNLESS SPECIFIED/INDICATED) |
| 2 | HAND WASH |
| 3 | SHOE COVER |
| 4 | CAPS |

| | |
|----|---|
| 5 | CRADLE CHARGES |
| 6 | COMB |
| 7 | EAU-DE-COLOGNE / ROOM FRESHNERS |
| 8 | FOOT COVER |
| 9 | GOWN |
| 10 | SLIPPERS |
| 11 | TISSUE PAPER |
| 12 | TOOTH PASTE |
| 13 | TOOTH BRUSH |
| 14 | BED PAN |
| 15 | FACE MASK |
| 16 | FLEXI MASK |
| 17 | HAND HOLDER |
| 18 | SPUTUM CUP |
| 19 | DISINFECTANT LOTIONS |
| 20 | LUXURY TAX |
| 21 | HVAC |
| 22 | HOUSE KEEPING CHARGES |
| 23 | AIR CONDITIONER CHARGES |
| 24 | IM IV INJECTION CHARGES |
| 25 | CLEAN SHEET |
| 26 | BLANKET/WARMER BLANKET |
| 27 | ADMISSION KIT |
| 28 | DIABETIC CHART CHARGES |
| 29 | DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES |
| 30 | DISCHARGE PROCEDURE CHARGES |
| 31 | DAILY CHART CHARGES |
| 32 | ENTRANCE PASS / VISITORS PASS CHARGES |
| 33 | EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE |
| 34 | FILE OPENING CHARGES |
| 35 | INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED) |
| 36 | PATIENT IDENTIFICATION BAND / NAME TAG |
| 37 | PULSEOXYMETER CHARGES |

List III – Items that are to be subsumed into Procedure Charges

| Sl No. | Item |
|--------|--|
| 1 | HAIR REMOVAL CREAM |
| 2 | DISPOSABLES RAZORS CHARGES (for site preparations) |
| 3 | EYE PAD |
| 4 | EYE SHEILD |
| 5 | CAMERA COVER |
| 6 | DVD, CD CHARGES |
| 7 | GAUSE SOFT |
| 8 | GAUZE |
| 9 | WARD AND THEATRE BOOKING CHARGES |
| 10 | ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS |
| 11 | MICROSCOPE COVER |
| 12 | SURGICAL BLADES, HARMONICSCALPEL,SHAVER |
| 13 | SURGICAL DRILL |
| 14 | EYE KIT |
| 15 | EYE DRAPE |
| 16 | X-RAY FILM |
| 17 | BOYLES APPARATUS CHARGES |
| 18 | COTTON |
| 19 | COTTON BANDAGE |
| 20 | SURGICAL TAPE |
| 21 | APRON |
| 22 | TORNIQUET |
| 23 | ORTHOBUNDLE, GYNAEC BUNDLE |

List IV – Items that are to be subsumed into costs of treatment

| Sl No. | Item |
|--------|--|
| 1 | ADMISSION/REGISTRATION CHARGES |
| 2 | HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE |
| 3 | URINE CONTAINER |

| | |
|----|--|
| 4 | BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES |
| 5 | BIPAP MACHINE |
| 6 | CPAP/ CAPD EQUIPMENTS |
| 7 | INFUSION PUMP- COST |
| 8 | HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC |
| 9 | NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES |
| 10 | HIV KIT |
| 11 | ANTISEPTIC MOUTHWASH |
| 12 | LOZENGES |
| 13 | MOUTH PAINT |
| 14 | VACCINATION CHARGES |
| 15 | ALCOHOL SWABES |
| 16 | SCRUB SOLUTION\STERILLIUM |
| 17 | Glucometer & Strips |
| 18 | URINE BAG |

IFFCO - TOKIO GENERAL INSURANCE CO. LTD

Regd. Office: IFFCO SADAN,C1 Distt Centre,Saket,New Delhi- 110017

Group Personal Accident - Policy Schedule**Cum Tax Invoice****ORIGINAL FOR RECIPIENT****UIN:-IRDAN106P0021V01200102 IRDA Reg No 106**Servicing Office:

