

Ref: IRDAI/HLT/REG/CIR/194/07/2020

22nd July, 2020

All Insurers (excluding specialized insurers) and TPAs, wherever applicable

Sub: Consolidated Guidelines on Product filing in Health Insurance Business

1. Objective:

- 1.1 The extant IRDAI (Health Insurance) Regulations 2016 were notified on 18th July, 2016 superseding IRDA (Health Insurance) Regulations 2013.
- 1.2 The Guidelines on Product Filing in Health Insurance Business were issued on 29th July, 2016.
- 1.3 Subsequently modification Guidelines have been issued from time to time amending aforementioned Guidelines. Further, some new Guidelines/Circulars have been issued under the provisions of the Insurance Act, 1938 and IRDAI (Health Insurance) Regulations 2016.
- 1.4 In consolidation of all the Guidelines/Circulars issued up to 31st March, 2020 and in force as on date, this Consolidated Guidelines on Product filing in Health Insurance Business is issued.

2. Applicability:

- 2.1 These Consolidated Guidelines are applicable to all insurers (excluding specialized insurers) and the TPAs wherever applicable unless otherwise specified thereunder.

3. Legal and other provisions:

- 3.1 These Consolidated Guidelines are issued under the provisions of Section 34(1) of the Insurance Act, 1938, Regulation 2(i)(o), 2(i)(g), 17(iv) and Clause 16 of Schedule I of IRDAI (Health Insurance) Regulations 2016.

Sy. No. 115/1, Financial District, Nanakramguda, Gachibowli, Hyderabad – 500032

Phone: 040 20204000

Web: www.irdai.gov.in

4. Repeal and Savings:

4.1 These Consolidated Guidelines supersede the following Guidelines/Circulars:

Sl. No.	Circular Reference	Description
1.	IRDA/HLT/REG/CIR/150/07/2016 dated 29.07.2016	Guidelines on Product Filing in Health Insurance Business
2.	IRDA/HLT/REG/CIR/005/01/2017 dated 10.01.2017	Clarifications in respect of the provisions of IRDAI (Health Insurance) Regulations 2016 and Guidelines on Product Filing in Health Insurance
3.	IRDA/HLT/REG/CIR/064/03/2017 dated 24.03.2017	Modification in premium rates due to revised Commission/Remuneration Structure and introduction of Reward System
4.	IRDA/HLT/MISC/CIR/128/08/2018 dated 16.08.2018	The Mental Healthcare Act, 2017
5.	IRDA/HLT/MISC/CIR/169/10/2018 dated 08.10.2018	The Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and control) Act 2017
6.	IRDA/HLT/CIR/MISC/151/09/2019 dated 20.09.2019	Guidelines on Filing of Minor Modifications in the approved Individual Insurance Products offered by General and Stand Alone Health Insurers on Certification Basis.
7.	IRDAI/HLT/CIR/MISC/174/09/2019 dated 27.09.2019	Circular on Travel Insurance Products and operational matters
8.	IRDAI/HLT/REG/CIR/175/09/2019 dated 27.09.2019	Modification Guidelines on Product Filing in Health Insurance Business & MODIFICATION OF EXISTING HEALTH INSURANCE PRODUCTS
9.	IRDAI/HLT/REG/CIR/003/01/2020 dated 01.01.2020	Guidelines on Migration and Portability of health insurance policies

5. Effective date :

These Consolidated Guidelines shall come into force with immediate effect.


D V S Ramesh
General Manager (Health)

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CHAPTER I: PRELIMINARY

1. These Guidelines are to be read in conjunction with the relevant provisions of the Health Insurance Regulations, 2016.
2. **Definitions:**
 - a) The words or expressions used herein and defined in the Insurance Act, 1938 and Amendments thereon, the Insurance Regulatory and Development Authority Act, 1999 and the Regulations notified thereunder shall have the same meaning as assigned to them in those Acts.
 - b) For the purpose of these guidelines certain terms shall have the meaning assigned as per glossary in Schedule-I unless otherwise specified or the context otherwise requires.

3. **Filing Process:**

While insurers shall follow the procedure and documentation specified herein for '*File and Use*' and '*Use and File*' and use the Application Formats specified in these Guidelines, they shall ensure that internal verification is independently carried out by their compliance Department and file the certifications prescribed under these Guidelines with IRDAI.

CHAPTER II: GENERAL PROVISIONS

1. Board approved Underwriting Policy:

- a) Every Insurer must file its Board approved Underwriting Policy for Health Insurance Business giving details for Health, Personal Accident and Travel, as may be applicable.
- b) The Insurer shall ensure that the Underwriting Policy reflects its underwriting philosophy.
- c) The Insurer shall also ensure that product design, rating, terms and conditions of cover and underwriting are at all times consistent with the Board approved underwriting policy.
- d) Any changes in the underwriting policy shall be approved by the Board recording the reasons for the change and the same shall be submitted to IRDAI within 30 days from the date of such approval.
- e) It must be ensured that the impact of such changes on the existing products is taken care of. If such impact warrants a change in the existing products, the insurer may decide to withdraw or file such products duly modified.

Explanation: *In respect of General Insurers and Life Insurers, where the Underwriting Policy approved by the Board is in respect of all lines of business, it shall consider the above factors while detailing the underwriting policy for Health Insurance Business.*

2. Role of Product Management Committee (PMC) (Not applicable to Life Insurers):

In terms of IRDAI 'Guidelines on Product Filing Procedures for General Insurance Products' ref. no. IRDAI/NL/GDL/F&U/030/02/2016 dated 18th February, 2016, every general insurer (other than stand-alone health insurers) shall have to set up the Product Management Committee (PMC) as stipulated and carry on the role prescribed. In respect of products falling under Health Insurance Business, the PMC shall also assume the additional role as stipulated hereunder. As far as stand-alone health insurers are concerned, they shall also set up a Product Management Committee (PMC) in accordance with the norms specified in the Circular dated 18th February, 2016 referred above.

In addition to the functions specified in the above referred Circular dated 18th February, 2016, the PMC shall carry out the following functions in so far as Health Insurance Business is concerned:

- i. The Committee shall put in place a Product Management Policy (in line with the Underwriting Policy) for Health Insurance Business. The within referred policy shall, *inter alia*, include aspects of reviewing products to avoid duplication or having multiple number of similar products; annual plans at the beginning of

- each financial year for filing of new products and modification of existing products; launching of products cleared under the File and Use procedure/ Use and File procedure as stipulated in these Guidelines; designing and filing of pilot products, if any and any other matter relating to product design and performance.
- ii. PMC shall carry out a due diligence process and record its concurrence/sign off on various product related risks for all product filings under File and Use, including Pilot products, if any, before any application for an insurance product is sent to IRDAI for approval under the File and Use procedure.
 - iii. As far as products under the Use and File category are concerned, subject to the norms specified under these Guidelines, these shall be approved by the PMC which shall ensure that the products comply with the various stipulations relating to products enunciated in the various applicable provisions of law, rules, regulations, guidelines and other applicable regulatory framework including the Use and File procedure stipulated by IRDAI from time to time.
 - iv. The Board of the insurer may, however, delegate the day-to-day responsibilities relating to product designing, responding to IRDAI's queries etc. to any of the Key Persons of the Company in accordance to the provisions of Annexure – 4 Guidelines for Corporate Governance for Insurers in India Ref No. IRDA/F&A/GDL/CG/100/05/2016 dated 18th May, 2016.
 - v. The Committee shall hold its meetings at least once in a Quarter.
 - vi. The minutes of the meetings of the PMC shall be maintained for a minimum period of five years and the Authority reserves the right to call for the minutes of meetings of the PMC at any time.

3. The Proposal Form:

(I) The following are hereby prescribed in respect of the Proposal Form used for individual health insurance products offered by all Insurers:

- a) Insurers shall ensure that every Proposal Form used for any of their health insurance products is filed and approved under these guidelines.
- b) Every Insurer shall file the proposal form(s) by giving a Unique Reference Number to each. Insurers may use the same proposal form approved by the Authority under these guidelines for any number of products by duly mentioning the Unique Reference Number of the said Proposal Form in the relevant File and Use Form. It would not be necessary to file the form each time.
Explanatory Note: The Unique Reference Number referred herein shall be allotted by the Insurer and it shall be Proposal Form specific Unique Reference Number.
- c) Where any changes are required to be effected to suit the product or underwriting requirements etc., Insurer shall file such specific Proposal Form either while filing such product or separately and the same shall be given another Unique Reference Number.

- d) Insurers shall maintain a record of the Unique Reference Number allotted to each proposal form and the products for which the said proposal form is used.
- e) Every proposal form used along with the unique reference number and the name of the product for which the form is used shall be disclosed in the respective websites of the Insurers.
- f) There shall be a provision to capture the declarations or confirmation by Insurance Agent or the Intermediary explaining the product suitability to the prospect as well as the prospect's or policyholder's declaration or confirmation with regard to the understanding of the features. Where the proposer is illiterate or signs in a language different from that of the language of the proposal form, there shall be a provision which states that the details are explained to the proposer along with the signature of such person who has explained and the thumb impression / signature of the proposer.
- g) Where the policies are procured in electronic form, there shall be a procedure to elicit and capture the information required to underwrite the policy. The information captured under the electronic form shall be made available to the customer or the prospect as per extant Regulations or Circulars or Guidelines issued by the Authority, as applicable, in this regard.
- h) No Insurer shall, as part of the proposal form, call for or capture any personal information relating to the policyholder that is not relevant for considering the proposal for granting insurance sought or servicing of claim under such policy.
- i) No Insurer shall share any data pertaining to the policyholders collected as part of the proposal form with any third party except to any Government or statutory authority or as may be directed by the Authority or as per any regulatory framework put in place by the Authority.
- j) The standard declarations in the proposal form shall be:
 - 1. I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorized to propose on behalf of these other persons.
 - 2. I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved

underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable.

3. I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company.
4. I declare that I consent to the company seeking medical information from any doctor or hospital who/which at anytime has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured /proposer has been made for the purpose of underwriting the proposal and/or claim settlement.
5. I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.”

(II) Norms for Proposal Forms for Group Health Insurance Products offered by General and Health Insurers:

- i. Every proposal form used for Group Health Insurance Products shall carry a Unique Reference Number allotted by the Insurers.
- ii. The Unique Reference Number allotted shall be mentioned in the said proposal forms.
- iii. Insurers shall comply with Clause (3) (I) (d), Clause (3) (I) (e), Clause (3) (I) (i) and Clause (3) (I) (j) referred above. Insurers shall put in place procedures to collect the information relating to the Group from the Group Organizer or the Master Policyholder in the concerned proposal form/form for members as may be the case.

(III) The norms specified under this chapter shall be applicable to all the Individual Products filed under File and Use norms and Group Insurance Products launched under Use and File.

(IV) Notwithstanding what is stated in these Guidelines, every proposal form shall comply with all other applicable provisions of Rules and/or Regulations.

4. **Designing of products:** All Insurers shall put in place procedures to comply with the following norms while designing products.
 - i. Every product shall comply with the provisions of Insurance Act, 1938, IRDAI (Health Insurance) Regulations, 2016 and all other applicable regulations and guidelines notified by the Authority. The terms and conditions of the contract shall also be in compliance with other applicable laws, if any, including the following:
 - a. The Mental Healthcare Act, 2017 has come into force w.e.f 29th May, 2018. As per Sec 21(4) of the said Act, every insurer shall make provision for medical insurance for treatment of mental illness on the same basis as is available for treatment of physical illness. Insurers shall comply with the relevant provisions of this Act without fail.
 - b. The Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Act 2017 has come into force w.e.f 10th September 2018. As per Sec 3(j) of the said Act, No person shall discriminate against the protected person on any ground including the following, namely, the denial of, or unfair treatment in, the provision of insurance unless supported by actuarial studies. Insurers shall comply with the relevant provisions of this Act without fail.
 - ii. The design shall be based on sound and prudent principles.
 - iii. The endeavour shall be that the product meets the broad insurance needs of the targeted market segment, the pricing is fair to the customers and the product is viable and self-sustainable for the Insurer.
 - iv. Pricing shall be based on appropriate and reliable data. The reasonableness of the pricing arrived at shall be presented to the PMC by the Appointed Actuary with regard to the financial sustainability and viability of the product as to the rates, loadings, guarantees and discounts, and the accuracy of the assumptions underlying the pricing model adopted.
 - v. While designing the product, following shall be documented and submitted to the PMC:
 - a. complete pricing details including the methodology adopted to arrive at the premium, together with the data sources utilized;
 - b. assumptions made shall include the expected claim frequency and claim severities across age bands, expected expenses, lapse rates etc;
 - c. specific loadings, if any, allowed;
 - d. the profit margin at various model points or the expected loss ratios and the expected combined ratios at various model points across the entire portfolio;
 - e. the underwriting capacity required for the product and the actual capacity available with the insurer;
 - f. the retention capacity to manage the business

- g. internal capacity building measures, if any, required to offer the proposed product
 - h. any other relevant metric for the product proposed.
- vi. Applications for revision of premium rates shall also be submitted to PMC before filing with the Authority for approval under the Product Filing Guidelines and *inter alia*, shall encompass
 - a. the justification for the revision in price;
 - b. the claims experience of the immediate three preceding years compared to the expected experience duly explaining the variations, and the experience of any similar product.
 - c. the expected claims experience, the underlying assumptions of the proposed pricing along with an analysis of how the proposed pricing would address the adversities experienced sustainably.
- vii. Insurers may endeavour to recognize, for the purpose of rating, early entry into health insurance policies and also recognize early entry at the time of migration and porting.
- viii. The policy wordings must be simple using plain language that is easily understandable to the targeted market segment. All the sections of the policy must be placed logically and sequentially. There shall be consistency in the presentation of the terms and conditions in terms of language and facts, across all the sections of the policy contract.
- ix. Insurers shall endeavour to use the same terminology across all their products in the description of the terms and conditions or the benefits. In order that a policy contract is policyholder friendly and easily understandable, Insurers shall endeavour to avoid repetition of the terms and conditions at various sections, and shall provide cross reference wherever necessary. Insurers shall endeavour to classify various terms and conditions of the policy contract into various Sections and shall ensure that all the clauses related to that specific section are exclusively mentioned in that relevant section only.
- x. Standard definitions and nomenclatures wherever applicable shall be mentioned as prescribed in the Guidelines on Standardization in Health Insurance as amended from time to time.
- xi. The font size of the policy wordings should at least be equivalent to size 7 of Times New Roman.
- xii. Norms on Nomenclature of Products:
 - a. The name given to a product shall be one that is appropriate for the coverage being offered.
 - b. No Insurer shall name a product with the same name that is already marketed by any other Insurer. If at any point of time it is observed that same name is used by more than one insurer, the Authority reserves the right to direct the Insurer/s to change the name of the subsequent product/s filed or launched as the case may be.
 - c. Insurers shall use the same name as filed with the Authority whether it is under the File and Use or Use and File procedure.

- d. Insurers may, however, forward an application for changing the name of a product, if they so desire. On examining such request/s the Authority may consider the same, in which case, such revised name shall be used prospectively only.
 - e. The names of the products must not reflect terms or phrases that exaggerate the underlying benefits or coverage of any health insurance policy or imply guarantees or guaranteed claim payments. Names of Health Care providers shall not be reflected as part of the product name.
- xiii. Norms on Product Disclosures:
 - a. All products that are offered shall be disclosed in the websites of the respective insurers along with the approved name, UIN, premium rates charged (exclusive of taxes) for all ages, along with the date of launching of the product. Insurers shall separately mention the extant taxes applicable.
 - b. Every Insurer shall disclose the terms and conditions of the policies and their prospectus as filed with the Authority in their website.
- xiv. Norms for Prevention of Frauds:
 - a. In addition to complying with the extant regulatory framework put in place by the Authority for prevention of frauds, all Insurers, while designing products shall also examine, identify and put in place necessary and relevant systems to prevent and detect potential frauds.
- xv. Any revision or modification including a revision in the price of a policy which is approved by the Authority shall be notified to policyholders at least ninety days prior to the date when such revision or modification comes into effect. The notice shall set out the revisions or modifications affected, and the changes in premium, if any. The possibility of a revision or modification of the terms of the policy including the premium must be disclosed in the prospectus and policy wordings.
- xvi. Every Health Insurance product shall cover all Pre Existing Diseases disclosed by the persons to be insured immediately after the expiry of the forty-eight months waiting period or such lower period as stipulated in the product.
- xvii. Where Insurers allow lower waiting period for the Pre Existing Diseases (PEDs) (say 12 months or 24 months or 36 months), in the event of withdrawal of the said product, the existing Insurer shall give credit to the accrued waiting period benefits of PEDs gained under the withdrawn product and allow coverage on any of the health products available in his product portfolio with no additional waiting period beyond the chosen PED period of the withdrawn product. However, in case of portability, the new insurer may impose only the unexpired / residual waiting period not exceeding 48 months from the date of first issuance of porting out policy.

(Note: In respect of all existing health insurance products(both Individual and Group) (other than PA and Travel) offered by General and Health Insurers, which are not in compliance with the norms specified at xvi and xvii above, shall not be offered and promoted from 01st October, 2020 onwards.)

5. The Prospectus:

In addition to the disclosure requirements stipulated in various provisions of the Health Insurance regulations 2016, IRDA (Insurance Advertisement and Disclosure) Regulations, 2000, Rules and Guidelines / Circulars as amended from time to time, the Prospectus shall mandatorily contain all information regarding:

- i. Disclosures about the terms and conditions of policy renewal including the possibility of modification of the policy in future
- ii. Coverage and premium applicable as per the age progression
- iii. Whether renewal premium would be guaranteed or subject to revision;
- iv. Disclosure of the maximum age up to when the renewal would be available, if product is offered to specified age groups.
- v. Options available to migrate to other policies in case of closure or withdrawal of products.
- vi. Any changes in the scope of the cover after certain duration of the policy or after a certain age- such as including but not limited to coverage for pre-existing diseases;
- vii. Factors, on the basis of which premium, if at all, could be loaded (or discounts offered, if any, could be withdrawn) by the insurer and also the extent to which it could be done;
- viii. Procedure and terms and conditions, if any, for enhancing the Sum Insured or scope of cover
- ix. Exclusions and Conditions including Cancellation Condition/s.

6. Customer Information Sheet:

Every product shall be accompanied by a Customer Information Sheet as per the format prescribed in Schedule – II of these Guidelines.

7. Responsibility for compliance:

- i) For every product filed with the Authority, the Insurer shall furnish a detailed self-check list cum certification in the prescribed format (FORM – IRDAI-HLT-CLC) (Annexure – 7) duly certified by the Chief Compliance Officer who shall ensure that the terms and conditions of the product are compliant with the provisions of the Regulations and Guidelines issued by IRDAI from time to time.
- ii) The onus of ensuring correctness of the details in various documents (policy, prospectus, proposal form etc.) vis-à-vis another lies with the Insurer.

8. IRDAI's right to examine or issue directions:

If, at any time, it appears to IRDAI that a product being sold by an insurer is not appropriate for any reason or does not carry rates, terms and conditions that are fair between the parties or the documents used with the product are in any way questionable, notwithstanding the fact that IRDAI may have had no subsisting

queries in respect of that product when it was originally filed, it may express its concerns and call upon the insurer to answer the concerns of IRDAI with regard to that product, within the time frame specified by IRDAI. If the insurer is not able to satisfy IRDAI in the matter, IRDAI may require the insurer to suspend the sale of that product until it is modified in a manner acceptable to IRDAI or withdraw the product from the market. Where a product is withdrawn from the market under this provision, the insurer shall not use the same brand name for any other product.

9. Unique Identification Number:

(i) Every product launched either under File and Use or under Use and File shall have a subsisting Product UIN issued by the Authority. The UIN of the product shall be disclosed in all the product documents like prospectus, policy wordings and CIS. UIN issued by the Authority shall not be altered or modified by the Insurer. At any given point of time, one product shall carry one UIN (ii) Where any modification is effected such modified product shall carry the modified UIN issued by the Authority.

10. Product Performance Review:

The PMC shall assess the performance of every product at least after the expiry of three financial years from the date of launch. The review of the product performance shall, *inter alia*, cover;

- a. The viability of the product.
- b. The assumptions made at the time of launching the product vis-à-vis the actual experience in terms of business volume, Incurred Claims Ratio, Combined Loss Ratio and others.

11. Modification in premium rates due to Revised Commission/Remuneration Structure and introduction of Reward System

1. The IRDAI (Payment of Commission or Remuneration or Reward to Insurance Agents and Insurance Intermediaries) Regulations 2016 came into force with effect from 1st April, 2017. The Regulations bring about certain revisions in commission/remuneration rates and also introduce the reward system. These may trigger insurers to revisit the pricing of their products in so far as the costing input relating to commission/remuneration is concerned. In this backdrop, the general insurers and health insurers who wish to revise the pricing of their health insurance products as a result of the new regulations, may do so without having to file a modification to the product under the Product Filing Guidelines subject to the following:

- I. The change in premium rates being limited to +/- 5% of the existing premium rates of products/add-ons.
- II. There being no change in any other parameter of the premium basis. In other words, the price change would be limited to the aspect of change

in commission/remuneration including reward system, because of the new regulations.

