

Advantages come by choice

- Our world class products and services
- Our strong lineage of financial giants with proven track record
- Our pan India distribution and servicing capability
- Our honest prices
- Our simple worded, easy to understand Policy documents, terms and conditions
- Our customized and innovative Risk solutions
- Our transparent claim settlement procedures
- Our dedicated team of trained, empathetic and caring staff



Universal Sampo General Insurance Co. Ltd.
(A joint venture between Allahabad Bank,
Indian Overseas Bank, Karnataka Bank Limited,
Dabur Investments Corp. and Sampo Japan Insurance Inc.)

Regd. Office: 201-208, Crystal Plaza, Opp. Infinity Mall, Link Road,
Andheri (West), Mumbai - 400 058.

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SAM-30000/009/25Aug2010



Universal Sampo General Insurance Co. Ltd.

Suraksha, Hamesha Aapke Saath

IOB Health Care Plus Policy

Effective from 1st May 2011

Insurance is a subject matter of solicitation



IOB HEALTH CARE PLUS POLICY

This Policy is an evidence of the contract between You and Universal Sampo General Insurance Company Limited. The information furnished by You in the Proposal form and the declaration signed by You forms the basis of this contract.

The Policy, the Schedule and any Endorsement shall be read together and any word or expression to which a specific meaning has been attached in any part of this Policy or of Schedule shall bear such meaning whenever it may appear.

This Policy witnesses that in consideration of Your having paid the premium, We undertake that if during the Period of insurance or during the continuance of this Policy by renewal You contract any Disease or suffer from any illness or sustain any bodily injury through accident and if such Disease or injury shall require, upon the advices of a qualified Medical Practitioner, hospitalisation for medical/surgical treatment in any Nursing Home/Hospital in India, or Domiciliary Hospitalisation as defined in the Policy, We will pay to You the amount of such expenses as may be reasonably and necessarily incurred in respect thereof as stated in the Schedule but not exceeding the sum Insured in aggregate in any one Period of insurance provided that all the terms, conditions and exceptions of this Policy in so far as they relate to anything to be done or complied with by You have been met.

DEFINITIONS:

Accident: Accident or Accidental means a sudden, unintended and fortuitous external and visible event.

Accidental Death: Accidental Death means death resulting from Bodily Injury solely and independently of any other cause except illness directly resulting from, or medical or surgical treatment rendered necessary for such injury, occasions the death of the Insured Person within 12 months from the date of accident.

Any One Illness: Any One illness means continuous Period of illness including relapse, if any, within 45 days from the date of last consultation from the Hospital/Nursing Home where treatment has been taken. Occurrence of same illness after a lapse of 45 days will be considered as fresh illness for the purpose of this Policy.

Disease: It shall mean a condition affecting the general wellbeing and health of the body that first manifests itself in the Period of Insurance and which requires treatment by a Medical Practitioner.

Disease does not include any mental Disease (a mental or bodily condition marked by disorganization of Personality, mind, and emotions to impair the normal psychological, social or work performance of the individual) regardless of its cause or origin.

Dependent: Means first two living dependent children up to 21 and dependent parents up to age of 65 years.

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Domiciliary Hospitalisation: Medical treatment actually taken at home for a Period of more than 3 days under the following compelling circumstances, which in the normal course would require Hospitalisation of Insured Person:

- a) Medical advices against shifting of the patient to an Hospital/Nursing Home due to his/her bad health condition.

OR

- b) Non-availability of accommodation in the Hospital/Nursing Home.

Hospitalisation: It shall mean treatment of Insured Person as inpatient in the Hospital/Nursing Home for a minimum Period of 24 hours. However for specific treatment like Dialysis, Chemotherapy, Radiotherapy, Eye Surgery, Lithotripsy, Tonsillectomy or D&C the above time limit of 24 hours will not apply.

