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

UIN NO.UIIHLIP18013V011718

CSC - FAMILY MEDICARE POLICY

"Maximum Sum Insured allowed under this policy is Rs 2 Lakhs"

1. WHEREAS the insured designated in the Schedule hereto has by a proposal and declaration dated as stated in the Schedule (which shall be the basis of this Contract and is deemed to be incorporated herein) has applied to UNITED INDIA INSURANCE COMPANY (hereinafter called the COMPANY) for the insurance hereinafter set forth in respect of person(s)named in the Schedule hereto (hereinafter called the INSURED PERSON) and has paid premium as consideration for such insurance.

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

COVERAGE

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

A. Room, Boarding and Nursing Expenses as provided by the Hospital/Nursing Home upto 1% of Sum Insured per day. This also includes Nursing Care, RMO charges, IV Fluids/Blood Transfusion/Injection administration charges and similar expenses.

B. If admitted in IC Unit, the Company will pay upto 2% of Sum Insured per day or actual amount whichever is less.

C. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees

D. Anaesthetist, Blood, Oxygen, Operation Theatre Charges, surgical appliances, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like Pacemaker, orthopaedic implants, infra cardiac valve replacements, vascular stents, relevant laboratory diagnostic tests, X-ray and such similar expenses that are medically necessary.

E. All Hospitalisation Expenses (excluding cost of organ, if any) incurred for donor in respect of Organ transplant to the insured.

Note: 1. The amount payable under 1.2C& D above shall be at the rate applicable to the entitled room category. In case the insured person opts for a room with rent higher than the entitled category as in 1.2A above, the charges payable under 1.2C & D shall be limited to the charges applicable to the entitled category. This will not be applicable in respect of Medicines & Drugs and implants.

Note 2 : No payment shall be made under 1.2C other than as part of the hospitalisation bill.

F. Expenses in respect of the following specified surgeries will be restricted as detailed below:

Hospitalisation Benefits	LIMITS FOR EACH HOSPITALISATION
Cataract, Hernia Hysterectomy	10% of Sum Insured subject to maximum of Rs.25,000/- per eye. 15% of Sum insured subject to maximum of Rs.1,00,000/-. 20% of Sum Insured subject to maximum of Rs.1,00,000/-

The above limits specified are applicable per hospitalisation/ surgery.

1.2 G Pre & Post Hospitalisation in respect of each hospitalisation --- Actual expenses incurred subject to maximum of 10% of Sum Insured whichever is less.

1.2 H In respect of persons above 60 years, 10% deductible will be applied on all admissible claims.

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

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

This condition will also not apply in case of stay in hospital of less than 24 hours provided -

a) The treatment is undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hours because of technological advancement and

b) Which would have otherwise required a hospitalisation of more than 24 hours.

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

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

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

MEDICAL EXPENSES INCURRED UNDER TWO POLICY PERIODS

If the claim event falls within two policy periods, the claims shall be paid taking into consideration the available sum insured in the two policy periods, including the deductibles for each policy period. Such eligible claim amount to be payable to the insured shall be reduced to the extent of premium to be received for the renewal/due date of premium of health insurance policy, if not received earlier.

2 SECOND OPINION

We shall arrange and Pay for Remote Medical Second Opinion for the Qualified Medical conditions as listed in Annexure-A of Policy document from our Panel of World Leading Medical Centers (WLMC), if;

a. The insured person is diagnosed with one of the Qualified Medical Conditions.

b. He/She requests for a Remote Medical Second Opinion.

We would identify the names of three world leading medical centers that demonstrate exceptional expertise in the member’s diagnosed medical condition. The Members with the input of his/her Local Physician and family must decide which WLMC, he/she wishes to use for processing the Medical Second Opinion.

The medical records provided by your Local Physician must contain a diagnosis and a recommended course of treatment.

The Second Opinion on the Diagnosis and the recommended Course of Treatment would be provided directly to the Insured person.

The list of qualified Medical conditions is as per annexure A.

Exclusion : 1. More than one Opinion for the same Qualified Medical Condition within a policy period.

2. Any Legal Liability due to any errors or omission or representation or consequences of any action taken in reliance of the Remote Medical Second Opinion provided by the World Leading Medical Center.