2. Insurers shall submit the following documents wherever price is being revised as mentioned above:
 - a. A certificate giving details of the changes made in the F&U or U&F application as the case may be, and other related and applicable documents, reflecting the premium basis for which the existing provisions and the modified provisions are reflected page-number wise in a tabular format. The certificate shall be signed by the Appointed Actuary and CEO and shall state as follows: "It is certified that there is no other change in approved F&U and U&F application and other documents apart from changes mentioned therein."
 - b. Certificate indicating system readiness.
 - c. Additional Certificate as provided in Annexure 11.
 - d. Two sets of F&U or U&F application and related documents as applicable in track change mode signed by the Appointed Actuary and the CMD/CEO.

3. Insurers shall ensure that the above norms are followed strictly and any violation noticed will be dealt with as deemed fit by the Authority, including withdrawal of the product/add-on.

12. Norms on Travel Insurance

In respect of Insurance Policies towards domestic and overseas travel coverage, the following norms shall be complied with in respect of both Individual and group policies:

- a) Premium shall not be received more than 90 days in advance to the date of commencement of the risk covered in case of domestic travel or along with the ticket while purchasing the travel tickets, whichever is earlier.
- b) Covers towards overseas travel may be issued at any time. The aforesaid stipulation shall not be applicable to overseas travel cover.
- c) Additional norms in respect of policies issued under Group Insurance platform through any travel agency or portals are specified at Chapter V of these Guidelines.

13. MODIFICATION OF EXISTING HEALTH INSURANCE PRODUCTS PURSUANT TO GUIDELINES ON STANDARDIZATION OF EXCLUSIONS, GUIDELINES ON STANDARDIZATION IN HEALTH INSURANCE AND GUIDELINES ON PRODUCT FILING IN HEALTH INSURANCE BUSINESS :

- i. All the existing Health Insurance Products that are not compliant to the (i) Guidelines on Standardization of Exclusions in Health Insurance Contracts(ii) Clause (33) of Chapter I and Clause (a) of Chapter III read with Annexure 1 of Guidelines on Standardization in Health Insurance and(iii) Clause 4(xvi) and

4(xvii) of Chapter II of the Guidelines on Product Filing in Health Insurance Business, shall be modified as specified hereunder:

- a. Where Insurers desire to offer or market the existing health insurance products from 01st October, 2020 onwards, all such products that have no change in the premium shall be filed on Certification Basis in the certificate format specified in Annexure – 9.
 - b. Where the existing products are not proposed to be modified all such products shall be withdrawn by 30th September, 2020 by duly complying with the Guidelines on Withdrawal of Health Insurance Products specified under Chapter VI of these Guidelines and shall not be offered and promoted from 01st October, 2020 onwards.
 - c. Where the existing health insurance products require a change in the base premium rate within +/- 5% of the premium rates of originally approved individual product owing to the implementation of the above referred guidelines/norms, all such products shall be filed on Certification basis in the Certificate format specified in Annexure – 10 before 30th September, 2020. The ceiling of +/- 5% stipulated herein shall be reckoned for each age and term of the approved individual product and that no premium rate shall be beyond the ceiling stipulated subsequent to the modification effected. Any such change shall be limited only to ensure that the product is viable and self-sustainable. This is allowed as a onetime measure for seamless transition of existing products post implementation of the above referred guidelines/norms. The Authority reserves the right to direct the Insurer to withhold the proposed change and may direct the Insurer to file the modification as per the provisions specified at Chapter III.
- ii. The Health Insurance Products that do not fall within the above referred clauses shall be filed as 'Modification' as specified in Clause C of Chapter III.

CHAPTER III: FILE AND USE PROCEDURE

This procedure is applicable to new or modification of Individual Products, Riders or Add-ons of Health Insurance Business offered to Individuals. The procedure is also applicable to Pilot Health Insurance Products (both Individual and Group), Health plus Life Combi-Products (both Individual and Group), Non-Life Insurance Package and Health Package Products. The application under File and Use shall be made in the respective forms specified in these guidelines. In respect of the products filed under this category, the Authority may seek additional information. Insurers shall not commence selling the product until the Authority confirms in writing of having no subsisting queries on the product filed.

A. New Health Products or Add-Ons or Riders (Applicable to Life, General and Health Insurers):

An insurer who wishes to introduce a new Individual product or Rider or Add-on or modify an existing Individual product or Rider or Add-on shall file an application for such product with IRDAI as per procedure set out herein:

1. All applications filed under F&U shall be approved by the Product Management Committee of the General or Health Insurer prior to the filing with the Authority.
2. Insurers shall use only the specified Form - IRDAI – FNU-HIP (Annexure – 1) for filing of products as well as riders or add-ons.
3. Insurers shall file the necessary certificates as prescribed in the File and Use application under these Guidelines without deviating from the prescribed formats.
4. The forms/certificates should be completed in all respects. Where a question is not applicable for a product, the remark 'Not applicable' is to be put. No column is to be left blank. All the granular details of Waiting Periods, Exclusions, Deductibles, Co-Pay, Sub-limits etc. shall be disclosed clearly in the F&U Application without omission.

Note: It is clarified that mere mentioning of the applicability of the above referred conditions in the product without specifying the granular details of minimum and maximum amounts etc. may render the application not eligible to be considered.

5. If an insurer wishes to offer riders or add-ons along with a basic product, it must furnish the information in respect of the respective riders or add-ons separately using the File and Use Application specified (Form - IRDAI – FNU-HIP) in these

Guidelines. It shall also file the financial projections along with sensitivity analysis for each rider or add-on benefit. It is further clarified that it is not necessary to file the rider details more than once when the same rider or add-on is proposed to be offered with any new base product. However, it would be necessary to furnish the section pertaining to financial projections and sensitivity analysis.

6. All requisite items in the Forms must be furnished with the relevant details.
7. Forms along with the necessary enclosures-(i) Specimen Policy wordings along with policy schedule (ii) Specimen Proposal form (as stipulated in these Guidelines) (iii) Specimen Prospectus or Sales Literature and (iv) Technical Notes (applicable for General Insurers and Health Insurers), etc. shall be furnished in one go.
8. Insurers shall not alter the contents of the products without following due process of modification specified under these Guidelines.
9. If an Insurer wishes to modify an existing approved product, the Company is required to comply with 'File & Use procedure afresh as a modification, by duly filing the Application as specified under Clause (C) of this chapter.
10. If an insurer does not launch the product or modified product within a period of six months from the date of approval, the Insurer will be required to seek the approval of the Authority for launching the product or the modification, as the case may be. While seeking the approval, Insurers shall specify (a) the reasons for not launching (b) if there are any changes that may have an impact on the assumptions made at the time of the filing the product or the modification (c) if there is any other impact such as owing to market dynamics etc.
11. If an insurer does not launch the product or the modified product within a period of twelve months from the date of approval, Insurer will be required to comply with File & Use procedure afresh.
12. The Appointed Actuary shall initial / sign on all pages of the File and Use application. All the correspondence on products with the Authority shall be made only either by the Appointed Actuary or any of the Key Persons of the Company in accordance with the provisions of Annexure – 4 Guidelines for Corporate Governance for Insurers in India Ref No. IRDA/F&A/GDL/CG/100/05/2016 dated 18th May, 2016.
13. Insurer shall furnish the revised documents specifically highlighting the changes, if any, made consequent to the queries raised by the Authority. Each page of the document shall carry the name of the document, date of filing, change or modification effected indicating the date of such change and page number and shall be in legible font size not below 7 Times New Roman. Where any other changes or modifications are carried out (other than those on which clarifications are sought) the same shall be duly brought to the notice of the Authority.

Provided that, if such changes or modifications are materially significant, the Authority reserves the right to direct the Insurer to file the 'File and Use' Application afresh.

14. The insurer shall also furnish the details of the software, if any used, in the matter of designing and filing the products for the information of the Authority.
15. Wherever relevant and required, Life Insurers shall also file additional information as prescribed by the Authority from time to time.
16. The Application Form for File and Use has the following nine sections:
 - I. General Information
 - II. General Terms and Conditions
 - III. Benefit Structure
 - IV. Underwriting
 - V. Other Terms
 - VI. Distribution Channels
 - VII. Reinsurance arrangements
 - VIII. Pricing
 - IX. Enclosure to F&U Application

Where an existing product is modified, Insurers shall file the complete information of the relevant section of the File and Use Application subject to norms specified under Clause – C of this Chapter.

B. Pilot Products (applicable for General and Health Insurers only):

1. An Insurer who wishes to introduce a Pilot Product (both Individual and Group) as provided for in the IRDAI(Health Insurance) Regulations, 2016 shall file an application for such product with the Authority as per the norms specified in Clause A (Chapter – III)above.
2. It is reiterated that every Pilot Health Product shall be approved by the Product Management Committee before it is filed with the Authority.
3. In addition to the documents specified under Clause A, Insurer shall also provide a detailed document providing justification for considering the product as a 'Pilot Product' setting out the advantages and disadvantages associated with introduction of the Product along with market research, if any, on assessment of the need for the targeted market segment.
4. Every Pilot Product shall be self-sustainable and the premium rates shall be representative of the target population's age and morbidity.
5. The Insurer shall also specify the period (in years) for which Insurer intends to offer such Pilot Product, subject to a maximum of 5 years from the date of launch of the product. The Prospectus, Policy Document, and sales literature of every Pilot Product shall disclose this information.

6. The Product Management Committee shall, before the expiry of the period mentioned in sub-clause (5) above, record its decision as to whether such Pilot Product is to be withdrawn or be continued as a regular product. The Authority shall be notified of such decision within 30 days before the expiry of such period along with the reasons recorded by the PMC. Where the pilot product is withdrawn, the Guidelines specified for withdrawal of Products shall become applicable.
7. Insurer shall submit the product performance details in respect of every 'Pilot Product' cleared by the Authority, in the Form IRDAI-HIPP (HIR - 22 prescribed under Annexure II of Guidelines on Standardization in Health Insurance)every year within 90 days of the close of the Financial Year.
8. Insurers shall endeavour that the pilot product once launched is not modified. Where it is considered essential to modify the pilot product, the maximum shelf life of five years stipulated for a pilot product shall be reckoned from the date of launch of the initial pilot product.
9. Every modification proposed in respect of any pilot product shall be approved by the PMC and filed with the Authority as per applicable provisions of these guidelines for clearance by the Authority.
10. There shall be an informed choice to the existing policyholders of the pilot product before their policy is renewed on modified terms or price, if any.

C. Modification in terms and conditions of products under File and Use (Applicable to Life, General and Health Insurers):

1. No Insurer shall ordinarily modify or revise a product within one year from the date of its clearance by the Authority.
2. Except in respect of minor modifications referred at Clause G, any revision or modification of any approved health insurance product filed under File & Use Procedure shall also require the prior clearance of the Authority as per the guidelines issued from time to time.
3. An insurer, wishing to make changes to an existing product/rider or Add-on, shall submit an application to the Authority on modular basis furnishing information of the relevant section of the File and Use application setting out the details of the changes or modifications in the terms and conditions and/or price. Any such modification shall have prior approval of the PMC as may be applicable. The PMC shall evaluate the modification to examine whether it has any impact on pricing and record the same. Accordingly, the product may be filed with the Authority for modification.
4. Insurer shall provide reasons/justification for the proposed changes.

5. Insurers shall file the necessary certificates as prescribed without deviating from the prescribed formats along with revised documents.
6. However, the Authority reserves the right to call for complete F&U Application, if necessary, for examination of any such modification.
7. In case any existing product offered by a General or Health Insurer is modified and launched, the earlier version of the product shall automatically cease to exist for new business and the modified version of the product shall be launched subject to complying with Clauses (3), (5), (6) and (7) of Chapter – VI of norms on withdrawal of the products specified under these Guidelines.

Implementation of the modified rates, terms and conditions shall be allowed only at the time of renewal of the Policy for the products offered by the general insurers and health insurers. For policies offered by life insurers, the implementation of the modified version of the Product shall be prospectively allowed only for new business and the existing policies will continue with the prior version. However, Life Insurers may modify the premium rates as per the provisions of HIR 2016 subject to clearance by the Authority.

D. Health plus Life Combi-Products (Applicable to Life, General and Health Insurers)

Where a Life Insurer and a General or Health Insurer tie-up and offer any product under the class 'Health plus Life Combi-Products' as defined in Health Insurance Regulations 2016, they shall file an application as per procedure prescribed herein:

1. There shall be an MOU in place between the Insurers as prescribed in the extant Regulations which shall be filed with the Authority independent of product filing. Both the Insurers shall enter into an agreement prescribed in the said Regulations covering all the aspects specified in the Regulations including but not limited to nomination of Lead Insurer, *modus operandi* of marketing, policy servicing, sharing of common expenses, turnaround time (TAT) for policy servicing and Options available to Policyholders on discontinuance of either portion of risk coverage etc.
2. In case any Health plus Life Combi-product requires services not specified in the existing MoU, the Insurers may supplement it as per additional requirements and file the same with the Authority along with Form prescribed under these guidelines.
3. Health plus Life Combi products shall be approved by the PMC of respective General or Health Insurers. Where the Health Plus Life Combi product offers any discount, there shall be a complete analysis approved by PMC of the

Health Insurer or General Insurer or by the Appointed Actuary of the Life Insurer as may be the case.

4. Insurers shall ensure that the products combined do not have overlapping benefits. No Health Insurance product offered by a Life Insurer shall be combined with another health insurance policy offered by a General or a Health Insurer.
5. The Products offered under Combi products shall be individually cleared as per File & Use/Product Filing Guidelines applicable for Life and Health Products respectively.
6. Insurers shall use the specified form IRDAI – FNU-HPL Combi (Annexure-3) for filing the Combi-Product which shall be a combination of such already approved products.
7. Filing of the Combi-Product by the Lead Insurer shall be treated as compliance. However, the Lead Insurer shall have the obligation of sharing the Authority's directives to the other Insurer and shall be held responsible for non-communication, if any.
8. Where an existing MoU is terminated, it shall be notified ninety days in advance to the stakeholders subject to the approval of the Authority.
9. Needless to say, where a Combi product is withdrawn the underlying health cover is subject to extant regulations or guidelines relating to migration and portability.

E. Non-Life Package Products where Health is one of the components of coverage:

General Insurers may design Non-life package products combining Non-Life Covers with Health Covers (including PA or Travel) subject to the following norms.

- a. Every Non-life package product shall be placed before the PMC for approval. The suitability of packaging the product, particularly from the perspective of meeting the reasonable expectations of the policyholders shall be analytically examined by PMC.
- b. In case a Non-Life Insurance package product has Health as one of its sections or covers, it shall be filed on modular basis in Form IRDAI – FnU – HIP (Annexure - 1) prescribed under these guidelines.
- c. Where an already approved Health Insurance product or section is proposed to be packaged in a Non-Life Insurance Package product, the same shall be filed in Form IRDAI – FnU – NLHP (Annexure – 2).
- d. A Non-Life Package Product shall carry the UIN allotted to the Non - Life Product only.

F. HEALTH PACKAGE PRODUCTS:

- a. General Insurers and Health Insurers may design Health package products combining Health (including PA or Travel) with Non-Life covers/benefits where Health is a predominant cover.
- b. Where an Insurer proposes to offer Health Insurance package product as defined under Schedule – 1 of these Guidelines, it shall be filed in Form IRDAI – FnU – HIP (Annexure - 1) prescribed under these guidelines in accordance with the norms specified under Clause (A) of Chapter - III.
- c. Where an Insurer wishes to create a Health Package policy by integrating products already noted or approved by the Authority without changing the policy wordings, terms, conditions and premium rates, such package product shall be placed before the PMC for approval and filed with the Authority in Form IRDAI –FnUNLHP (Annexure - 2) specified under these guidelines for the approval of the Authority. Where a section of an approved product is included in such a package cover, instead of the entire product, such section can be packaged, provided it has a premium rate independent of the entire product premium.
- d. These norms are applicable only for packaging two or more products of the same General Insurer or Health Insurer.
- e. Insurers shall ensure that the package product offered under these guidelines have no overlapping benefits. The PMC shall ensure that the health package product does not contain elements of the same type of insurance coverage in more than one section.
- f. Whenever any of the underlying products that are part of the Health Package Products undergo any modification or revision as approved by the Authority, such modifications shall be reflected in the package product as well and due procedure followed.
- g. Every Health package product shall carry a UIN allotted by the Authority.

G. Minor Modifications:

Guidelines on Filing of Minor Modifications in the approved Individual Insurance Products offered by General and Stand Alone Health Insurers on Certification Basis:

Where Insurers require to carry out *minor modifications* in the approved individual insurance products, riders or Add-ons (hereafter referred as '*approved individual products*'), Insurers are permitted to effect the minor modifications, on certification basis subject to complying the following norms. These norms are applicable to the approved

individual products of Health Insurance Business as defined in Section 2 (6C) of Insurance Act, 1938 offered by General and Health Insurers.

1. Minor Modifications allowed on Certification Basis: The following minor modifications are allowed on Certification Basis

1.1 Addition of premium payment options (frequency / payment of premiums in instalments).

1.2 Addition of distribution channels.

1.3 Change in the base premium rates, not exceeding + or – 15% of the premium rates of originally approved individual product.

1.4 Addition of approved standalone riders or add-ons to the approved individual health insurance products.

1.5 Minor Changes in Policy Wordings.

1.6 Change in the name of the approved product subject to complying with the provisions of Clause (4) (xii) - Chapter – II of the Guidelines on Product Filing in Health Insurance Business.

1.7 Change in sum insured options made available to policyholder within the sum insured range filed.

1.8 Decrease in minimum and / or increase in maximum premiums.

1.9 Decrease in minimum and / or increase in maximum entry age.

1.10 Extension of premium table to provide premium rates for lower and / or higher ages or longer and / or shorter policy terms or premium payment terms.

1.11 Expansion of the list of day care procedures to be offered.

1.12 Addition of Critical Illnesses covered under benefit based products.

2. Insurers may make one or more minor modifications referred to above on Certification Basis subject to complying with these Guidelines. The modifications referred herein shall be filed in FORM-IRDAI-FNU-HIP prescribed at Annexure – 1 of the Guidelines on Product Filing in Health Insurance Business.

3. General Norms to be satisfied: Minor Modifications specified in Clause (1) above can be made only if all norms mentioned below are satisfied:

- 3.1 The proposed modifications shall not impact the benefit structure of the product including the manner of settlement of the underlying benefits.
- 3.2 The premium rates, terms and conditions under the modified product continue to be workable and sound, the assumptions are reasonable.
- 3.3 The premium rates under modified individual product are equitable amongst policyholders of different distribution channels.
- 3.4 Insurers shall not impose afresh any deductible, co-pay or sub-limits.
- 3.5 There shall be no change in the wordings of exclusions or time bound waiting periods of the underlying approved individual product.
- 3.6 The policy document, the prospectus and all other sales literature or insurance advertisements shall duly reflect the modifications made from the date of launch of the modified version of the product.
- 3.7 Except to the extent required to reflect the minor modifications effected, there shall be no other changes in the terms and conditions and the premium rate table of the approved individual product.
- 3.8 Any modification proposed under these Guidelines shall be subject to the provisions of IRDAI (Health Insurance) Regulations, 2016 as modified from time to time and the extant applicable regulatory framework.
- 3.9 There shall be a gap of at least 12 months between two applications (FORM- IRDAI-FNU-HIP) filed for effecting minor modifications under these Guidelines.
4. Specific norms to be satisfied under each modification: The following are the specific norms to be satisfied under each minor modification specified under Clauses 1.1 to 1.12 above:
 - 4.1 Addition of premium payment modes (frequencies) under Clause 1.1 above:
 - 4.1.1 There shall be no change in basic premium table and charging structure under the approved individual product to which new premium payment mode (frequency) is being added. Factors applicable, if any, to allow the change of premium payment mode (frequencies) shall be fair and reasonable.
 - 4.1.2. The premium mode (frequency) proposed to be added may be monthly, quarterly or half yearly and the resulting premium amounts under each mode (frequency) are consistent with premium amounts under other premium modes (frequencies) of the underlying product.