The minimum stay of 24 hours can be waived in other similar cases also provided that the following conditions are fulfilled:

- i. The treatment is such that it necessitates Hospitalisation and procedure involved requires specialised infrastructure facilities available in the Hospital.
- ii. Due to technological advances, the Period of Hospitalisation is reduced to 24 hours.

Hospital/Nursing Home: It means an institution within India, established for indoor care and treatment of Disease/ injuries. For the purpose of complying with this Policy condition such Hospital/Nursing Home shall necessarily fulfill the following:

- i. Number of in-patient beds shall not be less than fifteen except in Class 'C' towns where the number shall not be less than ten.
- ii. Should have fully equipped operation theatre of its own wherever surgical operations are carried out.
- iii. Should have qualified Medical Practitioners and Qualified Nurses under its employment round the clock.

The terms 'Hospital/Nursing Home' shall not include establishment which is a place of rest, a place for the aged, a place for drug addicts, a hotel or a similar place.

Insured Person: The Person named as Insured Person(s) in the Schedule which may include You and Your spouse, first two living dependant children and/or dependent parents of the proposer, IOB account holder.

Injury: It shall mean accidental bodily injury solely and directly caused by external and visible cause.

Medical Practitioner: Person holding a Medical degree of a recognized institution registered by Medical Council of respective State of India.



- d. Whilst engaged in any adventurous sports like hand gliding, mountaineering, rock climbing, sky diving, professional or amateur racing, parachuting, skiing, ice skating, ballooning, river rafting, polo playing, horse racing or sports of similar nature and/or hazardous activities like Persons working in underground mines, explosives, workers Involved in electrical installations with High - tension supply, jockeys, circus Personnel or activities of similar nature.
 - e. Committing any breach of law with criminal intent.
 - f. War, Civil War, invasion, act of foreign enemies, revolution, insurrection, mutiny, military or Usurped power, seizure, capture, arrest, restraint, or detention, confiscation, or nationalization or requisition by or under the order of any government or public authority.
3. Consequential loss of any kind and/or any legal liability.
 4. Pregnancy including child birth, miscarriage, abortion or complication arising there from.
 5. Participation in any naval, military or air force operations.
 6. Venereal or Sexually Transmitted Diseases.



	Dialysis (C.P.A.D) and oxygen concentrator for bronchial asthmatic condition, etc.
	15. Any expense under Domiciliary Hospitalisation.
	16. Pre and post natal expenses are excluded unless incurred as inpatient in a hospital.
	17. War, riots, strike, terrorism acts, nuclear weapon induced treatment.

Additional Extension

Personal Accident Death Cover:

In case You have opted for additional cover against Personal Accident – Death only benefit and have paid additional premium, We will pay a lump sum amount equal to the Basic Sum Insured in the event of Accidental Death of Insured as mentioned in Part I of the Schedule.

The Sum Insured under the shall be application as below.

Insured	% of sum Insured
In case of Death of Account Holder	100% of the Sum Insured
In case of Death of Spouse	50% of the Sum Insured
In case of Death of Children above 12 years of age	20% of the Sum Insured
In case of Death of Children upto 12 years of age	10% of the Sum Insured

What We Exclude

1. Natural Death.
2. Payment of compensation in respect of death as a consequence of/resulting from
 - a. Committing or attempting suicide, intentional self-injury.
 - b. Whilst under influence of intoxicating liquor or drugs.
 - c. Due to drug addiction or alcoholism.

Proposal form: The application form You sign for this insurance and any other information You give to Us or which is given to Us on Your behalf.

Policy: Policy wording, the Schedule, the Proposal form and any applicable endorsement or memoranda.

Period of Insurance: The time Period for which the contract of insurance is valid as shown in the Schedule.

Pre-Hospitalisation expenses: Medical expenses necessarily incurred during Period up to 30 days prior to Hospitalisation for a Disease/Illness/injury sustained forming part of Hospitalisation expenses claim.