For Medical Second Opinion contact :
Toll Free no.1800-103-7361
E-mail ID : mso.unitedindia@phmglobal.com

3. DEFINITIONS:

3.1 ACCIDENT

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

3.2

A. “Acute condition” – Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.

B. “Chronic condition” – A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics –

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

3.3 ALTERNATIVE TREATMENT

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

3.4 ANY ONE ILLNESS

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

3.5 CASHLESS FACILITY

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

3.6 CONGENITAL ANOMALY

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

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

3.7 CONDITION PRECEDENT

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

3.8 CONTRIBUTION

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

3.9 DAY CARE CENTRE

Day Care centre means any institution established for day care treatment of illness and/or injuries or a medical set-up within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under :

a. Has qualified nursing staff under its employment
b. Has qualified Medical Practitioner(s) in charge
c. Has a fully equipped operation theatre of its own where surgical procedures are carried out-
d. Maintains daily records of patients and will make these accessible to the Insurance Company's authorized personnel.

3.10 DAY CARE TREATMENT - Day Care treatment means the medical treatment and/or surgical procedure which is – (i). Undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological and (ii) which would have otherwise required a hospitalisation of more than 24 hours. Treatment normally taken on an out-patient basis is not included in the scope of this definition.

3.11 DEDUCTIBLE

Deductible is a cost sharing requirement under a Health Insurance Policy that provides that the Insurer will not be liable for a specified rupee amount in case of Indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the sum insured.

3.12 DOMICILIARY HOSPITALISATION

Domiciliary Hospitalisation means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances :

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

3.13 GRACE PERIOD

Grace Period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.

3.14 HOSPITAL/NURSING HOME

A Hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a Hospital with the local authorities under the Clinical establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under

- Has qualified nursing staff under its employment round the clock.
- Has at least 10 in-patient beds in towns having a population of less than 10 lacs and at least 15 in-patient beds in all other places;
- Has qualified medical practitioner(s) in charge round the clock;
- Has a fully equipped Operation Theatre of its own where surgical procedures are carried out;
- Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

3.15 HOSPITALISATION

Means admission in a Hospital/Nursing Home for a minimum period of 24 In-patient care consecutive hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.

3.16 ID CARD

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

3.17 ILLNESS

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

3.18 INJURY

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

3.19 IN-PATIENT CARE

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

3.20 INTENSIVE CARE UNIT

The term "Intensive Care" unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

3.21 MEDICAL ADVISE

Medical Advise – Any consultation or advice from a Medical Practitioner including the issue of a any prescription or repeat prescription.

3.22 MEDICAL EXPENSES

Medical expenses – Medical Expenses means those expenses that an Insured person has necessarily and actually incurred for medical treatment on account of illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

3.23 MEDICALLY NECESARY

Medically Necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which

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

3.24 MEDICAL PRACTITIONER

A Medical Practitioner is a person who holds a valid registration from the Medical Council of any State of India or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence.

The term Medical Practitioner would include Physician, Specialist and Surgeon. (The Registered Practitioner should not be the insured or close family members such as parents, in-laws, spouse and children).

3.25 NETWORK PROVIDER

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

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

3.26 NON-NETWORK HOSPITALS

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

3.27 NOTIFICATION OF CLAIM

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

3.28 PORTABILITY

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

3.29 PRE-EXISTING DISEASE

Any condition, ailment or injury or relation condition(s) for which you had signs or sumptoms, and/or were diagnosed, and/or received medical advice/treatment within 48 months to prior to the first policy issued by the insurer.

3.30 PRE – HOSPITALISATION MEDICAL EXPENSES

Relevant medical expenses incurred immediately 30 days before the Insured person is hospitalised provided that ;

a. Such Medical expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required; and

b. The In-patient Hospitalisation claim for such Hospitalisation is admissible by the Insurance Company

3.31 POST HOSPITALISATION MEDICAL EXPENSES

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

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

3.32 QUALIFIED NURSE

QUALIFIED NURSE means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any State in India.

3.33 REASONABLE AND CUSTOMARY CHARGES

Reasonable and Customary charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of illness/injury involved.

3.34 RENEWAL

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

3.35 ROOM RENT

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

3.36 SUBROGATION

Subrogation shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.