- 4.1.3. The basis for arriving at the factors, if any, to be applied on the premium payment modes / frequencies proposed to be added or removed is disclosed in the prescribed Form (FORM-IRDAI-FNU-HIP).
- 4.2 Addition of distribution channels, under Clause 1.2 above:
- 4.2.1. There is no change in premium basis of approved individual product except the commission rates, rewards and expenses in respect of the distribution channels proposed to be added. There shall be no change in Basic Premium Rate Table.
- 4.2.2. There is no change in premium rates / charges and benefit amounts under distribution channels already existing under the approved individual product.
- 4.3 Change of base premium rates referred under Clause 1.3 above:
- 4.3.1 The ceiling of change of + or – 15% stipulated in Clause 1.3 above shall be reckoned for each age and term of the approved individual product and that no premium rate shall be over and above the ceiling stipulated subsequent to the minor modification effected.
- 4.3.2 The proposed increase is allowed subject to '*actual loss to expected loss*' ratio exceeding 130% in each of the preceding three full financial years.
- 4.3.3 Change of premium rates resulting in the increase shall be only after expiry of three years from the date of launch of approved or modified individual product. Notwithstanding the provisions of Clause 3.9, there shall be a gap of at least three years from the date of change effected, before effecting any subsequent increase in the premium under these Guidelines.
- 4.3.4 There is no change in any other parameter in the premium bases except underlying loss ratio of the preceding Three Years.
- 4.3.4.1 There shall be no change in the discounts and loadings specified under File and Use of the product.
- 4.3.5 Notwithstanding Clause 4.3.3, change of premium rates resulting in the decrease is allowed to be effected, at any given point of time, based on the underlying experience of loss ratio and other assumptions of the product subject to complying the norms specified in Clause 3.9 above.
- 4.3.6 The relation between adverse loss ratio and proposed premium change referred at Clause 1.3 shall be disclosed in the appropriate section of prescribed Form (FORM-IRDAI-FNU-HIP). There shall be no change in benefits, clauses, terms and conditions.

4.4 Addition of approved standalone riders or add-ons to the approved individual health insurance products under Clause 1.4 above:

4.4.1 There is no change in premium rates and benefits approved under the approved individual rider or add-on.

4.4.2 There is no change in premium rates and benefits approved under the approved individual health insurance product to which the rider or add-on is proposed to be added consequent upon the addition of rider or add-on.

4.5 Minor modifications referred under Clauses 1.5 to 1.12 above:

4.5.1 There is no change in the Base Premium Rate Table and other terms and conditions under the approved individual product and that the same basis is being used for calculation of premium rates / charges and benefit amounts under extended ages or changed premium payment term or changed policy term. Premium Rate Table may be extended to incorporate the required changes referred at Clause 1.10 above to the extent of proposed modifications.

4.5.2. Where there is addition of Critical Illnesses covered under benefit based products, as per Clause 1.12 above, the insurer shall ensure that the Definitions of Critical Illness are consistent with the Definitions specified under Guidelines on Standardization in Health Insurance as modified from time to time. If insurer is covering any Critical Illness which is not defined in the said Guidelines, the insurer shall disclose the basis on which such definitions are adopted. A certification of the Chief Compliance Officer having obtained the medico-legal opinion that the definition is specific and clear shall be furnished along with the prescribed Form (FORM-IRDAI-FNU-HIP).

4.5.3 Minor changes in the policy wordings shall be limited to those wordings which may enhance the clarity and/or the value to the policyholder in terms of the manner of payment or entitlement of benefit under the policy and in terms of servicing the policy.

4.5.4 Minor changes shall not adversely affect the terms and conditions pertaining to the benefits payable.

5. Procedure to be followed by insurers while effecting the above referred minor modifications to the approved individual product:

5.1 Insurers may launch the modified version of the individual product after filing the same on Certification Basis under these Guidelines on complying with the following requirements and on getting the UIN from the Authority.

- 5.1.1 The minor modifications proposed are to be placed before the Product Management Committee (PMC) of the respective Insurers and that the PMC has approved the proposed minor modification.
- 5.1.2 The modified version of the individual product shall be subject to the withdrawal / modification norms specified in Guidelines on Product Filing in Health Insurance Business
- 5.1.3 Insurers shall file only the appropriate section/s of prescribed Form (FORM-IRDAI-FNU-HIP), Changes made in Policy wordings, highlighting the minor modifications effected.
- 5.2. The Authority shall issue new UIN for the modified product.
- 5.3 The modified UIN shall be disclosed as per the provisions of Clause 9 of Chapter II of Guidelines on Product Filing in Health Insurance Business.
6. Documents to be submitted while filing minor modifications on Certificate basis under these Guidelines:
 - 6.1. Certificate from Appointed Actuary, Chief Compliance Officer and MD/CEO of the Insurer as per Annexure 8.
 - 6.2 Duly filled in sections of prescribed Form (FORM-IRDAI-FNU-HIP), by highlighting the minor modifications effected.
 - 6.3 Relevant Sections of Policy Wordings by duly highlighting the minor modifications effected.

Miscellaneous:

7. The Authority may inspect the documents submitted by the insurers. The Authority may also call for additional information and supporting data, if required. If any violation of any Regulations, Guidelines, Circulars, instructions issued by the Authority from time to time, is noticed, the Authority may direct the Insurer to withdraw the modified version of the product. In such circumstances, the Authority reserves the right to take any action against the Appointed Actuary / Chief Compliance Officer / Chief Executive Officer / insurer after giving an opportunity of being heard as per provisions of extant legal and / or regulatory framework. The Authority also reserves the right to direct the Insurer to withhold the modification effected.
8. The product modified under these Guidelines shall be launched within six months from the date of issuance of UIN by the Authority and shall be notified to the

Authority within fifteen days thereof, failing which the UIN allotted under Clause 5.2 above shall be deemed as withdrawn.

9. Where the modifications effected are contrary to these Guidelines and other extant applicable regulatory framework, the Authority reserves the right to issue directions for taking corrective action with retrospective effect in respect of all the policies issued under modified version under these Guidelines.

CHAPTER IV: USE AND FILE PROCEDURE

(Applicable to only General Insurers and Health Insurers)

Group products (other than pilot products) offered by General Insurers and Health Insurers, including products offered for schemes sponsored by the State and Central Governments may be launched without prior approval of the Authority, subject to the following stipulations:

I. Group products other than Government Schemes:

- i. The product shall be approved by the Product Management Committee.
- ii. Insurers shall obtain UIN for every insurance product referred under this section from IRDAI by duly informing the name of the insurance product proposed to be launched under Use and File.
The product (Other than Government Sponsored Schemes) shall be filed with the Authority within seven days from the date of approval by PMC in the Form IRDAI-UnF-HLTGRP (Annexure-4) specified in these Guidelines.
- iii. For every Group Health Insurance Scheme filed under these guidelines, the Insurer shall furnish Annual Return in Format prescribed (IRDAI-GHISAR) (HIR 21 -Annexure II of the Guidelines on Standardization in Health Insurance) within 90 days from the close of the Financial Year.

II. Insurance Schemes sponsored by Governments: Insurance products offered by insurers for schemes sponsored by the State and Central Governments, shall adhere to the conditions of the scheme as laid down by the Government. Insurers are required to comply with the following.

1. Every insurance product proposed to be offered as a scheme sponsored by Governments shall be placed and approved by the PMC and UIN shall be obtained from the Authority.
2. The Insurer shall furnish the details in Form – IRDAI-UNF-GOVTHLT within fifteen days of the date of award of tender.
3. Insurers are allowed to participate in the tender process, provided the
 - a. Proposed insurance scheme is sponsored by Central or any State Government;
 - b. Insurer shall be responsible to comply with the provision of Section 64VB.

4. The pricing of such schemes shall be based on the previous experience of similar schemes offered by the insurer, if any.
5. If an existing product of the insurer, which is approved by the Authority under File and Use Procedure or which is filed under Use and File Procedure as stipulated under these Guidelines, is in total conformity with the proposed insurance scheme including the pricing, the insurer shall inform the Authority of such award and submit all the relevant details in Form – IRDAI-UNF-GOVTHLT (Annexure 5) within fifteen days from the date of such award.
6. On review of information filed under Form – IRDAI-UNF-GOVTHLT, the Authority may call for such other information in such form as may be required
7. Where the insurer is awarded the tender for different unit areas subsequently, the insurer shall submit this information to the Authority in Form – IRDAI-UNF-GOVTHLT. Where there are any modifications or differences, if any, with regard to the pricing of the contract and features of the contract in respect of subsequent awards, the Insurer shall follow the procedure referred in these Guidelines. Such modifications shall duly consider and document:
 - a. The method of computation of premium;
 - b. Source of data, assumptions and loadings made;
 - c. Expected loss ratios and expected combined ratios across the age groups for Health Insurance Products for a policy term offered;
 - d. In addition to (c) above, expected profit margins along with the risk discount rates across different age-groups for health insurance products with policy term offered;
 - e. The Appointed Actuary certificate on viability of the rates proposed;
 - f. Features that have been changed from the previous filing;
8. Insurer shall inform the Authority any penalties or termination imposed by the Government, within SEVEN days of receipt of intimation of any such action;
9. If the premium is the only variant for the subsequent tender award across various other districts or other areas, the insurer shall follow the norms specified at Clause No. (7) above.
10. The insurers shall submit Annual Return in respect of the schemes referred herein in Form IRDAI-GHIS (Return HIR 20) as specified at Annexure II of the Guidelines on Standardization in Health Insurance.
11. If claims experience (net incurred claims ratio) for the said portfolio turns out to be more than 90% for the consecutive four half years, the insurer is not allowed to participate in the tender for any Government sponsored scheme for a period of at least two following Financial Years; However, the insurer shall continue to provide services in the areas where the tender is awarded till the expiry of agreed period of tender.

Provided that, where the Insurer could not participate in the tender for reasons referred at Clause (11) above, the insurer shall not participate in any Government sponsored tender process unless an explicit approval for such participation is sought by the insurer and approved by the Authority.

12. Any information pertaining to Government Sponsored Scheme shall be submitted to the Authority as and when required.

III. Other Stipulations for Group Products:

- 1) Every Insurer shall put in place effective operational procedures to service the Group Insurance Products filed under Use and File. The Insurer shall also ensure that the internal systems and controls are in place to manage the product related risks before launching any product under Use and File procedure.
- 2) No changes shall be effected in respect of any group insurance product filed under the Use and File. However, where a modification is to be made to such Group Health product, the iteration mentioned under Use and File procedure shall be followed afresh.
- 3) Insurers shall ensure the dissemination of complete product information to the insurance intermediaries immediately after launch of the product. Necessary procedures shall be put in place to impart the requisite product training to all the insurance intermediaries that are marketing the products launched under the Use and File.
- 4) Insurers shall maintain the records such as proposal form, internal notes, details of quotation given and details of acceptance, detailed premium worksheet along with the basis for working including previous claims details, Policy Schedule, list of named beneficiaries etc. wherever applicable with respect to every policy issued for a period of 5 years from the date of expiry of the Policy.
- 5) All the pricing factors shall be duly certified by the Appointed Actuary and be placed before PMC for its review and approval. The reserving for these products shall be as per the relevant extant regulations.
- 6) Insurers must justify the rates and terms including discounts given to any group, if called upon to do so, within the time frame specified by the Authority.
- 7) The Authority reserves the right to require an insurer to state the process of quoting terms for a particular client and to technically justify the premium quoted for its covers.
- 8) Insurer shall also maintain the Incurred Claims Ratio (ICR) of every policy issued to Groups.

- 9) The Insurance Company providing quote for Group Health Insurance may seek the details of ICR of the Group with the existing Insurer. The General Insurance Council is encouraged to develop and put in place a suitable mechanism in this regard.
- 10) The PMC shall be responsible for monitoring the product management cycle of all 'Use and File' products.
- 11) Group Insurance Products which are filed with the Authority but are yet to be cleared under the erstwhile File and Use Procedure shall be returned to the respective Insurers. Insurers would be required to comply with the relevant Guidelines for these products also.
- 12) The Authority reserves the right to examine the products launched under Use and File category and may take such action as deemed fit or may issue such directions as considered necessary, which shall be binding on such Insurer.
- 13) Where any Insurer is found to be non-compliant with the extant Health Insurance Regulations or other relevant regulatory framework including the framework pertaining to the products allowed under Use and File category, the Authority reserves the right to withdraw the Use and File facility for such Insurer and thereafter, such Insurer shall file the products referred under this chapter – IV as per File and Use Procedure in Form IRDAI – FNU-HIP (Annexure – 1) prescribed under these Guidelines and obtain prior approval.
- 14) The Authority reserves the right to direct the Insurers to discontinue the marketing of the health insurance product launched under Use and File category.

Group Health Insurance Products offered by Life Insurers are subject to the applicable File and Use Guidelines in force. Life Insurers shall file the Group Health Products as per the format Form IRDAI – FNU-HIP (Annexure – 1) prescribed under these Guidelines.

CHAPTER V: ADDITIONAL GUIDELINES FOR GROUP INSURANCE

(Not Applicable to Government Sponsored Schemes)

In addition to the requirements stipulated in Guidelines on Group Health Insurance Policies Vide Circular Ref.No: 015/IRDA/Life/Circular/GI Guidelines/2005 dated 14/07/2005 issued by the Authority as amended from time to time, all Group Insurance Policies shall comply with the following norms:

- 1) Subject to the minimum number prescribed in Regulation (7) of HIR, 2016 every Group Health Insurance Product shall specify the minimum group size for offering Group Health Insurance Policy.
- 2) No Group Insurance policy shall be issued to a group whose size is less than the minimum stipulated expecting that the group would reach that size in future over a period of time.
- 3) The policy term of every group insurance policy shall be as stipulated in HIR, 2016. Where the Group Insurance Policy is open for the entry of members at periodic intervals say every month or every quarter, though the duration of the Group Policy may be beyond the policy term stipulated in HIR, 2016, the insurance coverage for every member of the group insurance policy shall not exceed the maximum policy term stipulated in HIR, 2016.
- 4) Subject to maintaining the minimum group size and the maximum policy term stipulated in HIR, 2016 Insurers may issue multiple group insurance policies in tranches to the Group Organizer for providing insurance coverage to the new members on an ongoing basis.
- 5) The underwriting/rate review process of the group policies at the time of renewal should consider the member entry and exit patterns from the group in order to address the possibility of adverse selection, moral hazard or fraud.
- 6) Subject to portability norms stipulated in HIR, 2016; persons, who join a group insurance scheme shall, on their leaving the group as per group rules, be provided an option to migrate to another policy at the premium as applicable for such individual insurance, with all benefits of portability. It should be facilitated both by the group organizer and the insurer concerned.
- 7) A master policy is to be issued to the group, which should be available for guidance of the members covered. Subject to the extant Guidelines on Group Insurance all members should be issued a Certificate of Insurance giving the details of the benefits and the important conditions and exclusions.
- 8) All discounts should be based on valid underwriting considerations, taking into account the loss experience of the group, the expenses including commission that may be incurred / payable.
- 9) Insurers must justify the rates and terms offered to any group to the Authority, if called upon to do so.
- 10) All insurers wishing to offer group insurance should have a Board approved group insurance underwriting policy which should be part of the underwriting policy filed with the Authority. The policy should spell out the manner in which its risk and costs are analyzed and factored into the premium cost. All risk factors

per units of coverage such as individual, family, group floater, etc., should be separately analyzed and priced. Past experience and future exposures should also be critically analyzed for large groups.

Explanatory Note: Large Group for the purpose of these Guidelines is a group extending coverage to over and above 500 members.

- 11) Pricing is to be made based on sound actuarial principles, supporting data considering all the relevant aspects of pricing such as morbidity experience by gender, by age group, by occupation, by group size etc., expenses, terminations, profit margin etc. Discounts and Loadings offered shall be based on objective criteria with appropriate justifications. For innovative covers, Insurers shall base the pricing prudentially on the relevant morbidity experience which reflects the future expected experience from such innovative covers apart from considering other parameters.
- 12) All group health insurance policies having named beneficiaries should have ID cards issued to the beneficiaries to enable them obtain cashless service, wherever applicable.
- 13) Unnamed policies e.g. Personal Accident may also be issued provided the group has non-tamperable registers or records or procedures to identify the member insured / covered. The registers, records or the procedures shall be subject to inspection at any time.
- 14) As part of the Terms and Conditions of the Group Insurance policy the Insurer shall put in place enabling provisions to let the beneficiary or the insured member directly raise grievances either with the insurer or with other Grievances redressal mechanism available. The granular details in this regard shall be part of the terms and conditions mentioned in the Certificate of Insurance.
- 15) The group administrator's role as facilitator in offering a group cover and facilitating insurance services including claims from a central point needs to be clearly spelt out between the group and insurer as part of the Terms and Conditions.
- 16) The insurer and the concerned Insurance Agent or Insurance Intermediary, if any, will be held responsible for any malpractice in respect of the Group Policy that is detrimental to the beneficiary members or potential consumers or to the public at large and for violation of any regulation or guidelines of the Authority relating to the insurance transactions with groups.
- 17) Group Policies issued towards domestic and overseas travel coverage shall comply with the following norms:
 - a) Premium shall not be received more than 90 days in advance to the date of commencement of the risk covered in case of domestic travel or along with the ticket while purchasing the travel tickets whichever is earlier.
 - b) Covers towards overseas travel may be issued at any time.
 - c) Where policies are offered through any travel agency or portal, the following norms shall be complied
 - i. Insurers are responsible to ensure an informed choice to the persons to be insured and ensure compliance to Regulation 6 of IRDAI (Protection of Policyholders' Interests) Regulations, 2017.

- ii. The Name of the Insurance Company which is offering the travel insurance cover, the amount of the premium that shall be collected towards travel insurance cover shall be specifically disclosed as the cost of travel cover, at the time of opting to buy a travel insurance cover. Rate of tax that is applicable to the premium shall be also separately specified.
- iii. Insurers shall ensure that any portal or App providing the travel insurance coverage shall not pre-select the option of buying the travel cover as a default option.
- iv. The prospect shall be able to specifically choose whether or not to buy the coverage.
- v. Where selected to buy, an option shall be provided for opting out or de-selecting the option before concluding the transaction.
- vi. There shall be a provision to let the person to be insured buying a travel cover go through the benefits, terms and conditions offered under the travel insurance cover on the screen itself and consent shall be obtained in the form of selecting a radio button by the prospect / policyholder in confirmation of having read and understood the terms and conditions.
- vii. In order to ensure that every travel policy offered is in compliance with these norms, there shall be a clause in the agreement entered with the master policyholder and in the terms and conditions of the group policy along with a provision to cancel the group policy arrangement if the master policyholder is not adhering to the norms specified.
- viii. Insurers shall put in place procedures to verify that at least once in a period of three months the travel policies offered are complying with the above norms.

CHAPTER VI: WITHDRAWAL OF PRODUCTS

(Applicable to only General Insurers and Health Insurers)

Where insurers wish to withdraw any Individual or Group product, they shall file an application as per procedure set out herein.

1. The decision to withdraw any Health Insurance product shall be taken by the PMC in case of General Insurers and Health Insurers. The reason for withdrawal of the product shall be clearly documented and filed with IRDAI in the prescribed form. In case of Life Insurers, the withdrawal of a product is subject to the extant applicable norms.
2. The Policy document shall clearly indicate the possibility of withdrawal of the products in future and suitable options that would be made available to the policyholder on withdrawal of the products.
3. A withdrawn Individual Health Insurance product shall not be offered to new customers after the date of the withdrawal.
 - a. Provided, no product that is withdrawn shall be renewed for the existing policyholders whose policies are due for renewal 90 days after the date of the withdrawal of the product. All policyholders of the withdrawn product that are due for renewal up to the expiry of ninety days from the date of withdrawal shall be given an option of renewing the existing product or migrating to the modified version of the product or to the new product, as may be the case, subject to portability norms in vogue. The existing policyholders shall be given an informed choice in this regard.
 - b. Provided further, the option of allowing migration subject to portability conditions is applicable to the Health Insurance Policies issued by General Insurers and Health Insurers.
 - c. Provided further, the option of allowing the renewal of the product withdrawn to the existing customers of the withdrawn Health Insurance Policy shall be a onetime option to be provided only in the immediate renewal due date that falls within 90 days from the date of the withdrawal of a product.
4. Any Individual or Group Health Insurance Product offered with a term exceeding one year, shall be continued on the agreed terms for all the existing policyholders for the entire policy term.
 - a. Provided Individual Health Insurance products offered for a term exceeding one year, on withdrawal, shall follow the norms specified in Clause (3) above.

- b. Provided further, subject to complying with Clause (16) of Schedule – I of HIR, 2016 a Group Health Insurance Product may be withdrawn prospectively.
 - c. Provided further, the Product Management Committee shall put in place guidelines for withdrawal of any group health insurance product. The norms, inter alia, shall address the basis of the withdrawal, the notice period to be made available to the Group Organizer, options to be offered if any, to the Group Organizer and/or the insured members.
5. All the distribution channels that are marketing the products shall be notified about the decision to withdraw a product from a specified date. All distribution channels shall be instructed not to use any publicity material of the product withdrawn from such date.
 6. Insurers shall put in place measures to underwrite new proposals that were procured prior to the effective date of withdrawal.
 7. Any premiums or deposit received towards the product that is withdrawn, but where no policy has been issued, shall be refunded to the policyholders. Such monies shall not be adjusted for issuance of any other policies except with specific consent of the policyholder.
 - a. Provided the consent of the policyholder shall be recorded.
 8. Companies shall display the list of the products withdrawn along with the date of withdrawal in their websites.
 9. Insurers shall also put in place measures for immediate withdrawal of sales literature, prospectus and publicity material that is issued in respect of the product withdrawn.
 10. Insurers shall use the specified Form IRDAI-HPW(Annexure – 6) for notifying the Authority about the withdrawal of products as well as riders/add-ons within 30 days from the date of withdrawal.
 11. Withdrawal of specific sections of the product is not permitted. Such withdrawals shall be filed as modifications.