Post-Hospitalisation expenses: Medical expenses necessarily incurred during Period up to 60 days after discharge from Hospital for Disease/Illness/injury sustained forming part of Hospitalisation expenses claim.

Pre-existing Condition: Any condition ,ailment or injury or related condition(s) for which You had signs or symptoms and/or Were diagnosed ,and /or received medical advice /treatment, within 36 months prior to Your first Policy with Us.

Qualified Nurse: Person holding certificate of recognized Nursing Council.

Reasonable and Customary Charges: Medical expenses considered reasonable and customary to the extent that it does not exceed general level of charges being made by other entities of similar standing in the locality which provides for similar services and treatment.

Surgical Operation: It means manual and/or operative procedures for correction of deformities and defects, repair of injuries, diagnosis and cure of Diseases, relief of suffering and prolonging of life.

Schedule: It provides details of the Insured Person(s), which are in force and the level of cover Insured Person(s) have.

Sum Insured: It means the monetary amounts shown under Policy which will be our maximum liability for all the Insured Person(s) during the Policy Period.

We/Ours/Us: It means “Universal Sampo General Insurance Co. Ltd”

You/Your: It means the Person(s) named as Insured in the Schedule.

GENERAL CONDITIONS:

I. Notice:

Every notice and communication to the Company required by this Policy shall be in writing. Initial notification can be made by telephone.



2. Mis-description:

This Policy shall be void and premium paid shall be forfeited by Us in the event of mis-representation, mis-description or non-disclosure of any materials facts by You. Non-disclosure shall include non-intimation of any circumstances which may affect the insurance cover granted.

3. Claim Procedure:

A) Reimbursement Claims Process:

Upon happening of any injury /Disease which may give rise to a claim under this Policy

- You shall give Us a notice to Our call centre immediately and also intimate in writing to Our Policy issuing office but not later than 7 days from the date of Hospitalisation. A written statement of the claim will be required and a Claim Form will be completed and the claim must be filed within 30 days from the date of discharge from the Hospital or completion of treatment.
- You must give all original bills, receipts, certificates, information and evidences from the attending Medical Practitioner /Hospital /Chemist /Laboratory as required by Us.

On receipt of intimation from You regarding a claim under the Policy, We are entitled to carry out examination and obtain information on any alleged Injury or Disease requiring Hospitalisation if and when We may reasonably require.

B) Cashless Claims:

Cashless Service: You can avail cashless hospitalisation facility at any hospital in the network of the TPA. We will provide a Cashless Service by making payment to the extent of Our liability direct to the Network Hospital as long as We are given notice that the Insured Person wishes to avail Cashless Service accompanied by full particulars at least 48 hours before any planned treatment or Hospitalisation or within 24 hours after the treatment or Hospitalisation in the case of an emergency (namely a sudden, urgent, unexpected occurrence or event, bodily alteration or occasion requiring immediate medical attention).

In case if You want to avail cashless facility in any of the network hospital you shall follow the process as mentioned below.

- Carry the Health Card/ copy of E-cards.
- Obtain Pre Authorization form from the hospital counter.
- Fill up the form and submit it at the hospital counter.
- Ensure that hospital faxes the pre authorization form to TPA or you can fax the form to TPA yourself.
- Once the form has been faxed, TPA will send the authorization to the Hospital.
- Once cash less approval is received, patient need not pay the bill to the hospital for covered medical expenses.



(c) In case of death in hospital ,funeral expenses are reimbursed up to Rs. 1000/- over and above the Sum Insured subject to the original illness/accident claim being admitted under the Policy.

11. Pre-Hospitalisation and Post Hospitalisation expenses will also be reimbursed along with the aforesaid Hospitalisation expenses subject to the overall Sum Insured limit of the Insured Person(s). Any Nursing expenses during Pre and Post Hospitalisation will be considered only if Qualified Nurse is employed on the advice of the attending Medical Practitioner for the duration specified.

Associated Viruses (LAV) or the Mutant derivatives or Variations Deficiency Syndrome and all related medical condition.