4th Floor, Above Bandhan Bank,
Opp: T.T.D. Kalyana Mandapam,
M.V.P. Double Road,
Visakhapatnam-530017
State Code: 37, GSTIN: 37AAACI7573H1ZB
General Insurance Services : 997133

| | | | | | |
|------------------------------|--|---------------------------------|---|--------------------------|------------|
| Proposer: | INDIAN INSTITUTE OF MANAGEMENT VISAKHAPATNAM | | | Unique Invoice No..... : | |
| Address: | ANDHRA BANK SCHOOL OF BUSINESS BUILDING, ANDHRA UNIVERSITY CAMPUS, VISAKHAPATNAM GVMC (PART) Andhra Pradesh 530003 | | | Policy No..... : | 54F46146 |
| State Code/ Place of Supply: | 37 | Country Name: India | GSTIN: 37AAAAI9622D1ZT | Date of Issuance..... | 05/04/2023 |
| Phone Number: | | Agent No. 61000002 | Policy effective from 0001 hrs 01/04/2023 | | |
| | | Agent Name. 61 -DIRECT SBU CODE | | | |

To Midnight 31/03/2024

| | |
|------------------------------|----|
| Total Members Covered | 54 |
|------------------------------|----|

Co-Insurance Details

| Name | Type | % |
|------|------|---|
| | | |

| | CGST | SGST/UTGST | IGST | CESS |
|-----------|-------------|------------|-------|-------|
| Rate | 9.00 | 9.00 | 0.00 | 0.00 |
| Amount | | | ₹0.00 | ₹0.00 |
| Total Tax | Total Value | | | |

Whether GST is Payable on Reverse Charge Basis - No

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

The issuance of this Insurance Policy is subject to satisfactory verification of KYC documentation of the Client / Policyholder as per IRDAI Master Circular dated 1st August 2022 on AML / CFT. In case, if any discrepancy is found in KYC Verification of the Client / Policyholder, it is agreed by the Client / Policyholder to complete / rectify the discrepancy found in the KYC documents /information for the generation of CKYC Number, failing which the policy will be considered ineffective / suspended / cancelled and no claim will be payable under this Insurance Policy.

Group Personal Accident Insurance (UIN : IRDAN106P0021V01200102)

Attaching to and forming part of Policy Number 54F46146

'Show Signature Properties'-->Click on 'Show signer's Certificate'-->Go to Tab 'Trust'-->Click on 'Add to

| Policy Conditions/ Extensions/ Endorsements | |
|---|--------------------------|
| Group Composition: | Employee of the Insured |
| Basis of Policy | Named Cover |
| Total Sum Insured | |
| Details of Members | As per attached annexure |

| Coverages |
|--|
| <p>*This policy is on Named basis.</p> <p>-</p> <p>*Terrorism covered under the policy.</p> <p>-</p> <p>*Day 1 cover for new Joinees is allowed subject to receipt of premium / sufficient CD balance as on effective date of cover and declaration by 15th of every succeeding month.</p> <p>-</p> <p>*Refund of premium on account of Mid -term Deletion of Members is allowed from the date of separation subject to receipt of intimation by 15th day of every succeeding month failing which refund will be calculated from the date of submission of intimation to ITGI. No refund is allowed in case of claim preferred on ITGI.</p> <p>-</p> <p>Communicable Disease Exclusion Clause: - Losses or damages caused directly or indirectly due to any infectious or contagious disease, pandemic /epidemics as declared by WHO and / or Government of India will be an exclusion under this policy as per the attached clause.</p> <p>-</p> <p>Terrorism is covered under the policy subject to maximum AOA : AOY limit of Rs 10 crs or the policy sum insured which ever is lower per policy period . However terrorism activity arising out of nuclear, biological and/or chemical means is excluded from the scope of coverage of this policy</p> <p>-</p> <p>Temporary Total Disablement-with weekly benefits @ 1% of TableC SI per individual or 5000 whichever is less per week upto maximum of 104 weeks.</p> <p>-</p> <p>It is warranted that all the proposed employees falls under Normal Risk categories only and not under Heavy Risk and Very Heavy Risk Category (Occupations like Motor Drivers, persons dealing in hazardous goods, machine operator etc., People working in underground mines, explosive factories,</p> |

circus personnel, people engaged in dangerous sports etc).