CHAPTER: VII: GUIDELINES ON WELLNESS FEATURES/BENEFITS

- a. No Wellness feature/benefit shall be offered without it being filed or incorporated as part of the product in terms of the Product Filing Guidelines.
- b. No payments shall be made by any Insurer to any third party service provider towards wellness features/benefits.
- c. There shall be no discrimination in providing any of the wellness features/benefits offered to like categories under the terms and conditions of the policy contract.
- d. Every Insurer shall assess the pricing impact of wellness features offered, if any, and the same shall be disclosed upfront in the File and Use application prescribed in the Product Filing Guidelines, in case of individual products. In case of group products the same shall be specified in the Use and File procedure put in place by the Authority.
- e. Any Wellness feature shall be designed only with the objective of maintaining good health and improving it.
- f. Use of protein supplements and other such consumable health boosters shall not be considered to be part of a wellness feature. .
- g. In case of Family Floater Plans, Insurers should clearly define the manner in which accrual and redemption of benefits is considered in respect of all members covered.
- h. Insurer to clearly specify in the policy contract as to whether the accrued benefits can be carried forward or not when the policy is renewed with the Insurer and the period of validity of the accrued benefits under both the scenarios.
- i. The benefit accrued shall be at periodic intervals at rates/amounts declared upfront at the commencement of the policy and shall not be linked to any dynamic factor such as interest rate etc. The same shall be specified in the Policy Document.
- j. Insurer shall notify the benefits accrued to the credit of a Policyholder and entitlements of the policyholders under the said feature at periodic intervals –at least once in a year.
- k. Insurers shall also specify the manner of redeeming the benefits allowed under the said feature in the prospectus, policy wordings and shall disclose in their website updated information which is also to be reflected in the policy contract.
- l. Insurer shall be responsible for any errors or omission in calculation of accrued benefits and shall address the same through their in-house Grievance Redressal Mechanism.
- m. Insurer shall specify, in the Policy Wordings and Prospectus, the mode of communication that the Insurer adopts for notification of various activities offered or allowed under the Wellness feature.
- n. Information gathered during the process of offering the wellness benefits, if any, shall be kept confidential and shall not be used for purposes other than what it is meant for.
- o. The Authority has the right to accept or reject wellness features if they are against policyholders' interests and are not in line with fair market conduct notwithstanding the fact that they may broadly meet with the above guidelines.

- p. The Authority reserves the right to instruct the Insurance Company to withdraw any Wellness feature which is not in compliance with any regulations or guidelines issued by the Authority or which is found to be prejudicial to the interests of the policyholders or not in line with fair market conduct. The Authority also reserves the right in such cases to take appropriate action as deemed fit.
- q. Insurers shall ensure that advertisements highlight the insurance benefit offered and the wellness features do not predominate.

Chapter VIII: Guidelines on Migration and Portability of health insurance policies

A: NORMS ON PORTABILITY:

1. Portability shall be allowed under all individual indemnity health insurance policies issued by General Insurers and Health Insurers including family floater policies.

B: NORMS ON MIGRATION:

2. In addition to the migration option to be provided to the policyholders as specified under Regulation 17(i) of IRDAI (Health Insurance) Regulations 2016:
 - i. Every individual policyholder (including members under family floater policy) covered under an indemnity based individual health insurance policy shall be provided an option of migration at the explicit option exercised by the policyholder;
 - a. to an individual health insurance policy or a family floater policy, or;
 - b. to a group health insurance policy, if the member complies with the norms relating to the health insurance coverage under the concerned group insurance policy.
3. Every individual member, including family members covered under an indemnity based group health insurance policy shall be provided an option of migration at the time of exit from group or in the event of modification of the group policy (including the revision in the premium rates) or withdrawal of the group policy:
 - a. to an individual health insurance policy or a family floater policy.
4. Migration shall be applicable to the extent of the sum insured under the previous policy and the cumulative bonus, if any, acquired from the previous policies.
5. Only the unexpired/residual waiting period not exceeding the applicable waiting period of the previous policy with respect to pre-existing diseases and time bound exclusions shall be made applicable on migration under the new policy.
6. Migration may be subject to underwriting as follows:
 - a. For individual policies, if the policyholder is continuously covered in the previous policy without any break for a period of four years or more, migration shall be allowed without subjecting the policyholder to any underwriting to the extent of the sum insured and the benefits available in the previous policy.

- b. Migration from group policies to individual policy will be subject to underwriting.
 - c. Where underwriting is done, the insurance company shall convey its decision to the policyholder within 15 days as per Regulation 8(6) of IRDAI (Protection of Policyholders' interests) Regulations 2017.
7. A policyholder desirous of migrating his/her policy shall be allowed to apply to the insurance company to migrate the policy along with all members of the family, if any, atleast 30 days before the premium renewal date of his/her existing policy. However, if the insurer is willing to consider even less than 30 days period, then the insurer may do so.
 8. Insurer shall not levy any charges exclusively for migration.
 9. Insurers shall clearly draw the attention of the policyholder in the policy contract and the prospectus that:
 - i. Migration is allowed as per these Guidelines as amended from time to time.
 - ii. Policyholder should initiate action to approach the insurer to exercise migration option well before the renewal date to avoid any break in the policy coverage.
 10. Individual members, including the family members covered under an indemnity based group health insurance policy shall have the right to migrate from such a group policy to an individual health insurance policy or a family floater policy, thereafter Portability shall be allowed as per Clause (1) above and in accordance to the norms specified under IRDAI (Health Insurance) Regulations, 2016.

DEFINITIONS

- (1) **File & Use:** File & Use procedure is one where the Insurer is NOT permitted to market the health insurance product without filing with and getting clearance of IRDAI.
- (2) **Use & File:** Use and File procedure is one where the Insurer is permitted to market the product after due approval by the Product Management Committee, without prior filing / approval of IRDAI.
- (3) **Government Sponsored Health Insurance Scheme:** Any Health Insurance Scheme designed or notified or sponsored or subsidized either fully or partly by the Central Government and/or State Government and offered by IRDAI registered Indian Insurance Companies shall be termed as Government Sponsored Health Insurance Scheme for the purpose of these Guidelines.
Explanation: Any insurance scheme offered by any other public sector undertaking or autonomous body shall not constitute Government Sponsored Health Insurance Scheme.
- (4) **Group Products :** Subject to the provisions of HIR, 2016, these are products which are sold to a group as per the provisions of group guidelines issued by IRDAI vide circular 015/IRDA/Life/Circular/GI Guidelines/2005 dated 14th July 2005 as amended from time to time.
- (5) **Non-Life Package Products:** These are products created by combining covers pertaining to Health or PA or Travel with Non-Life Covers or Benefits but here the sections other than those falling under 'Health Insurance Business' would be predominant. Such product shall, however, comply with HIR, 2016 as far as sections falling under Health Insurance Business are concerned.
- (6) **Health Package Products:** Health Package products are products which are created by packaging various sections/benefits or Health Insurance products. They could contain sections offering other Non-life products but the majority of the sections would be related to Health Insurance Business.
- (7) **Product Management Committee (PMC):** Product Management Committee is a committee constituted by the insurer in terms of Circular No. IRDAI/NL/GDL/F&U/030/02/2016 dated 18th February, 2016 for the purpose of efficient management of Insurer's Products, which acts as an internal self-monitoring mechanism within an Insurer. Such Committee has the responsibility to ensure due diligence in the areas product design, protection of policyholders' interests and regulatory compliance and shall be subject to broad Regulatory Overview.

CUSTOMER INFORMATION SHEET

Description is illustrative and not exhaustive

Sl No	Title	Description	Policy Clause Number
1	Product Name	<ul style="list-style-type: none">• Approved Product Name	
2	What am I covered for	<p><i>SPECIFY AS PER POLICY TERMS AND CONDITIONS:</i></p> <ul style="list-style-type: none">• Hospital admission longer than xx hrs• Related medical expenses incurred xx days prior to hospitalization amounting to x% of claim• Related medical expenses incurred within xx days from date of discharge / amounting to x% of claim.• Specified / Listed procedures requiring less than 24 hours hospitalization (day care)• Cover for xx critical illness on undergoing specified procedure or on diagnosis of an illness of specified severity• Hospital daily cash benefit of Rs—per day• OPD / Dental/: Maternity coverage• Emergency or Travel Medical Assistance etc	
3	What are the major exclusions in the policy:	<ul style="list-style-type: none">• Any hospital admission primarily for investigation diagnostic purpose• Pregnancy, infertility• Domiciliary treatment, treatment outside India.• Circumcision, sex change surgery, cosmetic surgery & plastic surgery.• Refractive error correction, hearing	

		<p>impairment correction, corrective & cosmetic dental surgeries.</p> <ul style="list-style-type: none"> • Organ donor expenses. • Substance abuse, self-inflicted injuries, STDs and HIV/AIDS. • Hazardous sports, war, terrorism, civil war or breach of law. • Any kind of service charge, surcharge, admission fees, registration fees levied by the hospital. <p><i>(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing)</i></p>	
4	Waiting period	<ul style="list-style-type: none"> • Initial waiting Period: xx days for all illness (not applicable on renewal or for accidents) • Specific Waiting periods: <ul style="list-style-type: none"> ○ xx months for xx diseases (clauses aa to bb) ○ xx months for yy diseases (clauses cc to dd) (Insurers may specify the specific waiting periods) • Pre-existing diseases: Covered after _ months / Not covered) 	
5	Payment basis	<ul style="list-style-type: none"> • Reimbursement of covered expenses up to specified limits AND/OR • Fixed amount on the occurrence of a covered event 	
6	LossSharing	<ul style="list-style-type: none"> • In case of a claim, this policy requires you to share the following costs: <ul style="list-style-type: none"> ○ Expenses exceeding the following Sub-limits <ul style="list-style-type: none"> ▪ Room / ICU charges beyond -- ----- ▪ For the following specified 	

		<p>diseases:</p> <ul style="list-style-type: none"> ▪ _____ ▪ _____ ○ Deductible of Rs. XXX per claim / per year / both ○ xx% of each claim as Co-payment (yy% in a non-network hospital) 	
7	Renewal Conditions	<ul style="list-style-type: none"> • Your policy is ordinarily renewable (OR Guaranteed) up to age x (OR for x years) • After you attain the age of x years, the following features of your policy change: <ul style="list-style-type: none"> • ----- • ----- • Other terms and conditions of renewal 	
8	Renewal Benefits	<ul style="list-style-type: none"> • x% increase in your annual limit for every claim free year • In the case a claim is made during a policy year, the bonus proportion would reduce by x% in the following year. • For every block of x claim free policy years, free health checkup for the insured persons subject to maximum x% of sum insured. 	
9	Cancellation	<ul style="list-style-type: none"> • This policy would be cancelled, and no claim or refund would be due to you if: <ul style="list-style-type: none"> ○ you have not correctly disclosed details about current and past health status OR ○ Have otherwise encouraged or participated in any fraudulent claim under the policy. 	
10	Claims	<ul style="list-style-type: none"> • For Cashless Service: (Provide the details /web link from where Hospital Network details can be obtained) 	

		<ul style="list-style-type: none"> For Reimbursement of Claim <p>(Note: Time limit for intimation and submission of claim documents, if any)</p>	
11	Policy Servicing/ Grievances/Complaints	<ul style="list-style-type: none"> Company Officials: IRDAI/(IGMS/Call Centre): Ombudsman <p>(Note: Please provide the contact details, Toll free number/e-mail)</p>	
12	Insured's Rights	<ul style="list-style-type: none"> Free Look: Implied renewability (except on certain specific grounds) Migration and Portability: (Note: Please mention e-mail and Address of the Person to be contacted for outward migration) Increase in SI during the Policy term (Note: Please provide the contact details, if allowed) Turn Around Time (TAT) for issue of Pre-Auth and settlement of Reimbursement 	
13	Insured's Obligations	<ul style="list-style-type: none"> Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid. Disclosure of Material Information during the policy period such as change in occupation (Note: If applicable, please provide details of the format & to whom the form is to be sent) 	
<p>Legal Disclaimer Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.</p>			

APPLICATION FORM FOR FILING HEALTH INSURANCE PRODUCTS/ADD-ON OFFERED BY LIFE, HEALTH AND GENERAL INSURERS

I. THIS APPLICATION IS APPLICABLE TO LIFE, HEALTH AND GENERAL INSURERS REGISTERED WITH INSURANCE REGULATORY AND DEVELOPMENT AUTHORITY OF INDIA FOR CONDUCTING HEALTH INSURANCE BUSINESS IN INDIA FOR FILING HEALTH INSURANCE PRODUCTS UNDER THE CATEGORIES AS SPECIFIED IN GUIDELINES ON PRODUCT FILING IN HEALTH INSURANCE BUSINESS. THE INSTRUCTIONS ISSUED HEREIN ARE TO BE COMPLIED WITH WHILE FILING THE PRODUCTS.

1. Description of File and Use Procedure -

- a. An insurer, who wishes to introduce a new product under the category specified under Chapter III (A), (B) & (C) (File and Use Procedure) of Guidelines on Product Filing in Health Insurance Business, shall file an application for such product with the Authority for the approval.
- b. A separate application shall be made in respect of each such product and each such Add-on Or Rider.
- c. This Form shall also be used by all Life Insurers and by General and Health Insurers as referred at Clause (III) (13) of Chapter (IV) of the Product Filing Guidelines for filing the Group Health Insurance Products.

2. Filing of new insurance products -

- a. An insurer, wishing to introduce a product as above, shall submit an application to the Authority along with Form IRDAI - FNUHIP for the approval of the Authority.

3. Procedure to be followed for modifications in the existing products –

- a. The Application is divided into the following sections.

- I. General Information
- II. General Terms and Conditions
- III. Benefit Structure
- IV. Underwriting
- V. Other Terms
- VI. Distribution Channels
- VII. Reinsurance arrangements
- VIII. Pricing
- IX. Enclosure to F&U Application

- b. Application seeking modification of the existing individual/Group insurance product shall furnish information under the relevant section or sections that are proposed to be modified and consequently impacted owing to such modification.
- c. Every modification shall be supported by the technical note of the appointed actuary substantiating the modifications proposed.
- d. Where Changes proposed to the product impact Benefit Structure, Terms and Conditions and the Pricing, complete application shall be filed.

4. GENERAL INSTRUCTIONS

- a. If an insurer wishes to offer Add-ons along with a basic health insurance product, the Company must furnish the information in respect of the respective Add-ons separately using this form for each proposed Add-on. Also the financial projections along with sensitivity analysis for each add-on benefit need to be furnished.
- b. Where already cleared Add-on/s is/are proposed to be offered along with the new product now filed, Insurers shall necessarily furnish the financial projections / *Sensitivity Analysis* for each of the Add-on separately.

Note: If an insurer offers an existing Add-on A along with product X, product Y or product Z (e.g. Critical Illness), then financial projection/ Sensitivity Analysis has to be furnished afresh along with each of the products under which the said Add-on is proposed to be offered. This is because the financial projections for the Add-on may differ under that product. For instance, the financial projections submitted for Add-on A along with product X need not be the same when the same Add-on A is offered along with product Y. As such the financial projections / Sensitivity Analysis need to be furnished for the said Add-on along with each product in the specified sections. It may be noted that Add-on details need not be mentioned again but only the financial projections are to be filed, when the same Add-on is offered along with the second or the third product.

- c. All items in the Form must be furnished with the relevant details.
- d. The Appointed Actuary shall initial on all the pages of the File and Use application form.

NOTE: FOR THE PURPOSE OF THIS APPLICATION ADD-ON INCLUDES RIDERS OFFERED BY LIFE INSURERS.

II. File and Use Application form:

Form IRDAI – FNU-HIP

[All the items should be filled in properly and carefully. No item must be left blank.]

S No	Item	Particulars (to be filled in by insurer)
Section I: General Information		
1.1	Name of Life / Health / General Insurer	
1.2	Registration No. allotted by IRDAI	
1.3	Name of Appointed Actuary [Please note that his/her appointment should be in force as on the date of this application]	
1.4	Type of product	<i>Base Product/Add-on/Rider</i>
1.5	Brand Name [Give the name of the product which will be printed in Sales Literature and known in the market. This name should not be altered / modified in any form after launching in the market. This name shall appear in all returns etc. which would be submitted to IRDAI. Insurers are advised to indicate in the brand name the type of product offered, such as Micro, Pilot, CSC etc. as per extant regulations / guidelines]	
1.6	Whether New or Modification	<i>New / Modification of existing product</i>
1.7	Date of approval by PMC (applicable to General and Health Insurers)	
1.8	Specify the Sections which are being modified	
	1.8.1	Unique ID no. (allotted by IRDAI, where application is for modification of an

		existing product)			
	1.8.2	Within how many days the Insurer intends to launch the modified version of the product after clearance by the Authority.			
	1.8.3	Type of Modification		1. Pricing with change in Benefit Structure 2. Pricing without change in Benefit Structure 3. Pricing with Change in Terms and Conditions 4. Pricing without Change in Terms and Conditions 5. Terms and Conditions without pricing impact 6. Benefit Structure without pricing impact 7. Others – Please Specify	
	1.8.4	Is the Product Modification filed for the first time?		Yes/No	
	1.8.4.1	If YES, Please furnish the date of first filing of the product. If No, please give furnish information in item no. 1.9		dd/mm/yyyy	
	1.8.4.2	Please give the proposed modifications in the following tabular form			
	S.no	Existing Features / assumptions/premium rates – which are proposed to modify	Proposed modifications	Justification for such modification	Any supporting data for such modification
1.9	Please give complete history of modifications carried out till date in the following tabular format				
	S No	Date of modification	Existing Features/Assumptions/premium rates	Features/Assumptions/premium rates modified from the	Date of clearance of the modification from the Authority and the

		filed with the Authority	as on date of clearance of the product i.e. before the modification	first/subsequent filing i.e. after the clearance of the modification	unique identification number allotted		
	(1)	(2)	(3)	(4)	(5)		
1.10		Proposed Date of launching the modified version of the product		<i>Dd/mm/yyyy</i>			
1.11	Whether the modification of the product involves change in Price? If yes, furnish the information in Section VIII. If no, furnish a certification from the Appointed Actuary that there is no affect on the pricing of the product.			YES/NO			
1.12	Expected loss ratio & Combined Ratio (for the product) at the time of filing the product or modification of the product, as the case may be vis-à-vis the actual incurred loss ratio & actual Combined Ratio (<i>Data to be furnished separately for each three preceding Financial Years</i>)			FY	Loss Ratio %	Combined Ratio%	
				Expected	Actual	Expected	Actual
1.13	Number of Plans or Variants or options within the Product and Nomenclature Used			<i>Name of the Base Product</i>			
				<i>Number of plans or variants or Options</i>			
				<i>Name of plan or variant or option (Mention each name separately in each sentence)</i>			
1.14	Within how many days the Insurer is proposing to launch the new product after the clearance by Authority.						
Section II : General Terms and Conditions							
2.1	Whether Pilot Product – Yes / No						