9. Expenses on Diagnostic, X-Ray, or Laboratory examinations unless related to the treatment of Disease or Injury falling within ambit of Hospitalisation or Domiciliary Hospitalisation claim.
10. Voluntary medical termination of pregnancy during first 12 weeks from the date of conception and expenses on treatment of any infertility, sub fertility or assisted conception treatment.
11. Injury or Diseases directly or indirectly caused by or contributed to by nuclear weapons /material.
12. Any expense on treatment of Insured Person as an outpatient in a Hospital.
13. Any expense on Naturopathy, non allopathic treatment and/or any treatments not approved by Indian Medical Council. Any expense related to Disease / Injury suffered whilst engaged in adventurous sports like hand gliding, mountaineering, rock climbing, sky diving, professional or amateur racing, parachuting, skiing, ice skating, ballooning, river rafting, polo playing, horse racing or sports of similar nature.
14. External medical equipment of any kind Used at home as post hospitalization care like wheelchairs, crutches, instruments Used in treatment of Sleep Apnea Syndrome (C.P.A.P) or Continuous Peritoneal Ambulatory



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| <p>6. The Hospitalisation expenses incurred for treatment of any one illness under agreed package charges of the Hospital / Nursing Home will be restricted to 75% of the Sum Insured .</p> <p>7. Cost of Health Check Up: Insured Person shall be entitled for reimbursement of cost of medical check up once at the end of a block of every three claim free Policies. The reimbursement shall not exceed the amount equal to 1% of the average Basic Sum Insured during the block of four claim free Policies.</p> <p>8. Cashless facility for the medical treatment carried out as an inpatient in Network Hospital/ Nursing home is available through our nominated Third Party Administrator (TPA).</p> <p>9. If medical expenses are incurred under two Policy Periods, the total liability shall not exceed the Sum Insured of the Policy during which the Insured Person's medical treatment commenced and the entire claim will be considered under that Policy only.</p> <p>10. Additional Benefits:</p> <p>(a) In case of hospitalisation of children below 18 years, a lump sum amount of Rs.1000/- as Out of Pocket Expenses to any of the parents during the Policy Period.</p> <p>(b) Ambulance charges in connection with any admissible claim limited to Rupees 1000/- per Policy Period.</p> | <ul style="list-style-type: none"> • Stone in the urinary and biliary systems • Dilatation and Curettage • Skin and all internal tumors /cysts / nodules / polyps of any kind, including breast lumps unless malignant, adenoids and hemorrhoids • Dialysis required for renal failure • Surgery for tonsils and sinuses • Gastric and duodenal ulcers <p>3. Injury or Diseases directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, war like operation (whether war be declared or not).</p> <p>4. Circumcision unless necessary for the treatment of a Disease not otherwise excluded or required as a result of accidental bodily injury; vaccination, inoculation, cosmetic or aesthetic treatment of any description (including any complications arising thereof), plastic surgery except those relating to treatment of Injury or Disease .</p> <p>5. Cost of spectacles and contact lens or hearing aids.</p> <p>6. Dental treatment or surgery of any kind .</p> <p>7. Convalescence, general debility, run down condition or rest cure, congenital external Disease or defects or anomalies, sterility, venereal Disease, intentional self injury and Use of intoxicating drugs / alcohols.</p> <p>8. Any expense on treatment related to HIV, AIDS Human T-Cell Lymphotropic Virus types III (III-LB-III) or Lymphadenopathy</p> |
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- For any queries, designated TPA can be contacted. Contact details of the TPA are as mentioned on the card.

4. Contribution:

If, when any claim arises, there is in existence any other Insurance (other than Critical Illness insurance Policy) covering the same loss / liability, compensation, costs or expenses, We will pay only Our ratable proportion of the claim. The benefits under this Policy shall be in excess of the benefits available under a Critical Illness Insurance Policy taken by You.