-

Mid-term enhancement of SI due to any reason will not be allowed unless specifically approved by the insurance company

-

Table 'B' and 'C' Normal Risk

-

Descriptive list of Employees and SI to be obtained and the same should be duly recorded in policy documents

-

All conditions, exclusions except as mentioned/waived above as per ITGI's Standard Group Personal Accident Policy

Corporate Identity No (CIN) U74899DL2000PLC107621

Toll Free : 1-800-103-5499 ; Other : (0124) 428-5499 ; SMS "claim" to 56161

Policy Issuing Office: Delhi

Consolidated Stamp Duty deposited as per the order of Government of National Capital Territory of Delhi

Group Personal Accident Insurance Policy Wordings

This POLICY is evidence of the contract between YOU and US. The proposal form along with any written statement(s) declaration(s) of YOURS for purpose of this POLICY forms part of this contract.

This POLICY witnesses that in consideration of YOUR having paid the premium for the period stated in the schedule or for any further period for which WE may accept the payment for renewal of this policy. WE will insure the Insured Person(s) and accordingly WE will pay to YOU or YOUR legal personal representative(s) as the case may be in respect of events occurring during the period of insurance in the manner and to the extent set-forth in the policy including endorsements provided that all the terms, conditions, provisions, and exceptions of this policy in so far as they relate to anything to be done or complied with by YOU have been met.

The Schedule shall form part of this POLICY and the term 'POLICY' whenever used shall be read as including the Schedule.

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.

The POLICY is based on information which have been given to US about Insured Person(s) pertaining to risk insured under the policy and the truth of these information shall be condition precedent to YOUR right to recover under this POLICY.

Definition of Words:

1. Proposal

It means any signed proposal by filling up the questionnaires and declarations written statements and any information in addition thereto supplied to US by YOU.

2. Policy

It means the policy booklet, the Schedule and any applicable endorsement or memoranda. The policy contains details of the extent of cover available to insured person (s), what is excluded from the cover and the conditions on which the policy is issued.

3. Schedule

It means latest Schedule issued by US as part of the policy. It provides details of the insured person(s), which are in force and the level of cover Insured Person(s) have.

4. Capital Sum Insured

It means the monetary amount shown against Insured Person.

5. We/Our/Us

It means IFFCO-TOKIO GENERAL INSURANCE COMPANY LIMITED.

6. You/Your

It means the person(s) named as Insured in the Schedule.

7. Insured Person:

The person named as Insured person(s) in the Schedule lodged with US by YOU which will include YOU, YOUR family inclusive of dependent parents, blood relatives i.e. dependent brothers, sisters.

8. Period of Insurance

It means the duration of this policy as shown in the Schedule.

9. Standard Type of Aircraft

It means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline or whether such an aircraft has a single engine or multiengine.

10. Injury

It 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.

11. Accident

It means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

12. Air Accident

It shall mean an accident while the Insured Person is on board the standard type of Aircraft and the Aircraft meets with an accident causing injury to Insured Person.

13. Loss of Limbs

It shall mean physical separation of one or both hands or feet or permanent and total loss of use of one or both hands or feet.

14. Physical Separation

It shall mean separation at or above the wrist and/or of the foot at or above the ankle respectively.

15. Permanent Total Disablement

The bodily injury, which as its direct consequence immediately and/or in foreseeable future, will permanently, totally and absolutely prevent Insured Person from engaging in any kind of occupation.

16. Temporary Total Disablement

The bodily injury which as its direct consequence will prevent the Insured Person from engaging in all types of the occupation or any employment whatsoever for a period not exceeding 104 weeks since the date of injury to the time, Insured Person is fit enough to resume duty or engage in any kind of occupation as certified by Medical practitioners.

17. Dependent child

It means a child (natural or legally adopted), who is financially dependent on the primary insured or proposer and does not have his/her independent sources of income.

18. Medical Practitioner

A 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 for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.

19. Reasonable and Customary Charges

It 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 injury involved.

20. Hospitalisation

It means admission in a Hospital for Inpatient Care for consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24(twenty four) consecutive hours.

21. Medical Expenses

It means those expenses that an Insured Person has/you have necessarily and actually incurred for medical treatment on account of 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.

22. Notification of Claim

It means the process of notifying a claim to us by specifying the timelines as well as the address / telephone number to which it should be notified.

23. Disclosure to information norm

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

24. Renewal

It means the terms on which the contract of insurance can be renewed on mutual consent.

25. Alternative treatments

It means forms of treatments other than treatment "Allopathic" or "modern medicine" and includes Ayurvedic, Unani, Sidha and Homeopathy in the Indian context.