2.2	If Yes Maximum Number of Years product proposed to be marketed:		
2.3	If Yes product is to cover – Specific Market Segment (e.g. a specific class of substandard lives) or a Specific disease		
2.4	Objective, basis which the product is proposed to be offered as a Pilot Product (provide Description separately, if necessary)		
2.5	Whether the product is Micro Insurance Product – Yes / No		
2.6	Whether the Product is for any specific Distribution Channel like CSC, PoS		
2.7	Whether the health product is offered to/through: [Answer YES/NO]		
	2.7.1	Individual/Group	Individual/Group
	2.7.1.1	On Family Floater basis	YES / NO
	2.7.1.2	On Individual basis	YES/NO
	2.7.1.3	Both Individual and Family Floater basis	YES / NO
	2.7.2	Specific geographic locations in India [if YES, specify the locations.]	YES / NO
	2.7.3	All geographic locations in India	YES / NO
	2.7.4	Rural population	YES / NO
	2.8.5	Micro Insurance Market Segment	YES / NO
	2.7.6	Category of base cover	Health/Travel-Domestic/Travel - Overseas/Personal Accident / Critical Illness
	2.7.7	Only Indemnity basis	YES / NO
	2.7.9	Only Assured Benefit basis	YES / NO
	2.7.10	Both Indemnity and Assured benefit Basis	Yes/No
2.8	Specify the following:		
	2.8.1	Target population [This section should discuss the target market for which the product is designed. Also please enclose separately the details of any market	

		research conducted for this purpose.]	
2.8.2		Whether Grace period allowed for renewal— specify the number of days allowed for renewal of the contract.	
2.8.3		Whether Grace period allowed for payment of premiums in installments—specify the number of days allowed for payment of premium when premiums are not paid on stipulated dates.	
2.8.4	Basic Sum Insured (in INR):		
	2.8.4.1	Minimum offered	
	2.8.4.2	Maximum offered	
2.8.5	Policy Period:		
	2.8.5.1	Minimum Policy period offered	
	2.8.5.2	Maximum Policy period offered	
	2.8.5.3	Premium paying term, if different from policy term	(a) Minimum Premium Paying Term (b) Maximum Premium Paying Term
2.8.6	Modes of Premium Payment Offered:		
	2.8.6.1	State the modes of premium	

		payment allowed- (Single premium /annual/ half-yearly, etc.)			
2.8.7	Annualized Premium (Wherever applicable)				
2.8.7.1	Minimum:				
2.8.7.2	Maximum:				
2.8.8	Entry Age:				
2.8.8.1	Minimum:	Proposer	Child	Adult	
2.8.8.2	Maximum:	Proposer	Child	Adult	
2.8.9	Maximum Renewal Age	Proposer	Child	Adult	
2.8.9.1	Specify the cover ceasing age of Child				
2.8.10	Restrictions on travel outside India (If YES, specify the conditions]	YES/NO			
2.8.11	Any other restrictions [If there is restriction proposed, the same should be furnished, e.g. future occupation]	YES/NO			
2.8.12	Whether Nomination facility available	Yes / No			
2.8.13	Whether Assignment	Yes / No			

		allowed	
	2.8.1 4	Minimum Group Size	

Section III: Benefit Structure

3 Benefit Structure of the Product.[This section shall describe the various contingencies under which the benefits would be payable and how these would be determined-please do not refer to any other document which is enclosed along with this]

Event:	Benefit Amount:
--------	-----------------

3.1	On Hospitalization	
-----	--------------------	--

3.2	On events other than (3.1) – (please furnish the complete details separately in each row for all plans, covers, sections, Riders or Add-ons etc.)	
-----	---	--

3.3	Deductibles allowed	<table border="1"> <tr> <td>Whether Mandatory</td> <td>Yes / No</td> </tr> <tr> <td colspan="2">Mention details separately for each cover or option</td> </tr> </table>	Whether Mandatory	Yes / No	Mention details separately for each cover or option	
Whether Mandatory	Yes / No					
Mention details separately for each cover or option						

Sl. No.	Name of the Cover or Plan or Option or Add-on or Rider	Amount of Deductible@		% of Deductible@	
		Min	Max	Min	Max

@Furnish the applicable information

3.4	Co-pay allowed	<table border="1"> <tr> <td>Whether Mandatory</td> <td>Yes / No</td> </tr> <tr> <td colspan="2">Mention details separately for each cover or option</td> </tr> </table>	Whether Mandatory	Yes / No	Mention details separately for each cover or option	
Whether Mandatory	Yes / No					
Mention details separately for each cover or option						

Sl.No.	Name of the Cover or Plan or Option or Rider or Add-on	Amount of Co-pay@		% of Co-pay@	
		Min	Max	Min	Max

@Furnish the applicable information						
3.5	Sub-limits, if any (Mention separately for each Cover or Plan or Option or Rider or Add-on)	Contingency	Sub-Limits as a % of SI, if applicable	Sub limits in fixed rupee terms, if applicable		
3.6	Whether cancellation (other than free-look) by the insured allowed:	YES/NO				
3.6.1	If yes, Refund payable on cancellation by the Insured	Time of Cancellation	Policy Duration (specify for each tenure of policy)			
			One Year	Two Year	Three Year etc.	
3.6.2	Whether cancellation by the insurer allowed	YES/NO				
3.6.3	If yes, Refunds, if any, payable on cancellation by the Insurer	Time of Cancellation	Policy Duration (specify for each tenure of policy)			
			One Year	Two Year	Three Year etc.	
3.7	Specify Non-forfeiture conditions [When the contract would be not null and void]					
3.8	Specify options available under the product. (e.g. to increase or decrease benefits, plan changes, etc.) [This section should specify the various options available under the product. The charges, if any, towards the cost of the option shall also be specified.]					
3.9	Furnish complete information on already approved ADD-ons, proposed to be					

	attached with this product if any					
	3.9.1	Add-ons attached to the product	S.No	Add-on Name	UIN allotted by IRDAI	Date of clearance
	3.9.2	Any other features that may be relevant for the product.				
	3.9.3	How the Add-on will benefit the insured if taken along with this product				
Section IV: Underwriting						
4	Underwriting –Selection of Risks [This section should discuss how the different segments of the population will be dealt with for the purpose of underwriting (to the extent they are relevant and a brief detail of procedure adopted for assessment of various risk classes may be given.)					
4.1	Specify Non-medical Limit [Where no pre-medical examination is asked for]					
4.2	Specify when and what classes of lives would be subject to medical examination					
4.3	Whether any loading based on the health status are applicable		Yes / No			
4.4	Whether any loading based on the occupation are applicable		Yes / No			
4.5	Specify, any other underwriting criteria					
4.6	Whether Underwriting of the product aligned to the Board Approved Underwriting policy of the Company		Yes / No			
4.7	Whether full costs of pre policy medical check up are borne by the Insurer		Yes / No			
4.8	If no, specify the percentage proposed to be borne by the Insurer.					
4.9	Waiting Periods in days proposed, if any, for payment of benefits		Name of Cover or Plan or Option		Waiting Period (in Days)	

4.10	Survival Periods in days proposed, if any, for payment of benefits	Name of Cover or Plan or Option	Survival Period (in Days)				
4.11	Exclusions: please specify the permanent exclusions proposed for payment of benefits						
4.12	Time-bound Exclusions proposed for payment of benefits						
Section V - Other Terms							
5.1	Procedure for Renewal						
5.2	Conditions for reinstatement/revival of the contract, in case of installment premiums:						
5.3	Whether the proposal form proposed to be used for this product is already filed with the Authority	Yes / No					
5.4	If Yes, furnish the Unique Reference Number of the Proposal Form						
5.5	If No, attach the proposal form afresh as per the applicable provisions of Product Filing procedure.						
Section VI - Distribution Channels							
6	Distribution channels:						
6.1	Specify the various distribution channels to be used for distributing the product- [reply shall be specific and can not refer to the replies like "as approved by IRDAI]						
6.1	Commission scales to distribution channels— specify the rates which are to be paid-[reply shall be specific]						
6.2	Expected proportions of business to be procured by each channel shall be indicated for the next 5 years.	Distribution Channel	Year 1	Year 2	Year 3	Year 4	Year 5
		1.Individual Agents					

		2. Corporate Agents					
		3. Insurance Brokers					
		4. Web Aggregators					
		5. Micro Insurance Agents					
		6. CSC					
		7. PoS					
		8. Direct – Only Online					
		9. Direct Marketing - Others					
		(Incorporate separate line for each distribution channel)					
		10. Others- specify					
		11. Total					

Section VII - Reinsurance arrangements

7.1	Retention limit	
7.2	Name of the reinsurer (s)	
7.3	Terms of reinsurance(type of reinsurance, commissions, etc.).	
7.4	Any recapture provisions shall be described.	
7.5	Reinsurance rates provided	
7.6	Whether a copy of the reinsurance program and a copy of the Treaty is submitted to the Authority.	Yes/No
7.6.1	Whether reinsurance program and a copy of the treaty enclosed (required only if these are not filed with the	Yes/No

		Authority previously)	
	7.6.2	Whether the reinsurance proposed for the product is in line with the Board approved reinsurance program filed with the Authority	Yes / No
	7.6.3	If no, furnish the particulars	
Section VIII: Pricing			
8	<p>Premium Loadings & Discounts <i>(Please provide objective and transparent criteria to offer discounts/rebate/Loadings And complete financial justifications by AA to every item referred hereunder. In case of General and Health Insurers to be also furnished separately in the Technical Note)</i></p>		
	8.1	Sum insured rebates/discounts offered, if any	
	8.2	Rebates/charges for different modes offered:	
	8.3	Premium rebates/discounts	
	8.4	Staff rebates	
	8.5	Any other discounts offered	
	8.6	Maximum cap on all Discounts for all variables taken together	
	8.7	Any loadings proposed	
	8.8	Maximum Cap on all Loading for all variables taken together	
	8.9	Subrogation (Not applicable to Health Insurance)	

8.10	Pricing Assumptions and Methodology: The pricing assumptions and the methodology may vary depending on the nature of product. Give details of the following			
8.11	Give the actuarial formulae, if any, used; if not, state how premiums are arrived at briefly explaining the methodology and details:			
8.12	Source of data (internal/industry/reinsurance)			
8.13	Rate of morbidity [The tables wherever relevant shall be the prescribed one.]			
8.14	Rates of policy terminations. [The rates used must be in accordance with insurer's experience. If such experience is not available, this can be from the industry/reinsurer's experience .]			
8.15	Rate of interest, if any. [The rate or rates must be consistent with the investment policy of the insurer.]			
8.16	Commission scales [Give rates of commission. These are explicit items.]			
8.17	Expenses - Split into First Year, Renewal and Claim related:- [Expense assumptions must be company specific. If such experience is not available, the Appointed Actuary might consider industry experience or make reasonable assumptions.]			
8.17	First Year expenses by: sum assured related, premium related, per .1 policy related			
	<i>First Year Expenses</i>	sum assured related	premium related	per policy related
8.17	Renewal expenses where relevant (including overhead expenses) by : .2 sum assured related, premium related, per policy related			
	<i>Renewal Expenses</i>	sum assured related	premium related	per policy related
8.17	Claim expenses			

	.3						
	8.17 .4	Future inflationary increases, if any					
8.18	Allowance for transfers to shareholder, if any: [Please see section 49 of the Insurance Act, 1938]						
8.19	Taxation. [Please see the relevant sections of the Income Tax Act, 1961 applicable for payment of taxes by the Insurer]						
8.20	Any other parameter relevant to pricing of product –specify						
8.21	Reserving assumptions (please specify all the relevant details)						
8.22	Base rate (risk premium)-furnish the rate table, if any						
8.23	Gross premium- furnish the rate table, if any						
8.24	Expected loss ratio (for the product) -to be furnished for each plan offered within the product separately						
8.25	Age-wise loss ratio- to be furnished for each option or plan offered within the product separately		S.No	Age	Loss ratio		
8.26	Sum insured-wise- loss ratio to be furnished for each option or plan offered within the product separately		S.No	SA	Loss ratio		
8.27	Age and sum insured wise loss ratio - to be furnished for each option or plan separately		Table given below (SI band and age bands shall be increased / decreased depending on the minimum and maximum SI / Age offered)				
	S.NO	SI/Age bands	25000	50000	100000	150000	200000
	1	>=0<=2					
	2	>=3<=15					
	3	>=16<=25					

	4	>=26<=30					
	5	>=31<=35					
	6	>=36<=40					
	7	>=41<=45					
	8	>=46<=50					
	9	>=51<=55					
	10	>=56<=60					
	11	>=61<=65					
	12	>=66					
8.28	Expected combined ratio (for the product) -to be furnished for each plan separately						
8.29	Age-wise combined ratio- to be furnished for each plan separately						
8.30	Sum insured-wise- combined ratio to be furnished for each plan separately						
8.31	Age and sum insured wise combined ratio - to be furnished for each option or plan separately		Table given below (SI band and age bands shall be increased / decreased depending on the minimum and maximum SI /Age offered)				
	S.NO	SI/Age bands	25000	50000	100000	150000	200000
	1	>=0<=2					
	2	>=3<=15					
	3	>=16<=25					
	4	>=26<=30					
	5	>=31<=35					
	6	>=36<=40					
	7	>=41<=45					
	8	>=46<=50					

	9	>=51<=55								
	10	>=56<=60								
	11	>=61<=65								
	12	>=66								
8.32	Expected cross-subsidy between age/sum insured/ plans etc									
8.33	Experience of similar products, if any for the preceding Five Financial Years									
	S.No	Exposure	Premium – Rs.	Number of claims	Incurr ed claims -Rs.	Claim frequency	Average cost per claim	Burning cost-Rs.	Loss ratio	Combined ratio
	FY									
	FY-1									
	FY-2									
	FY-3									
	FY-4									
	<p>1. Exposure: earned life year (no of life earned during a particular financial year);</p> <p>2. Premium: premium earned during the financial year;</p> <p>3. Number of claims: claims occurred during the financial year;</p> <p>4. Incurred claims: Incurred amount as of today for claims mentioned in “3”;</p> <p>5. Claim frequency: No. of claims/ Exposure;</p> <p>6. Average cost per claim: Incurred claims / No. of claims;</p> <p>7. Burning cost: Claims frequency* Average cost per claim;</p> <p>8. Loss ratio: Incurred claims/ Premium;</p> <p>9. Combined ratio: Loss ratio + Expense ratio;</p>									
8.34	Whether principle of uniform spread of risk is taken into consideration while arriving the refunds payable on cancellation/termination of policy. Please substantiate with									

	relevant data or assumptions			
8.35	Revision in pricing for existing products (Submit separately as an Annexure, percentage difference between existing and modified premium rates for each rating factor)			
8.35.1	Whether there is an increase or decrease in the premiums	<i>Increase/Decrease/Increase in certain age groups only/Decrease in certain age groups only/NA</i>		
8.35.2	Justification for change/modification in premium			
8.35.3	Experience of the product across plans / sum insured / age bands	In addition to the experience of similar products in Item 8.33, these tables to be furnished for the product for which revision in pricing is requested		
8.35.4	How the pricing methodology differs between sum insured options			
8.36	Results of Financial Projections/Sensitivity Analysis: [The profit margins should be shown for various model points for base, optimistic and pessimistic scenarios in a tabular format below. The definition of profit margin should be taken as the present value of net profits to the p.v of premiums. Please specify assumptions made in each scenario. For terms less than or equal to one year loss ratio may be used and for terms more than one year, profit margin may be used.]			
8.37	Risk discount rate used in the profit margin			
8.38	Average Sum Insured Assumed			
8.39	Assumptions made under pessimistic scenario			
8.40	Assumptions made under optimistic scenario			
8.41	Age [PM: Profit Margin/Loss Ratio] [Age Band may be revisited based on the product design parameters]	<i>PM (base scenario)</i>	<i>PM (pessimistic scenario)</i>	<i>PM (optimistic scenario)</i>
	>=0<=2			
	>=3<=15			
	>=16<=25			
	>=26<=30			
	>=31<=35			
	>=36<=40			

	>=41<=45			
	>=46<=50			
	>=51<=55			
	>=56<=60			
	>=61<=65			
	>=66			

Section IX: Enclosures to F&U Application:

The following specimen documents should be enclosed:

9.1	Sales Literature /Prospectus. This is the literature which is to be used by the various distribution channels for selling the product in the market. This shall enumerate all the salient features of the product alongwith the exclusions applicable for the basic benefits and shall be in compliance with the relevant circulars issued by the Authority at all times).
9.2	Policy Document & Policy Schedule:
9.3	Technical Note on Pricing (Not applicable to Life Insurers):
9.4	Proposal form, wherever necessary
9.5	Premium Table
9.6	Certificates by Appointed Actuary and Chief Compliance Officer
9.7	Product Check List with due certification by Chief Compliance Officer
9.8	Certificate of Insurance, where applicable
9.9	CIS

Software used for product design and monitoring --- (for information of the Authority)

The Insurer shall enclose a certificate from the Chief Compliance Officer, Appointed Actuary, countersigned by the principal officer of the insurer, as per specimen given below :(The language of this should not be altered)

Certification by Chief Compliance Officer:

I----- (Name of Chief Compliance Officer) the undersigned, on behalf of the Insurer named below, hereby affirm and declare as follows:

1. That the details of the (Name of product) filled in above are true and correct and reflect what the policy and other documents indicate.
2. That the product complies with the various provisions of the IRDAI Health Insurance Regulations, 2016, Guidelines on Standardization of Health Insurance, Guidelines on Standardization of Exclusions in Health Insurance Contracts, Guidelines on Product

Filing in Health Insurance Business and the applicable provisions of extant IRDAI Regulations and all circulars issued by IRDAI from time to time.

3. That the File and Use application and all other documents are complete and have been verified for correctness and consistency not only in respect of each item of each document but also vis-a-vis one another.
4. I certify that the policy wordings filed along with file and use application is in compliance with IRDAI (Health Insurance) Regulations, 2016, Guidelines on Product Filing in Health Insurance Business, Guidelines on Standardization of Health Insurance and Guidelines on Standardization of Exclusions in Health Insurance Contracts issued thereon.
5. I further certify that the Prospectus submitted is in compliance with the applicable provisions of Rules, IRDAI Regulations and Guidelines on Product Filing and Insurance Advertisements.

Date:

(Chief Compliance Officer)

Name of Insurer:

Certification by Appointed Actuary:

" I, (**name of the appointed actuary**), the appointed actuary, hereby solemnly declare that the information furnished in this Application Form is true. I also certify that, in my opinion, the premium rates, advantages, terms and conditions of the above product are workable and sound, the assumptions are reasonable and premium rates are fair."

I have carefully studied the requirements of the Product Filing Procedure in relation to the design and rating of insurance products.

The rates, terms and conditions of the above mentioned product are determined on technically sound basis and are sustainable on the basis of the information and claims experience available in the records of the insurer.

An adequate system has been put in place for collection of data on premiums and claims based on every rating factor that will enable review of the rates and terms of the cover from time to time. It is planned to review the rates, terms and conditions of cover (--- mention periodicity of review) based on emerging experience.

It is further certified that the underwriting of the product now filed shall be within the Board approved underwriting philosophy of the Company.

The requirements of the Product Filing Procedure have been fully complied with in respect of this product or revision or modification of the product.

I further declare that except the Sections mentioned in S.No, no other feature/benefit/clause is modified in the product (applicable only for revision or modification of the product)

Place

Signature of the Appointed Actuary

Date:

Certification by Principal Officer or CEO

I (name of the Principal Officer or CEO), (mention designation) hereby confirm that:

1. The rates, terms and conditions of the above-mentioned product filed with this certificate have been determined in compliance with the IRDA Act, 1999, Insurance Act, 1938, and the Regulations and guidelines issued there under, including the File and Use / Product Filing Guidelines.
2. The prospectus, sales literature, policy and endorsement documents, and the rates, terms and conditions of the product have been prepared on a technically sound basis and on terms that are fair between the insurer and the client and are set out in language that is clear and unambiguous.
3. These documents are also fully in compliance with the underwriting and rating policy approved by the Board of Directors of the insurer.
4. The statements made in the filing Form IRDAI - FNUHIP are true and correct.
5. The requirements of the Product Filing Guidelines have been fully complied with in respect of this product.

Date:

Signature of Principal Officer or Designated Officer

Place: Name and designation along with Company's seal

Annexure - 2

File and Use Application for Filing Health Package or Non-Life Package Products or Add-ons Offered by Health or General Insurers

GENERAL INSTRUCTIONS:

- a. Insurers shall use this form for filing of Health package or Non-Life Package products where already approved Health, Travel and Accident Products or Add-ons are made part of the Health or Non-Life Package Product.
- b. This form is applicable only when already approved products are packaged and when no change in terms, conditions or price are made.
- c. All items in the Form must be furnished with the relevant details.
- d. Forms along with the necessary enclosures mentioned here in shall be furnished.

Note: This form CANNOT be used if Insurers wish to file package products incorporating changes in products already approved by the Authority. In such case, the filing needs to be made as required under Guidelines on Product Filing for Health Insurance Products.

File and Use Application form for ‘Health Package’ or ‘Non-Life Package Products’ offered by General Insurers:

FORM: IRDAI – FnUNLHP

S No	Item	Particulars (to be filled in by insurer)		
1	Name of Health or General Insurer			
2	Registration No. allotted by IRDAI			
3	Name of the proposed Package Product			
4	Date of approval by PMC			
6	Particulars of existing Health or Non Life Product(s) which is made part of the proposed package product	<i>S.No</i>	<i>UIN and Dt of Approval</i>	<i>Approved Brand name of the product</i>

7	Name of the approved sections as included in the proposed package product (applicable where only a section is packaged):	S.No	UIN	Approved Brand name of the product	Approved Section
7	Justification for packaging the products / Add-ons				
8	Whether the products being packaged have any overlapping covers or sections?	Yes/No			
8.1	If yes, please justify the packaging of these covers or sections.	S.No	Overlapping covers /sections	Justification for packaging the same	Treatment when claim arises under the said section/cover
9	Enclosures to the Application: (1) Copy of Approval Letter of the respective products or Add-ons proposed to be packaged.				
10	Any other information				

Certification: The Insurer shall enclose a certificate from the Appointed Actuary, countersigned by the principal officer of the insurer, as per specimen given below:(The language of this should not be altered)

"This is to certify that we have not altered any of the features, terms, conditions, policy wordings and the price of the existing approved products. We further undertake that the combined proposal and combined policy wording and schedule for the package policy shall include all the features of both these products.