5. Fraud:

All benefits under this Policy shall be forfeited and the Policy shall be treated as void in case of any fraudulent claims or if any fraudulent means are used by You or anyone acting on Your behalf to obtain any benefit under this Policy.

6. Cancellation:

We may cancel this Policy by sending 15 days notice in writing by recorded delivery to You at Your last known address, However this clause shall not be exercised except on grounds of fraud, moral hazard, misrepresentation, or suppression of any material fact either at the time of taking the Policy or any time during the currency of the Policy. You will then be entitled to a pro-rata refund of premium for the un-expired Period of this Policy from the date of cancellation, which We are liable to pay on demand.

You may cancel this Policy by sending a written notice to Us. We shall retain premium for the Period We were on risk which will be calculated based on following Short Period table and the balance will be refunded to You subject to the condition that no claim has been preferred on Us :

Expired Period	Premium Retained
Up to 1 month	25% of the Annual Premium
Above 1 month and up to 3 months	50% of Annual Premium
Above 3 months and up to 6 months	75% of Annual Premium
Above 6 months	100% of Annual Premium

7. Arbitration:

If any dispute or difference shall arise as to the quantum to be paid under this 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 to the dispute/difference 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. 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 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 the award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained.

8. Disclaimer Clause:

In case of any claim under the Policy which is not admitted by Us and such claim shall not have been made subject matter of a suit in a court of law within 12 months from the date of disclaimer, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.

9 Geographical Limit:

The geographical scope of this Policy will be India, Nepal and Bhutan and all claims shall be payable in Indian currency.

10 Renewal:

We agree to renew the Policy on payment of renewal premium . However We may exercise Our option not to renew the Policy on grounds of fraud, misrepresentation, or suppression of any material fact either at the time of taking the Policy or any time during the currency of the earlier Policies.



<u>COVERAGE</u>	
WHAT WE COVER	WHAT WE EXCLUDE
<p>The Hospitalisation expenses of the Insured when he/she sustains any injury or contracts any Disease and is advised hospitalisation by a Medical Practitioner.</p> <p>We will pay Reasonable and Customary charges of the following Hospitalisation expenses:</p> <ol style="list-style-type: none"> 1. Room, Boarding and Nursing Expense as provided in the Hospital / Nursing Home. 2. Medical Practitioner / Anesthetist, Consultant fees, Surgeons fees and similar expenses. 3. Expenses on Anesthesia, Blood, Oxygen, Operation Theatre, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs, Cost of Organs and similar expenses. 4. Expenses on treatment arising from or traceable to pregnancy, childbirth and expenses on the treatment of the new born child up to 5% of the sum Insured, subject to such treatment not being carried out before the completion of 9 months from the commencement of the Policy. 5. Expenses on Vitamins and Tonics are covered only if forming part of treatment as certified by the attending Medical Practitioner. 	<ol style="list-style-type: none"> 1. Any condition, ailment or injury or related condition(s) for which You had signs or symptoms, and / or Were diagnosed, and / or received medical advice / treatment, within 48 months prior to Your first Policy with Us. <p>This exclusion shall be waived if You have been continuously insured under this insurance cover (IOB Health Care Plus) or a similar medical insurance cover (offered by any other insurer under their earlier tie up arrangement with Indian Overseas Bank) for a continuous Period of minimum 36 months and there had been no claim in during the 36 months Period.</p> <p>Hospitalisation / expenses for any Disease which incepts during first 30 days of commencement of this Insurance cover except in case of a renewal and / or accidental injuries.</p> <ol style="list-style-type: none"> 2. Hospitalisation expense incurred in the first year of operation of the insurance cover on treatment of the following Diseases : <ul style="list-style-type: none"> • Cataract • Benign Prostatic Hypertrophy • Myomectomy, Hysterectomy • Hernia, Hydrocele • Fistula in anus, Piles • Arthritis, Gout, Rheumatism • Joint replacement unless required due to accident • Sinusitis and related disorders