26. Terrorism / Terrorist Incident

Means any actual or threatened use of force or violence directed at or causing damage, injury, harm or disruption, or the commission of an act

dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim(s) shall not be considered terrorist activity.

Terrorism shall also include any act, which is verified or recognized by the relevant Government as an act of Terrorism.

General Conditions:

1. Reasonable Precaution and Care of Property

YOU/Insured Person shall take all reasonable precautions to prevent injury, illness, disease or damage in order to minimize claims.

2. Notice

YOU will give every notice and communication in writing to OUR office through which this insurance is affected.

3. Misdescription

The Policy shall be void and all premium paid by YOU to US be forfeited in the event of misrepresentation or concealment of any material information.

4. Disclosure To Information Norm

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

5. Free Lookup Period

You will be allowed a period of at least 15 (fifteen) days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable stating the reasons therein for doing so.

a) If you have not made any claim during the free look period, then you shall be entitled to :

I. A refund of the premium paid less any expenses incurred by us

II. Where the risk has already commenced and the option of return of the policy is exercised by you, a deduction towards the proportionate risk premium for period on cover less any expenses incurred by us

III. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period less any expenses incurred by us on medical examination of the insured persons and the stamp duty charges.

6. Changes in Circumstances:

YOU must inform US, as soon as reasonably possible of any change in information YOU have provided to US about Insured person(s) which may affect the Insurance cover provided e.g. duty, business, occupation and obtain from US an endorsement to this effect.

7. Claim Procedure and Requirements

An event, which might become a claim under the policy, must be reported to US as soon as possible. In case of death, written notice also of death must, unless reasonable cause is shown, be given before interment/ cremation and in any case, within one calendar month after the death, and in the event of loss of sight or amputation of limbs, written notice thereof must also be given within one calendar month after such loss of sight or amputation. A written statement of the claim will be required and a claim form will be provided.

YOU or YOUR personal representative must give immediate written notice but within 14(fourteen) days of occurrence of injury, disease.

All certificates, information and evidence from a Medical Attendant or otherwise required by US shall be furnished by YOU, YOUR personal representative/assignee in the manner and form as WE may prescribe. In such claims YOUR legal representative, Nominee, beneficiary will allow OUR representative to carry out examination and ascertain details if and when WE may reasonably require and in the event of death get the post-mortem examination done in respect of body of Insured Person(s). In the event of claim in respect of loss of sight and loss of speech, the Insured person(s) shall undergo at YOUR expenses such operations or treatment as WE may reasonably deem desirable.

8. Fraud

If a claim is fraudulent in any respect or supported by any fraudulent statement or device with or without your knowledge, all benefit(s) under this Policy shall be forfeited.

9. Renewal

Renewal shall not be refused unless justified on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the insured, provided, however, that you apply for renewal and remit the requisite premium before the expiry of this policy.

10. Cancellation

a) We may cancel the policy on grounds of fraud, moral hazard or misrepresentation or non-cooperation by you by sending 30(thirty) days notice by registered post to your last known address. You will then be entitled to, except in case of fraud or illegality on your part, a pro-rata refund of premium for unexpired period of this policy in respect of such insured person(s) in respect for whom no claim has arisen.

b) You may cancel the policy by sending written notice to us under registered post. We will then allow a refund on following scale, except for those insured person(s) for whom claim has been preferred on us under the current policy:

| Period of Cover upto | Refund of Annual Premium rate(%) |
|----------------------|----------------------------------|
| 1(one) month | 75% (seventy five percent) |
| 3(three) months | 50% (fifty percent) |
| 6(six) months | 25% (twenty five percent) |
| Exceeding Six Months | NIL |

11. We will not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealings with or relating to this policy. Your receipt or receipt of Insured Person shall in all cases be an effective discharge to US.

12. Arbitration

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 the sole arbitrator to be appointed in writing by the parties to or if they cannot agree upon a single arbitrator within 30 (thirty) 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 two such arbitrators and 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 before provided, if we have disputed or not accepted liability under or in respect of this policy. It is understood, however, that the insured shall have the right at all times during currency of the policy to communicate only, with the leading or issuing office in all matters pertaining to this insurance.