This is further to certify that the section ----- (specify name of the section) proposed to be packaged has an independent premium rate approved under UIN ----- . (Applicable where a section is proposed to be packaged)

Place _____ Signature of the Appointed Actuary

Date:

Name and Counter Signature of the Principal Officer along with name, and Company's seal.

Annexure - 3

**Application Form for Filing of Health Plus Life Combi Products/Riders Offered by
Life or Health or General Insurers**

GENERAL INSTRUCTIONS:

- a. Insurers shall use this form for filing of Health plus Life Combi-products when already approved products are integrated as Health plus Life Combi-product without making any change in terms, conditions or price in either of the approved products.
- b. All items in the Form must be furnished with the relevant details.
- c. Forms along with the necessary enclosures shall be furnished, but NOT in piecemeal.

Note: This form CANNOT be used if Insurers wish to file Health plus Life products incorporating changes in already approved products. In such case, the filing needs to be made separately as per extant Guidelines on Product Filing in Health Insurance Business or F&U Procedure of Life Products respectively.

File and Use Application form for 'Health Plus Life Combi Products' offered by Life, Health and General Insurers:

Form IRDAI – FNU-HPLCombi

S No	Item	Particulars (to be filled in by insurer)
1	Name of General/Health Insurer	
2	Registration No. allotted by IRDAI	
3	Name of the Life Insurer	
4	Registration No. allotted by IRDAI	
5	Name of the proposed Health Plus Life Combi-Product	
5.1	Name of the Lead Insurer	
6	Proposed date of introduction of Health Plus Life Combi-Product	<i>DD/MM/YYYY</i>
7	Memorandum of Understanding (MoU):	
7.1	Whether MOU filed with the Authority?	<i>Date of Filing: dd/mm/yyyy</i>

7.1.1	Furnish a Copy of MoU				
7.2	Period for which the MOU is agreed upon for the purpose of promoting 'Combi Products'? (Specify the dates)	From: DD/MM/YYYY To: DD/MM/YYYY			
8	Product related Information:				
8.1	Names of the existing approved Health/Life Products which are made part of the proposed Health Plus Life Combi-Product	<i>Product offered by</i>	<i>Name of the approved product</i>	<i>UIN</i>	<i>Date of Approval by IRDAI</i>
		<i>Health/General Insurer</i>			
		<i>Life Insurer</i>			
8.2	Whether the product is proposed to be offered to Groups or Individuals?	<i>Group/Individual</i>			
8.3	Whether the Health Insurance is offered on Family Floater basis	YES/NO			
8.4	If YES, whether life insurance coverage is allowed on the life of proposer who shall be an earning member of the family only?	YES/NO			
8.5	Whether the product offered by General/Health Insurer is Medical /Sickness/ Health cover?				
8.6	Whether Premium Component of both the risks are separately identifiable?				
8.7	Whether the premium component of both the risks disclosed separately to the policyholders in Policy Document and Prospectus/Sales literature?				
8.8	Whether 'Free Look Period' option is provided to the 'Combi Product' as a whole?				
9	Other Information:				
9.1	Distribution Channel wise maximum commission allowed	<i>Distribution</i>	<i>Maximum Commission (as</i>		

	under the Combi Product	<i>Channel</i>	<i>% of premium)</i>	
			<i>Life</i>	<i>Health</i>
		<i>Others</i>		
9.2	Whether Operation procedures put in place for updating premium on policy data on a real time basis in respect of the product under consideration?			
9.3	Specify the options available to policyholders of 'Combi Products' to discontinue either portion of risk coverage while continuing with the other portion, subject to the extant law, regulations, guidelines etc.			
9.4	Whether the above options are disclosed in Policy Document, Prospectus and Sales Literature?			
9.5	Whether the Prospectus and Policy Document specify the scope for withdrawal of tie-up between the two Insurer?			
9.6	Whether provision of 90 days notice period in case of withdrawal of tie-up mentioned in the Prospectus and Policy Document?			
9.7	Specify the options available to policyholders of 'Combi Products' upon withdrawal of tie-up between the two Insurers			
9.8	Whether the options available to the policyholders of 'Combi Products' upon withdrawal of tie-up between the two Insurers specified in the Prospectus and Policy Document?			
9.9	Whether cost-benefit analysis	YES/NO		

	carried out by both the insurers?		
9.10	If YES, whether any discount being offered on the premium in the combi-product?	YES/NO	
9.11	If Yes, whether discount is offered on Life Product or Health Product or Both	Life/Health/Both	
9.11.1	Submit the relevant technical note by Appointed Actuary		
9.12	If Yes, specify the Discount on Health portion of the Product with objective criteria.	<i>Rate of Discount</i>	<i>Objective Criteria</i>
9.13	If Yes, specify the Discount on Life portion of the Product with objective criteria.	<i>Rate of Discount</i>	<i>Objective Criteria</i>
9.14	Whether the discount is disclosed in Policy document & prospectus?	YES/NO	
9.15	Whether Mandatory minimum disclosures are made in the Policy Document?		
10	Date of approval by PMC of lead Insurer	dd/mm/yyyy	
10.1	Date of approval by PMC of other Insurer	dd/mm/yyyy	

Certification -1: The Insurer shall enclose a certificate from the Appointed Actuary countersigned by the principal officer of the lead insurer, as per specimen given below:(The language of this should not be altered)

"This is to certify that the Life or Health portion (strike off whichever is not applicable) of the proposed Combi product --- (Name of Combi Product) is the product approved by the Authority and we have not altered any of the features, terms, conditions and the price of the existing approved product. However, owing to the benefits of combining the products, a discount of --- is proposed to be offered after actuarial evaluation."

Place
Date:

Signature of the Appointed Actuary

Name and countersignature of the Principal Officer of the Lead Insurance Company

The Insurer shall also enclose a certificate from the Appointed Actuary of the other insurer (other than lead insurer), as per specimen given below :(The language of this should not be altered)

"This is to certify that the Life or Health portion (strike off whichever is not applicable) of the proposed Combi product --- (Name of Combi Product) is the product approved by the Authority and we have not altered any of the features, terms, conditions and the price of the existing approved product. However, owing to the benefits of combining the products, a discount of --- is proposed to be offered after actuarial evaluation."

Place **Signature of the Appointed Actuary**
Date: **Name of the Appointed Actuary of the Other Insurance Company**

Certification by Chief Compliance Officer of Lead Insurer on Mandatory minimum disclosures:

" This is to certify that all the mandatory minimum disclosures have been made in the Policy document, Prospectus and proposal form of the Health plus Life Combi-product as per extant Regulations and Guidelines."

Place **Signature of Chief Compliance Officer**
Date:

Application Form for Filing of Group Health Insurance Products offered by Health or General Insurers under Use and File Procedure

(Not applicable to Life Insurers)

GENERAL INSTRUCTIONS:

- a. THIS FORM IS APPLICABLE TO ALL HEALTH AND GENERAL INSURERS REGISTERED WITH INSURANCE REGULATORY AND DEVELOPMENT AUTHORITY OF INDIA FOR CONDUCTING HEALTH INSURANCE BUSINESS IN INDIA FOR FILING INFORMATION ON GROUP HEALTH INSURANCE PRODUCTS UNDER CHAPTER - IV OF GUIDELINES ON PRODUCT FILING IN HEALTH INSURANCE BUSINESS.
- b. An Insurer wishing to introduce a new Group Health Insurance product (other than Government Sponsored Scheme) shall submit an application to the Authority in this Form within seven days from the date of approval by the Product Management Committee (PMC) and obtain an UIN. Any group policy issued under this product shall be in total compliance with the product filed under this form. Where any modifications or changes are proposed to customize the requirements of the policyholders, such product shall be treated as a new group insurance product and shall follow the norms specified herein for obtaining a fresh UIN.
- c. For every Group Health Insurance Product filed under these Use & File Procedure, the Insurer shall furnish Annual Return in Form – IRDAI – GHISAR (prescribed in HIR – 21 under Annexure II of the Guidelines on Standardization in Health Insurance) within 90 days from the close of every Financial Year.
- d. Insurers shall maintain the records such as proposal form, internal notes, details of quotation given and details of acceptance, details premium worksheet along with the basis for working including previous claims details, Policy Schedule, list of named beneficiaries wherever applicable etc. with respect to every policy issued for a minimum period of 5 years from the expiry of every Policy issued under this Product. Insurers must also justify the rates and terms including discounts given to any group to the Authority, if called upon to do so.
- e. Insurer shall also maintain the ICR of every policy issued to the Groups.
- f. The existing Insurer receiving request from any other insurer shall furnish the information related to ICR of the Group for the policy years serviced by it (for a maximum period of 5 policy years) within 07 working days from the date of such request.
- g. All items in the Forms must be furnished with the relevant details.
- h. All the enclosures as specified shall be furnished together, but not in piecemeal.

**Use & File Application form for 'Group Health Insurance Products' offered
by Health or General Insurers
FORM – IRDAI – UnF HLTGRP**

S No	Item	Particulars (to be filled by the Insurer)													
Section I: General Information															
1.1	Name of Health or General Insurer														
1.2	Registration No. allotted by IRDAI														
1.3	Name of the Group Health Insurance Product														
1.4	Date of approval by the PMC														
1.5	Whether the Product is launched?	Yes / No													
1.6	If yes, Date of Launching of the Product	DD/MM/YYYY													
1.7	If no, proposed date of launching	DD/MM/YYYY													
1.8	Whether Product is catered to the Social Sector	Yes / No													
Section II: Details of the Product															
2.1	Type of Coverage	Indemnity	Yes/No												
		Benefit	Yes/No												
		Both Indemnity & Benefit	Yes/No												
		Individual Floater	Yes/No Yes/No												
2.2 Structure of Base Cover offered in the Product:															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">S.No</th> <th style="width: 15%;">Name of the</th> <th style="width: 15%;">Whether Deductibl</th> <th style="width: 25%;">If yes, range of Deductible</th> <th style="width: 15%;">Whether Co-Pay</th> <th style="width: 20%;">If yes, range of Co-Pay</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				S.No	Name of the	Whether Deductibl	If yes, range of Deductible	Whether Co-Pay	If yes, range of Co-Pay						
S.No	Name of the	Whether Deductibl	If yes, range of Deductible	Whether Co-Pay	If yes, range of Co-Pay										

	Benefit	e allowed				allowed																						
		Yes/ No	Minimum	Maximum	Yes/ No	Minimum	Maximum																					
2.3	Any sub limits imposed				Yes / No																							
<p>Details of sub limits imposed in the following format (furnish separately for each option or plan of the group insurance product)</p> <p>Name of Option or Plan:</p> <table border="1"> <tr> <td rowspan="2">Type of Benefit for which sub limit is imposed</td> <td colspan="4">Sub Limit in absolute terms (in INR)</td> <td colspan="4">Sub Limit as a percentage</td> </tr> <tr> <td colspan="2">Minimum</td> <td colspan="2">Maximum</td> <td colspan="2">Minimum</td> <td colspan="2">Maximum</td> </tr> </table>										Type of Benefit for which sub limit is imposed	Sub Limit in absolute terms (in INR)				Sub Limit as a percentage				Minimum		Maximum		Minimum		Maximum			
Type of Benefit for which sub limit is imposed	Sub Limit in absolute terms (in INR)				Sub Limit as a percentage																							
	Minimum		Maximum		Minimum		Maximum																					
2.4	Sum Insured offered				Minimum(Rs.)		Maximum (Rs.)																					
2.5	Whether any Add ons offered				Yes / No																							
2.6	If yes, Number of Add ons offered																											
<p>Details of Add ons Offered</p> <table border="1"> <tr> <td rowspan="2">Name of Add on</td> <td colspan="2">Sum Assured</td> <td colspan="2">Deductible</td> <td colspan="2">Co-Pay</td> <td colspan="2">Sub Limit</td> <td></td> </tr> <tr> <td>Min</td> <td>Max</td> <td>Min</td> <td>Max</td> <td>Min</td> <td>Max</td> <td>Min</td> <td>Max</td> <td></td> </tr> </table>										Name of Add on	Sum Assured		Deductible		Co-Pay		Sub Limit			Min	Max	Min	Max	Min	Max	Min	Max	
Name of Add on	Sum Assured		Deductible		Co-Pay		Sub Limit																					
	Min	Max	Min	Max	Min	Max	Min	Max																				
2.7	Number of Options or plans Offered																											
<p>Details of Options Offered</p> <table border="1"> <tr> <td rowspan="2">Name</td> <td colspan="2">Sum Assured</td> <td colspan="2">Deductible</td> <td colspan="2">Co-Pay</td> <td colspan="2">Sub Limit</td> <td></td> </tr> <tr> <td>Min</td> <td>Max</td> <td>Min</td> <td>Max</td> <td>Min</td> <td>Max</td> <td>Min</td> <td>Max</td> <td></td> </tr> </table>										Name	Sum Assured		Deductible		Co-Pay		Sub Limit			Min	Max	Min	Max	Min	Max	Min	Max	
Name	Sum Assured		Deductible		Co-Pay		Sub Limit																					
	Min	Max	Min	Max	Min	Max	Min	Max																				

2.8	Minimum membership of the Group				
2.9	Target Group	Employer-Employee			
		Non-Employer-Employee			
		Social Sector			
		Others (Please specify)			
2.10	Expected ICR				
2.11	Whether a Board approved underwriting policy is in place with respect to this Group Health Insurance Product?				
2.12	If yes, date of filing with the Authority				
2.13	Whether the Underwriting mandates considering previous claims experience of the Group for pricing the Scheme?				
2.14	Whether Loadings are allowed	Yes / No			
2.15	Specify the objective criteria basis which loadings are levied				
2.16	Details of Loadings				
	Criteria	In Absolute Terms (INR), if applicable		In Percentage, if applicable	
		Minimum	Maximum	Minimum	Maximum
2.16.1	What is the maximum cap on Loadings				
2.17	Whether Discounts are allowed	Yes / No			
2.18	Specify the objective criteria basis which discounts are allowed				
2.19	Details of Discounts				
	Criteria	In Absolute Terms (INR), if applicable		In Percentage, if applicable	

		applicable			
		Minimum	Maximum	Minimum	Maximum
2.19.1	What is maximum cap on Discounts				
2.19.2	Any additional information concerning Loadings and Discounts				
2.20	Whether system is in place to ensure that the underwriting procedure laid down for the Product is followed?				
2.21	Any wellness or preventive elements offered		Yes/No (If Yes Give complete details as an annexure)		
Section III: Reinsurance arrangements:					
3.1	Retention limit				
3.2	Name of the reinsurer(s)				
3.3	Terms of reinsurance (type of reinsurance, commissions, etc.				
3.4	Any recapture provisions shall be described				
3.5	Reinsurance rates provided				
3.6	Whether a copy of the reinsurance program and a copy of the Treaty is submitted to the Authority				
Section IV: Pricing:					
4	<p><i>Premium Loadings & Discounts</i> (Please provide objective and transparent criteria to offer discounts/rebate/Loadings And complete financial justifications by AA to every item referred hereunder. In case of General and Health Insurers to be also furnished separately in the Technical Note)</p>				
4.1		Sum insured rebates/discounts offered, if any			

4.2		Rebates/charges for different modes offered:	
4.3		Premium rebates/discounts	
4.4		Staff rebates	
4.5		Any other discounts offered	
4.9		Subrogation (Not applicable to Health Insurance)	
4.10	Pricing Assumptions and Methodology: The pricing assumptions and the methodology may vary depending on the nature of product. Give details of the following		
4.11	Give the actuarial formulae, if any, used; if not, state how premiums are arrived at briefly explaining the methodology and details:		
4.12	Source of data (internal/industry/reinsurance)		
4.13	Rate of morbidity [The tables wherever relevant shall be the prescribed one.]		
4.14	Rates of policy terminations. [The rates used must be in accordance with insurer's experience. If such experience is not available, this can be from the industry/reinsurer's experience.]		
4.15	Rate of interest, if any. [The rate or rates must be consistent with the investment policy of the insurer.]		
4.16	Commission scales [Give rates of commission. These are explicit items.]		

4.17	Expenses - Split into First Year, Renewal and Claim related:- [Expense assumptions must be company specific. If such experience is not available, the Appointed Actuary might consider industry experience or make reasonable assumptions.]			
4.17.1	First Year expenses by: sum assured related, premium related, per policy related			
	<i>First Year Expenses</i>	sum assured related	premium related	per policy related
4.17.2	Renewal expenses where relevant (including overhead expenses) by : sum assured related, premium related, per policy related			
	<i>Renewal Expenses</i>	sum assured related	premium related	per policy related
4.17.3	Claim expenses			
4.17.4	Future inflationary increases, if any			
4.18	Allowance for transfers to shareholder, if any: [Please see section 49 of the Insurance Act, 1938]			
4.19	Taxation. [Please see the relevant sections of the Income Tax Act, 1961 applicable for payment of taxes by the Insurer]			
4.20	Any other parameter relevant to pricing of product –specify			
4.21	Reserving assumptions (please specify all the relevant details)			
4.22	Base rate (risk premium)-furnish the rate table, if any			
4.23	Gross premium- furnish the rate table, if any			
4.24	Expected loss ratio (for the product) -to be furnished for each plan offered within the product separately			
4.25	Age-wise loss ratio- to be	S.No	Age	Loss ratio

	furnished for each option or plan offered within the product separately						
4.26	Sum insured-wise- loss ratio to be furnished for each option or plan offered within the product separately	S.No	SA	Loss ratio			
4.27	Age and sum insured wise loss ratio - to be furnished for each option or plan separately	Table given below (SI band and age bands shall be increased / decreased depending on the minimum and maximum SI / Age offered)					
	S.NO	SI/Age bands	25000	50000	100000	150000	200000
	1	>=0<=2					
	2	>=3<=15					
	3	>=16<=25					
	4	>=26<=30					
	5	>=31<=35					
	6	>=36<=40					
	7	>=41<=45					
	8	>=46<=50					
	9	>=51<=55					
	10	>=56<=60					
	11	>=61<=65					
	12	>=66					
4.28	Expected combined ratio (for the product) -to be furnished for each plan separately						
4.29	Age-wise combined ratio- to be furnished for each plan separately						
4.30	Sum insured-wise- combined ratio to be furnished for each plan separately						
4.31	Age and sum insured wise combined ratio - to be furnished for each option or	Table given below (SI band and age bands shall be increased / decreased depending on					

plan separately			the minimum and maximum SI /Age offered)						
S.NO	SI/Age bands	25000	50000	100000	150000	200000			
1	>=0<=2								
2	>=3<=15								
3	>=16<=25								
4	>=26<=30								
5	>=31<=35								
6	>=36<=40								
7	>=41<=45								
8	>=46<=50								
9	>=51<=55								
10	>=56<=60								
11	>=61<=65								
12	>=66								
4.32	Expected cross-subsidy between age/sum insured/plans etc.								
4.33	Experience of similar products, if any for the preceding Five Financial Years								
S.No	Exposure	Premium – Rs.	Number of claims	Incurr ed claim s-Rs.	Claim frequ ency	Aver age cost per claim	Burni ng cost-Rs.	Loss ratio	Com bined ratio
FY									
FY-1									
FY-2									
FY-3									
FY-4									
1. Exposure: earned life year (no of life earned during a particular financial									

	<p>year);</p> <p>2. Premium: premium earned during the financial year;</p> <p>3. Number of claims: claims occurred during the financial year;</p> <p>4. Incurred claims: Incurred amount as of today for claims mentioned in “3”;</p> <p>5. Claim frequency: No. of claims/ Exposure;</p> <p>6. Average cost per claim: Incurred claims / No. of claims;</p> <p>7. Burning cost: Claims frequency* Average cost per claim;</p> <p>8. Loss ratio: Incurred claims/ Premium;</p> <p>9. Combined ratio: Loss ratio + Expense ratio;</p>	
4.34	Whether principle of uniform spread of risk is taken into consideration while arriving the refunds payable on cancellation/termination of policy. Please substantiate with relevant data or assumptions	
4.35	Revision in pricing for existing products (Submit separately as an Annexure, percentage difference between existing and modified premium rates for each rating factor)	
4.35.1	Whether there is an increase or decrease in the premiums	<i>Increase/Decrease/Increase in certain age groups only/Decrease in certain age groups only/NA</i>
4.35.2	Justification for change/ modification in premium	
4.35.3	Experience of the product across plans / sum insured / age bands	In addition to the experience of similar products in Item 4.33, these tables to be furnished for the product for which revision in pricing is requested
4.35.4	How the pricing methodology differs between sum insured options	
4.36	Results of Financial Projections/Sensitivity Analysis: [The profit margins should be shown for various model points for base, optimistic and pessimistic scenarios in a tabular format below. The definition of profit margin should be taken as the present value of net profits to the p.v of premiums. Please specify assumptions made in each scenario. For terms less than or equal to one year loss ratio may be used and for terms more than one year, profit margin may be used.]	