3.37 SURGERY OR SURGICAL PROCEDURE

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

3.38 THIRD PARTY ADMINISTRATOR

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

3.39 UNPROVEN/EXPERIMENTAL TREATMENT

Treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

4. Exclusions

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

4.1 Any pre-existing condition(s) as defined in the policy, until 48 months of continuous coverage of such insured person have elapsed, since inception of his/her first policy as mentioned in the schedule attached to the policy.

4.2 Any disease other than those stated in clause 4.3, contracted by the Insured person during the first 30 days from the commencement date of the policy. This condition 4.2 shall not however, apply in case of the Insured person having been covered for a continuous period of preceding 12 months without any break.

4.3 Unless the Insured has 24 months of continuous coverage, the expenses on treatment of diseases such as Cataract, Benign Prostatic Hyperthrophy, Hysterectomy for Menorrhagia or Fibromyoma, Hernia, Hydrocele, Congenital internal disease, Fistula in anus, piles, Sinusitis and related disorders, Gall Bladder Stone removal, Gout & Rheumatism, Calculus Diseases are not payable.

4.4 Unless the Insured has 48 months of continuous coverage, the expenses related to treatment of Joint Replacement due to Degenerative Condition and age-related Osteoarthiritis & Osteoporosis are not payable.

If these diseases mentioned in Exclusion no.4.3 an 4.4 (other than congenital internal disease) are pre-existing at the time of proposal they will not be covered even during subsequent period of renewal subject to the pre-existing disease exclusion clause. If the insured is aware of the existence of Congenital internal disease before inception of the policy, the same will be treated as pre-existing.

4.5 Injury / disease directly or indirectly caused by or arising from or attributable to War, invasion, Act of Foreign enemy, War like operations (whether war be declared or not)

4.6 a. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident.

b. Vaccination or inoculation of any kind unless it is post animal bite, change of life or cosmetic or aesthetic treatment of any description such as correction of eyesight, etc.

c. Plastic surgery other than as may be necessitated due to an accident or as a part of any illness.

4.7 Cost of spectacles, contact lenses and hearing aids.

4.8 Dental treatment or surgery of any kind unless necessitated by accident and requiring hospitalisation.

4.9 Convalescence, general debility; run-down condition or rest cure, obesity treatment and its complications including morbid obesity, Congenital external disease or defects or anomalies, treatment relating to all psychiatric and and psychomatic disorders. Infertility, Sterility, Venereal disease, intentional self injury and use of intoxication drugs / alcohol

4.10 All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus Type III (HTLB - III) or lymphadinopathy Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency Syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.

4.11 Charges incurred at Hospital or Nursing Home primarily for diagnosis, x-ray or Laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of positive existence or presence of any ailment, sickness or injury, for which confinement is required at a Hospital / Nursing Home

4.12 Expenses on vitamins and tonics unless forming part of treatment for injury or diseases as certified by the attending physician

4.13 Injury or Disease directly or indirectly caused by or contributed to by nuclear weapon / materials

4.14 Treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of these including caesarean section, except abdominal operation for extra uterine pregnancy (Ectopic Pregnancy) which is proved by submission of Ultra Sonographic report and Certificate of Gynaecologist that it is life threatening one if left untreated.

4.15 Naturopathy Treatment, acupressure, acupuncture, magnetic therapies, experimental and unproven treatments/therapies. Treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

4.16 External and or durable Medical / Non-medical equipment of any kind used for diagnosis and/or treatment and/or monitoring and/or maintenance and/or support including CPAP, CAPD, Infusion pump, Oxygen concentrator etc., Ambulatory devices i.e., walker, crutches, Belts, Collars, Caps, Splints, Slings, Braces, Stockings, elastocrepe bandages, external orthopaedic pads, sub cutaneous insulin pump, Diabetic foot wear, Glucometer/Thermometer, alpha/water bed and similar related items etc. and also any medical equipment, which are subsequently used at home.

4.17 Genetic disorders and stem cell implantation/surgery.

4.18 Change of treatment from one system of medicine to another unless recommended by the consultant/ hospital under whom the treatment is taken.

4.19 Treatment for Age Related Macular Degeneration (ARMD), treatment such as Rotational Field Quantum Magnetic Resonance (RFQMR), Enhanced External Counter Pulsation (EECP), etc.

4.20 All non-medical expenses including convenience items for personal comfort such as charges for telephone, television, ayah, private nursing/barber or beauty services, diet charges, baby food, cosmetic, tissue paper, diapers, sanitary pads, toiletry items and similar incidental expenses. Detailed list is available on our website www.uiic.co.in.