13. Disclaimer Clause:

If WE shall disclaim OUR liability in any claim and such claim shall not have been made subject matter of suit in a court of law within 12(twelve) months from date of disclaimer, then the claim shall for all purpose be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.

14. No sum payable under this policy shall carry any interest/ penalty.

15. The geographical scope of this policy will be WORLDWIDE, however the claims shall be settled in India in Indian rupees. The provisions of this policy shall be governed by the laws of India for the time being in force. The parties hereto unconditionally submit to the jurisdiction of the courts in India.

16. Grievance or Complaint:

You may register a grievance or complaint by visiting our website www.itgi.co.in you may also contact the branches from where you have bought the policy or grievance officer who can be reached at our corporate office.

16. Withdrawal & Alteration of Policy Conditions:

The policy terms and conditions may undergo alteration as per the IRDA Regulation. However the same shall be duly notified to you at least three months prior to the date when such alteration or revision comes into effect by registered post at your last declared correspondence address. The timeliness for revision in terms and rates shall be as per the IRDA Regulation.

A product may be withdrawn with the prior approval of the Authority and information of withdrawal shall be given to you in advance as per the IRDA guidelines with details of options provided by us. If we do not receive your response on the intimation of withdrawal, the existing product

shall be withdrawn on the renewal date and you shall have to take a new policy available with us, subject to terms & conditions.

17. Sum Insured Enhancement:

In case of increase in Capital Sum Insured more than 10% (ten percent) of last year capital Sum Insured at the time of renewal, subject to underwriter's discretion.

18. Payment of premium:

The premium payable shall be paid in advance before commencement of risk. No receipt for premium shall be valid except on our official form signed by our duly authorized official. In similar way, no waiver of any terms, provision, conditions and endorsements of this policy shall be valid unless made in writing and signed by our authorized official.

19. Protection of Policy Holder's Interest :

in the event of a claim, if the same is found admissible under the policy, we shall make an offer of settlement or convey the rejection of the claim within 30(thirty) days of receipt of all relevant documents and investigation/ assessment report (if required). In case the claim is admitted, the claim proceeds shall be paid within 7(seven) days of your acceptance of our offer. In case of delay in payment, we shall be liable to pay interest at a rate which is 2.0% (two percent) above the bank rate prevalent at the beginning of financial year in which the claim is received by us.

PROVISIONS:

PROVIDED THAT ALL SUMS PAYABLE HEREUNDER SHALL BE PAYABLE :

- (i) In case of claim by death or permanent total disablement i.e. Benefit 1) to Benefit 4) of Table of Benefits only after deleting by an endorsement the name of Insured Person(s) in respect of whom such sums shall become payable without any refund of premium.
- (ii) In case of claim by permanent partial disablement i.e. Benefit 5) of Table of Benefits only after reduction by an endorsement of Capital Sum Insured by the amount admissible under the claim in respect of Insured person in respect of whom such sum shall become payable.
- (iii) In case of Temporary Total Disablement Benefit i.e. 6) of Table of Benefits only upon termination of such disablement in respect of Insured person for whom the claim has been lodged.

General Exclusions

WE will not pay for any compensation in respect of death, Injury or disablement of the Insured Person.

- 1. As consequence of war, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny military or usurped power, confiscation, seizure, capture, assault, restraint, nationalization, civil commotion or loot or pillage in connection herewith.
- 2. Directly or indirectly caused by contributed to by or arising from:
 - (a) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self sustaining process of nuclear fission.
 - b) (b) The radioactive, toxic, explosive or the hazardous properties of any nuclear assembly or nuclear component.

Coverage :

| WHAT IS COVERED | WHAT IS NOT COVERED |
|--|--|
| If following Bodily injury which solely and directly causes Insured Person to death or disablement within 12 months of injury as stated in Table of Benefits, WE shall pay to YOU or YOUR legal personal representative / assignee / nominee the sum or sums hereinafter set forth in Table of Benefits. | WE will not liable for 1. Compensation under more than one of the benefits mentioned in Table of Benefits in respect of same period of disablement. 2. Any other payment after a claim under one of the benefits 1,2,3 and 4 in Table of benefits has been admitted and becomes payable. |

3. Any payment in case of more than one claim under this section during any one period of Insurance by which OUR liability in that period would exceed sum payable under benefits(1) of this policy.