4.37	Risk discount rate used in the profit margin			
4.38	Average Sum Insured Assumed			
4.39	Assumptions made under pessimistic scenario			
4.40	Assumptions made under optimistic scenario			
4.41	Age [PM: Profit Margin/Loss Ratio] [Age Band may be revisited based on the product design parameters]	<i>PM (base scenario)</i>	<i>PM (pessimistic scenario)</i>	<i>PM (optimistic scenario)</i>
	>=0<=2			
	>=3<=15			
	>=16<=25			
	>=26<=30			
	>=31<=35			
	>=36<=40			
	>=41<=45			
	>=46<=50			
	>=51<=55			
	>=56<=60			
	>=61<=65			
	>=66			
Section IV: Documents to be submitted				

25	Documents Submitted:			
		S.No	Name of the Document	Yes/No
		1	Policy Wordings, Policy Schedule and Certificate of Insurance	
		2	Underwriting Policy applicable to the Product	
		3	Rating Chart	
		4	Technical Note	

(Where modification of the pricing of the Group Product is proposed, Submit separately as an Annexure, percentage difference between existing and modified premium rates for each rating factor)

Certification. The Insurer shall enclose a certificate from the Appointed Actuary, Chief Compliance Officer, countersigned by the principal officer of the insurer, as per specimen given below:(The language of this should not be altered)

CERTIFICATE BY APPOINTED ACTUARY:

"I, (name of the appointed actuary), the appointed actuary, hereby solemnly declare that the information furnished above is true. I also certify that, in my opinion, the premium rates, advantages, terms and conditions of the above product are workable and sound, the assumptions are reasonable and premium rates are fair and the rates proposed are viable. It is further to confirm that the product is in compliance with Health Insurance Regulations, 2016 and norms specified in Product Filing Guidelines."

Place

Signature of the Appointed Actuary

Date:

CERTIFICATE BY CHIEF COMPLIANCE OFFICER:

I ----- (Name of CCO) hereby solemnly declare that the information filed in respect of the above Group Insurance Product is as cleared by PMC and being marketed without any variation. We undertake to file the product afresh if there is any variation in the product filed above.

Signature of the Chief Compliance Officer

Place

Date:

Name and Counter Signature of the principal officer along with name, and Company's seal.

Annexure - 5

Application Form for Filing of Government Sponsored Health Insurance Schemes offered by Life or Health or General Insurers

GENERAL INSTRUCTIONS:

- a. Insurers shall use this form for filing of a Government sponsored Health Insurance Schemes
- b. An Insurer shall file a Government sponsored Health Insurance Scheme within 15 days from the date of award of tender or date of MoU, whichever is earlier, in the Format prescribed.
- c. Section (IV) is applicable for Extension of an existing Scheme and Section (V) is applicable for subsequent award of Tender of an existing Scheme in a different geographic location.
- d. For every Scheme filed under these Guidelines, the Insurance Company shall furnish Annual Return in Form IRDAI – GHIS within 90 days (prescribed under – HIR 20 of Annexure II of the Guidelines on Standardization in Health Insurance) from the close of the Financial Year.
- e. All items in the Format must be furnished with relevant details.
- f. All the enclosures as specified shall be furnished together, but not in piecemeal.

Use and File Application form for ‘Government Sponsored Health Insurance Schemes’ offered by either Life or Health or General Insurers

FORM – IRDAI-UNF-GOVTHLT

S No	Item	Particulars (to be filled in by insurer)
	Section I: General Information	
1.1	Name of Life or Health or General Insurer	
1.1.1	Names of Other Insurers (where Insurer referred at 1.1 above is the lead insurer)	
1.2	Registration No. allotted by IRDAI	
1.2.1	Registration No. allotted by IRDAI to other insurers	
1.3	Name of the Scheme	
1.4	Whether this is a Government Sponsored Scheme? (If yes,	

	specify the Department, if sponsored by Central Government. In case of State Government, specify the State.)				
State/Central Govt.	Department	Name of State if sponsored by State Govt.	Name of the Corresponding District / Geographic Unit (to be furnished where entire state is not awarded)		
1.5	Date of award of Tender for the first time				
1.6	Whether Premium is subsidized by Government		Yes / No		
1.6.1	If yes furnish the following information with regard to the share of the premium subsidized				
	Premium Subsidy	Central Govt. / Dept.	State Govt.	Others (like Local Govt. Municipality)	Beneficiary
	In absolute terms				
	In Percentage				
1.7	Whether Claim is subsidized by Government				
1.7.1	If yes furnish the following information with regard to the share of the Claim subsidized				
	Claim Subsidy	Central Govt. / Dept.	State Govt.	Others (like Local Govt. Municipality)	Beneficiary

	In absolute terms				
	In Percentage				
1.8	Whether the scheme is launched?		Yes / No		
1.8.1	If yes, Date of Launching of the Scheme		DD/MM/YYYY		
1.8.2	If no, Target Date of Launching / Implementation or Introduction of the Scheme		DD/MM/YYYY		
Section II: Details of the Scheme					
2.1	Whether the Scheme is in compliance with the provision of Section 64VB of Insurance Act?				
2.2	Whether the filing of the product as accepted is made within 15 days from the date of award of tender? (If No, give reasons for the delay)				
2.3	Whether a new product is designed to cover the tendered scheme		Yes / No		
2.4	If Yes furnish the details of the scheme in the following format				
	Type of Policy	Individual / Group			
	Nature of Coverage	Health Coverage / Personal Accident			
	Minimum Sum Assured				
	Maximum Sum				

	Assured		
	Minimum Age at Entry		
	Maximum Age at Entry		
	Benefit Coverage		
2.5	Whether an existing product of the insurer, which is approved by the Authority, is in total conformity with the proposed insurance scheme including the pricing?		Yes / No
2.5.1	If yes, specify UIN & Brand name as approved by the Authority.		UIN: Brand Name:
2.6	Specify the period of insurance for which the insurer is awarded the tender (in Months).		
Section III: Pricing (to be furnished where new scheme is designed to cover the tender)			
3.1	Whether the pricing of the schemes is based on the previous experience of such schemes offered by the insurer, if any; If yes, give details		
3.2	Period for which price is guaranteed		
3.3	Method of computation of premium		
3.4	Sources of Data		
3.5	Assumptions made		
3.6	Loadings made		

3.7	Expected Loss Ratios for three succeeding years	<table border="1"> <thead> <tr> <th data-bbox="818 254 922 359">S.No</th> <th data-bbox="922 254 1089 359">Year</th> <th data-bbox="1089 254 1281 359">Expected Loss Ratio</th> </tr> </thead> <tbody> <tr><td></td><td>1</td><td></td></tr> <tr><td></td><td>2</td><td></td></tr> <tr><td></td><td>3</td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </tbody> </table>			S.No	Year	Expected Loss Ratio		1			2			3																																											
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3.8	Expected Combined Ratios for three years	<table border="1"> <thead> <tr> <th data-bbox="818 1442 922 1587">S.No</th> <th data-bbox="922 1442 1089 1587">Year</th> <th data-bbox="1089 1442 1281 1587">Expected Combined Ratio</th> </tr> </thead> <tbody> <tr><td></td><td>1</td><td></td></tr> <tr><td></td><td>2</td><td></td></tr> <tr><td></td><td>3</td><td></td></tr> </tbody> </table>			S.No	Year	Expected Combined Ratio		1			2			3																																											
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3.9	Expected Profit Margins for Three years)	<table border="1"> <thead> <tr> <th data-bbox="815 254 922 394">S.No</th> <th data-bbox="922 254 1089 394">Year</th> <th data-bbox="1089 254 1281 394">Expected Profit Margin</th> </tr> </thead> <tbody> <tr> <td data-bbox="815 394 922 464"></td> <td data-bbox="922 394 1089 464">1</td> <td data-bbox="1089 394 1281 464"></td> </tr> <tr> <td data-bbox="815 464 922 533"></td> <td data-bbox="922 464 1089 533">2</td> <td data-bbox="1089 464 1281 533"></td> </tr> <tr> <td data-bbox="815 533 922 604"></td> <td data-bbox="922 533 1089 604">3</td> <td data-bbox="1089 533 1281 604"></td> </tr> </tbody> </table>			S.No	Year	Expected Profit Margin		1			2			3	
S.No	Year	Expected Profit Margin														
	1															
	2															
	3															
Section IV: Extension of Existing Scheme																
4.1	Whether this is the first Extension? If no, specify whether 2 nd / 3 rd Extension etc.															
4.1.1	Date of previous Extension															
4.2	Whether Extension awarded for all Geographic locations as per the last filed/approved Schemes?	Yes / No														
4.3	If No, specify the geographic locations (Names of States or Districts / Geographic Unit as the case may be) now awarded in the following format															
4.4	Names of States	Name of geographic Unit of the state where scheme is awarded														
	(Information to be furnished in separate line for each state and Geographic Unit)															
4.5	Whether any additional geographic locations awarded?	Yes / No														
4.5.1	If Yes, specify the geographic locations (Names of States or Geographic Units as the case may be) now awarded in the following															

	format			
	Names of States		Name of corresponding Geographic Units of the state where scheme is awarded	
	Information to be furnished in separate line for each state and district			
4.6	Whether there is any change in the features of the Product?		Yes / No	
4.6.1	If yes, specify the details of the changes made and furnish the information in Section III.			
4.7	Whether there is any difference in the pricing of the contract?		Yes / No	
4.7.1	If yes, furnish the information in Section III.			
4.8	Loss Ratio for last Four Half Years at the scheme level		Half Year	Loss Ratio
4.9	Geographic location (State and District) wise Loss Ratio for the last four financial years.			
	Name of State	Name of District	Fin. Year ending Period	Loss Ratio
4.10	Whether Loss ratio is more than 90% for last 4 Half-Years		YES/NO	

	consecutively?			
4.10.1	If yes, Furnish the Assumed and actual Loss Ratios.	Fin. Year Ending Period	Loss Ratio assumed	Actual Loss Ratio
4.10.2	Actuarial Justification for variance as above			
Section V: Subsequent Award of Tender for different Areas				
5.1	Specify the details of all the places for which the insurer is awarded the tender now in the following format.			
	Names of States	Name of corresponding Districts / Geographical Unit of the state where scheme is awarded	Duration for which the tender is awarded (in months)	
	Information to be furnished in separate line for each state and district			
5.2	Specify the period for which the insurer is awarded the tender.	dd/mm/yyyy to dd/mm/yyyy		
5.3	Whether there is any change in the features of the Product?	Yes / No		
5.3.1	If yes, specify the details of the			

	changes made.																						
5.4	Whether there is any difference in the pricing of the contract?	Yes / No																					
5.4.1	If yes, furnish the information in Section III.																						
5.5	Documents Submitted:	<table border="1"> <thead> <tr> <th>S.No</th> <th>Name of the Document</th> <th>YES/NO</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Policy Wordings</td> <td></td> </tr> <tr> <td>2</td> <td>Tender Document</td> <td></td> </tr> <tr> <td>3</td> <td>Tender Allotment Letter</td> <td></td> </tr> <tr> <td>4</td> <td>MoU with TPA</td> <td></td> </tr> <tr> <td>5</td> <td>Technical Note</td> <td></td> </tr> <tr> <td>6</td> <td>MoU with Govt</td> <td></td> </tr> </tbody> </table>	S.No	Name of the Document	YES/NO	1	Policy Wordings		2	Tender Document		3	Tender Allotment Letter		4	MoU with TPA		5	Technical Note		6	MoU with Govt	
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6	MoU with Govt																						

Certification: The Insurer shall enclose a certificate from the Appointed Actuary, countersigned by the principal officer of the insurer, in the following format:(The language of this should not be altered)

"I, (**name of the appointed actuary**), the appointed actuary, hereby solemnly declare that the information furnished above is true. I also certify that, in my opinion, the premium rates, advantages, terms and conditions of the above product are workable and sound, the assumptions are reasonable and premium rates are fair and the rates proposed are viable."

Place

Signature of the Appointed Actuary.

Date:

Name and Counter Signature of the principal officer along with name and Company's seal.

Annexure - 6

Information to be furnished on Withdrawal of Health Insurance Products or Add-ons or Riders
Offered by Life or Health or General Insurers

GENERAL INSTRUCTIONS:

- a. Insurers shall use the specified form for filing information about withdrawal of existing Health Insurance products or Add-ons or Riders. Format shall be used separately for each Product or Add-on or Rider.
- b. All items in the Form must be furnished with the relevant details.
- c. The form shall be filed within 30 days from the date of withdrawing the product.

FORM: IRDAI – HPW

S No	Item	Particulars (to be filled in by the Insurer)				
1	Name of Life or Health or General Insurer					
2	Registration No. allotted by IRDAI					
3	Name of Appointed Actuary [Please note that his/her appointment should be in force as on the date of this application]					
4	Product UIN:					
5	Brand Name of the Product as approved by the Authority					
6	Date of first approval of the product by IRDAI					
7	Date of launch of the Product					
8	Date(s) of approval of subsequent Revision/modification of the product by IRDAI in chronological order.	<i>S.No</i>	<i>Date of approval of subsequent Revision /Modification(s)</i>			
9	Date of withdrawal of the product					
10	Date of approval of PMC for withdrawal of Product					
11	Financial year-wise business	<i>F</i>	<i>No. of</i>	<i>No. of</i>	<i>No. of</i>	<i>Gross</i>

	details of the product for the preceding three Financial Years (Data to be provided as on the immediate month-end preceding the date of this application)	Y	Policies / Riders / Add-ons issued	Lives covered	Policies /Riders / Add-ons in force	Premium (Rs.)
12	Expected loss ratio & Combined Ratio (for the product) vis-à-vis the incurred loss ratio & Combined Ratio (Data to be furnished for each Financial Year)(Applicable only for Health and General Insurers)	FY	Loss Ratio %		Combined Ratio%	
			Expected	Actual	Expected	Actual
13	Justification for withdrawal of the product:					

Certification: The Insurer shall enclose a certificate from the Appointed Actuary, Chief Compliance Officer and Principal Officer of the Company, as per specimen given below :(The language of this should not be altered)

“I, (name of the appointed actuary), the appointed actuary, hereby solemnly declare that the information furnished above is true.

Place

Date:

Name & Signature of the Appointed Actuary

I (Name of Chief Compliance Officer), the Chief Compliance Officer, hereby solemnly declare that the Company will ensure compliance with the extant regulatory norms governing the withdrawal of the products.

Place

Date:

Name & Signature of the Chief Compliance Officer

"This is to confirm that the information furnished above is true. The Company shall comply with extant Regulations with regard to the obligations towards all the existing Policyholders. Further, a notice period of 90 days has been provided to every existing policyholder prior to withdrawal of the Product (Not applicable to Life Insurers)."

Place

Date:

Name and Signature of the principal officer

Company's seal

**Product Filing Check-List cum Certification
FORM – IRDAI-HLT-CLC
(Refer File and Use Application)**

I	General & Product Type	Details	Remarks
1.	Name of the Insurance Co		
2.	Name of the Product Filed		
3.	Date of Filing		
4.	Proposed Date of Launching of the product		
5.	New/Revision/Add-On		
5.i	If revision, no. of revisions made so far with dates of approval: 1. 2. 3.		
6.	UIN		
7.	Whether Product is meant for any specific group/geographical location		
8.	Type of Product (Hospitalization /CI /PA /Travel /Combi /Package/ Micro /Govt. Scheme/ Deductible based)		
8.1	Is it filed on modular filing basis (package product)? Y/N. If yes, the sections/plans/overages: 1. 2. 3.		
9.	Nature of Product (Indemnity /Benefit /CI/Travel/PA)		
10.	Individual/Group/Family Floater		
11	Whether a Pilot Product?		

12	If yes, whether all disclosures related to Pilot Product made in the Prospectus and Policy Wordings?		29(iii)																								
13	Whether product offers any Wellness/Preventive Programs.		8(d)																								
14	If yes, whether such program offers discounts on third party merchandise or services? Give details		8(d) & 19																								
II	Health Insurance Scenario	Details	Remarks																								
1.	Total Health Insurance Portfolio Net Earned Premium as published in Annual Reports for last 3 Fin. years	<p>i) Health</p> <table border="1"> <thead> <tr> <th>F.Y.</th> <th>Net Earned Premium</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> <p>ii) Personal Accident</p> <table border="1"> <thead> <tr> <th>F.Y.</th> <th>Net Earned Premium</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> <p>iii) Travel</p> <table border="1"> <thead> <tr> <th>F.Y.</th> <th>Net Earned Premium</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	F.Y.	Net Earned Premium							F.Y.	Net Earned Premium							F.Y.	Net Earned Premium							
F.Y.	Net Earned Premium																										
F.Y.	Net Earned Premium																										
F.Y.	Net Earned Premium																										
2.	Total Health Insurance portfolio Net ICR with IBNR separately as published in Annual Reports for last 3 Fin. years	<table border="1"> <thead> <tr> <th>F.Y.</th> <th>Net ICR(excluding IBNR)</th> <th>IBNR</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	F.Y.	Net ICR(excluding IBNR)	IBNR																						
F.Y.	Net ICR(excluding IBNR)	IBNR																									
3.	List of products so far cleared by the Authority with date of approval:	<table border="1"> <thead> <tr> <th>S. No</th> <th>Name of the Product</th> <th>Date of approval</th> <th>No. of persons covered</th> <th>Net Premium</th> <th>Net ICR</th> </tr> </thead> <tbody> <tr><td>1.</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>2.</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td>3.</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	S. No	Name of the Product	Date of approval	No. of persons covered	Net Premium	Net ICR	1.						2.						3.						
S. No	Name of the Product	Date of approval	No. of persons covered	Net Premium	Net ICR																						
1.																											
2.																											
3.																											