4.21 Any kind of Service charges, Surcharges, Admission Fees/Registration Charges, Luxury tax and similar charges levied by the hospital.

5. CONDITIONS:

The Proposal form, Prospectus, Pre-acceptance Health check-up and the Policy issued shall constitute complete Contract of Insurance.

5.1 Every notice or communication regarding hospitalisation or claim under this policy shall be delivered in writing at the address of the TPA office as shown in the Schedule. Other matters with regard to the policy may be communicated to the Police Issuing Office. The insured should immediately bring to our notice any change in the address or contact details.

5.2 The premium payable under this Policy shall be paid in advance. No receipt for Premium shall be valid except on the official form of the company signed by a duly authorised official of the company. The due payment of premium and the observance and fulfilment of the terms, provisions, conditions and endorsements of this Policy by the Insured Person in so far as they relate to anything to be done or complied with by the Insured Person shall be a condition precedent to any liability of the Company to make any payment under this Policy. No waiver of any terms, provisions, conditions and endorsements of this policy shall be valid unless made in writing and signed by an authorised official of the Company.

5.3 Notice of claim - Upon the happening of any event which may give rise to a claim under this Policy notice with full particulars shall be sent to the TPA named in the schedule immediately and in case of emergency Hospitalisation, within 24 hours from the time of Hospitalisation.

5.4 All supporting documents relating to the claim must be filed with TPA within 15 days from the date of discharge from the hospital. In case of post-hospitalisation, treatment (limited to 60 days), all claim documents should be submitted within 7 days after completion of such treatment.

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

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

5.6 Any medical practitioner authorised by the TPA / Company shall be allowed to examine the Insured Person in case of any alleged injury or disease requiring Hospitalisation when and so often as the same may reasonably be required on behalf of the TPA/Company.

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

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

5.9 Refund of premium for Overseas Mediclaim Policy (OMP) – If during the policy period the insured person is also covered under an Overseas Mediclaim Policy (OMP) , the policy will be inoperative in respect of the insured persons for the number of days the OMP is in force and proportionate premium for the number of days the OMP was in force shall be refunded. The insured person must inform the company in writing before leaving and may submit an application, in respect of the refund to the Company, stating the details of visit(s) abroad, along with copies of the OMP, within 30 days of expiry of the policy

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

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

5.11 Procedure for claim under Remote Medical Second Opinion

a. On being diagnosed with one of the Qualified Medical Conditions, please contact our Toll Free Number mentioned above.
b. On receipt of your call, our case coordinator will contact you/your physician and collect all the necessary information.
c. After gather all your basic details, you will be provided with the list of 3 World Leading Medical Centers to choose from and also you will be provided an Authorization form and Authorizing us to collect your necessary Medical Reports wherever required.
d. On receipt of the complete set of medical records, the same will be forwarded to your selected World Leader Medical Center.
e. The Remote Medical Second Opinion will be forwarded to the member within 10 working days of the receipt of complete set of documents/medical reports.

5.13 Renewal Clause :

1. The Company shall renew this policy if the insured shall remit the requisite premium to the Company prior to expiry o the period of insurance stated in the schedule.
2. The Company shall be entitled to decline renewal if;
   a. Any fraud, misrepresentation or suppression by the insured or on his behalf is found either in obtaining insurance or subsequently in relation thereto or,
   b. The Company has discontinued issue of the policy, in which event the insured shall however have the option for renewal under any similar policy being issued by the company, provided however benefits payable shall be subject to the terms contained in such other policy.
3. If the insured fails to remit premium for renewal before expiry of the period of insurance, but within 30 days thereafter, admissibility of any claim during the period of subsequent policy shall be considered in the same manner as under a Policy renewed without break. The Company however shall not be liable for any claim arising out of ailment suffered or hospitalisation commencing in the interim period after expiry of the earlier policy and prior to date of commencement of subsequent policy.

5.14 ENHANCEMENT OF SUM INSURED

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

Any such request for enhancement must be accompanied by a declaration that the insured or any other insured person in respect of whom such enhancement is sought is not aware of any symptoms or other indications that may give rise to a claim under the policy. The Company may require such insured person/s to undergo a Medical examination to enable the company to take a decision on accepting the request for enhancement in the Sum Insured. 50% of the cost of the Medical examination will be reimbursed to the insured person on acceptance of the request for enhancement of sum insured.