4. Payment of compensation in respect of injury as a consequence of

a) Committing or attempting suicide, intentional self-injury.

b) Whilst under influence of intoxicating liquor.

c) Drug addiction or alcoholism.

d) Whilst engaging in Aviation or Ballooning or whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as passenger (fare paying or otherwise) in any duly licensed standard type of aircraft.

e) Pregnancy or childbirth.

f) Venereal disease or insanity.

g) Contracting any illness directly or indirectly arising from or attributable to HIV and/or any HIV related illness including AIDS and /or any mutant derivative or variation of HIV or AIDS.

h) Committing any breach of law with criminal intent.

5. Terrorism / Terrorist Incident of whatsoever nature directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss.

| TABLE OF BENEFITS | % OF CAPITAL SUM INSURED |
|--|--|
| 1. Death | 100 |
| Table 2,3,4 - PTD - Permanent Total Disablement | |
| 2.a) Loss of sight (both eyes) | 100 |
| b) Loss of two limbs | 100 |
| c) Loss of one limb and one eye | 100 |
| 3.a) Loss of sight of one eye | 50 |
| b) Loss of one limb | 50 |
| 4. Permanent Total and absolute disablement | 100 |
| Table 5 - PPD - Permanent Partial Disablement | |
| 5.i) Loss of toes-all | 20 |
| ii) Great-both phalanges | 5 |
| iii) Great-one phalanx | 2 |
| iv) Other than great, if more than one toe lost-each | 1 |
| i) Loss of hearing " both ears | 50 |
| ii) Loss of hearing " one ear | 15 |
| c) Loss of Speech | 50 |
| d) Loss of four fingers and thumb of one hand | 40 |
| e) Loss of four fingers | 35 |
| f) Loss of thumb | 25 |
| i) Both phalanges | 10 |
| ii) One phalanx | |
| g) Loss of index finger | 10 |
| i) Three phalanges | 8 |
| ii) Two phalanges | 4 |
| iii) One phalanx | |
| h). Loss of middle finger | 6 |
| i) Three phalanges | 4 |
| ii) Two phalanges | 2 |
| iii) One phalanx | |
| i) Loss of ring finger | 5 |
| i) Three phalanges | 4 |
| ii) Two phalanges | 2 |
| ii) One phalanx | |
| j) Loss of little finger | 4 |
| i) Three phalanges | 3 |
| ii) Two phalanges | 2 |
| iii) One phalanx | |
| k) Loss of Metacarpals | 3 |
| i) First or second (additional) | 2 |
| ii) Third, fourth or fifth (additional) | |
| l) Any other permanent partial disablement | % as assessed by Doctor |
| 6. Temporary Total disablement benefit at the rate per week | 1% of Table C Sum Insured or Rs. 25,000 whichever is lower. |
| Table "A": Benefit 1, Table "B1": Benefit 1-4, Table "B": Benefit 1-5, Table "C": Benefit 1-6 | |
| Special Inbuilt Benefits under the Policy in addition to capital sum insured | |
| A. In the event of death of Insured Person outside his/her Home, transportation cost for carriage of dead body to Home including funeral charges is payable. | 2% of Capital Sum Insured or 2,500/- (Two thousand five hundred) whichever is lower. |
| B. Cost of Clothing damaged in the Accident as described above and liability is admitted by us. | Rs. 1000 (one thousand) per insured person any one accident or actual expenses whichever is lower. |
| C. Ambulance charges for transportation of Insured person to Hospital following | Rs. 1000 (one thousand) per insured person any |

| | |
|--|--|
| Accident which result in liability having been admitted by us as per 1 to 6 of Table of Benefits. | one accident or actual expenses whichever is lower. |
| <p>D. Education Fund:</p> <p>In the event of death, permanent total disablement i.e. 1 to 4 of Table of Benefit of Insured person, We will approve compensation towards Education Fund for dependent children as below</p> <p>a) For one child upto the age of 23 yrs.</p> <p>b) For more than one children upto the age of 23 yrs.</p> | <p>10% (Ten percent) of C.S.I Subject to a maximum of Rs. 5000/-</p> <p>10% (Ten percent) of C.S.I Subject to a maximum of Rs. 10000/-</p> |
| E. Loss of Employment: In the event of accident leading to loss of employment as a consequence of 2,3 and 4 of table of benefits. | Rs. 15000 or 1% of CSI whichever is lower. |