4.	List of Products Not launched	<table border="1"> <tr> <td>S. No.</td> <td colspan="2">Name of the Product</td> </tr> <tr> <td>1.</td> <td colspan="2"></td> </tr> <tr> <td>2.</td> <td colspan="2"></td> </tr> <tr> <td>3.</td> <td colspan="2"></td> </tr> </table>	S. No.	Name of the Product		1.			2.			3.			
S. No.	Name of the Product														
1.															
2.															
3.															
5.	List of Products Withdrawn with dates	<table border="1"> <tr> <td>S. No.</td> <td>Name of the Product</td> <td>Date of withdrawal</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	S. No.	Name of the Product	Date of withdrawal										
S. No.	Name of the Product	Date of withdrawal													
III.	Documentation	Whether filed: YES/NO	Remarks												
1.	Application Form														
2.	Signatures by Key Officials referred on Declarations														
3.	CIS														
4.	Prospectus														
5.	Proposal Form														
6.	Additional form for Change of Occupation(if applicable)														
7.	Rate Chart														
8.	Actuary Report/Technical Note														
9.	Policy Document														
10.	Policy Schedule														
11.	Endorsements														
12.	Others (Specify)														
IV	Completeness of Documents filed	Whether YES/NO/Not Applicable	Remarks												
1.	Are the relevant Application form is complete in all respects and signed by the persons as desired.														
2.	Is CIS submitted in the manner it is required under Regulations & Guidelines?														
3.	Is standard Claim Form being used as prescribed? If no, give reasons.														
4.	Is standard Pre-Authorization form (wherever applicable) as prescribed being used? If no, give reasons.														
All the details under the clauses of below mentioned documents filed shall be as per the Health Insurance Regulation mentioned against that particular clause															
V	PROSPECTUS														

	Particulars to be specified	Yes/No/Not Applicable (with comments, if any)	Regulation/ Product Filing Guidelines(PFG)	Page
1	Whether Prospectus is in compliance with extant guidelines applicable to Advertisements?			
2	Whether mechanisms or incentives to reward policyholders for early entry, continued renewals (wherever applicable), favourable claims experience are disclosed			
3	Whether incentives to reward policyholders for following Wellness or Preventive Habits (where applicable) disclosed			
4	Whether all Coverage details are provided	1. 2. 3.		
5	Whether Min & Max Entry age for Adults & Children are separately provided			
6.	Whether Max Renewable Age is provided			
7.	Whether Minimum & Maximum SI is provided			
8.	Whether Rate Chart forms part of the Prospectus.			
9.	Whether Risk Loading/Discount details disclosed			
10.	Whether All exclusions are mentioned			
11.	Whether the period of insurance offered is clearly spelt out			
12.	Whether Instalment premium involved			
13.	If yes, whether any grace period provided for payment			

	of instalments			
14.	Whether Renewal Clause (Terms of Renewal) is clearly stated			
15.	Whether Cancellation Clause & reasons for cancellation with refunds, if any, are specified			
16.	Does the document contain Short Period Rates (applicable to General and Health Insurers)			
17.	Is Free Look Period specified			
18.	Is Grace Period for Renewal specified			
19.	Are Co-pay, Deductibles, Excess details, if any, are clearly stated			
20.	Is TPA facility provided? If so, whether TPA details are specified.			
21.	Whether details for Pre-acceptance health examination are provided			
22.	Whether Reimbursement of Pre-policy Health Check Up Cost specified. If yes, at what percentage			
23.	Whether Cumulative Bonus, if any, is provided			
24.	Whether Portability provisions are specified			
25.	Whether AYUSH cover is provided, if yes, is there any sub-limit	AYUSH covered	Sublimit	
		YES/NO		
26.	Whether Option to migrate to any other Suitable Policy is provided			
27.	Whether 3 Months Notice provision in case of revision is clearly stated			
28.	Whether details of			

	possibility of revision/modification of the product in future is specified			
29.	Whether details of possibility of withdrawal of the product in future is specified			
30.	Whether Any change in scope of cover after certain duration of the policy / certain age is specified			
31.	Whether Procedure for SI enhancement or change, if any, is specified			
32.	Whether Circumstances for loading the premium or withdrawing discounts are specified			
33.	Whether Upfront disclosure on Incentives for early entry/continued renewals/favourable claims experience etc. Are specified			
34.	Whether the general provisions are clearly stated			
35.	Whether method of calculation of premium in respect of Family Floater disclosed?			
VI	PROPOSAL FORM			
	Particulars	Yes/No/Not Applicable (with comments, if any)	Regulation/ Guidelines	Page
1.	Whether an already approved proposal form is being used. If yes, provide the Unique Reference No. of the same. If no, give details for Q.No.2 to 6			
2.	Whether Nomination with name & Relationship with insured person is specified			
3.	Whether the Proposal Form contains the declarations as			

	per the standard declaration specified			
4.	Whether queries to capture options/add-ons/deletions/plans/sections chosen by the proposer are raised clearly			
5.	Whether KYC details are provided			
6.	Whether AML details are provided			
7.	Whether queries concerned to various points in line with product design are asked for			
8.	Whether Proposal has any queries extraneous to risk assessment /policy servicing? If yes, give reasons for including the same.			
VII.	RATE CHART			
	Particulars	Yes/No/Not Applicable (with comments, if any)	Regulation/ Guidelines	Page
1.	Whether all rates are provided as per age progression			
2.	Whether premium rates exclusive of service tax are provided			
3.	Whether discount/loading details are provided			
VIII.	POLICY DOCUMENT			
	Particulars	Yes/No/Not Applicable (with comments, if any)	Regulation/ Guidelines	Page
A	Preamble	Whether the preamble clause provides clarity		
B	Operational Clauses:			
(i)	Whether Standard Definitions are provided as per the definitions provided in circular on Guidelines on Standardization in Health	(Specify as YES/ NO/ Not Applicable)		

	Insurance and other circulars issued from time to time			
1.	Accident			
2.	Any one illness			
3.	Cashless facility			
4.	Condition Precedent			
5.	Congenital Anomaly (a) Internal Congenital Anomaly (b) External Congenital Anomaly			
6.	Co-Payment			
7.	Cumulative Bonus			
8.	Day care centre			
9.	Day Care Treatment			
10.	Deductible			
11.	Dental Treatment			
12.	Disclosure to information norm			
13.	Domiciliary Hospitalization			
14.	Emergency Care			
15.	Grace Period			
16.	Hospital			
17.	Hospitalization			
18.	Illness (a) Acute Condition (b) Chronic Condition			
19.	Injury			
20.	Inpatient Care			
21.	Intensive Care Unit			
22.	ICU Charges			
23.	Maternity expenses			
24.	Medical Advise			
25.	Medical expenses			
26.	Medical Practitioner			
27.	Medically Necessary			
28.	Network Provider			
29.	New Born Baby			
30.	Non- Network			
31.	Notification of Claim			
32.	OPD treatment			
33.	Pre-Existing Disease			
34.	Pre hospitalization			

	Medical Expenses			
35.	Post hospitalization Medical Expenses			
36.	Qualified Nurse			
37.	Reasonable and Customary Charges			
38.	Renewal			
39.	Room rent			
40.	Subrogation (Applicable for non-life covers only)			
41.	Surgery			
42.	Unproven/Experimental treatment			
43.	AYUSH Hospital			
44.	AYUSH Day Care Centre			
45.	Migration			
46.	Portability			
(ii)	Whether Nomenclature of CI are provided as per the definitions provided in circular on Guidelines on Standardization in Health Insurance and other circulars issued from time to time	(Specify YES/NO)		
1.	Cancer of specified severity			
2.	Myocardial Infarction			
3.	Open chest CABG			
4.	Open heart replacement or repair of heart valves			
5.	Coma of specified severity			
6.	Kidney failure requiring regular dialysis			
7.	Stroke resulting in permanent symptoms			
8.	Major organ /bone marrow transplant			
9.	Permanent paralysis of limbs			
10.	Motor neuron disease with permanent			

	symptoms			
11.	Multiple sclerosis with persisting symptom			
12	Angioplasty			
13	Benign Brain Tumor			
14	Blindness			
15	Deafness			
16	End Stage Lung Failure			
17	End Stage Liver Failure			
18	Loss Of Speech			
19	Loss Of Limbs			
20	Major Head Trauma			
21	Primary (Idiopathic) Pulmonary Hypertension			
22	Third Degree Burns			
23	In case any other Critical Illnesses are covered, whether the same have been defined.			
C.	Various Other Clauses			
1	Whether all Benefits/Optional Covers/Add-ons and Co-Pays/Deductible/Sub-limits, if any applicable to the policy are filed in Application Form as per Product Filing Procedure? (No Benefit or Restrictions other than those filed shall be mentioned in Policy Wordings)			
1.	Whether Coverage details/Plans/Sections as applicable to the policy are specified in the Policy Document and/or Policy Schedule			

2.	Whether Optional Benefits/Add-ons/Deletions as applicable to the policy are specified in the Policy Document and/or Policy Schedule			
3.	Whether Sub-limits/Caps as applicable to the policy are specified in the Policy Document and/or Policy Schedule			
4.	Whether Special Feature if any as applicable to the policy are specified in the Policy Document and/or Policy Schedule			
5.	Whether all the exclusions are specified			
6.	Whether Contribution is applied as per extant Regulations?			
7.	Whether Subrogation, if applicable, is mentioned (Applicable for non-life covers only)			
8.	Whether Co-pay, if any are clearly stated			
9.	Whether Deductibles/Excess, if any are clearly stated			
10.	Whether any package rates or restrictions thereon are applicable. If yes, whether disclosed in Prospectus and Policy Wordings			
11.	Whether Loading & Discount, if any are clearly stated			
11.	Whether instalment premium is involved			
12.	If yes, whether any grace period is provided for payment of instalment premiums.			
13.	Whether Renewal Clause(Terms of Renewal)			

	is clearly stated			
14.	Whether Cancellation Clause & reasons for cancellation with refunds, if any, are specified			
15.	Does the document contain Short Period Rates			
16.	Whether Waiting Periods are clearly stated			
17.	Is Free Look Period specified and refund of premium thereon is per extant Regulations			
19.	Is Grace Period for Renewal (if applicable) specified			
20.	Whether Any one illness/ Relapse Period applicable. If yes, whether disclosed?			
21.	Is TPA facility provided? If yes, whether TPA details are specified.			
22.	Whether Cumulative Bonus, if any, is provided			
23.	Whether Portability provisions are specified			
24.	Whether AYUSH cover is provided, if yes, is there any sub-limit			
25.	Whether Option to migrate to any other Suitable Policy is provided			
26.	Whether Any change in scope of cover after certain duration of the policy / certain age is specified			
27.	Whether Procedure for SI enhancement or change, if any, is specified			
28.	Whether details of possibility of revision/ modification of the product in future is specified			
29.	Whether 3 Months Notice provision in case of revision is clearly stated			

30	Whether the clause of no loading on renewals on Individual claims experience basis is stated			
31.	Whether Grievance redressal details including senior citizens separately are provided			
32.	Whether Cashless Facility available. If yes, provide information on Q.No. 31 &32			
33.	Whether Details of Network hospitals is provided			
34.	Whether Details of black listed hospitals is provided			
35.	Whether the list of excluded items is attached with the Policy Document, if applicable			
36.	Whether the Policy Wordings are in simple & plain language and easy to understand			
D	Claim Documents (Type of claim wise)			
1.	Whether documents required for insurance claim is specified and if so whether condonation of delay is stated			
2.	Whether timelines for intimation of claim and submission of Claim documents clearly specified			
3.	Is there a provision to condone delay in intimation of Claim for genuine reasons?			
4.	Whether all 'necessary documents' for claim clearly specified. (No unnamed document can be mentioned under 'necessary documents')			
5.	Whether PM Report (if			

	applicable)is asked only if conducted			
6.	Whether 30 days claim settlement period is specified and whether payment of penal interest in case of delay is stated			
E	Specific Information for CI Policy:			
1.	Whether Survival Period, if any, is provided			
2.	Does the cover cease on payment of a claim			
3.	Can the insured renew the policy once a particular critical illness is paid			
F	Micro Insurance (Refer MIR, 2015)			
1	Is the SI is within the limits prescribed under MI Regulations			
2	Whether a detailed write-up about the policy details provided in relevant vernacular language			
3	Is Caption of Micro Insurance prominent and included in the name of the product.			
4	Whether Commission to MI Agents is as per applicable Regulations			
5	Whether all Operational aspects as per extant Micro Insurance Regulations are complied			
G	Policy Schedule			
1.	Whether Intermediary details are captured			
2.	Whether Period of Insurance (including Time) is captured			
3.				
4.	Whether Nominee Name			

5.	&Relationship with insured is captured			
6.	Whether Cover Details including sections/plans are captured			
7.	Whether Add-ons/Optional Covers/Deletions are captured			
8.	Whether Endorsements, if any, are captured			
9.	Whether Coinsurance details, if any, are provided			
10.	Whether premium details are provided			
11.	Whether loadings& discounts are provided			
12.	Whether service tax is provided separately			
13.	Whether stamp duty is captured			
14.	Whether all insured details are captured			
15.	Whether list of attachments is captured			
H	Endorsement Wordings			
1	Whether type of endorsements wordings are provided			
IX.	CLAIM MANUAL			
	Particulars	Yes/No/Not Applicable (with comments, if any)	Regulation/ Guidelines	Page
1	Whether the guidelines for processing of claims are specifically provided - In house - TPA			
X	ACTUARY REPORT/TECHNICAL NOTE			
	Particulars	Yes/No/Not Applicable (with comments, if any)	Regulation/ Guidelines	Page
1.	Whether Technical Note/Pricing Approach duly signed by Appointed			

	Actuary			
2.	Whether Complete Pricing Details including methodology adopted to arrive at the premium, together with data sources utilized are provided			
3.	Whether Assumptions made shall include the expected claim frequency and claim severities across age bands, expected expenses, lapse rates etc. are provided			
4.	Whether Specific loadings & discounts, if any, allowed are provided			
5.	Whether The profit margin at various model points or the expected loss ratio and the expected combined ratio across various model points across the entire portfolio are provided			
6.	Whether the U/W capacity required for the product and the actual capacity available with the insurer is provided			
7.	Whether The retention capacity to manage the business is provided			
8.	Whether Internal Capacity Building measures, if any, required to offer the proposed product are provided			
9.	Whether other relevant metric, if any, is specified			
10.	Whether Expected claim ratio & Combined ratio (if applicable) and profit margin is provided			
XII	FOR REVISION: Not Applicable for New products			
	Particulars	Yes/No/Not Applicable (with comments, if any)	Regulation/ Guidelines	Page
1.	If change in terms/covers is			

	proposed, whether all such changes are mentioned with justifications?																							
2.	If change in pricing is proposed, whether the filing made as per the Product Filing Guidelines and justification for price revision is provided																							
3.	Whether Claims experience for 3 immediate preceding years compared to the expected experience duly explaining the variations, and the experience of similar products provided																							
4.	Whether the expected claims experience, The assumptions underlying the proposed pricing along with expected COR and profit margin provided																							
5.	Following details to be provided:	<p>i) Provisions/terms existing but modified in the proposed revision with change / no change in pricing</p> <table border="1"> <thead> <tr> <th>S. No.</th> <th>Existing Provisions/terms</th> <th>Proposed revised provisions/terms</th> <th>Reasons</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>ii) Provisions/terms existing but deleted in the proposed revision with change/no change in pricing</p> <table border="1"> <thead> <tr> <th>S. No.</th> <th>Existing Provisions/terms</th> <th>Reasons for deletion</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>iii) Provisions/terms not existing but proposed to incorporate in the proposed revision</p> <table border="1"> <thead> <tr> <th>S. No.</th> <th>Provisions/terms as proposed to incorporate in proposed revision</th> <th>Reasons</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	S. No.	Existing Provisions/terms	Proposed revised provisions/terms	Reasons					S. No.	Existing Provisions/terms	Reasons for deletion				S. No.	Provisions/terms as proposed to incorporate in proposed revision	Reasons					
S. No.	Existing Provisions/terms	Proposed revised provisions/terms	Reasons																					
S. No.	Existing Provisions/terms	Reasons for deletion																						
S. No.	Provisions/terms as proposed to incorporate in proposed revision	Reasons																						

		iv) Change in price				
		S N o.	Existing Premiu m	Revised Premiu m	(+)/(-) percentage changes as compared to the existing price	Reasons
6.	Date of the original product clearance					
7.	Date of last revision					
XIII	Any Other Details					

XIV. CERTIFICATION

The undersigned, on behalf of the Insurer named below, hereby affirms and declares as follows:

1. That the details of the (Name of product) filled in above are true and correct and reflect what the policy and other documents indicate.
2. That the product complies with the various provisions of the IRDAI Health Insurance Regulations, 2016, Product Filing Guidelines, Guidelines on Standardization in Health Insurance, Guidelines on Standardization of Exclusions in Health Insurance Contracts and the applicable provisions of Regulations notified by the Authority and the applicable circulars and Guidelines issued by IRDAI from time to time.
3. That the File and Use application and all other documents are complete and have been verified for correctness and consistency not only in respect of each item of each document but also vis-a-vis one another.
4. That the copy of the Proposal Form will be attached with the Policy and supplied to the proposer.
5. In addition to the above four points, the following is APPLICABLE FOR LIFE INSURERS ONLY:
That the product complies with IRDA (Unit Linked Insurance Products) Regulations 2019 / IRDA (Non-Linked Insurance Products) Regulations 2019 (strike-off whichever is not applicable)

Date:

(Chief Compliance Officer)

Name of Insurer

Note to Chief Compliance Officer: (1) Information in the Product Filing Check-List cum Certification shall be examined with due reference to the extant Regulations / Guidelines issued by the Authority and be furnished. (2) Regulation / Guidelines Reference number shall be mentioned in the relevant column (3) Page number of the respective document shall be mentioned in the relevant column.

Annexure - 8

1. Name of the Insurer:
2. Name of the approved product and UIN:
3. Date of launch of product or modified product (strike out whichever is not applicable):

Certificate by Appointed Actuary (the language shall not be altered)

"I ---- (name of Appointed Actuary), the appointed actuary, hereby solemnly declare that the information furnished in FORM-IRDAI-FNU-HIP is true.

I also certify that the minor modification proposed to be effected in respect of Clause (1.3) of the Guidelines on Filing of minor changes in the approved Individual Insurance Products offered by General and Stand Alone Health Insurers on Certification Basis (specified under Chapter II of the Guidelines on Product Filing in Health Insurance Business) is in conformity with the provisions of the said guidelines and that there are no other changes in benefit structure.

Place:

Date:

Signature of Appointed Actuary

(The Certificate from AA would be required only where there is change in premium in respect of minor modification under Clause 1.3 of the Guidelines on Filing of minor changes in the approved Individual Insurance Products offered by General and Standalone Health Insurers on Certification Basis (specified under Chapter II of the Guidelines on Product Filing in Health Insurance Business))

Certificate by Chief Compliance Officer (the language shall not be altered)

"I----- (name of CCO) hereby solemnly declare that the information filed in FORM-IRDAI-FNU-HIP in respect of above minor modifications in the Individual Insurance product is as cleared by PMC on dd/mm/yyyy and will be marketed without any deviation. I, also certify that the following minor modifications proposed to be effected is in conformity with the provisions of Guidelines on Filing of minor changes in the approved Individual Insurance Products offered by General and Stand Alone Health Insurers on Certification Basis (specified under Chapter II of the Guidelines on Product Filing in Health Insurance Business).The following are the minor modifications effected in the product.

4. Minor modifications effected:

(Each of such minor modifications proposed to be made shall be mentioned here)

It is confirmed that there are no other changes effected in the product.

5. Proposed date of launch of product modified under these Guidelines:

It is to further confirm that the product is in compliance with Health Insurance Regulations, 2016 and norms specified in Guidelines on Product Filing in Health Insurance Business. We undertake to file the product afresh if there is any violation in the product filed above.

Place:

Date:

Signature of Chief Compliance Officer

Name and Counter Signature of the Principal Officer / Chief Executive Officer / Chairman cum Managing Director along with name and Company Seal

CERTIFICATE

Name of the Insurance Company:

Name of the Product:

UIN of the Product:

This is to certify that we have not changed the benefit structure, terms and conditions (other than those related to (i) Exclusions to make the product compliant with Guidelines on Standardization of Exclusions in Health Insurance Contracts (ii) Clause 33 of Chapter I and Clause (a) of Chapter III read with Annexure 1 of the Guidelines on Standardization in Health Insurance; and (iii) Clause 4(xvi) and 4(xvii) of Chapter II of the Guidelines on Product Filing in Health Insurance Business) and the premium rates as approved by Insurance Regulatory and Development Authority of India (IRDAI) vide letter dated --- of the above product. The product that would be offered shall be in compliance to the extant regulatory framework specified by the Authority.

Date:

Place:

CMD or CEO

Appointed Actuary

Chief Compliance Officer

CERTIFICATE

Name of the Insurance Company:

Name of the Product:

UIN of the Product:

Actual and estimated ICR and Combined Loss Ratio of the Product in the preceding / succeeding three financial years.

Year	Actual Net Incurred Claims Ratio	Actual Combined Loss Ratio
N		
N-1		
N-2		
Year	Estimated Net Incurred Claims Ratio	Estimated Combined Loss Ratio
N		
N+1		
N+2		

Premium change effected: + / - -----% **(mention the percentage of change effected in the premium)**

This is to certify that we have not changed the benefit structure, terms and conditions (other than those related to (i) Exclusions to make the product compliant with Guidelines on Standardization of Exclusions in Health Insurance Contracts (ii) Clause 33 of Chapter I and Clause (a) of Chapter III read with Annexure 1 of the Guidelines on Standardization in Health Insurance, and (iii) Clause 4(xvi) and 4(xvii) of Chapter II of the Guidelines on Product Filing in Health Insurance Business) that were approved by IRDAI vide letter dated --- of the above product. The proposed change of premium is within +/- ___ % **(mention the change effected)** of the premium rates for any given age and term of the originally approved individual product. The product that would be offered shall be in compliance to the extant regulatory framework specified by the Authority.

Date:

Place:

CMD or CEO
Chief Compliance Officer

Certificate by Appointed Actuary (the language shall not be altered)

"I ---- (name of Appointed Actuary), the appointed actuary, hereby solemnly declare that the information furnished above is true.

I also certify that the proposed premium change is in conformity with the provisions of the Circular-----dated-----.

Place:

Date:

Signature of Appointed Actuary

Certificate

This is to certify that:

1. (Name of product) with UIN (mention UIN) was withdrawn from the market on (Mention date of withdrawal).
2. The above product was modified with UIN (mention UIN) on account of implementation of IRDAI (Payment of commission or remuneration or reward to Insurance Agents and Intermediaries) Regulations 2016 as per Clause 11-Chapter II of the Guidelines on Product Filing in Health Insurance Business.
3. The modified product (name of product) with UIN (mention UIN) was launched in the market on (mention date of launch).
4. The change in premium rates after modification are limited to +/- 5% of the premium rates already approved product/add-on.
5. There is no change in any other parameter in the premium basis except commission or reward or sales related expenses.
6. There is no detrimental change in premium rates or any other provision in respect of policies already sold under existing versions of the product / add-on.
7. The premium rates, advantages, terms and conditions of the modified product/add-on (Name of the product/add-on) after the modification are workable and sound, the assumptions are reasonable and the product / add-on is financially viable.
8. The premiums offered are fair and equitable taking into account the modification between policies sold by different distribution channels.
9. The modified product/add-on comply with all the extant norms and Regulations of the Authority.

Name and Signature of Appointed Actuary

Date

Place

Name and Signature of Chief Executive Officer with seal of the Insurer

Date

Place