5.15 Cancellation Clause :

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

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

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

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

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

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

5.18 All medical/surgical treatments under this policy shall have to be taken in India and admissible claims thereof shall be payable in Indian Currency.

6 PAYMENT OF CLAIM

All claims under this policy shall be payable in Indian currency. All medical/surgical treatments for the purpose of this insurance will have to be taken in India only. Payment of claim shall be made through TPA to the Hospital/Nursing Home or the Insured Person as the case may be.

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

7 NO CLAIM DISCOUNT

At each renewal, the Company will review the claims experience and apply a loading/discount based on the claims incurred as given below.

No Claim Discount - The insured shall be entitled for No Claim Discount of 3% after three *continuous* claim free years *under Family Medicare Policy* on renewal premium *and* for every subsequent claim free year subject to a maximum of 15%.

N.B: No Claim Discount will be withdrawn if policy is not renewed within the grace period allowed under the policy or in the event of any claim reported under the expiring policy.

8 Free Look Period – The new policy has a free look period which shall be applicable at the inception of the policy and;

i. The insured will be allowed a period of at least 15 days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if nor acceptable.

ii. If the insured has not made any claim during the free look period, the insured shall be entitled to –

a. A refund of the premium paid less any expenses incurred by the insurer on medical examination of the insured persons and the stamp duty charges or

b. Where the risk has already commenced and the opinion of return of the policy is exercised by the policyholder, a deduction towards the proportionate risk premium for period on cover or;

c. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period

9. COST OF HEALTH CHECK UP

The persons insured shall be entitled for a Medical check-up at the end of block of every three underwriting years provided there are no claims reported during the block. This may be availed by any insured person/s who has/have been continuously insured for three claim free years with the Company. Such expenses during the policy period will be reimbursed up to a maximum of 1% of the average sum insured of the preceding three years and will be carried out by the Company authorised TPAs.

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

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

12. OMBUDSMAN

The Insured person can also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance. The updated list of Office of Insurance Ombudsman are available on IRDA website www.irda.gov.in and on the website of General Insurance Council www.gicouncil.in

13. IMPORTANT NOTICE

1The Company may revise any of the terms, conditions and exceptions of this insurance including the premium payable on renewal in accordance with the guidelines/rules framed by the Insurance Regulatory and Development Authority (IRDA) and after obtaining prior approval from the Authority. We shall notify you of such changes at least three months before the revision are to take effect.

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

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OPTIONAL COVERS

Attached to and forming part of “Family Medicare Policy” No.

Ambulance Charges

IN CONSIDERATION OF PAYMENT of additional premium of Rs.100/-, the Company through the TPA will pay to the insured person/Hospital the road ambulance charges incurred to shift the insured person from Residence/accident site to Hospitals in emergency cases and from one Hospital/Nursing Home to another Hospital/Nursing Home/Diagnostic centre for better care/diagnosis, upto a maximum of Rs.2500/- per policy period. This benefit shall be subject to the terms and conditions stipulated in the Policy and will be payable only if the claim is otherwise admitted under the Policy.

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OPTIONAL COVERS

Attached to and forming part of "Family Medicare Policy" No.

Hospital Daily Cash Benefit

IN CONSIDERATION OF payment of following additional premium, the Company through the TPA will pay to the insured person a Daily Cash Allowance as given below from the third day onwards for the period of hospitalisation subject to a maximum stated below

Additional Premium	Allowance per day	Subject to maximum of
Rs.150/-	Rs.250/-	Rs.2,500/- per policy period
Rs.300/-	Rs.500/-	Rs.5,000/- per policy period

This benefit shall be subject to the terms and conditions stipulated in the Policy and will be payable only if the claim is otherwise admitted under the Policy.

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UNITED INDIA INSURANCE COMPANY LIMITED REGISTERED & HEAD OFFICE: 24, WHITES ROAD, CHENNAI-600014 FAMILY MEDICARE POLICY

SCHEDULE

1. Policy No. Agency Code: Dev.Officer code:
2. Annual Premium : Rs.
3. Name of the Insured :
4. Date of Birth
5. Address of the Insured :
6. Details of the Insured Persons :

Name of Insured person	Age / Sex	Relationship with the Proposer	Occupation	Date of commencement of first policy	Pre-existing diseases/ illnesses /conditions excluded	Claim loading/ No Claim Discount	Nominee	Nominee Relationship

Sum Insured Opted : Rs.
Premium : Rs.

Optional Covers

1. Ambulance Charges : Yes / No
2. Hospital Daily Cash Benefit : Yes / No
   If yes, Rs.250/- per day / Rs.500/- per day

7. Period of Insurance : From To

8 Notice or communication to be given in respect of a claim or for any other reason to TPA
Name and Address of TPA
Name/s of the contact person/s: Telephone Number/s:
Call centre Telephone number:

9. For Medical Second Opinion contact : Toll Free no.1800-103-7361
E-mail ID : mso.unitedindia@phmglobal.com

10. Co-insurance details

11. Proposal and Declaration Dated

IN WITNESS WHEREOF, the undersigned being duly authorised has hereunto set his/her hand at --------------------- this ------------- day of --------------- 20

Issuing office For United India Insurance Co. Ltd.

------------------------------ Duly Constituted Attorney.

ANNEXURE-A

SECOND OPINION-LIST OF QUALIFIED MEDICAL CONDITIONS-SECTION 2 OF POLICY

ATTACHED TO AND FORMING PART OF FAMILY MEDICARE POLICY

1. AIDS/HIV
2. Amyotrophic Lateral Sclerosis
3. Angioplasty
4. Aortic Aneurysm
5. Apallic Syndrome (Vegetative State)
6. Aplastic Anemia
7. Benign Brain Tumor
8. Blindness
9. Bone Marrow Transplantation
10. Cardiomyopathy
11. Cerebrovascular Diseases
12. Chronic Obstructive Pulmonary Disease
13. Chronic Relapsing Pancreatitis
14. Cirrhosis
15. Coma
16. Congenital Heart Defect
17. Coronary Artery Bypass Surgery
18. Coronary Artery Disease (CAD)
19. Creutzfeld-Jacob Disease (CJD)
20. Cystic Fibrosis (CF)
21. Elephantiasis
22. Emphysema
23. (End Stage) Liver Disease
24. (End Stage) Lung Disease
25. (Fulminant) Viral Hepatitis
26. Heart Valve Surgery
27. HIV Infection due to Blood Transfusion
28. Kidney failure
29. Liver Failure
30. Valvular Heart Disease
31. Loss of hearing
32. Loss of Limbs
33. Loss of Speech
34. Major Burns
35. Major Organ Transplantation
36. Medullary Cystic Disease
37. Motor Neuron Disease
38. Multiple Sclerosis
39. Muscular Dystrophy
40. Myasthenia Gravis
41. Myelodysplastic Syndrome(Myelodys-plasia)
42. Myocardial Infarction (MI)
43. Necrotising Fasciitis (Flesh Eating Disease)
44. Paralysis
45. Parkinson's Disease (PD)
46. Poliomyelitis
47. Primary Lateral Sclerosis (PLS)
48. Primary Pulmonary Arterial Hypertension
49. Progressive Muscular Atrophy (PMA)
50. Progressive Scleroderma
51. Pulmonary Arterial Hypertension
52. Renal Failure= Kidney failure: See above
53. (Severe) Asthma
54. Severe Brain damage
55. (Severe) Rheumatoid Arthritis
56. Stroke
57. Surgery to Aorta
58. Systemic Lupus Erythematosis (SLE)
59. Ulcerative colitis
60. Bladder Cancer
61. Bone Cancer
62. Brain Tumor
63. Breast Cancer
64. Cervical cancer
65. Colorectal cancer
66. Esophagal Cancer
67. Eye Cancer
68. Gallbladder cancer
69. Kidney Disease
70. Leukemia
71. Liver Cancer
72. Lung cancer
73. Lymphoma
74. Melanoma
75. Multiple Myeloma
76. Nasopharyngeal Cancer
77. Neuroblastoma
78. Non-Hodgkin's Lymphoma
79. Oral Cavity Cancer
80. Ovarian Cancer
81. Pancreatic Cancer
82. Prostate cancer
83. Skin Cancer- non-melanoma
84. Stomach cancer
85. Testicular Cancer
86. Thyroid Cancer
87. Uterine Cancer
88. Vaginal Cancer